

## Relationship between role model and career in midwifery

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### Abstract

The purpose of this study is to reveal the relationship between role model types recognized by midwives and the intention to continue in a career in midwifery. From July to September 2005, we conducted an anonymous self-administered questionnaire survey targeting midwives working in facilities in the Hokushinetsu and Kanto/Tokai areas. The questionnaire was filled out by 250 midwives. We obtained the following results with regard to the relationship among the four role model types, the intention of midwives to continue their careers and four factors involved in this process. Midwives with role models at work or elsewhere, or those with idealized role models scored higher for the four processing factors: vocational goal clarity, engagement in work, job fulfillment and self-recognition of vocational aptitude, as well as for the intention to continue in their careers than did midwives who do not have role models. No differences in scores for processing factors or intention to continue in their careers were observed among the three types of midwives who have role models. These findings indicate that an awareness of role models improves the clarification of vocational goals, engagement in work, job fulfillment and self-recognition of vocational aptitude, and strengthens the will of midwives to continue in their careers.

### Key words

role model, midwife, career, profession, continue

### Introduction

Role models are an important factor for individuals experiencing the process of professional socialization, the learning of the attitudes, sense of values and skills in a specialty<sup>1-2)</sup>. It is also reported that the attributes of role models and the effect of role models vary during the stages of professional growth<sup>3-4)</sup>. According to Kemper<sup>5)</sup>, the role model is seen "as an individual who possesses certain skills and displays skills that the individual lacks and from whom, by observation and comparison with his own performance, the individual can learn". It requires time to become proficient as a specialist.

Benner<sup>6)</sup>, who has described the stages of growth nurses experience in becoming experts, reported that nurses require an increase in experience to be experts, and that this usually takes more than 10 years. Not only is the quality of experience important but also the length. In other words, continuation in the same vocation is of great significance.

There are many studies focusing on career continuation in nursing. However, few studies examine the relationship between role models and the intention to continue in a career in nursing. In these studies, researchers have indicated that

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nurses who have role models around them have high motivation to work and learn<sup>7)</sup> and a high degree of job satisfaction<sup>8)</sup>, all of which provides motivation for career continuation.

According to the American Psychological Association<sup>9)</sup>, the role model is defined as “real or theoretical persons perceived as being ideal standards for emulation in one or a selected number of roles”; however, there exist several ways of perceiving role models. Speizer<sup>10)</sup> suggested that “perhaps role models with whom one interacts are different people and serve a different functions than role models with whom one identifies from a distance,” though there are very few studies that clarify these differences.

Recently, the turnover rate among nurses in Japan has been increasing, from 9.9% in 1994 to 11.6% in 2003<sup>11-12)</sup>. There is a concern, especially in the field of midwives that the social backdrop of a decrease in the number of children and a change in the educational system for midwives will interfere with the professional socialization of midwives. Therefore, the purpose of this study is to clarify the relationship between role model type and the intention to continue in careers in midwifery.

**Investigation framework**

We established our own investigation framework for this study, based on the fundamental structure of “Organismic Theory of Self-Determined Behavior” by Deci<sup>13)</sup> and a review of relevant literature (Fig.1). Deci’s basic structure shows the process of gaining a sense of satisfaction through being

inspired to be motivated. In this study, the process of psychological and behavioral change in midwives who set their own goals through awareness of a role model and develop accordingly seems to correspond to Deci’s basic structure, and we have set the “stimulus” as role model type. We also set “goal selection” as “goal clarity”, “goal-oriented behavior” as “engagement in work”, “achievement of motivation and satisfaction” as “job fulfillment”, and based on a survey report about desire to quit<sup>14)</sup>, we added “self-recognition of vocational aptitude”. We considered these four concepts as the processing factors for role models and intention to continue in one’s career.

