

The conflict experienced by a minority professional group in a collaborative workplace: Professional identity of nurses working in a nursery centre

YAMAMOTO Chika¹

¹Faculty of Early Childhood Education, Tokoha University, Shizuoka, Japan

This analysis consists of the interview of 3 nurses who had been working in a public childcare centre as a solitary occupation. Case A had 24 years of experience as a medical nurse in a childcare centre ; she decided to resign before the retirement age. Case B had only 7 years experience in a childcare centre, but she had been working after the retirement age as a temporary employee. Case C, who had been working for 9 years, was a rare case, because she was selected as the director of the childcare centre. Through the comparison of 3 narratives, I extracted 8 common categories and classified them depending on what the contents of each category were relevant to, and for whom. The results showed that of the 3 participants, Case A spoke the most about relating to being a childcare worker. Furthermore, the career continuation flowchart suggested that Case A and C had adjusted to the childcare culture, but there was the turning point between A and C, which was whether nurses could be promoted to the post of director in that workplace. I concluded that if a solitary worker from a particular occupation adjusts and gets close to mainstream culture, it could lead to conflict with respect to professional identity; thus, adjustment to mainstream occupation is not always beneficial to continued working.

INTRODUCTION

According to a setting standard, the employees at Japanese nursery centres consist of childcare workers, cooks, and medical nurses. In particular, certificated nurses tend to position themselves in nursery centres, which is related to the increase in entrance applicants of infant centres. In 2009, the Amending Acts officially required the placement of medical nurses in nursery centres with more than 10 babies (Ministry of Health, Labour and Welfare, 2009). As the labour cost of a nurse is more than that of a childcare worker, this modification might lead to disapproval for extending the capacity for infants aged under 2 years in each centre. The Ministry of Health, Labour and Welfare (2016) reported that 86.8% of the waiting list of childcare centres consists of infants aged under 2 years. There remain critical issues for centres with inadequate capacity ; however, the placement rate of nurses working in childcare centres increased from 21.1% (Kimura, et al. 2006) to 53.2% (Tsuda & Kimura, 2016).

A medical nurse is allocated about 5 or 6 centres; as a result, the nurse is the only medical professional in the workplace. Similar to the dearth of childcare workers, the short supply of medical nurses who work in nursery centres is a crucial issue. Most of the research studies on the vocational identity of nurses were based on nurses working in hospitals, and students and teachers of nursing schools (Sekine & Okuyama, 2006). From the viewpoint of solitary placement, Ishida and Sonoda (2016) investigated school nurses in primary, junior-high, and high schools. They focused not on the relation to other mainstream occupations such as teachers, but on the strength of the traits in nurses, and concluded that the issue of solitary placement is not one of manpower shortage, but the absence of an adviser of the same profession in the workplace.

This research study focused on the career development of medical nurses working in nursery centres through their relation to childcare work or childcare workers. The purpose of this study is to consider the change in the minority group identities in a workplace where various professional groups collaborate, through interviews with 3 nurses who have worked in nursery centres.

METHOD

Participants and Procedure

Initially, 2 informants (A and B) who had worked in the same city participated in our unstructured interviews. The question examples were as follows.

- The vocational career, with life events, of informant after graduation of training facilities.
- The differences of medical nurse's role or duties between working in hospital and in nursery centre.
- Work style and life style in the past and the future.

Concerning informant A, we have had prior acquaintance; this person was 58 years old and decided to resign from work 2 years before the retirement age in disgust after being evaluated unfairly, which included not being considered for promotion to a managerial position. Informant B, who was introduced by Informant A, was 61 years old and working as a reappointment worker in a nursery centre. After the first research study, I found a case in another city in which a medical nurse was promoted as the director of the centre despite not being a childcare worker. We interviewed the director, aged 55 years, as informant C.

Before the interviews, we educated the informants about informed consent, the rights of the informants, and the handling of data, and obtained letters of consent. The interviews were recorded with an IC recorder. Verbal records were made after the interviews. Both A and B were interviewed in the laboratory, while C was interviewed in a room at the centre, in the presence of only the interviewer and interviewee. Each interview lasted around 1 to 2 hours.

Analysis

The verbal records of each informant's responses were segmented by 4 university students through the process of agreement formation; afterwards, I analysed this information in order to sum up their career history (Figure 1), and extracted the categories common to the 3 participants' narratives (Table 1). In this process, the students divided the verbal records into 332,157,408 data segments, which were analysed to sum up the participants' career history (Figure 1).

RESULTS

Through segmentation and classification analysis of interview data, we found 8 categories common to the 3 narratives. I quoted the applicable descriptions, positive or negative classifications, and the target in the contents (Table 1).

