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## Family Care Leave and Job Quitting Due to Caregiving: Focus on the Need for Long-Term Leave

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While Japanese law provides for a system of Family Care Leave (long-term leave designed to support workers responsible for the long-term care of family members), the take-up rate of the leave remains at a low level. This paper analyzes whether workers tend to quit their jobs because of the need to take consecutive leave, as envisioned by the Family Care Leave system, or whether there is another reason for this tendency. It also examines issues concerning support for continued employment designed to match the actual circumstances of workers engaged in long-term care for family members. Analysis of data on workers who are in employment at the start of long-term care reveals that (1) there is a positive correlation between a greater need to take Family Care Leave and a lower rate of continuous employment in the same company from the beginning to the end of the caregiving period, (2) long-term care services are used to alleviate the need for long-term leave while such need is greater when caring for a parent than when caring for a spouse's parent, (3) regardless of the need for long-term leave, workers who work six hours or less per day are more likely to remain continuously employed in the same company than those who work more than eight hours per day, and (4) there is a correlation between lower rates of continuous employment in the same company and the provision of long-term care with no assistance from other family members, as well as severe dementia afflicting the care recipient, regardless of the need for long term leave. These findings indicate that, to enable caregivers to remain in employment, it is essential not only to manage the Family Care Leave system effectively but also to offer a full range of other forms of support, such as reduced working hours and social support for workers who provide dementia care.

### I. Issues

The purpose of this paper is to determine the extent to which Family Care Leave (long-term care leave as provided under Japanese law) is necessary for the continued employment of workers responsible for the long-term care of family members,<sup>1</sup> and from this perspective, to clarify factors that influence caregivers' decisions to quit their jobs.<sup>2</sup>

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<sup>1</sup> Terms such as "workers responsible for long-term care" and "workers engaged in caregiving" sometimes refer to home helpers and other professional care workers. This paper, however, focuses on the care of family members, and the terms "care" and "long-term care" refer to family care unless otherwise indicated. Meanwhile, although the term "continued employment" can also be used in a broad sense to mean continuing to work while repeatedly changing employers, Family Care Leave is intended to support continued employment in the same company. "Continued employment" therefore has the latter meaning in this paper.

<sup>2</sup> This paper was originally published in the Japanese Journal of Labour Studies as "Quitting Work for Elderly Care, and the Need for Family Care Leave" in April 2010 (Ikeda 2010), and has been re-

The 1995 Act on Child Care and Family Care Leave made it obligatory for employers to offer Family Care Leave of three months, with effect from 1999. According to the objectives and framework of Family Care Leave as indicated in Women's Bureau of the Ministry of Labour, eds. (1994a), Family Care Leave is intended for the acute phase of long-term care immediately after a family member starts to require care. The aim in doing so is to help workers adjust to a subsequent lifestyle involving long-term care. Because it generally takes about three months from the onset of cerebrovascular disease (a typical illness afflicting older persons in need of care) until the care recipient's condition stabilizes, and moreover because this period cannot be covered by annual paid leave or unpaid absence, the maximum length of Family Care Leave was set at three months<sup>3</sup> (Women's Bureau of the Ministry of Labour, eds., 1994a: 77). Based on case studies of workers who take Family Care Leave, however, Yamada (1992) notes that this type of leave functions effectively for short-term terminal care, so that taking Family Care Leave toward the end of the recipient's life rather than during the acute phase is another option.<sup>4</sup>

The reality is, however, that not enough workers make use of the Family Care Leave system, even when they need to take leave for long-term care. This must be recognized as the more fundamental problem.<sup>5</sup> As illustrated by the data given in Sodei (1995) and Hamajima (2006a), who analyzed take-up levels of Family Care Leave, the majority of workers who take time off to provide care do so in the form of annual paid leave or unpaid leave. It is not yet clear whether Family Care Leave is truly an indispensable means of providing support for continued employment. In the first place, we need to examine the degree to which useful consecutive leave,<sup>6</sup> as envisioned by the system, is actually useful for workers.

Accordingly, this paper first analyzes how workers engaged in caregiving perceive the need to take Family Care Leave.<sup>7</sup> Based on the results, it then analyzes whether workers

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vised to reflect the latest policy developments. Data used in the analysis for this paper are taken from the latest survey conducted in 2015.

<sup>3</sup> When the Act on Child Care and Family Care Leave became law in 1995, it provided for leave taken "once, for up to three months per eligible family member." The Act was then amended in 2005 to provide for "a total of 93 days for each eligible family member, to be taken when the need arises." In the latest amendment due to take effect in 2017, the total length of leave is still 93 days.

<sup>4</sup> The amended Act on Child Care and Family Care Leave, which will take effect in 2017, provides for the need to take leave in each phase (i.e. the beginning, middle and end) of the caregiving period, and makes it possible for leave totaling 93 days to be divided into a maximum of three segments. The aims of the 2017 amendment are outlined in Equal Employment, Child and Family Policy Bureau of the Ministry of Health, Labour and Welfare (2015).

<sup>5</sup> According to the 2012 Employment Status Survey (Ministry of Internal Affairs and Communications), the percentage of caregivers who take Family Care Leave in a given year stands at 3.2%.

<sup>6</sup> In the remainder of this paper, "leave" will be used to mean "Family Care Leave," while "consecutive leave" will be used to mean any extended absence from work, including the use of annual paid leave.