**Definition of terms**

*Role model*: a person who can be sympathized with as a fellow midwife, and looked up to as somebody to emulate, and as someone thought to be able to promote and lead one to professional growth

*Vocational goal clarity*: clarification of issues to be dealt with in order to realize one’s goals as a midwife  
*Engagement in work*: awareness or behavior to proactively implement midwifery work in a goal-oriented or problem-solving way

*Job fulfillment*: a subjective sense of satisfaction, pleasure or challenge received from the midwifery care one provides, interaction with clients, or from third-party evaluation

*Self-recognition of vocational aptitude*: to recognize oneself that one is cut out for, or suited to midwifery work

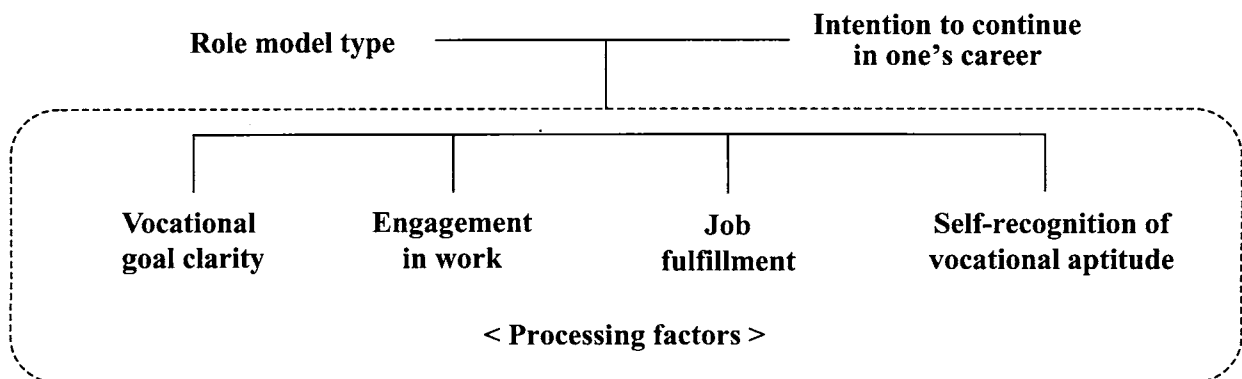


Figure 1. Investigation framework. (Adapted from Deci EL. [1980]: The fundamental structure of “Organismic Theory of Self-Determined Behavior” and a review of relevant literature.)

*Intention to continue in one's career*: the will to continue working as a midwife

## Methods

### 1. Subjects

The survey, which was carried out from July to September 2005, targeted 369 midwives working at 32 hospitals in the Hokushinetsu and Kanto / Tokai areas, all of which had given us consent to conduct our research.

### 2. Collection and analysis of data

A self-administered questionnaire was employed in this study. Investigators collected participant responses by mail or collection box. We provided 4 choices of role models for respondents to choose from; (1) role model at the workplace, (2) role model outside the workplace, (3) ideal rather than actual role model, (4) no role model. In regard to the four processing factors, we included 6 items for goal clarity (e.g. the personal challenge of obstetric nursing is clear), 11 items for engagement in work (e.g. I want to give better care as an obstetric nurse), 4 items for job fulfillment (e.g. it is enjoyable to work as an obstetric nurse) and 5 items for self-recognition of vocational aptitude (e.g. working as a midwife fits me). We employed a 4-point Likert scale from 1 (Strongly disagree) to 4 (Strongly agree). In addition, the intention to continue in a career in midwifery regardless of outside influences, such as work circumstances, marriage and childbirth were measured by Visual Analog Scale (0-100 points).

For analysis, we conducted a group comparison of the total values for each processing factor and the values for intention to continue in the career by role model type (one-way analysis of variance; multiple comparison analysis by Bonferroni or Tamhane). SPSS (Ver. 11.5J) was used for data analysis.

### 3. Ethical considerations

We explained the purpose of the study, methods, confidentiality and voluntary nature of participation in writing to the subjects, and obtained their consent. We collected the survey form and the consent form separately to make sure that neither the facility nor the individual could be identified.

Permission to conduct this research was obtained from doctors on the ethics committee of Kanazawa University Graduate School of Medical Science.

## Results

### 1. Attributes of subjects

We distributed questionnaires to 369 people, and obtained responses from 278 (collection rate: 75.3%). We analyzed the responses of 250 people who had filled out every item on the questionnaire (response rate: 90.0%). The subjects ranged in age from 21 to 58 (average = 33.6 years old, standard deviation = 9.5) and in years of experience between 1 and 33 years (average = 9.8 years, standard deviation = 8.6). Subjects included 86 midwives with 1 to 3 years of experience (34.4%), 71 midwives with 4 to 10 years of experience (28.4%) and 93 midwives with more than 11 years of experience (37.2%) (Table 1).

