A Study of Childcare Issues Affecting the Nursing Profession in a Major Southwestern City

James Keith Blake
Wright State University - Main Campus

Follow this and additional works at: http://corescholar.libraries.wright.edu/econ_student
Part of the Business Commons, and the Economics Commons

Repository Citation

This Master’s Culminating Experience is brought to you for free and open access by the Economics at CORE Scholar. It has been accepted for inclusion in Economics Student Publications by an authorized administrator of CORE Scholar. For more information, please contact corescholar@www.libraries.wright.edu.
I HEREBY RECOMMEND THAT THE INTERNSHIP REPORT PREPARED UNDER MY
SUPERVISION BY James Keith Blake ENTITLED A Study of Childcare Issues
Affecting the Nursing Profession in a Major Southwestern City BE
ACCEPTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
Master of Science in Social and Applied Economics.

Rudy Fichtenbaum
Faculty Supervisor

Roger Sylvester
Director of M.S. Program in
Social and Applied Economics
ABSTRACT


As more women enter the work force, there is an increased need for adequate childcare. There are many potential benefits to employers when employees are satisfied with quality of care their children are receiving. Some employers have opted to provide some form of childcare assistance, ranging from simple referral services to on-site childcare facilities.

The need for childcare is especially prominent in the healthcare profession, given the predominance of women in nursing and the need for nurses on all shifts.

This study was designed to explore job satisfaction and childcare issues among nursing and healthcare professionals. The study was undertaken in three hospitals in a large southwestern city. One hundred nurses in each of the hospitals were selected at random to answer a questionnaire that was distributed by hospital administrative personnel.

The study supported previous investigations which found that employers who provide some form of childcare assistance were perceived more favorably than others who did not provide assistance. The most influential factor in job satisfaction for nurses is the area of nursing in which they work. Childcare issues were found to rank fourth out five areas of concern in job satisfaction.

iii
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>iii</td>
</tr>
<tr>
<td>CHAPTER</td>
<td></td>
</tr>
<tr>
<td>I. REVIEW OF THE LITERATURE</td>
<td>1</td>
</tr>
<tr>
<td>II. METHODOLOGY</td>
<td>16</td>
</tr>
<tr>
<td>III. EMPIRICAL RESULTS, FINDINGS, AND ANALYSIS OF DATA</td>
<td>18</td>
</tr>
<tr>
<td>IV. CONCLUSIONS</td>
<td>27</td>
</tr>
<tr>
<td>V. RECOMMENDATIONS AND LIMITATIONS</td>
<td>30</td>
</tr>
<tr>
<td>APPENDICES</td>
<td></td>
</tr>
<tr>
<td>A: Cover Letter for Survey Instrument</td>
<td>32</td>
</tr>
<tr>
<td>B: Survey Instrument</td>
<td>33</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>36</td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Results of Childcare Portion of Questionnaire</td>
<td>18</td>
</tr>
<tr>
<td>2. Results of Job Satisfaction Portion of Questionnaire</td>
<td>21</td>
</tr>
<tr>
<td>3. Results of Demographics Portion of Questionnaire</td>
<td>25</td>
</tr>
</tbody>
</table>
ACKNOWLEDGMENTS

I wish to thank several individuals who have contributed to my education and made this research possible.

Dr. Rudy Fichtenbaum - his guidance and encouragement helped me properly define the scope of this research. His patience and willingness to work with me as I moved around the country several times during the course of my education has helped provide a confidence that this project could be completed.

Mr. Roger Sylvester - his encouragement and willingness to provide long distance help as I have moved has been a great help and confidence booster.

Ms. Cathy Blake - her willingness to review and candidly critique and question my writings has provided a tremendous check on the quality and flow of this study. Her help in developing the survey instrument was invaluable and deeply appreciated.

The hospitals, and particularly, the individuals that took the time and effort to answer the survey and provide the personal information for which the survey asked.

Others provided the personal support necessary to complete this project and my education. Though too numerous to mention, I would like to express my most heartfelt appreciation and gratitude to all those that encouraged and supported me through both the good times and the bad. Their impact has been greatly felt and recognized.
DEDICATION

This research is dedicated to Cathy D. Blake. She has worked alongside me as she pursued her own educational goals and has been a constant source of encouragement and motivation. Her willingness to shoulder the burdens of home and family as I completed my education has been of immense help. She has given me understanding, many ideas, vast amounts of patience, and the occasional swift kick throughout my undergraduate and graduate careers. Her companionship and interest in my endeavors has made this a more meaningful and enriching experience. Her impact on all aspects of my life are immeasurable.
I. Review of The Literature

Many articles have been written about the potential benefits to employers for providing childcare benefits to their employees, from improved productivity, to higher employee morale, to lower absenteeism and turnover. However, relatively few employers provide any form of childcare at present. The greatest number of employers that do provide benefits are in the health care industry, mainly in hospitals. Little hard data exists to substantiate the claims made in these articles. Most of the research done to date consists of descriptions of the experiences of a few employers that have some form of program (see Fernandez, 1986 for example) and how the employees use the programs. One thread common in most of the studies is that as the demand for childcare has increased there has not been a corresponding increase in the supply. This research aims to expand the body of knowledge relating to childcare, especially as it relates to the health care professions.

Childcare and elder care are two of five areas of dependent care defined by Miller, Stead and Pereira (1991). The others - family violence victims, drug/alcohol abuse and mental/physical handicaps - are generally covered by employee health programs or employee assistance programs (EAP’s) due to the medical nature of the problems.

