Workplace characteristics, work-to-life conflict, and psychological distress among medical workers

Krista Lynn Minnotte [a,*], Marissa Gravelle [b], Michael C. Minnotte [c,1]

[a] University of North Dakota, Department of Sociology, 225 Centennial Drive, Stop 7136, Grand Forks, ND 58202 7136, USA
[b] University of North Dakota, Department of Sociology, 225 Centennial, Stop 7136, Grand Forks, ND 58202 7136, USA
[c] University of North Dakota, Department of Mathematics, 101 Cornell, Stop 8376, ND 58202 8376, USA

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ABSTRACT

This study addresses whether work-to-life conflict mediates the relationships between workplace characteristics and psychological distress for workers in the medical industry who experience heightened stressors in the workplace. Drawing on data from the 2002 National Study of the Changing Workforce, hypotheses are tested using stepwise OLS regression. Overall, the findings indicate that work-to-life conflict mediates the relationship between job pressure and supervisor support and psychological distress. The finding's implications and suggestions for future research are discussed.

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1. Introduction

The medical industry is the fastest growing job sector, and it is projected to be the largest job sector in the U.S. by 2018 (Woods, 2009). In the near future, there will likely be more people with medical needs than there are medical workers to attend to those needs (Dawson, 2012). As a result, there is a need for more doctors, nurses, and other medical workers to take care of the healthcare necessities of the U.S. population (Johnson, 2010). However, ensuring that the number of medical workers matches such growth is hampered by issues of short job tenure and job burnout among medical workers that arise from the heightened workplace stressors endemic to this industry (Ford, 2013;

Linzer et al., 2002; Qidwai, Beasley, & Gomez-Clavelina, 2008). Given these issues, previous research links workplace stressors to psychological distress, and other related mental-health outcomes, among medical workers (Burke & Greenglass, 1999; Parikh, Taukari, & Bhattacharya, 2004). We contribute to this literature by examining whether workplace characteristics primarily impact psychological distress among medical workers by increasing work-to-life conflict. In doing so, we highlight how characteristics present in the industry at large, rather than just among specific medical occupations, shape the psychological distress of medical workers.

Previous scholarship indicates that employees, in general, experience psychological distress as a result of work-to-life conflict in which workplace demands interfere with personal/family responsibilities (Burke & Greenglass, 1999; Craig de Silva et al., 2008). Studies also point to work-to-life conflict playing a mediating role between work stressors and psychological distress or other mental health outcomes among workers (Grant-Vallone & Ensher, 2001; Hämmig, Gutzwiller, & Bauer,

* Corresponding author at: University of North Dakota, Sociology Department, 202 Gillette Hall, 225 Centennial Drive, Stop 7136, Grand Forks, ND 58202-7136, USA. Tel.: +1 701 777 4419; fax: +1 701 777 4767.

E-mail addresses: krista.minnotte@und.edu, klminnotte@yahoo.com (K.L. Minnotte).

[1] Tel.: +1 701 777 4600.

2009). Very little research, however, considers relationships between work stressors, work-to-life conflict, and psychological distress among medical workers. The few existing studies provide evidence that work-to-family conflict may act as a mediating variable for specific occupations in the medical industry (Geurts, Rutte, & Peeters, 1999; Janssen, Peeters, de Jonge, Houkes, & Tummers, 2004; Montgomery, Panagopolou, & Benos, 2006). This study adds to these existing studies by incorporating a more nuanced treatment of workplace social support that separately looks at the role of both coworker and supervisor support and by including important control variables. We also take a broader contextual approach by highlighting the presence of such issues in the medical industry at large rather than limiting our attention to specific occupations in the medical industry. It is important to study specific occupational groups; however, broadly looking at workers across the medical industry allows us to see how these issues operate at a larger contextual level.