As shown in Table 1, the responses of informant A featured 'for childcare workers' and negative expressions. In particular, she could not feel any sense of self-efficacy in her job ('After all, although having a nurse is convenient, it is not highly necessary'), while responses of B featured 'for themselves' and negative expressions. She maintained a distance from her childcare work ('I do not have a close bond with the children and parents').

In contrary, the responses of C showed a good balance of targets and many positive expressions. Though she thought her greater assets were her negotiation skills with the upper management and adequate medical judgement when an accident occurred, she acknowledged her inexperience with childcare, and sought help from the childcare workers: ('I'm sorry that I am not a childcare worker though I am the director, but I try to negotiate and deal with clerical tasks').

Next, we made the flowchart of the 3 informants from the start of working in a nursery centre to their current working conditions, from the viewpoint of their proximity to childcare workers (Figure 2). The main conclusions were

- 1) The turning point between A and C is whether medical nurses can be promoted to the director of a nursery centre.
- 2) While A showed a higher affinity toward nursery workers in the middle of her career, in contrast, B maintained a lower affinity throughout. As a result, B could continue to work even after retirement age.

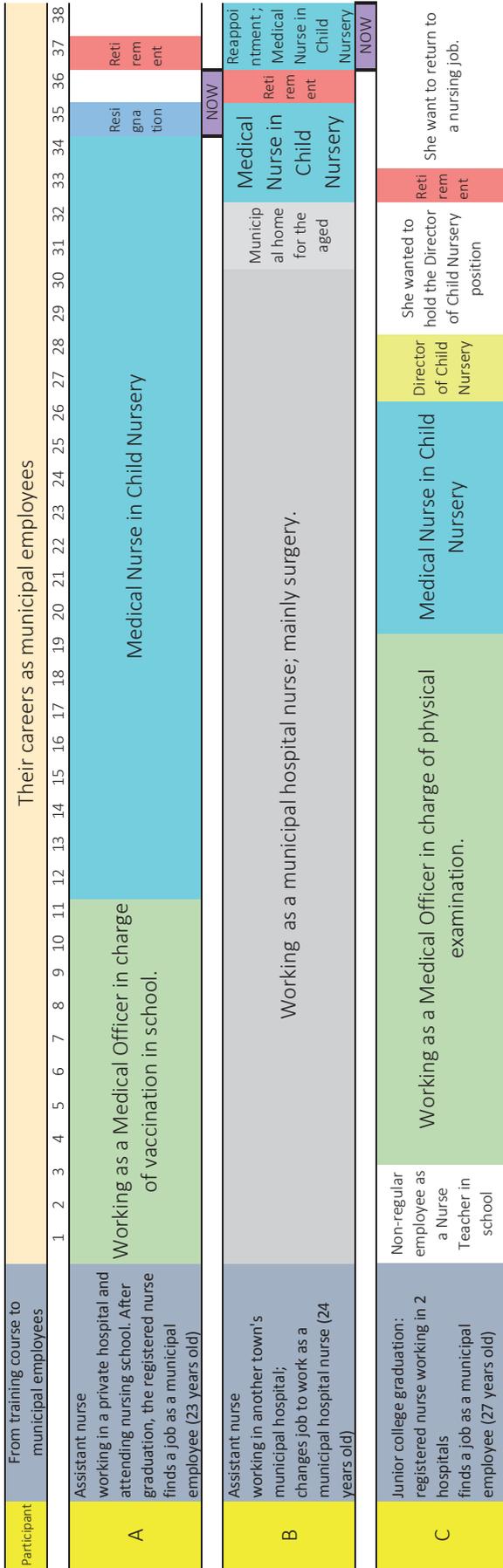


Figure 1 Their careers after being adopted as municipal employees

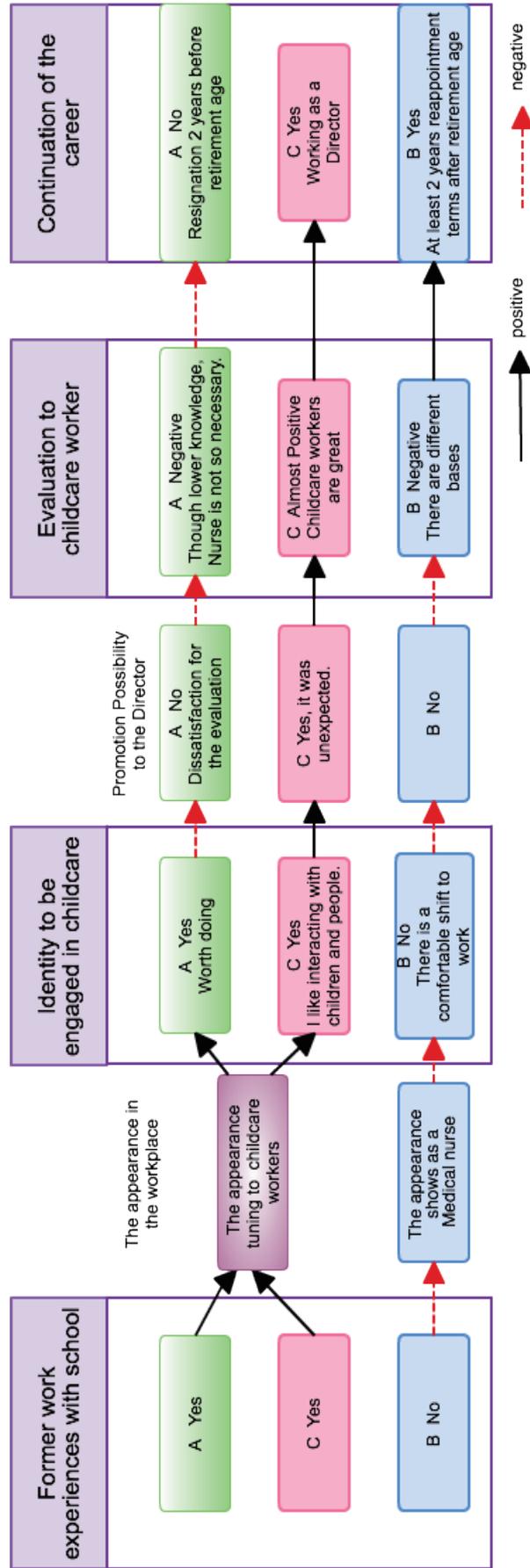


Figure 2 Career continuation flowchart based on the 3 interviewee narratives

Table 1 Categories in Narratives and Participants' Comments

Categories / Participant	A	B	C
Working in child nursery (in years)	24	7	9
Work attire	Sportswear is the same as childcare workers.	White coat	Sportswear is the same as childcare workers. I want to have the same perspective as children. I feel that barriers arise between myself and the children when I wear a white coat. So I wear sportswear from when I worked as a nurse teacher.
Workplace	My desk is set in the staff room.	I work in the infirmary, where the staff room is also situated.	My desk is set in the staff room.
Differences from hospital nurses	The job is worth doing. The needs related to hygiene are different.	I feel better in the midst of active children than the aged. So I continued my job from my mid-fifties. This job is comfortable as there are no night shifts and I can take rest on Sundays and national holidays. The job is slow-paced.	Here I can interact with children. There is freedom in the clerical procedure to get approval from the upper management. Childcare workers in the centres were warm and friendly.
Relationship with children and parents	There is an order: nurses after childcare workers.	I do not have a close bond with children and parents.	Children give me energy. I like interacting with children and people.