Elder care and childcare are normally considered to be personal, or private, in nature and are not typically covered by assistance benefits. The employee is left on his/her own to find the required financing and provider resources. It is childcare which most directly affects the current work force and should receive serious attention and consideration from employers.
Adequate childcare encompasses the needs, both physical and emotional, of a given child. There are developmental differences associated with each age level and ultimately with each child. For instance, childcare that is appropriate for a five year old is not appropriate for an infant. Developmentally, childcare can be broken down into four general levels.

a. Infant care: This is provided for children that are newborn to about the age of two. It is characterized by a high adult to child ratio, ideally no more than about one adult to two or three children. The child needs a lot of adult care and attention. The main purpose is to meet the physical needs of the child.

b. Preschool care: This is provided for children that are from two to five years old. This is characterized by a lower adult to child ratio (generally 1 to 6) and geared more to a learning and socializing experience rather than a maintenance function.

c. Before/after school care: This is the type of care that is provided for children between the ages of 6 and 12 years old. These children require very little direct adult supervision. This type of care is usually provided to insure the safety and welfare of the child.

d. Latch key care: These children generally do not require direct adult supervision. They are between the ages of 12 and 18 and are able to care for themselves. Most parents who use this type of care usually supervise the children by calling home to make sure they have arrived home safely after school.

There is much discussion in the current literature about the need for childcare. Most of the authors conclude that there is a great and
growing need in this country (Auerbach, 1990; etc.). The reasons for this are many.

One of the primary reasons for the increased need for childcare is the increased labor force participation of women of childbearing age. "In 1940, 27 percent of the female population 14 years old and over were in the labor force; by 1986, 55 percent of the female population 16 years old and over were working. Whereas in 1940 less than one-third of working women were married, in 1982 over half were. The most remarkable change has occurred among mothers with young children. Employment of women with pre-school age children (under six years old) increased from 12 percent in 1950 to 54 percent in 1985. For women with children under age one, the increase was from 31 percent in 1976 to 48 percent in 1985 (U.S. Bureau of the Census 1986)." (Auerbach, 1988:13-14) In 1991, the rate of female labor force participation was over 57 percent of the women over 16 years old (U.S. Bureau of the Census 1992).

There are several reasons that female labor force participation have increased, among them are the cost of maintaining a desired standard of living for the family. The aging of the population has also contributed to women's increased labor force participation. As the nation's older population reaches retirement age, there will be more positions left vacant that need to be filled. Many of these positions will be filled with women. Another reason for the increase in women's participation is that the parents of working people will need more financial assistance as the effects of social security and other retirement plans decrease and the cost of living increases.

Another trend is that women are waiting until their late twenties and
early thirties to have children. Since they are delaying child bearing, they tend to have fewer children (O'Connell and Bloom, 1987 as cited in Auerbach, 1988:14). By this time they have established and progressing careers and do not want to leave the work force for extended periods. They want to go back to work soon after having a child so they do not loose their seniority (Auerbach, 1988:14). Klerman and Leibowitz (1990) found that, of the more than 2,400 subjects in their study, more than 33 percent had returned to work within the first three months after delivery and more than 75 percent had returned before their children were two years old.

There have also been significant changes in the makeup of the family and its economic status. There has been a marked increase in out-of-wedlock pregnancies since the early 1970's and the divorce rate has doubled since 1970. The divorce rate is likely to stay high for the foreseeable future. This means that there will be significant numbers of families headed by women.

These families tend to make less than comparably sized families headed by men. In 1983, median income for all families with a head of household between 15 and 64 was $24,580, while for single female headed households the median was $11,789 (U.S. Bureau of the Census, 1985b as cited in Auerbach, 1988:15). Female headed households made up 47 percent of all families below the poverty level in 1983 (U.S. Bureau of the Census, 1985a as cited in Auerbach 1988:15). This is a disturbing trend because without adequate childcare these women can not be expected to get themselves and their families out of poverty.

Much of the childcare today is arranged informally, and is never
reported for tax or regulation purposes. This amounts to an "underground" network of childcare providers. This makes the actual amount of childcare used and available hard to quantify. However, from census figures, approximately 40 percent of working mothers with preschool age children arrange for care in someone else's home; 15 percent use group centers; 31 percent arrange for care in their own home; and 9 percent care for their children while at work (U.S. Bureau of the Census, 1983a as cited in Auerbach, 1988:15).

The types of childcare chosen are affected by, among other things, cost of the care, age of the children, presence of family networks, marital status of the mother, her level of education, and occupation. But the preferences that parents have may not be true preferences but those based on availability. Many parents might choose different childcare arrangements if they were available. Since parents may not be able to exercise their true preferences for childcare there are some serious implications for women and for the well-being of the children.

If childcare is unreliable, unaffordable, or unavailable then the prospects for women's employment are seriously constrained. Some studies (Presser and Baldwin, 1980; U.S. Bureau of the Census, 1983a; U.S. Commission on Civil Rights, 1981 as cited by Auerbach, 1988:17) indicate that the unavailability of adequate childcare restricts the employment opportunity of women, particularly those with preschool children. If women can not find childcare outside the home that provides their children with what they consider to be "good" care, they will choose to remain unemployed. There is no doubt that there is a large and growing demand for childcare while at the same time there is a
chronic shortage of satisfactory care available for working parents.

Auerbach (1988:20) contends that there are three reasons for lack of market response to the need for childcare. The first of these is there is an ideological resistance. There is a belief in this country that mothers are the best at taking care of children. "It is considered acceptable that a woman becomes educated, works, and is active in public life as long as she first fulfills her obligations as a "good" mother—meaning that she is instantly and constantly available to meet her child's needs. Incompatibility with other demanding roles is thus built into society's definition of a "good" mother, as her commitment to her children's care must always remain foremost. The child without this kind of "good" mother is considered deprived. In this view, extrafamilial childcare is something only for "bad" mothers who are "trying to get rid of their children" (Auerbach, 1988:21)." There is also the belief in this country that the family is a private institution and, except for a major crisis, should be left alone by the government or any other institution. When politicians consider legislation affecting children generally, they do so hesitantly and reluctantly, knowing that the American social system presumes that barring economic disaster or health crises, a family should and will care for its children without public intervention (Steiner, 1976:1 as quoted in Auerbach, 1988:27).

The second form of resistance is practical. Simply put, the costs associated with starting, staffing, insuring, and maintaining a childcare business are high and the expected profits from it are very low. When childcare is available, the costs to the parents are high.
One study noted that day care costs average 10 percent of gross income for a working family. This makes childcare the fourth largest expense in the average budget, after housing, food, and taxes (Carnegie Corporation study reported in Business Week, as cited in Auerbach 1988:27). A single mother with one child under two can spend as much as 49 percent of her gross income for childcare (Newsweek, as cited in Auerbach 1988:28). Clearly, the cost of childcare can be a serious impediment to women entering and staying in the labor force. Currently, the only help provided by the federal government for the average working family is a tax credit ($2,400 for one child, and $4,800 for two or more children) that is a sliding percentage scale based on family income.