<sup>7</sup> Since leave of up to one week can be categorized as "Time Off for Caregivers," of which five days can be taken per year, this paper focuses on the need for consecutive leave of more than one

are quitting their jobs because of the need to take time off to care for family members, or for a reason other than the need for consecutive leave. Through this analysis, the paper seeks to clarify the issue of support for continued employment in line with the actual circumstances of workers responsible for family care. For the reasons described above, this paper focuses on employment in companies rather than employment in a more general sense, including self-employment.<sup>8</sup>

The structure of this paper is as follows. Section II will survey the findings of previous studies on job quitting during periods of long-term care. Section III will go on to outline the methods used to analyze issues, and Section IV will analyze factors that determine the need for consecutive leave and job quitting. Finally, Section V will summarize the conclusions. To state some key points in advance, there is a positive correlation between the need to take consecutive leave for long-term care and job quitting, and while Family Care Leave can be seen as an important means of support for continued employment, it does not benefit a high percentage of workers. The findings also suggest that it is important to offer other forms of support besides Family Care Leave (specifically, options for reduced working hours and support for dementia care) to support the continued employment of caregivers.<sup>9</sup> The period for which reduced working hours are permissible as an option will be lengthened to three years under the 2017 amendment, and the analysis results suggest that this is an effective form of support for continued employment. The Family Care Leave system was designed to support physical care for sufferers of typical ailments like cerebrovascular disease, but measures to support dementia care are also necessary. As outlined thus far, a diverse range of options in addition to Family Care Leave will need to be prepared in order to prevent job quitting due to long-term care.

## II. Previous Research on Job Quitting during Periods of Long-Term Care

Although there has been little research on the use of Family Care Leave per se, many research studies have dealt with the issue of job quitting during periods of long-term care in the context of women's employment. This section will set out to enumerate their findings in order to clarify the issues addressed in this paper.

Even in the United States, a pioneer in accumulating research on the balance between work and long-term care, job quitting by working caregivers is often reported. Brody et al.

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week in examining the need for "Family Care Leave."

<sup>8</sup> In the remainder of this paper, the term "employment" will refer to employment in a company, unless otherwise indicated.

<sup>9</sup> When analyzing the same survey data as used in this paper, Hamajima (2006b) found a positive correlation between workers' need to take consecutive leave for the sake of long-term care and their job quitting from the workplaces where they were employed when the need for care arose. However, Hamajima does not examine specific situations where the need for consecutive leave makes continued employment difficult, nor the possibility that job quitting could be due to factors other than the need for Family Care Leave. The significance of this paper lies in clarifying these points.

(1987) indicate that those who quit their jobs under these circumstances are primarily in low income brackets, and thus tend to fall further into poverty. According to Stone et al. (1987), on the other hand, the percentage of caregivers who quit their jobs is only 8.9%; in terms of the impact of long-term care, they are outnumbered by those who work for reduced hours (21.0%), work on modified schedules (29.4%), or take unpaid leave (18.6%). In this context, studies such as those by Ettner (1995) and Pavalko and Artis (1997) view not only job quitting but also the relationship between working hours and long-term care as problematic issues.<sup>10</sup> In recent studies, moreover, Wakabayashi and Donato (2005) point to a significant reduction in income resulting from reduced working hours for the purpose of caregiving.

In Japan, the ability of women to continue working while engaged in long-term care has been viewed as a problematic issue due to the prevailing custom of providing care within the family.<sup>11</sup> As an underlying feature of Japanese families, Sodei (1989) mentions the high percentage of adults who live with their parents, and describes a life cycle in which daughters-in-law care for their parents-in-law, then eventually become mothers-in-law themselves and receive the care of their own daughters-in-law. Although the nuclear family has been increasing since the end of World War II, there remain many married women who live with their own parents or parents-in-law in Japan compared to those in western countries (Maeda 1998). In terms of the effect of living with parents on women's employment, an analysis by Maeda (1998) finds a positive impact when women are engaged in child-rearing, but conversely, a negative impact when they are living with a parent aged 75 or older. Women who had previously been able to work thanks to living with parents often experience a reversal in which they must quit their jobs in order to care for a cohabiting parent. Maeda (2000), Iwamoto (2000), Yamaguchi (2004), Nishimoto and Shichijo (2004) and Nishimoto (2006) have also pointed out the difficulty of working while engaged in long-term care.

While these studies do not analyze the relationship between these issues and Family Care Leave, research on Family Care Leave has accumulated in the context of the potential for continued employment. In the studies described below, many cases of job quitting are reported to occur at times that differ from those envisioned by the Family Care Leave system.

Based on case studies of women engaged in long-term care, Naoi and Miyamae (1995) indicate that while it may be possible to combine work and caregiving during the early stages, it often becomes more challenging to do so in the middle phase. Specifically,

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<sup>10</sup> In the UK, Henz (2006) has examined the association between job quitting by working caregivers and social class. According to Evandrou (1995), however, the percentage of caregivers who quit cannot be described as high, though job quitting is linked to a variety of other issues including reduced working hours and absenteeism.