Relationship with childcare workers	If the nurses were absent, the Director would make the decisions to cope with a medical accident. After all, although having a nurse is convenient, it is not highly necessary. They use a Periphrasis. They depend too much on the manuals in childcare magazines. As a result, they cannot understand the qualities of the children and their reflections. In the viewpoint of knowledge and vocational aptitude, nurses required higher level of nature quality than childcare workers in the training period. They can be hired when short of human resources. An allocating system that identifies the capable workers to do the work should be introduced. Basically they have a different attitude towards cleanliness and hygiene compared to us.	There are different bases to the reasoning of nurses, which arise from a medical perspective, and the viewpoint of childcare workers.	Childcare workers know how to bring up children in fine fettle, for which they need a high level of expertise. Childcare workers were not hard on me, because I entered the workplace as a medical nurse, which was a different occupation from them. I always tell them, 'I'm sorry that I'm not a childcare worker although I'm the director, but I try to negotiate and deal with clerical tasks'. The teaching and caring plans they formulated are similar to the nursing care plans from 30 years ago. Childcare workers are great because they bring up children in on behalf of their mothers. I respect them but they cannot recognise their greatness.
Issues highlighted	The hiring system places too much emphasis on paper-based tests without considering the future prospects.	I want to change the post that medical nurses in nursery occupy from 'affiliated' to the same as nursery workers.	The high rate of resignation and the lack of self-confidence in the nursery workers and the barriers between the workers and kindergarten teachers.
Family support when tackling childcare by oneself	I had no one to rely on for helping with childcare because my parents lived far away from here. My husband did not show an understanding of my workload.	There were many adults in my family, but each had their own work to do.	I left all the childcare and housework responsibilities to my mother-in-law, although I am the eldest daughter-in-law. I think that a family is like a corporate organisation, where the father-in-law is the chairman, mother-in-law is the president, and husband is like a boss. If I can think like that, I do not get angry with them.
Retirement plans	I have to think about my husband and me only after retirement.	One more year remains for my reappointment terms. After that I will stay at home.	I want to return to being a nurse, caring for the mentally challenged. My husband and I would like to buy a camping car and go out during the weekends with our dog.

positive description
negative description

for childcare workers for themselves
for the children and parents
for multiple targets

DISCUSSION

Why did case A decide to resign?