The third form of resistance that Auerbach sees to childcare is political resistance. By this she means that there is no consensus within government or policy circles about publicly supported childcare. For that matter there is no real consensus within the childcare community itself.

Companies have sought to fill the childcare gap and improve employee relations by becoming involved with childcare. Occasionally, company involvement is due to pressure from employee groups and unions exerted during open employee forums and contract negotiations. This type of pressure only effects a few companies since most unionized companies employ mostly men. Another reason is that the upper management feel a social responsibility to their employees to provide some form of care when other adequate means are not available and it is affecting the work of individuals and the company.

But the biggest reason that companies get involved with childcare is
that it improves the bottom line. Though the evidence is not supported by cost/benefit analysis, except in a few cases, several studies have indicated that employees who receive childcare as one of their fringe benefits tend to have increased productivity, higher morale, lower absenteeism, and reduced turnover. Organizations are therefore able to reduce their recruiting efforts and they have an enhanced community image (Auerbach, 1988:105).

A comprehensive study of four hundred fifteen companies that had employer supported childcare conducted by the National Employer Supported Child Care Project (NESCCP) in 1982 and cited by Burud, Aschbacher, and McCroskey (1984), found that 49 percent of respondents reported that childcare had a positive impact on productivity. Further, they reported that 12 percent of the companies rated childcare in the top 20 percent of all benefits they offered in terms of impact on productivity and 41 percent rated childcare in the top 40 percent of offered benefits (1984:25).

The NESCCP found 90 percent of the companies reported a positive impact on morale due to childcare. There was a positive impact in 83 percent of the cases on worker satisfaction, 73 percent on worker commitment, and 63 percent on worker motivation (Burud et al. 1984:24). Fifty-three percent of the companies felt that childcare had a positive effect on absenteeism (Burud et al. 1984:26).

The NESCCP (as cited in Burud et al. 1984:22) also found that 65 percent reported that childcare had a positive effect on turnover. They also reported that 18 companies kept records that showed employees that used childcare were 25 percent less likely to leave the company than
those that did not. Eighty-five percent of the companies reported that childcare had a positive impact on recruiting. In one case, 95 percent of the applicants applied because of the childcare that the company provided and in another, 20 percent of the previous recruiting effort was needed after the program was established (NESCCP as cited in Burud et al. 1984:23).

Eighty-five percent of the companies the NESCCP surveyed (as cited in Burud et al. 1984:24) that had some form of childcare available said that their program had a positive effect on their public image. Clearly, the companies that were surveyed felt that support of childcare had a significant impact on their operations.

Employer supported childcare can be defined as a situation in which "an employer, group of employers, or a labor union takes some initiative in meeting employees' childcare needs and bears some or all of the cost (Governor's Advisory Committee 1981:4 as cited in Auerbach 1988:65)." Several different types of childcare discussed fall under this definition.

The first and probably the most recognized forms are direct services. The distinction of direct services is that they provide additional childcare spaces. Such facilities may be on- or off-site centers, consortium centers, family day care networks, school programs, and summer camps. Within this category, the most visible to employees is the on-site center. This is provided by the employer, at reduced or no cost, to the employee on the employer's grounds. The biggest advantage for the employee is that the child is on the premises and can be visited by the parent during breaks and meals. Also, employer facilities are
usually better equipped and professionally run. Auerbach (1986:69) found that company run childcare center workers were more highly paid and the centers used some form of developmental curriculum. Advantages for the employer include the high visibility of the center for public relations, recruiting, and morale purposes. Another advantage for the employer is that, in most cases, there are existing facilities that can be readily converted for use as a childcare center.

The disadvantage of on-site centers from the perspective of the parent is that the child would have to make the commute with them to and from work. This can be a significant disadvantage if the commute is long. For the employers the disadvantage is their responsibility for building, maintaining, staffing, and insuring the center.

The off-site center can either be supported solely by the employer or the employer can be a consortium partner. Off-site centers are normally close to the company or, in the case of a consortium, centrally located for all the partners' employees to use. The off-site centers have the same advantages and disadvantages as on-site centers with the exception that parents usually can not visit their children as regularly. The on- and off-site centers are the two programs where the company, and indirectly the parents, can have the most control over the curriculum and the quality of care provided. Other programs give the parents more choice in the arrangements at the cost of depending on state regulations to achieve the quality control.

Family day care networks (also known as information and referral services) are a group of existing or new day care providers that the company or a consortium puts on a referral list for use by their
employees. The company normally requires the provider to be licensed and inspected by the state in which they do business. The company benefits from the low start-up cost and short start-up period. The disadvantages are that there is low company visibility and potential problems recruiting providers. The biggest advantage to employees in this situation is the wider range of providers from which to choose and the provider can be much closer to the employee's home. The most significant disadvantages to this form of childcare is the quality of care can vary tremendously and there can be difficulties in scheduling care, especially if a child gets sick.

In 1979, the U.S. Senate Committee on Labor and Human Resources (as cited in Burud et al. 1984:192) reported that there were approximately two million school age children between the ages of seven and thirteen that were without supervision before and after school. As this shows, for parents of school age children, the options for childcare are limited. These children are too old for most childcare programs but are not old enough to care for themselves. Some companies are helping set up and run community based before/after school programs. Some of these programs use the facilities provided by a local school with maintenance, insurance, and staff paid for through company contributions and fees from parents. Other programs use vacant neighborhood buildings or churches to house the programs with fees coming from the same sources. Many times a consortium of businesses help set-up these programs. Advantages include activities geared to school age children, and that parents know that their children are being taken care of after school rather than having them home alone for several hours a day.
Disadvantages include the difficulty of transporting children from different school districts and schools to one location and the site may not be convenient for some of the employees since it is not located in their neighborhood.