<sup>11</sup> In recent years, studies by Yamaguchi (2004), Nishimoto (2006) and others have analyzed the relationship between long-term care and working hours. The analysis results shown in Table 3 of this paper also suggest that working hours during periods of long-term care are an important issue.

they report that there is an increased possibility of job quitting due to the need to care for a family member with dementia, lack of sleep due to night-time care, deterioration of the caregiver's health due to exhaustion from long-term care, or workplace pressure to quit. Moreover, the longer the care period, the greater the possibility of job quitting (Naoi and Miyamae 1995: 270–71). Meanwhile, Maeda (2000) notes that the percentage of regular employees becomes lower as the caregiving period becomes longer. The increased percentage of part-time workers leads to an inference that many workers switch from full-time to part-time work in an attempt to balance work with long-term care (Maeda 2000: 60–61).

These findings imply that, rather than the acute phase of caregiving envisioned by the Family Care Leave system, it is the stabilization (plateauing) of the care recipient's condition and prolongation of long-term care that present challenges to continued employment.<sup>12</sup> However, no study so far has examined whether it is possible to prevent job quitting by providing Family Care Leave in such situations. Under the hypothesis that job quitting occurs due to circumstances other than those envisioned by the Family Care Leave system, there is a possibility that different factors contribute to the difficulty in continuing employment. Given these possibilities, the next section will seek to clarify the relationship between job quitting and the need for consecutive leave as envisioned by the Family Care Leave system, taking account of the entire period from the start to the end of long-term care.

### III. Hypothesis and Methods of Analysis

#### 1. Hypothesis

The main issue analyzed in this paper is that of the factors that determine job quitting during periods of long-term care, in relation to the need for continuous long-term care leave as envisioned by the Family Care Leave system. Before this, however, the various levels of need to take Family Care Leave must be discussed. This is because the issue of whether or not long-term care leave needs to be taken is greatly influenced by the care recipient's condition and the division of caregiving within the family, as has been pointed out in previous studies.

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<sup>12</sup> To cope with these challenges, the Act on Child Care and Family Care Leave was amended in 2009, including a new provision of five days per year of "Time Off for Caregivers" to handle long-term care. This generally entails tasks such as taking the care recipient to the hospital, and the time off is intended to be taken in one-day units rather than for a continuous period of time. In addition, the latest amendment to the Act on Child Care and Family Care Leave, enforced in January 2017, extends the duration of measures such as reduced working hours to three years, independent of Family Care Leave. It also establishes an overtime exemption that can be claimed until the end of the care period. The number of times Family Care Leave can be taken has also been amended from "once, for up to three months per eligible family member" to "a total of 93 days per eligible family member, to be taken when the need arises on up to three occasions," while taking a half-day off has also become an option. By thus granting flexibility in taking days off or leave of absence, the amendment is expected to reduce the risk of running out of options when the care period is prolonged, and to help prevent job quitting by workers.

We will analyze the following points in this paper.

- (1) Care roles in the family, the care recipient's condition, and the utilization of in-home care services determine the need for long-term leave for caring.
- (2) Working caregivers who need long-term leave for caring tend to quit their jobs.

According to Yamaguchi (2004) and Nishimoto (2006), the greater the need to provide day-to-day physical assistance with activity such as taking meals, changing clothes, bathing and using the toilet, the higher the probability that the caregiver will take leave of absence or quit. These studies do not distinguish between the determining factors of "job quitting" and "leave of absence." However, their findings suggest a positive correlation between a greater need for physical assistance and the need to take longer periods of leave, to the point that continued employment becomes difficult.

In connection with the level of long-term care need, another important point is dementia. Naoi and Miyamae (1995) reported that when care recipients are suffering from dementia but are not bedridden, the need to care for them makes it difficult to combine work and long-term care. Shimizutani and Noguchi (2005) also pointed out that dementia is equal in status to bedriddenness as a cause of prolonged caregiving, although they do not mention the issue of combining work and caregiving. As described in Women's Bureau of the Ministry of Labour, eds. (1994b), however, caring for dementia patients is different from physical assistance, in that the burden primarily takes the form of mutual difficulty in communicating and mental stress due to the care recipient's cognitive impairment. As such, this paper will also consider dementia care when analyzing the difficulty in continuing employment due to the need for consecutive leave.

In terms of the division of caregiving among family members, Sodei (1995) reported that many male caregivers cite "There were other caregivers who could help out" as a reason for not taking Family Care Leave. It has been pointed out in many studies, including Iwamoto (2000) and Yamaguchi (2004), that the main caregiver is often a woman, although the identity of this main caregiver is becoming more diverse in Japanese families today. According to Sodei (1989) and Naoi and Miyamae (1995), the wife of the eldest son was traditionally the primary caregiver for elderly parents and used to live with them, but today a variety of women play roles in long-term care. Tsudome and Saito (2007) describe a trend toward "care by the spouse" and "care by a biological child," noting an increase in male main caregivers, such as the husband or son of the recipient.<sup>13</sup> Evidently, other factors besides gender, such as the relationship to the care recipient, also influence the need for consecutive leave.

In terms of family relationships, the issue of solitary caregiving must not be overlooked. This is a situation in which there are no other family members to assist with care. Behind the trend toward "care by the spouse" and "care by a biological child" noted by

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<sup>13</sup> Okamura (2004) also pointed out that, in the Comprehensive Survey of Living Conditions, the percentage of male caregivers rose from 15.8 percent in 1998 to 25.9 percent in 2001, representing an increase in husbands who provide care for their wives.

Tsudome and Saito (2007) is the decline of the traditional extended family and the shrinking size of family units. Especially in recent years, the declining birthrate, aging population and increase in unmarried persons have led to an increase in couples with no children, where care is provided by a spouse, or an only child or unmarried child cares for an elderly parent.<sup>14</sup> In other words, the need to take Family Care Leave intensifies because there are no other family members who can assume responsibility for caregiving, thus increasing the likelihood of job quitting.