### 2. Actual Condition of Role Model Types

Regarding role model type, 93 respondents (37.2%) indicated "ideal rather than actual role model," the most common response. 76 respondents (30.4%) indicated "role model outside the workplace," 68 respondents (27.2%) indicated "role model at the workplace," and 13 respondents (5.2%) indicated "no role model." A total of 94.8% of respondents indicated the presence of role models. The most common role model type in each experience category was "role model at the workplace" for midwives with 1 to 3 years of experience (37.2%), "role model outside the workplace" for midwives with 4 to 10 years of experience (36.6%) and "ideal rather than actual role model" for midwives with more than 11 years of experience (49.5%) (Table 2).

Table 1. Attributes of subjects (n=250) n (%)

		n (%)
Years of experience	1-3years	86 (34.4)
	4-10years	71 (28.4)
	11 years <	93 (37.2)
Age (years)	< 29	109 (43.6)
	30-39	73 (29.2)
	40 <	68 (27.2)
Area	Hokushinetsu	169 (67.6)
	Kanto/Tokai	81 (32.4)

Table 2. Description of Role Model

						n (%)
		At the workplace	Outside the workplace	Ideal	No role model	Total
Years of experience	All	68 (27.2)	76 (30.4)	93 (37.2)	13 (5.2)	250 (100.0)
	1-3years	32 (37.2)	24 (27.9)	23 (26.8)	7 (8.1)	86 (100.0)
	4-10years	20 (28.2)	26 (36.6)	24 (33.8)	1 (1.4)	71 (100.0)
	11years <	16 (17.2)	26 (27.9)	46 (49.5)	5 (5.4)	93 (100.0)

**3. How role model type relates to processing factors and to intention to continue in a career**

One-way analysis of variance revealed that scores for goal clarity, engagement in work, job fulfillment and self-recognition of vocational aptitude were significantly higher ( $p < 0.05$ ) for the "role model at the workplace," "role model outside the workplace" and "ideal rather than actual role model" groups compared with the "no role model" group (Fig. 2). Regarding the intention to continue in a career in midwifery, the "role model at workplace" group scored  $78.4 \pm 24.3$  (mean  $\pm$  ISD) points, the "role model outside workplace" group scored  $78.3 \pm 24.1$  points, and the "ideal rather than actual role model" group scored  $76.3 \pm 23.1$ . The scores in these three groups were significantly higher ( $p < 0.05$ ) than the  $56.5 \pm 32.3$  score in the

"no role model" group (Fig. 3). Among the "role model at workplace," "role model outside workplace" and "ideal rather than actual role model" groups there were no significant differences in processing factors and the intention to continue in a career in midwifery (Fig.2, 3).

**Discussion**

What is the relationship of the role model to the professional socialization of specialists? As clearly stated in the Law for Public Health Nurses, Midwives and Nurses<sup>15</sup>, midwives have the responsibility of conducting diagnosis of pregnancy, periodical health checkups during pregnancy, birth assistance and associated midwifery procedures, as well as providing health care for mother and newborn after the birth. Because physiological changes can occur easily in the perinatal stage,