School summer vacations make it much harder to arrange childcare for school age children. These children must be in programs that are age appropriate and provide care for the entire day. Some companies solve this problem by sponsoring a summer camp for their employees' children. However, this is the exception rather than the rule. Most communities do not have enough care available for school age children. More and more communities and schools are studying the problem (Fernandez, 1986:164) but this remains one of the largest areas of concern in childcare. As one example of a community addressing the problem, the city of San Antonio, Texas co-sponsored, with several local businesses, a program during the summer and fall of 1992 for school age children that offered a place to go, athletics, and tutoring. As an incentive for attending the program a preset number of times, the children received discount tickets to local attractions. Preliminary data found the program to have been successful and it is now being reviewed and analyzed in detail.

Another major form of employer supported childcare is financial assistance which can take several forms. In some instances the company makes arrangements with one or more local professional childcare providers (such as Kindercare, Children's World, and La Petite Academy) to provide a certain number of spaces at a discounted rate for their employees. The employer typically pays the 10 to 20 percent discount
that the provider offers. The employee benefits from the reduced cost of the program but is limited to using the existing program that may or may not meet their personal needs. The company benefits from the low cost of the program and the good will it generates among employees.

Closely associated with the vendor arrangement is the voucher system. In this program the company will pay either the employee or the provider a portion of the cost of childcare, up to 50 percent of the cost or a preset dollar limit. Most companies require that the provider be licensed by the state. This type of program normally provides the parents with more flexibility than the vendor program since they get to choose the childcare arrangement themselves.

Under flexible benefit packages (sometimes referred to as cafeteria programs), there can be provisions for childcare as one of the optional benefits. Two of the most common provisions are reimbursement and salary reduction. The reimbursement system normally requires that the employee show a receipt for childcare and the employer will pay a portion of the cost directly to the employee. This payment is counted as income for tax purposes, a minus for the employee. In contrast, using salary reduction, the employee has his/her pretax salary reduced by a certain amount and then uses it to pay for childcare. Again, the money can be paid directly to the provider or to the employee.

Another option is for the corporation to contribute directly to some form of community based childcare program or programs. These contributions are used to encourage the expansion of existing programs. Larger companies can also use their community standing to persuade other local companies to contribute to these programs.
Employer supported childcare may take the form of alternative work schedules. These include permanent part-time and job sharing, flextime, time off without pay (flexible leave), and telecommuting (work at home). All these can help the parent with childcare but have the serious limitation that the parent, normally the woman, is in the office only a portion of the work day (or in the case of telecommuting not at all) and promotion opportunities are very limited.

The employer can support childcare indirectly through education programs. These programs normally consist of seminars on such topics as stress management and parenting skills. Also, some of these programs include direct counseling services for the employee. These seminars can be used to determine the need for more comprehensive childcare services.

Hospitals are more likely than other companies to engage in employer supported childcare. Of the childcare programs studied by the NESCCP almost half were hospitals (NESCCP as cited by Burud et al. 1984:221). The reasons that hospitals may participate more than other companies is that hospitals tend to employ large numbers of young mothers and are open round-the-clock, 365 days a year.

The most preferred arrangement for hospitals was the childcare center. Weil and Potter (1988 as cited in Lehrer et al. 1991) found that 18.3 percent of the hospitals studied sponsored either an on- or off-site center and 11.1 percent offered help with childcare expenses. Employee only on-site centers offer recruiting advantages that other programs do not. This probably explains a large portion of their popularity from the hospital’s point of view. Another reason for their popularity is the fact that the hospital can arrange for the center to
be open more hours than the standard childcare center. Burud et al. (1984:221) found that 51 out of the 152 (34 percent) hospital centers they studied were open more than fourteen hours a day and 46 (30 percent) were open seven days a week. For non-hospital centers, the corresponding numbers were only 5 and 7 percent respectively.
II. METHODOLOGY

This study targeted parents working in the nursing profession with at least one child under 18 living at home. One hundred questionnaires were delivered to each of three hospitals in a large southwestern city during the last week of April, 1993. The study used responses received by June 30, 1993. There were a total of 127 respondents (119 women and 8 men) for an overall response rate of 42.3 percent. Hospital 1 (56 percent response) is a church-owned private tertiary pediatrics hospital with 160 beds located in the downtown section of the city; hospital 2 (43 percent response) is a church-owned private general hospital with over 400 beds; and hospital 3 (28 percent response) is part of a large tax-payer supported university/medical center with over 550 beds. The questionnaires were delivered to the hospitals with instructions to distribute them to nurses with at least one child under age 18 in the household. There were no other stipulations made on the distribution of the questionnaires. Each hospital determined the method it would use to distribute the questionnaires to each prospective respondent.

None of the 3 hospitals that agreed to participate in this study had on-site childcare available to its employees. Hospital 1 has a cost share agreement (a 10 percent reduction in the weekly charge) with one day care provider in which the hospital pays a portion of the monthly cost per child directly to the provider and the parents pay the remainder. A significant number of respondents apparently were unaware of the cost share program that the hospital had available, as most respondents indicated that the hospital did not provide any childcare assistance. At the time of this survey the hospital was beginning to
conduct discussions with employees on the feasibility of increasing its contribution to the childcare program. Hospital 2 has on-site sick childcare available on an as-needed basis for a nominal fee and did not anticipate changing arrangements. Hospital 3 has no provisions for childcare assistance and did not plan any changes.

The questionnaire focused on type of childcare used; the cost and quality of childcare; the level of job satisfaction; management attitude toward childcare problems; and demographic characteristics of the respondents.
III. EMPIRICAL RESULTS, FINDINGS, AND ANALYSIS OF DATA

The results listed below, by category and question, are the responses taken from the questionnaires. The questionnaire was divided into three sections; the first asked questions on family childcare characteristics, the second queried the respondents on their level of job satisfaction, and the third delved into demographic issues.

Childcare Characteristics.

The first section of the questionnaire dealt with what type of childcare arrangements the parents used on a regular basis, if the respondent had primary responsibility for arranging childcare, the associated costs, drop off/pick up time required for the arrangements, and level of satisfaction with the arrangements.