Public long-term care services are a form of social support that can reduce the burden of care outside the place of employment. With regard to the lengthening duration of long-term care described by Naoi and Miyamae (1995) and Maeda (2000), the Women's Bureau of the Ministry of Labour, eds. (1994b) advocated the enhancement of residential care and in-home care services, in addition to Family Care Leave, as a means of support after caregivers return to work. Since then, the use of public long-term care services has increased significantly as a result of the new long-term care insurance system introduced in 2000.<sup>15</sup> In this respect, the situation has changed since the studies carried out by Naoi and Miyamae (1995) and Maeda (2000). Nonetheless, Fujisaki (2002) and Shimizutani and Noguchi (2005) point out, with respect to in-home care services, that long-term care by family members has not been greatly reduced since the introduction of the new long-term care insurance system. These studies do not specifically mention the reconciliation between work and long-term care, but there is an evident possibility that the burden of caregiving, which has not yet been alleviated by in-home care services, is making continued employment difficult for caregivers who live with the recipients. Whether such workers need Family Care Leave is also an important issue to examine.

## 2. Data and Analytical Methods

In view of the situation described above, the following analysis will take into account the extent of the care recipient's need for physical assistance and dementia care; the caregiver's gender and relationship to the care recipient, which define the division of caregiving among family members; and the use of in-home care services as means of social support. On this basis, an attempt will be made to clarify, through data analysis, what kinds of workers require consecutive leave as envisioned by the Family Care Leave system, and what kinds of workers are quitting their jobs due to the need for consecutive leave, or alterna-

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<sup>14</sup> Nagase (2013) states that living with parents has the effect of reducing the wages of middle-aged unmarried women, and suggests that these workers could be forced to quit their jobs in order to care for their parents. Data analysis by Okaze (2014) also indicates that unmarried middle-aged women living with their mothers are more likely to be in non-regular rather than regular employment, and that this is possibly due to long-term caregiving. Given the possibility that workers are quitting regular employment and being re-employed in non-regular positions, care for elderly family members by unmarried relatives could be seen as increasing the probability of job quitting.

<sup>15</sup> The history of elderly welfare policies leading to the creation of the long-term care insurance system has been documented in Ministry of Health and Welfare (2000).

tively, quitting for reasons other than the need for consecutive leave.

The data used are taken from the Survey on Family Caregivers' Employment Status and Job Leaving conducted by the Japan Institute for Labour Policy and Training in 2015.<sup>16</sup> These data track caregiving from the time when the need for care arises until the completion of care, and give a picture of whether the caregiver was continually employed in the same company over this period. As indicated by previous studies, combining work and long-term care becomes more difficult with the passage of time. In this sense, the subjects (workers engaged in long-term care) must be observed until the end of the caregiving period, in order to gain a picture of whether this balance is possible. The data analyzed here achieve this objective, making them well suited to the purpose of this paper.

Firstly, the determinant factors of long-term leave such as Family Care Leave will be analyzed. Workers do not require a system of long-term leave if they need consecutive leave over the short term, because there is also a regulation that workers can take up to 5 days off for caregiving. Some workers take annual paid leave for caregiving, as Sodei (1995) and Hamajima (2006) mentioned. Consecutive leave exceeding one week can be considered to trigger a need for a system of long-term leave such as Family Care Leave, for which there is no viable alternative. From this perspective, the responses "None" and "One week or less" can be interpreted as equating to "No need of long-term leave," and the other responses ranging from "Between one and two weeks" to "More than two years" as equating to "Need of long-term leave."<sup>17</sup> The method employed was a logistic regression analysis in which 1

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<sup>16</sup> The survey targets were men and women aged 20 to 64 who began providing long-term care no earlier than April 1999 and ceased providing it no earlier than July 2010. April 1999 is when employers became obliged to offer Family Care Leave under the Act on Child Care and Family Care Leave. The choice of July 2010 was based on the amendment to the Act on Child Care and Family Care Leave that took effect from June 30, 2010. The survey method consisted of an online survey of registered monitors conducted by a research firm. A questionnaire was distributed to the monitors via the Internet, and the screens showing their responses were obtained. It has been recognized that sample populations of monitors responding to online surveys are generally biased in terms of educational background and occupation. To compensate for this bias, the composition ratios at the end of the long-term care period (i.e. gender and age composition ratios, and the composition ratios of occupations and employment formats by gender and age) were made to approximate those of the 2012 Employment Status Survey (Ministry of Internal Affairs and Communications) as far as possible. The latter survey targets "persons engaged in long-term care" and does not touch on the employment rate or breakdown of occupations when the need for care arises, but it served as a reference in assessing the circumstances of caregivers after a certain time has elapsed. Intage Research Inc. was commissioned to conduct the survey. See JILPT (2016) for details of the survey. It should be noted that while the Family Care Leave system is not necessarily limited to care for the elderly, the balance between work and long-term care has become a social issue, in the context of changes in the population structure due to the declining birthrate and population aging. On this basis, the analysis below is targeted at workers who started providing care no earlier than April 2000, after Family Care Leave became mandatory and the long-term care insurance system came into effect.

<sup>17</sup> As is evident from the percentages shown in Table 1, the sample size is too small to analyze each period from "Between one and two weeks" to "More than two years" as independent categories. Analysis of the required length of Family Care Leave remains as a task for the future.