Results show that the identities and decisions of nurses were based on their relationship with childcare workers who played a cardinal role in nursery centres. Usually we think about how the adjustment to other occupations facilitates adaptation in the workplace. In actuality, informant A and C did not wear the white coat, worked in the staff room, and understood the professional characteristics of nursery nurses. Kimura, et al. (2006) reported that over 40% of parents could not recognize the existence of nurses in childcare centres, and 87.5% of nurses evaluated themselves as not working enough in healthcare practice. This result shows, in terms of adjustments to childcare workers who are in a mainstream occupation in the centre, the nurses could adapt themselves to the workplace. Because they were successful in identifying themselves nurses not in hospitals but in nursery centres, a distinctive difference was not observed by the parents through external appearance. Case A and C did not wear white coats, but wore sportswear, and worked in the staff room. On the other hand, workers who attended to a non-mainstream occupation in the workplace could not fulfil their professional duties. Furthermore, a serious conflict could occur if their promotion to the managerial class is not accepted by the personnel affairs policy of the city. If non-mainstream workers think 'I'm not being rewarded', they try to adjust how the mainstream works, as A mentioned.

These results would be in contradiction with the usual discourse, in which the adjustment to the workplace is necessary to continue working. In fact, at the childcare centre, Case B maintained the role of a medical nurse almost exactly as the role in a hospital, and did not adjust to the childcare culture; however, she had kept working after retirement age. Ishida and Sonoda (2016) suggested that the higher the self-education ability (the efforts for self-improvement), the more effective one was in reducing the feeling of difficulties on the job. Case A attended many off-the-job trainings, and explored new information about infants' health, eagerly. These efforts might have reduced the feeling of difficulties, but they did not prevent her resignation. Rather than the adjustment to mainstream occupation helping solitary placement workers to continue working, it instead leads to possibilities of crisis that deprives them of their professional identities and self-efficacy.

The importance of the openness to promote

Figure 2 showed that the branch point between A and C is whether medical nurses can be promoted to the director. The motivation of leadership in females is underestimated, because it is always described in comparison to males (Gervais, 2016). In this research study, on the promotion to managerial position and leadership motivation, it differed from the general research studies of career development. Childcare centres are female-centred workplace; in the absence of special circumstances in the city or town (e.g. the absence of a childcare worker suitable for a management

role), as a custom in most public centres, only childcare workers can be promoted to managerial status. For now, it is possible to say that Case C would be rare.

However, we found there were many cases in which childcare workers confronted crises related to 'Avoiding promotion' and 'Unqualified for managerial skill' during the stage of transition to manager (Sakai & Yamamoto, 2015). It seems that the crisis is derived from 3 reasons. First, the certification systems of childcare workers lack the 'management' aspect. Second, there are great differences between childcare and management : 'I like children, it is the reason for my selected occupation. But if I would become a director, I am going to work not with children, but parents and colleagues'. Finally, this would be the most related to the results : as nursing certification is rarer than certified childcare workers, sometimes nurses show a higher ability to plan and to develop skills; and, they receive a higher salary and social status. In other words, if a childcare worker received the managerial position, there would be a more talented person than her in the workplace, who would be her subordinate. This possibility leads nurses to complain and leads childcare workers to feel uncomfortable in that position.

The promotion system has limitations for nurses who adjust to the childcare culture; it brings about a serious conflict that leads some to resign, as mentioned. This conflict suggests that the areas of improvement are the following :

1) Take 'diversity in the workplace' seriously.

A transparent promotion system, in which managerial positions are open to everyone, and a fair evaluation procedure for promotion should be implemented in the workplace.

2) Recognise the significant contribution of nurses in nursery centres.

The high level of expertise that nurses bring to childcare involves not only dealing with accidents, but also contributing to the care of a child. This means that it is important for nurses in nursery centres to have an inclination toward childcare education.

As stated above, the issues of solitary nurses in childcare centres need to be analysed from the viewpoint of their relation to childcare workers and their view of the system about occupational customs in the workplace. The issues I presented here should be inspected through a quantitative investigation in the future.

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