<table>
<thead>
<tr>
<th>TABLE I. CHILDCARE</th>
</tr>
</thead>
</table>

1. How many children do you have?
   a. newborn to age 5  113 48.08%
   b. age 6 to 12  90 38.30%
   c. age 13 to 18  32 13.62%

2. Do you have primary responsibility for choosing and overseeing your child(ren)'s day care?
   a. yes  113 92.62%
   b. no  9 7.38%

3. Does your employer
   a. provide on-site childcare services at no direct cost to you?  Y N
   b. provide on-site childcare for a fee/payroll deduction?  Y N
   c. share the cost of childcare provided by an outside caregiver or agency?  Y N
   d. provide assistance with locating appropriate childcare facilities, without providing funding?  Y N
   e. provide no assistance, financial or otherwise, in terms of childcare?  Y N
4. What childcare arrangement(s) do you use regularly during your work?
   a. On-site employer subsidized childcare 0 0.00%
   b. Off-site employer subsidized childcare 1 0.83%
   c. Spouse/significant other/family member 43 35.54%
   d. In-home childcare (either in your home or the caregiver's) 26 21.49%
   e. Commercial or private group childcare (i.e., Kindercare, church
      sponsored programs, private pre-kindergartens, etc.) 42 34.71%
   f. Other 9 7.43%

5. What is your average weekly childcare expense?
   a. Greater than $100 21 16.67%
   b. $75 - $99 22 17.46%
   c. $50 - $74 26 20.63%
   d. $25 - $49 14 11.11%
   e. less than $25 43 34.13%

6. How satisfied are you with your current childcare arrangements?
   a. Very satisfied 53 43.08%
   b. Satisfied 55 44.72%
   c. Not satisfied 14 11.38%
   d. Very dissatisfied 1 0.81%

7. Are you currently trying to change childcare arrangements?
   a. yes 24 19.67%
   b. no 98 80.33%

8. How much time does dropping off and picking up your child(ren) add to your
   current workday schedule?
   a. more than one hour 18 14.40%
   b. one half to one hour 43 34.40%
   c. less than one half hour 22 17.60%
   d. does not affect my schedule 42 33.60%

There were a total of 235 children among the 127 respondents with
each having at least 1 child. One respondent had a total of 6 children
between newborn and age 18. One- and two-child families were the
predominant type, accounting for slightly over 80 percent of all
responses.

All but 7 of the 114 women, and 7 of the 8 men responding claimed
primary responsibility for childcare. That the men claimed primary
responsibility for childcare was unexpected since all but one of the
male respondents was married. As Auerbach (1988;21) noted, the women
in families in America are accepted to be the primary care giver in a
group. The questionnaire did not provide adequate information to
determine the circumstances that led the men to answer in this manner.

Two of the respondents (1 from hospital 1 and 1 from hospital 2)
claimed to use off-site employer subsidized childcare. Since only one
respondent answered that she used hospital 1’s subsidy program, this
indicates that either the childcare provider is inadequate or
inconvenient for employees, or that the employees are not aware of the
program. The latter seems to be the case since, as noted above, most of
the respondents said that the hospital provided no childcare assistance.
Because hospital 2 does not sponsor off-site childcare, this response
was not counted. Five of the 9 that had indicated an "other" response
referred to combinations of the other 5 choices, 3 indicated older
children with house keys (so called latch key children), and 1 indicated
that she slept at home during the day since she worked at night.

The next question attempted to quantify the approximate cost of the
childcare that the parents were using on a regular basis. Of the 126
respondents; 21 claimed child care costs over $100 per week (2 had 1
child, 14 had 2 children, 3 had 3 children, and 2 had 4 children), 22
claimed costs from $75-$99 per week (14 had 1 child, 7 had 2 children,
and 1 had 3 children), 26 claimed costs between $50 and $74 per week (15
had 1 child, 6 had 2 children, 4 had 3 children, and 1 had 4 children),
14 claimed costs of $25-$49 per week (7 had 1 child, 4 had 2 children, 2
had 3 children, and 1 had 6 children), 43 claimed costs below $25 per
week (15 had 1 child, 15 had 2 children, 7 had 3 children, 4 had 4
children, and 2 had 5 children). A large percentage of those indicating
costs below $25 used a spouse/significant other/family member as the childcare provider.

A majority of parents (over 87 percent) were either "satisfied" or "very satisfied" with their chosen childcare arrangements. As expected, a majority (over 73 percent) of those that were "dissatisfied" or "very dissatisfied" with their current arrangements were trying to change. What was not expected was that two of the respondents who said they were very satisfied were trying to change arrangements. A review of their responses did not provide a clear indication of why they want to change.

**Job Satisfaction Characteristics.**

The second part of the questionnaire dealt with characteristics of job satisfaction. Questions were asked on the overall level of job satisfaction, satisfaction with the respondents’ current work schedule, the relationship between work schedule and childcare arrangements, satisfaction with current salary, the attitude of the hospital management toward problems associated with children and childcare, and the approximate number of times that childcare problems had made the respondents miss or be late for work.

**TABLE II. JOB SATISFACTION**

9. How would you rate your overall level of job satisfaction? Consider schedule, pay rate, administration, child care arrangements, the workload, etc.