The overall goal of this study is to examine the relationships between workplace characteristics, work-to-life conflict, and psychological distress among workers in the medical industry. It is important to explore these relationships among medical workers due to the work stressors that they face, including long and often non-traditional hours, high job demands, low workplace social support, little job autonomy, and high job pressure levels stemming from working directly with people who often have profound problems (Rees, 1995; Roopalekha, Latha, & Swetha, 2012). These workplace stressors contribute to work-to-life conflict among medical workers, which may then lead to mental health issues, such as psychological distress (Geurts et al., 1999). Identifying mechanisms leading to work-to-life conflict and psychological distress among medical workers may help address issues of job burnout and short job tenure that are evident in this industry (Aiken & Sloane, 1997; Bourbonnais, Comeau, & Vézina, 1999; Shields & Ward, 2001). This study contributes to the literature by identifying mechanisms contributing to psychological distress among a national sample of workers in the medical industry in the U.S. ($N = 246$).

2. Theoretical framework

Tiedje et al. (1990, p. 64) describe role theory as "viewing [the] energies of individuals as finite and role demands as infinite . . . [such that] role conflict, then, becomes an inevitable, normal, and expected consequence of multiple roles". Role theory's basic premise is that people occupy many different roles at any given time, which makes role conflict likely. Such role conflict is described as "a stressful situation that results from discrepant role expectations and from the inability to resolve those incompatible expectations" (Pomaki, Supeli, & Verhoeven, 2007, p. 317). Experiencing role conflict is connected to negative outcomes, such as psychological distress, individual stress, reduced life satisfaction, depression, and anxiety (Amstad, Meier, Fasel, Elfering, & Semmer, 2011; Hill, 2005; Schieman & Glavin, 2011).

Most scholarship focuses on the role conflict that occurs between work and family roles, as these two domains are where many adults spend their time (Hill, 2005; Voydanoff, 2002). Such conflict is viewed as taking three primary forms: time-based, strain-based, and behavior-based conflict (Greenhaus & Beutell, 1985). Time-based conflict occurs when the time obligations of one role interfere with the ability to perform the other role, whereas strain-based conflict stems from stressors in one domain making it difficult to fulfill obligations in the other domain. Behavior-based conflict takes place when the patterns of behavior expected of one role are incompatible with the patterns of behavior expected of the other role. We take a broad perspective by studying work-to-life conflict, which is defined as occurring when demands at work conflict with demands and responsibilities in one's personal life (Hämmig et al., 2009). Work-to-life conflict is viewed as stemming primarily from work stressors and can lead to detrimental outcomes within the personal domain. Medical workers may be more at risk than workers in other industries of experiencing work-to-life conflict due to their workplace stressors, including long hours and high job pressure levels (Burke & Greenglass, 1999; Pisarski et al., 2006; Rees, 1995).

3. Previous literature and hypotheses

3.1. Psychological distress

In this study, psychological distress refers to feelings of depression, lack of interest in normal activities, feelings of nervousness, minor health problems, and problems sleeping (Schieman & Glavin, 2011). Previous scholarship suggests that the most commonly reported workplace characteristics contributing to psychological distress—and other negative mental health outcomes—among the general working population include work-to-life conflict, job pressure, lack of job autonomy, working long hours, non-standard work hours, and low coworker and supervisor support (Haines, Marchand, Rousseau, & Demers, 2008; Hämmig et al., 2009; Hughes & Parkes, 2007; Parasuraman & Simmers, 2001; Thompson & Prottas, 2005). Scholarship also shows that work-to-life conflict may mediate the relationships between work characteristics and mental health outcomes, such as psychological distress, among the general population (Thompson & Prottas, 2005; Parasuraman, Purohit, Godshalk, & Beutell, 1996). Few studies explore whether work-to-life conflict mediates the relationship between work characteristics and psychological distress among medical workers, and those that do exist point to work-to-life conflict operating as a mediating variable (Geurts et al., 1999; Janssen et al., 2004; Montgomery et al., 2006). Therefore, a mediating conceptual model is proposed for medical workers in this study, which is depicted in Fig. 1. The model shows the proposed relationships between workplace characteristics, work-to-life conflict, and psychological distress among medical workers, suggesting both direct and indirect relationships, and positing work-to-life conflict as a mediating variable between work characteristics and psychological distress