= “Need for long-term leave” and 0 = “No need for long-term leave.” As explanatory variables, attribute variables consisted of the age at the point when the need for care arose and the educational background, as well as gender and the relationship to the care recipient<sup>18</sup> (which influence the division of caregiving among family members). Other explanatory variables were the situation of long-term care need, such as the need to provide physical assistance at the start of the caregiving period (high = 1, low = 0) and the presence or absence of severe dementia (present = 1, absent = 0),<sup>19</sup> the caregiving environment when the need for care arose, i.e. whether or not the caregiver was the sole carer with no other family members available to help (sole caregiver = 1, not a sole caregiver = 0); as a care support variable, whether or not the caregiver has used long-term care services;<sup>20</sup> the employment format, indicating the type of employment when the need for care arose (regular employee = 1, non-regular employee = 0); and finally, occupation,<sup>21</sup> working hours per day,<sup>22</sup> and the length of the home care period, as shown in Fig. 1.<sup>23</sup>

Based on this analysis, factors that impact continued employment throughout the caregiving period will then be analyzed. Because the purpose of the Family Care Leave system is to facilitate continued employment in the same workplace (in keeping with the Japanese long-term employment practice, in which it is difficult for middle-aged workers to change their jobs without decreasing their wages based on the seniority wage system), factors that impact whether employment is continued will be analyzed. In this analysis, the dependent variable will be 1 when the worker remains employed in the same company from the beginning to the end of the caregiving period, and 0 when the worker quits before the end of the caregiving period. The explanatory variables are the same as in the first analysis.

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<sup>18</sup> “Own parents” and “Spouse’s parents” were the only categories for which the sample size was large enough for analysis. Accordingly, only these were treated as independent categories, while the other relationships were treated collectively as “Other.”

<sup>19</sup> When all categories of physical assistance (“Walking,” “Meals,” “Toilet,” “Bathing” and “Changing clothes”) required full assistance, the need for physical assistance was rated as “High” = 1, while other cases were rated as “Low” = 0. As for dementia, the responses “Always present” and “Requires surveillance” with respect to “Behavior that causes inconvenience to others, such as wandering, violence and lack of cleanliness,” were both classified as “Always present” and were taken to indicate severe dementia.

<sup>20</sup> The response was classified as “Yes” when the recipient had experienced either living in a long-term care facility or using in-home care services.

<sup>21</sup> Because the questionnaire did not obtain sufficient sample sizes for “Transport and machinery operation,” “Construction and mining” or “Shipping, cleaning, packaging, etc.” to be analyzed independently, these three were combined with “Engaged in production processes” in the category “Blue collar work.”

<sup>22</sup> The options on the questionnaire were consolidated into the categories of “More than 8 hours,” i.e. the point after which work is legally recognized as overtime; “6 hours or less,” the standard for reduced working hours as stipulated by an Ordinance of the Ministry of Health, Labor and Welfare; and “6 to 8 hours,” which is legally recognized as full-time work. “More than 8 hours” was used as the benchmark.

<sup>23</sup> The median of the options on the questionnaire was input as the continuous variable for the number of months.

The surveyed group is limited to respondents aged between 20 and 64 when the caregiving period ended, meaning that the sample may include those who stopped working at the statutory retirement age. The age at the end of the caregiving period is added as an explanatory variable, with a view to eliminating the effects of this factor.

Before analyzing the main issue, it should be pointed out that, while the discussion often focuses on the total length of the care period, a more crucial issue for caregivers with regard to balancing work with long-term care is the length of time spent caring for a family member at home (as opposed to placing the recipient in a care facility). As shown in Fig. 1, the total length of the care period is sometimes actually longer than ten years, and is longer than five years in 20% of cases. By comparison, the length of in-home care is shorter.<sup>24</sup> When limited to in-home care, the data employed for this paper contain no cases of care exceeding five years, and although such cases may exist, they are certainly rare. Meanwhile, Fig. 2 shows the percentage of caregivers continually employed by the same employer from the beginning to the end of the care period, broken down by the total length of care and the length of in-home care. On the total length of care, a longer term is not necessarily associated with a lower rate of continued employment. Compared to “One year or less,” this rate is lower for “Between three and four years” but rises again for “Between four and five years.” On the other hand, the results concerning the length of in-home care show little difference in the rate of continued employment from “One year or less” to “Between two and three years,” but show falls for “Between three and four years” and “Between four and five years.” However, the time-related change in combining work and long-term care is not uniform; even with the same length of care, the circumstances surrounding the difficulty in continuing employment are thought to be diverse. On this basis, the factors that determine job quitting and the need to take consecutive leave are analyzed as follows.