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>21</td>
<td>16.54%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>84</td>
<td>66.14%</td>
</tr>
<tr>
<td>Not satisfied</td>
<td>21</td>
<td>16.54%</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>1</td>
<td>0.79%</td>
</tr>
</tbody>
</table>
10. What is your current level of satisfaction with your work schedule?
   a. Very satisfied 41 32.28%
   b. Satisfied 73 57.48%
   c. Not satisfied 12 9.45%
   d. Very dissatisfied 1 0.79%

11. Which of the following statements is most appropriate for your current work schedule?
   a. I found childcare to meet my preferred work schedule. 33 27.05%
   b. I chose my work schedule to accommodate available childcare. 37 30.33%
   c. I work whatever schedule may be given to me, and arrange childcare accordingly. 31 25.41%
   d. I sometimes have to rearrange my assigned work hours or decline regular or overtime work because childcare is unavailable. 21 17.21%

12. What is your level of satisfaction with your current salary?
   a. Very satisfied 16 12.60%
   b. Satisfied 80 62.99%
   c. Dissatisfied 28 22.05%
   d. Very dissatisfied 3 2.36%

13. How much influence does each of the following have on your overall level of job satisfaction? Rate from 1 (most influence) to 5 (least influence)

<table>
<thead>
<tr>
<th></th>
<th>#1/%</th>
<th>#2/%</th>
<th>#3/%</th>
<th>#4/%</th>
<th>#5/%</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Work schedule</td>
<td>14/16.09</td>
<td>30/34.48</td>
<td>16/18.39</td>
<td>19/21.84</td>
<td>8/9.20</td>
</tr>
<tr>
<td>b. Childcare</td>
<td>13/14.94</td>
<td>8/9.20</td>
<td>22/25.29</td>
<td>14/16.09</td>
<td>30/34.48</td>
</tr>
<tr>
<td>d. The area of nursing I am in</td>
<td>35/40.23</td>
<td>11/12.64</td>
<td>11/12.64</td>
<td>19/21.84</td>
<td>11/12.64</td>
</tr>
<tr>
<td>e. The Hospital I work in</td>
<td>9/10.34</td>
<td>14/16.09</td>
<td>13/14.95</td>
<td>19/21.84</td>
<td>32/36.78</td>
</tr>
</tbody>
</table>

14. How would you describe your hospital's overall attitude toward childcare and the associated difficulties employees may have finding and maintaining adequate childcare? Please consider hospital policies, employer/supervisor attitudes and personal experiences you have had.
   a. Very understanding and supportive 7 5.60%
   b. Understanding 21 16.80%
   c. Tolerant 56 44.80%
   d. Not tolerant 12 9.60%
   e. Does not recognize the needs of parents 29 23.20%
15. How many days in the last six months have you missed work or been significantly late because of childcare problems (i.e., staying home with a sick child, childcare unavailable, transportation problems related to childcare, etc)?

<table>
<thead>
<tr>
<th>Option</th>
<th>Days</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. more than 10</td>
<td>6</td>
<td>4.77%</td>
</tr>
<tr>
<td>b. 7 - 10</td>
<td>4</td>
<td>3.17%</td>
</tr>
<tr>
<td>c. 6 - 9</td>
<td>7</td>
<td>5.55%</td>
</tr>
<tr>
<td>d. 2 - 5</td>
<td>47</td>
<td>37.30%</td>
</tr>
<tr>
<td>e. 0 or 1</td>
<td>62</td>
<td>49.21%</td>
</tr>
</tbody>
</table>

Most of the respondents were either "very satisfied" or "satisfied" with their overall job situation. Only one person was "very dissatisfied." Review of this person's responses revealed that she indicated the area that had most influence on her overall job satisfaction was her salary, with which she was very dissatisfied. She was also very dissatisfied with her work schedule.

To get an idea of the relative importance of several different factors influencing job satisfaction, each respondent was asked to rate the importance of the following elements: a. Work schedule; b. Childcare; c. Salary; d. Area of nursing in which the respondent is working; and e. Hospital in which the respondent is working. The respondents were asked to rate these factors from 1 (most influence) to 5 (least influence). There were a total of 87 useable responses to this question\(^1\). Over 40 percent said the most important factor for them was the area of nursing in which they were working. Unexpectedly, childcare rated as the fourth most important factor in job satisfaction, though it ranked very close in importance with both work schedule and salary. This would indicate that childcare plays a relatively insignificant role in the level of job satisfaction experienced by most nurses.

\(^1\)The wording of the question was apparently unclear to some of the respondents. Those responses omitted did not use rank order (1 through 5).
The respondents were asked to give their impression of their hospital management's overall attitude toward childcare problems that the respondents face. They were asked to consider hospital policy, employer and supervisor attitudes, and personal experiences they have had. Overall, just over 67 percent of the respondents indicated that the hospitals were "tolerant" to "very understanding and supportive."

Broken down by hospital however, the results were quite different. Hospital 1 had just under 22 percent that indicated that their employer was "not tolerant" or "did not recognize the needs of parents."

Respondents from hospitals 2 and 3 had just under 35 and 52 percent, respectively, with those responses. In all three hospitals, the responses for the lowest rating (does not recognize the needs of parents) ranged between 67 and 75 percent of the lowest two responses. This indicates that most of the parents that had problems with their employer over the issue of childcare felt that management was particularly unresponsive to the needs of working parents. It would also indicate that when an employer provides little or no assistance with childcare, parents perceive the employer as generally unconcerned with childcare issues. Therefore, when problems with children do arise, the employer is viewed as particularly intolerant and unresponsive to the needs of parents.
Demographic Characteristics.

The third section of the questionnaire dealt with the demographic characteristics of the respondents. Questions were asked on total household income, age, sex, race, length of employment at the current hospital, their education, their primary work shift, their marital status and number of incomes in the household, and whether they worked full- or part-time.

TABLE III. DEMOGRAPHIC INFORMATION

16. What is your family’s approximate total salary per year from all sources?
   a. $50,000 or more 63 49.61%
   b. $40,000 to $49,999 22 17.32%
   c. $30,000 to $39,999 22 17.32%
   d. $20,000 to $29,999 15 11.81%
   e. less than $20,000 5 3.94%

17. What is your age group?
   a. 45 or over 8 6.30%
   b. 40 - 44 20 15.75%
   c. 35 - 39 46 36.22%
   d. 30 - 34 33 25.98%
   e. 25 - 29 15 11.81%
   f. under 25 5 3.94%

18. Sex
   a. Male 8 6.30%
   b. Female 119 93.70%

19. How long have you been employed by this hospital?
   a. 15 years or longer 10 7.94%
   b. 10 - 14 years 22 17.47%
   c. 5 - 9 years 26 20.63%
   d. 1 - 4 years 52 41.27%
   e. less than 1 year 16 12.60%