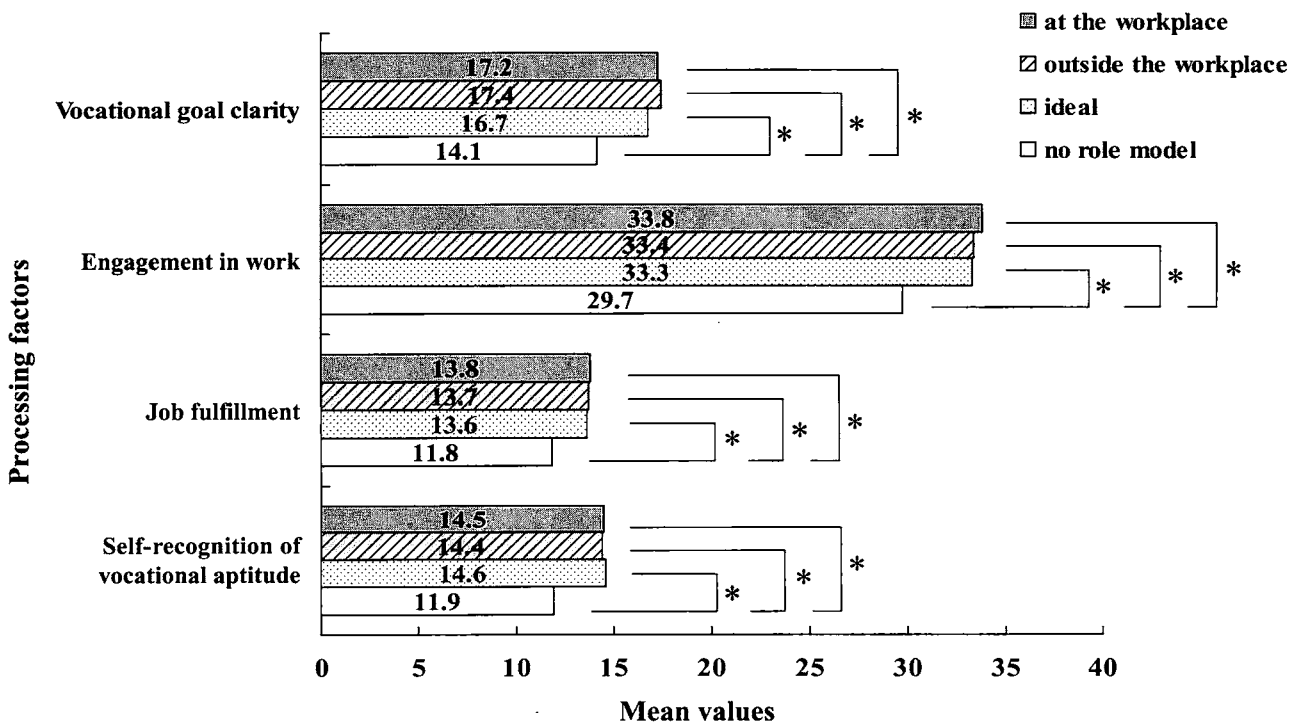


Figure 2. Comparison of mean values of processing factors among groups of roll model type. One way analysis of variance (ANOVA), Bonferroni's multiple comparison; \* P < 0.05

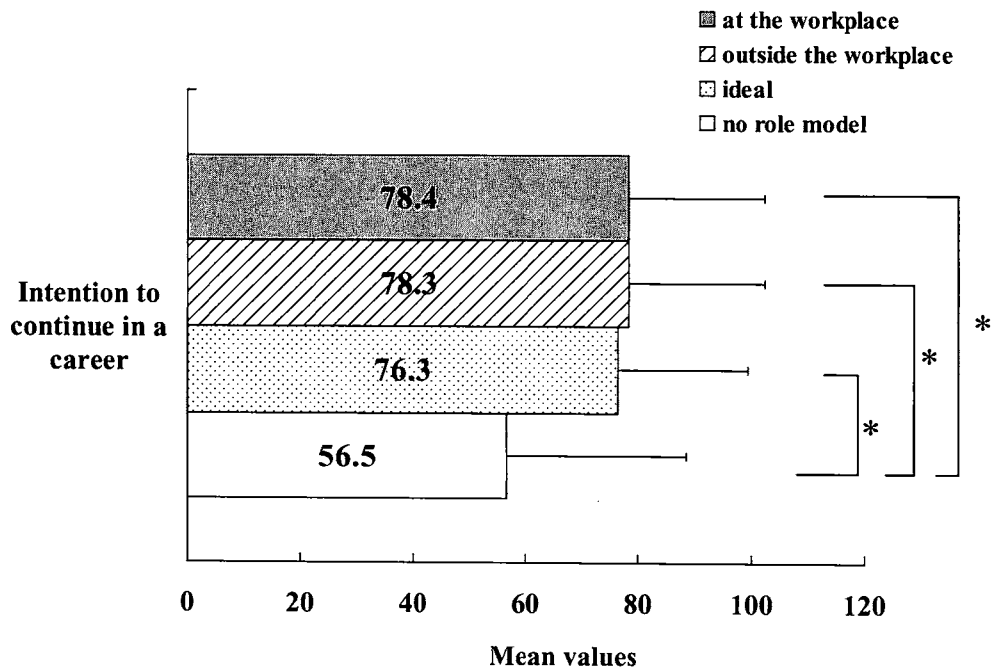


Figure 3. Comparison of mean values of intention to continue in a career among groups of roll model type. One way analysis of variance (ANOVA), Bonferroni's multiple comparison; \*  $P < 0.05$

and can be very drastic, there is a constant need for accurate judgment based on the midwife's expertise. Furthermore, according to a survey conducted by Ito et al.<sup>4)</sup>, role models must have a well-rounded character. The result of this study targeting midwives working at hospitals showed that more than 90% had role models. In other words, it is assumed that while having an image of the kind of midwife they are aiming to become, many midwives brainstorm in view of developing as specialized professionals.