#### **IV. Data Analysis**

##### **1. The Need to Take Consecutive Leave for Caregiving**

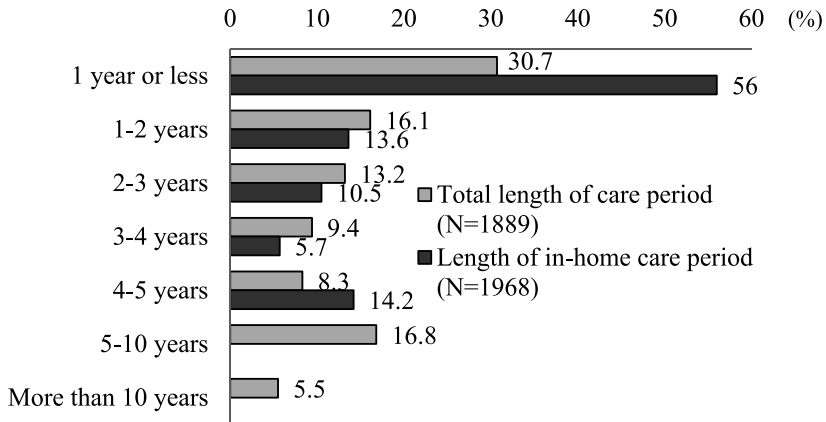
First, the need to take consecutive leave in order to provide long-term care will be analyzed. Table 1 shows the different lengths of consecutive leave required during care period, by gender, and the respective percentages of respondents citing each one.<sup>25</sup>

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<sup>24</sup> Although these data are omitted from the figures reproduced here, the average length of all long-term care periods in the data used is 39.5 months, while that of the home care period is 18.0 months. See JILPT (2016) for more information.

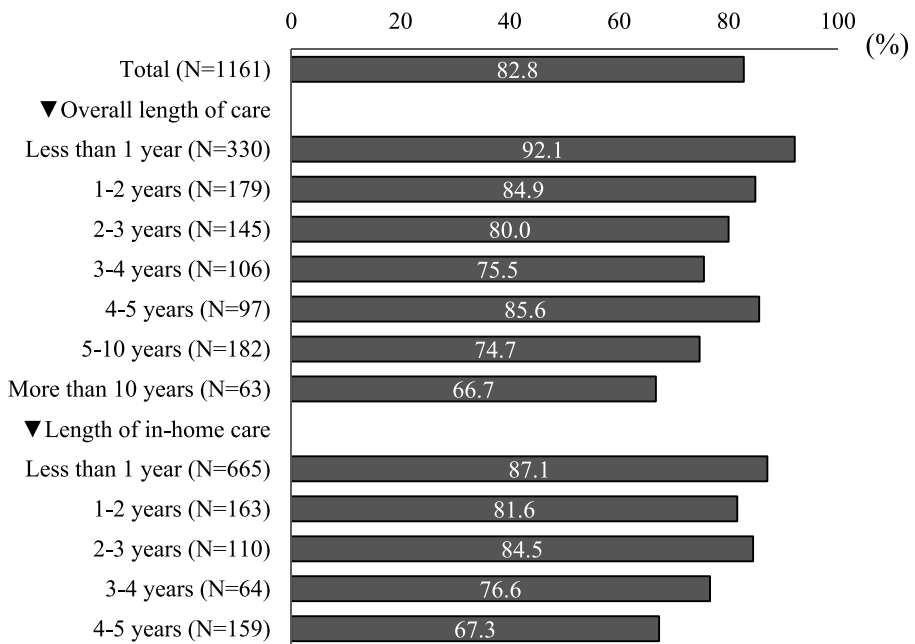
<sup>25</sup> The question posed in the survey is “How many days of consecutive leave from work did you need in order to provide long-term care? Please respond with the number of days you think you should have had, rather than the actual number of days you took.” As this phrasing indicates, the responses show subjectively perceived needs based on the experience of long-term care. Although the actual circumstances regarding the take-up of Family Care Leave were investigated in this survey, it is not clear in this case whether caregivers who did not take Family Care Leave actually needed it but were unable to take it, or did not need Family Care Leave in the first place. With this in mind, the survey

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Source: “Survey on Family Caregivers’ Employment Status and Job Leaving,” Japan Institute for Labour Policy and Training, 2015.

Figure 1. Rate of Length of Care and In-Home Care Period



Source: Same as Figure 1.

Figure 2. Rate of Retention by Length of Care Period (subjects employed at start of care period)

sought to address the leave needs of caregivers, albeit through subjective data.

Table 1. How Many Days of Consecutive Leave from Work Did You Think You Would Need in Order to Provide Long-Term Care?

	None	One week or less	One to two weeks	Two weeks to one month	One to three months	Three months to one year	More than one year	N	$\chi^2$ value
Total	59.3%	18.8%	7.1%	6.0%	3.8%	2.6%	2.4%	1175	-
Male	58.7%	18.4%	9.7%	5.6%	4.5%	1.1%	1.9%	463	16.09 *
Female	59.7%	19.1%	5.3%	6.3%	3.4%	3.5%	2.7%	712	

Source: Same as Figure 1.

\*  $p < .05$

The first notable finding is that “None” accounts for 59.3% overall; this also represents the highest percentage of both male and female survey groups. The second highest percentage is “One week or less” with 18.8%. If the period is less than a week, “time off for caregivers” can be used rather than “Family Care Leave.”<sup>26</sup> In other words, if we distinguish between these two types of leave when examining the need to take Family Care Leave, 78.1% of respondents did not require consecutive leave exceeding one week. This finding did not differ depending on gender; even among women, who are more likely than men to be primary caregivers, the percentage of workers requiring Family Care Leave appears to be low.

Turning to the need for consecutive leave exceeding one week, the percentage of men indicating “One to two weeks” is higher at 9.7% than that of their female counterparts at 5.3%. Meanwhile, the percentage of women requiring leave that exceeds the legally mandated period of Family Care Leave (with requirements ranging from “Three months to a year,” and “More than one year”) is 6.2%. This is higher than the corresponding percentage for men (3.0%). In this sense, the need to take Family Care Leave differs depending on gender, as stated by Sodei (1995). At the same time, a significant percentage of men (approximately 20%) feel a need to take consecutive leave exceeding one week, and there is a possibility that other factors besides gender could impact the need to take Family Care Leave. Multivariate analysis will now be conducted on this basis.