20. What is your level of education?
   a. Post graduate work or degree 18 14.51%
   b. Four year degree 47 37.90%
   c. Two year degree 38 30.65%
   d. Vocational school after high school 13 10.49%
   e. High school or equivalent 8 6.45%
   f. Did not graduate from high school 0 0.00%
21. What is your primary work shift?
   a. 7 - 3  
      47  37.01%  
   b. 3 - 11  
      15  11.81%  
   c. 11 - 7  
      7   5.51%  
   d. Weekends only  
      9   7.09%  
   e. Other  
      49  38.58%

22. What is your race?
   a. Hispanic/Latino  
      26  20.60%  
   b. African American/Black  
      7   5.60%  
   c. Asian American/Pacific Islander  
      0   0.00%  
   d. Anglo  
      89  70.60%  
   e. Other  
      4   3.20%

23. What is your current marital status?
   a. Single, sole support of child(ren)  
      15  11.81%  
   b. Single, receiving some form of child support  
      12  9.45%  
   c. Married, single income  
      7   5.51%  
   d. Married, dual income  
      93  73.23%

24. Are you employed
   a. full time (35 hours/wk. or more)  
      102 80.31%  
   b. part time (less than 35 hours/wk.)  
      25  19.69%

Of the 127 respondents, 124 disclosed their level of education. A majority of the respondents (over 52 percent) indicated they had a 4 year degree or higher. Based on the level of education, most respondents appear to be registered nurses or management personnel.

As previous literature has indicated (U.S. Bureau of the Census 1986 as cited by Auerbach, 1988:13-14), the number of married women that are working is growing. In this sample, more than 73 percent of the respondents were in these dual income families. Only one of the women and none of the men reported that they were from a "married, single-income" family. Slightly over 21 percent of the respondents were single parents, and just over 55 percent of them received some form of child support.
IV. CONCLUSIONS

Though the object of this study was to find the impact of employer supported childcare on job satisfaction in the nursing profession, the results were inconclusive. The only hospital that had any type of childcare assistance did have a greater percentage of respondents that answered that their employer was "tolerant" to "very understanding and supportive." This suggests that an employer that has some form of childcare program will be perceived more favorably by employees than those that have no childcare provisions. In the nursing profession, where most of the people are young women of child bearing age, this perception can be seen as important to recruiting and retaining employees.

The age of a majority of the respondents (35 to 39) and the number of years that they had been employed by their current employer (1 to 4 years) suggest that there is a great deal of turnover in hospitals within the nursing profession. There was no significant difference between hospitals in these findings.

Survey results showed that the factor that had least influence on job satisfaction was the hospital in which the person worked. The two most influential factors were the area of nursing (#1) and salary (#2). Since the area of nursing is presumably available in each hospital, dissatisfaction with salary can be inferred as leading to increased turnover. This is a significant finding since the survey found that over 24 percent of the respondents were either "dissatisfied" or "very dissatisfied" with their salary.
Lehrer et al. (1991) found that provision of a childcare program was roughly equivalent to a salary increase of $2.00 per hour and that nurses were less likely to change jobs. Since only one of the hospitals (hospital 1) provides any type of assistance, it is difficult to verify this finding. However, since the length of employment responses were not significantly different between hospital 1 and the other two hospitals, there does not seem to be a large impact on length of employment when limited financial assistance for childcare is provided. In the Lehrer et al. study, greater than 18 percent of the hospitals provided either an on- or off-site childcare facility as an employee benefit. The inclusion of hospitals with childcare facilities may account for the significant difference in the outcome of their results compared to the results of this study.

Data collected in this study support earlier findings that women are waiting to have children. Over 48 percent of the respondents had children newborn to age 5 and the average age of the respondents was between 35 and 39. One and two children families predominated the responses in this study.

This survey also found that a majority of the respondents worked non-traditional (i.e. other than 7am-3pm, 3pm-11pm, 11pm-7am) work shifts. Many of those respondents indicated that they worked twelve-hour shifts. This suggests either a shortage of nurses or a desire on the part of nurses to work fewer days per week. In either case, the longer work days would lead to problems for the employees in obtaining adequate childcare since most childcare programs are geared toward eight-hour,
daytime, work days. This would be especially true for single parent families and those that worked the overnight shifts.
V. RECOMMENDATIONS AND LIMITATIONS

This study suggests the provision of childcare assistance can have a positive impact on the perceived attitude of employers toward problems of child rearing by their employees. This could lead to a more stable nursing work force if the assistance program provided was geared to the childcare problems that employee/parents face. Especially for those parents that work the longer shifts, provision of some form of childcare assistance (from referral services to an on-site facility) could decrease the stress felt in trying to obtain adequate childcare. Provision of childcare assistance would also be a tremendous help to single parents with little or no family support.

Further evidence from this study suggest that when an employer does have an assistance program, they need to ensure that the employees are aware of the arrangements that are available to them.

As evidenced from the literature, more comprehensive studies need to be completed to quantify the benefits of employer supported childcare. Cost/benefit analysis studies need to be performed to augment the body of anecdotal evidence already available. The studies should be performed among and between as many industries as possible to quantify the impact of employer supported childcare. These studies would benefit employers in the future who are trying to decide if the provision of childcare assistance to their employees is cost effective and socially responsible. When considering support of childcare, an employer needs to investigate what form of childcare best meets the needs of both the employees and employer. By meeting the needs of the employees in this area, the perception of the employer would be enhanced. It would
also help minimize costs for the employer by allowing him/her the option of providing only those services that are necessary and cost effective.

Future studies would benefit from determining the income of the respondent (separate from the total income of the household) to determine how income varied with education, and the ratio of individual income to childcare costs. Also, a breakdown of childcare costs by age group would help define the per child cost of childcare.

Further recommendations include replicating the Lehrer et al. study between and within geographic regions, and to do a longitudinal study within a hospital before and after the creation of a comprehensive childcare option (on- or off-site). This would enable a comparison of such areas as rate of turnover, employee job satisfaction and satisfaction with childcare within a population.
APPENDIX A

CHILD CARE

The following questionnaire is part of a research project I am undertaking to complete my Master's degree in Social and Applied Economics at Wright State University in Dayton, Ohio. It is done in conjunction with course work I am doing at the University of Texas at San Antonio. The purpose is to see how the availability, cost and quality of child care affects job satisfaction within the health care profession.