As years of the experience increases, more midwives perceive role models as evolving from an actual to an ideal model. Generally, advanced beginners are at the stage where they are expected to practice and deal with basic midwifery work using their knowledge and skills. Proficient are at a stage of greater responsibility, in which there are greater expectations placed on them by their superiors and team members. Experts are at a stage where they must further increase their experience and specialized knowledge that they have accumulated over the years. It is said that in general, people create role models through integrating attributes in other people which they

choose based on their interests and desire for self development<sup>6)</sup>, and that the attributes midwives assign to their role models varies depending on level of experience<sup>4)</sup>. Because in this study role model types differed in number of years of experience, it is assumed that while accumulating midwifery experience, the midwife creates an image of the ideal midwife, according to the role expected.

Herzberg<sup>17)</sup> showed that there are two factors influencing career continuation: motivation and hygiene. Briefly, motivation is a fascination with work, and hygiene has to do with circumstances at the workplace. The ideal role model can be considered a factor in motivating fascination with work. In this study, midwives who had role models, whether that role model was at the workplace, outside the workplace or was an ideal role model, were better in clarifying their goals, more positive about their engagement in work, showed greater job satisfaction, self-recognition of vocational aptitude and a stronger intention to continue in their career in midwifery. These results support the view of Herzberg<sup>17)</sup> (1959) and the findings of existing research<sup>7), 8)</sup>.

In Social Learning Theory, Bandura<sup>18)</sup> pointed out that humans learn by watching others, and that ideas for new behaviors are formed from these observations. Speizer<sup>10)</sup> speculated that the influence of the role model varies depending on the role model's distance from the observer. This is perceived as an indication of the significance of the presence of nearby role models when midwives are developing as professionals. In this study, however, there was no indication of any difference by type of role model. This could be a reflection of the fact that there are no personnel who have developed into role models at the workplace. Moreover, the fact that the questionnaire items for this study were based on motivation rather than observed content, its depth and acquired skills seems to have influenced the results.

### Limitation of the Study

The results of this study are based on data obtained from a limited number of subjects in a limited number of locations. More consideration of differences by role model type using other factors such as acquired skills is required.

### Conclusion

This study showed that the presence of role models not only enhances the factors that are related to the intention to continue in a career in midwifery, such as the clarification of goals, engagement in work, job fulfillment and self-recognition of vocational aptitude, but also is a factor that influences the intention to continue in a career in midwifery. This result may help midwives realize the importance of the presence of role models in improving themselves as specialists. It is hoped that perception of the importance of role models becomes wide spread in educational institutions and hospitals.

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## 助産師のロールモデルタイプと職業継続意思との関係

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### 要 旨

本研究の目的は、助産師が認識するロールモデルのタイプと職業継続意思との関係を明らかにすることである。2005年7月～9月に北信越地域、関東・東海地域の施設に勤務する助産師を対象に、無記名自記式質問紙調査を行い250名から回答を得た。ロールモデルの4タイプと職業継続意思およびそのプロセス4要因との関係について、以下のことが明らかになった。

1. ロールモデルが職場にいる、他の場所にいる、理想像がある、と認識する助産師群はロールモデルがいない助産師群と比べて、目標の明確化、仕事への取り組み、仕事への充実感、適性の自己承認、以上4つのプロセス要因の得点と職業継続意思の得点が高かった。
2. ロールモデルを認識している3タイプ間では、プロセス要因および職業継続意思の得点に違いはみられなかった。

以上より、ロールモデルを意識化できることが、仕事の目標の明確化、仕事への取り組み、仕事への充実感、適性の自己承認を高め、助産師の職業継続意思を支えやすいことが示唆された。