Table 2 shows the results of the analysis. They show that, compared to cases where the care recipient is a spouse’s parent, those in which the recipient is one’s own parent increase the likelihood of requiring Family Care Leave. As is well known, there is a significant gender discrepancy in the commitment to long-term care of a spouse’s parents. However, the analysis results indicate that this is not the case when it comes to one’s own parents. It should be noted, moreover, that the analysis results suggest that caregiving by a biological

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<sup>26</sup> Nishimoto (2012) focused on the different types of leave selected by workers in order to provide long-term care, and pointed out that “Family Care Leave” and “Time Off for Caregivers” have different determining factors. The Act on Child Care and Family Care Leave does not specify a minimum number of days of Family Care Leave that can be taken, but in light of the findings of such previous research, this paper focuses on the need for Family Care Leave of a length that cannot be covered using “Time Off for Caregivers.”

Table 2. Factors Determining the Need for Long-Term Leave for Caregiving  
(Logistic regression analysis)

Explained variables (yes=1, no=0)	Need for caregiver leave		
	B	Standard deviation	Exp(B)
Gender (male=1, female=0)	.051	.192	1.053
Age of caregiver at start of care period	.007	.010	1.007
Highest level of education (BM: junior high / high school graduate)			
Junior college or vocational college graduate	-.135	.206	.873
University or graduate school graduate	.166	.190	1.181
Length of in-home care period (months)	-.001	.004	.999
Level of need for physical assistance (high=1, low=0)	.221	.249	1.248
Severe dementia (yes=1, no=0)	-.765	.549	.465
Relationship to care recipient (BM=parent of spouse)			
Own parent	.515	.225	1.674 *
Other	-.117	.306	.890
Sole caregiver (yes=1, no=0)	.344	.199	1.410
Type of employment at start of care period (regular=1, non-regular=0)	.109	.190	1.116
Working hours per day at start of care period (BM: more than 8 hours)			
6 hours or fewer	-.101	.205	.904
6-8 hours	.114	.194	1.121
Occupation at start of care period (BM: blue collar work)			
Professional or managerial work	.032	.255	1.032
Clerical work	.347	.242	1.414
Sales	.454	.285	1.575
Services	.293	.288	1.341
Have used long-term care services (yes/no)	-.388	.184	.679 *
Constant	-1.993	.591	.136 **
$\chi^2$ value		37.744 **	
Degree of freedom		18	
N		1101	

Need for long-term leave for caregiving: Need to take consecutive leave longer than 1 week for caregiving

BM = benchmark

\*\*  $p < .01$ , \*  $p < .05$

Target of analysis: Persons in employment at start of care period

Source: Same as Figure 1.

child—an increasing social trend noted by Tsudome and Saito (2007)—has the effect of intensifying the need to take Family Care Leave. In that sense, we can say that Family Care Leave will continue to be a necessary system for workers in the future. On the other hand, the use of long-term care services diminishes this need, and it is evident that increased use of long-term care services since the introduction of the amended long-term care insurance system have reduced the need to take long-term leave for caregiving. This social context may be inferred to lie behind the low percentage of respondents requiring Family Care Leave as indicated in Fig. 2.

As we have seen, social changes that increase the need for long-term leave and those that decrease it are occurring simultaneously. The net result is that, if anything, the need for long-term leave remains at a low level. Also, as described above, even among workers who have to provide care, the average caregiving period is relatively short. To determine whether Family Care Leave is an effective means of supporting workers who have difficulty in continuing employment due to long-term care, the factors that impact job quitting will be analyzed in the next section.

## 2. Factors That Impact Continued Employment throughout the Caregiving Period

Table 3 shows the analysis results. The need for long-term leave has a significantly negative effect; that is, the more a worker needs long-term leave, the less likely he or she is to remain continuously employed, and the more likely he or she is to quit. It implies Family Care Leave could be seen as a necessary system for such workers, to avoid job quitting. Independently of the need for long-term leave, however, the factors of “Length of the in-home care period,” “Severe dementia,” “Sole caregiver” and “Working hours per day at start of care period” are also statistically significant, and this fact should not be overlooked. The effects of the length of the in-home care period are consistent with the results shown in Fig. 2. The effects of sole caregiver status reaffirm the findings of previous studies, i.e. that an increase in the caregiving burden associated with smaller family sizes inhibits employment. Also, because the Family Care Leave system was mainly designed for cases of physical assistance due to cerebrovascular disease, it may be assumed that the effects of severe dementia are independent from the effects of Family Care Leave. Finally, the effect of working hours shows that the rate of continuous employment in the same company rises in correlation with shorter working hours. In general, full-time work is associated with a longer duration of continued employment, but these results suggest that working shorter hours could be more compatible with long-term care.

The findings of this analysis suggest that Family Care Leave may be seen as a necessary form of support for combining work and long-term caregiving, but also that it will be essential to implement other measures besides leave of absence to prevent workers from quitting their jobs.