This questionnaire is being distributed among three participating hospitals in San Antonio. The results will be analyzed and compared to a similar study undertaken by Lehrer, Santero and Mohan-Neill at the University of Illinois in 1991.

Your participation is greatly appreciated. The hospitals involved will be given the analysis once it is available, but individual responses are held in strict confidence. Your name and other identifying information is not required for participation.

Please complete the questionnaire and mail directly to me in the attached postage paid envelope. The results of the survey will be made available to any respondent who makes a written request to me, prior to June 30, 1993 in a separate envelope, at the address on the enclosed envelope.

Thank you very much for your participation.

JAMES K. BLAKE
M.S. Candidate
Social and Applied Economics

**NOTE: This survey is being undertaken as an independent research project. It has been approved by the hospital for distribution, but has not been endorsed or commissioned by the hospital. The hospital has no responsibility for the outcome of this project, and does not anticipate any changes in current policies based on the outcome.

Your participation is voluntary and greatly appreciated.
APPENDIX B

CHILDCARE QUESTIONNAIRE

A. CHILDCARE

1. How many children do you have?
   a. newborn to age 5
   b. age 6 to 12
   c. age 13 to 18

2. Do you have primary responsibility for choosing and overseeing your child(ren)'s daycare? Y N

3. Does your employer
   a. provide on-site childcare services at no direct cost to you? Y N
   b. provide on-site childcare for a fee/payroll deduction? Y N
   c. share the cost of childcare provided by an outside caregiver or agency? Y N
   d. provide assistance with locating appropriate childcare facilities, without providing funding? Y N
   e. provide no assistance, financial or otherwise, in terms of childcare? Y N

4. What childcare arrangement(s) do you use regularly during your work?
   a. On-site employer subsidized childcare
   b. Off-site employer subsidized childcare
   c. Spouse/significant other/family member
   d. In-home childcare (either your home or the caregiver's)
   e. Commercial or private group childcare (i.e., KinderCare, church sponsored programs, private pre-kindergartens, etc.)
   f. Other (please describe)

5. What is your average weekly childcare expense?
   a. Greater than $100
   b. $75 - $99
   c. $50 - $74
   d. $25 - $49
   e. less than $25

6. How satisfied are you with your current childcare arrangements?
   a. Very satisfied
   b. Satisfied
   c. Not satisfied
   d. Very dissatisfied

7. Are you currently trying to change childcare arrangements? Y N

8. How much time does dropping off and picking up your child(ren) add to your current workday schedule?
   a. more than one hour
   b. one half to one hour
   c. less than one half hour
   d. does not affect my schedule

(CONTINUED ON NEXT PAGE)
B. JOB SATISFACTION

9. How would you rate your overall level of job satisfaction? Consider schedule, pay rate, administration, child care arrangements, the workload, etc.
   a. Very satisfied
   b. Satisfied
   c. Not satisfied
   d. Very dissatisfied

10. What is your current level of satisfaction with your work schedule?
    a. Very satisfied
    b. Satisfied
    c. Not satisfied
    d. Very dissatisfied

11. Which of the following statements is most appropriate for your current work schedule?
    a. I found childcare to meet my preferred work schedule.
    b. I chose my work schedule to accommodate available childcare.
    c. I work whatever schedule may be given to me, and arrange childcare accordingly.
    d. I sometimes have to rearrange my assigned work hours or decline regular or overtime work because childcare is unavailable.

12. What is your level of satisfaction with your current salary?
    a. Very satisfied
    b. Satisfied
    c. Dissatisfied
    d. Very dissatisfied

13. How much influence does each of the following have on your overall level of job satisfaction?
    Rate from 1 (most influence) to 5 (least influence)
    a. Work schedule _____
    b. Childcare _____
    c. Salary _____
    d. The area of nursing I am in _____
    e. The hospital I work in _____

14. How would you describe your hospital's overall attitude toward childcare and the associated difficulties employees may have finding and maintaining adequate childcare? Please consider hospital policies, employer/supervisor attitudes and personal experiences you have had.
    a. Very understanding and supportive
    b. Understanding
    c. Tolerant
    d. Not tolerant
    e. Does not recognize the needs of parents

15. How many days in the last six months have you missed work or been significantly late because of childcare problems (i.e., staying home with a sick child, childcare unavailable, transportation problems related to childcare, etc)?
    a. more than 10
    b. 7 - 10
    c. 6 - 9
    d. 2 - 5
    e. 0 or 1

(continued on next page)
C. DEMOGRAPHIC INFORMATION

16. What is your family's approximate total salary per year from all sources?
   a. $50,000 or more  
   b. $40,000 to $49,999  
   c. $30,000 to $39,999  
   d. $20,000 to $29,999  
   e. less than $20,000

17. What is your age group?
   a. 45 or over  
   b. 40 - 44  
   c. 35 - 39  
   d. 30 - 34  
   e. 25 - 29  
   f. under 25

18. Sex M F

19. How long have you been employed by this hospital?
   a. 15 years or longer  
   b. 10 - 14 years  
   c. 5 - 9 years  
   d. 1 - 4 years  
   e. less than 1 year

20. What is your level of education?
   a. Post graduate work or degree  
   b. Four year degree  
   c. Two year degree  
   d. Vocational school after high school  
   e. High school or equivalent  
   f. Did not graduate from high school

21. What is your primary work shift?
   a. 7 - 3  
   b. 3 - 11  
   c. 11 - 7  
   d. Weekends only  
   e. Other (please explain) ___________________

22. What is your race?
   a. Hispanic/Latino  
   b. African American/Black  
   c. Asian American/Pacific Islander  
   d. Anglo  
   e. Other ________________

23. What is your current marital status?
   a. Single, sole support of child(ren)  
   b. Single, receiving some form of child support  
   c. Married, single income  
   d. Married, dual income

24. Are you employed
   a. full time (35 hours/wk. or more)  
   b. part time (less than 35 hours/wk.)