Table 3. Factors Determining Continued Employment throughout Care Period  
(Logistic regression analysis)

Explained variables (yes=1, no=0)	Continuous employment by same employer from start to end of care period		
	B	Standard deviation	Exp(B)
Gender (male=1, female=0)	.370	.235	1.448
Age of caregiver at start of care period	.116	.032	1.123 **
Age of caregiver at end of care period	-.109	.033	.897 **
Highest level of education (BM: junior high / high school graduate)			
Junior college or vocational college graduate	.059	.227	1.061
University or graduate school graduate	.084	.231	1.088
Length of in-home care period (months)	-.010	.005	.990 *
Degree of need for physical assistance (high=1, low=0)	.181	.304	1.199
Severe dementia (yes=1, no=0)	-.848	.423	.428 *
Relationship with care recipient (BM=parent of spouse)			
Own parent	.061	.239	1.063
Other	.163	.322	1.177
Sole caregiver (yes=1, no=0)	-.666	.221	.514 **
Type of employment at start of care period (regular=1, non-regular=0)	.695	.223	2.004 **
Working hours per day at start of care period (BM: more than 8 hours)			
6 hours or fewer	.520	.246	1.682 *
6-8 hours	.232	.232	1.261
Occupation at start of care period (BM: blue collar work)			
Professional or managerial work	-.076	.311	.926
Clerical work	-.194	.289	.824
Sales	-.415	.324	.660
Services	.129	.329	1.138
Have utilized long-term care services (yes/no)	-.175	.246	.840
Need for caregiver leave (yes/no)	-.614	.201	.541 **
Constant	1.579	.685	4.848 *
$\chi^2$ value		90.014 **	
Degree of freedom		20	
N		1033	

Need for caregiver leave: Need to take consecutive leave longer than 1 week for caregiving

BM = benchmark

\*\* p <.01, \* p <.05

Target of analysis: Persons in employment at start of care period

Source: Same as Figure 1.

## **V. Summary and Conclusions**

This paper has analyzed factors present at the start of a caregiving period that affect workers' decisions to quit their place of employment. The aim in doing so has been to clarify whether workers are quitting due to the need for prolonged, consecutive leave in order to engage in caregiving, as envisioned by the Family Care Leave system, or for some other reason. The key results of the analysis were as follows:

- (1) The greater the need for long-term leave for caregiving, the less likely working caregivers are to remain continuously employed in the same company from the beginning to the end of the caregiving period.
- (2) The need for long-term leave for caregiving can be alleviated by using long-term care services while caring for one's own parent rather than that of a spouse increases the need for long-term leave.
- (3) Regardless of the need for long-term leave, workers who work six or fewer hours per day have a higher rate of continuous employment in the same company than those who work more than eight hours.
- (4) Regardless of the need for long-term leave, having sole responsibility for care without assistance from family members is associated with a low rate of continuous employment in the same company, and the same is true in cases of severe dementia in the care recipient.

It should first be pointed out that, as envisioned by the system of Family Care Leave, caregiving makes continuous employment more difficult due to the need for lengthy consecutive leave. The design of the Family Care Leave system is based on the typical course of care recipients' symptoms, and the results of analysis by this paper suggest that Family Care Leave is indeed an important means of support for continued employment. In the context of a declining birth rate, an aging population and downsizing of family, there is a growing number of workers who are solely responsible for the care of family members, suggesting a need for further expansion of measures to prevent job quitting due to long-term caregiving. The increasing prevalence of caring for one's own (biological) parents, such as when married couples each care separately for their own parents or when unmarried adult children care for their parents, has the effect of increasing the need to take Family Care Leave. As such, making it easier for these caregivers to take the necessary leave is an important challenge.

However, approximately 80% of working caregivers do not feel the need for long-term leave. Here, it should be noted that these workers either do not need to take consecutive leave for caregiving, or only require short-term leave of one week or less. Underlying this is the increased use of long-term care services via the long-term care insurance system. It may be inferred that the procedures required for long-term care services, which



are assumed to require considerable time by the system of Family Care Leave, are proceeding more smoothly under the long-term care insurance system than they were previously. In other words, the procedures for using long-term care services can be completed without having to take so much time off work. Thanks to the increased availability of services, the need to provide care directly to family members for months while waiting for services to become available has been reduced, and the analysis results seem to reflect this.

On the other hand, closer investigation should be made regarding workers who quit due to factors other than the need to take Family Care Leave. One implication of the analysis results is that there is a need for reduced working hours to accommodate daily caregiving. The amended Act on Child Care and Family Care Leave, with effect from 2017, expands the period when the option of reduced working hours may be offered to workers to three years from the current 93 days, and also provides for exemption from overtime. The results of this analysis suggest that both of these measures are potentially effective.

It is also important to enable workers who care for dementia sufferers to achieve a balance between work and long-term care. In such cases, the impact of the care recipient's severe dementia on the continued employment of the caregiver is significant even when the need to take Family Care Leave is controlled. The Family Care Leave system was designed to provide physical assistance for sufferers of cerebrovascular disease, but a different perspective should be adopted when considering how to balance work with care of persons with dementia.

In short, Family Care Leave is an important means of support for continued employment, but for many workers, continued employment becomes difficult due to factors other than the need to take long-term leave. To enable these workers to remain employed, the insights set out in this paper should be examined in further detail from multiple perspectives, and effective support measures should be put in place. In doing so, various challenges will need to be addressed, including the creation of work environments that allow Family Care Leave to be taken smoothly, effective time management facilitating a balance between work and caregiving, and support for workers who care for family members with dementia.

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