



GENDER, WORK ROLES AND PSYCHOSOCIAL WORK CHARACTERISTICS AS DETERMINANTS OF HEALTH

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Abstract—This paper aims to identify gender similarities and differences in psychosocial work characteristics for those in and out of paid employment, to inform research on possible health-related effects. Specifically five questions are addressed: do women report poorer work characteristics than men; are gender differences related to specific characteristics; do work characteristics differ between full- and part-time women workers and between those in paid and unpaid work; are socio-economic gradients in work characteristics similar for men and women; and, if there are gradients, do they differ between women in paid and unpaid work? Analyses are based on the 33 year follow-up of the 1958 British birth cohort. Four psychosocial work characteristics were examined: learning opportunities, monotony, pace of work, and flexibility of breaks. Women reported more negative work characteristics than men, primarily because of differences in learning opportunities (26% lacked opportunity compared with 13% of men) and monotonous work (47 and 31% respectively). Women in full-time employment reported fewer negative characteristics (27%) than part-time (39%) or home-workers (36%). Home-workers had fewer opportunities for learning (36%) and greater monotony (49%) than paid workers (21 and 22% respectively), however fewer home-workers reported inability to control the work pace (11% compared to 23%) and inflexibility of breaks (21% compared to 47%). Socio-economic gradients in work characteristics were similar among men and women, except for flexibility of break times. A socio-economic gradient in work characteristics was found for full- and part-time workers, but not among home-workers. Differences in self reported health were also examined: a social gradient was found for all employment status groups, being strongest for home-workers despite the absence of a gradient in negative work characteristics. In conclusion, these marked gender differences in psychosocial work characteristics need to be considered in future research on work and health. © 1998 Elsevier Science Ltd. All rights reserved

Key words—job-strain, control, demand, gender, SES, health

INTRODUCTION

During the past 20 years an extensive literature has emerged on the role of psychosocial work characteristics as a determinant of health, and as an explanation for the ubiquitous socio-economic gradients in health status. In this literature, two models of the impact of psychosocial work characteristics have emerged. These are Karasek's "job strain" model and Siegrist's "effort-reward imbalance" model. Karasek's (1979) original model is two-dimensional and postulates that job strain is the result of an interaction between demand and control measured at the task level. A job with high demand and low control is high-strain while a job with high control and low demand is low-strain.

Siegrist's (1996) model is broader in that it allows for the incorporation of both individual traits and organizational factors (beyond the narrowly defined "task") which contribute to demand and control. In the effort-reward imbalance model,

workers with a high workload (effort) in combination with low status control (meaning control over earnings and position in the occupational hierarchy), and a high level of need for control (termed "immersion" by Siegrist) are postulated to have high strain work.

The Karasek model has been more widely tested and validated in epidemiological studies than the Siegrist model. It operationalizes the concept of demand by estimating the pace of work, the extent to which work is excessive and difficult, and the amount of conflict at work. Control is "the workers ability to control his or her own activities and skill usage" (Karasek and Theorell, 1990) and is measured by a workers ability to develop skills on-the-job, to learn new things, to use creativity, to perform varied work (all termed skill discretion), and to make decisions about the task (decision authority), including controlling the pace of work.

A fundamental weakness of the Karasek model is that psychological demand has proven difficult to measure in a reliable fashion. Using self-reports from 3 random surveys of the US labour force,

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Karasek and Theorell (1990) found a between-occupation variance for control of 34.7% compared to 4.2% for psychological demand. Similarly, using 4 expert raters to obtain "objective" estimates of psychosocial job strain in the sawmill industry, Ostry (unpublished data) showed that between-rater agreement with respect to psychological demand was approximately one quarter of that for control. As well as (or perhaps because of) the difficulties of measuring psychological demand, control is increasingly emerging as more reliable and valid than demand as a predictor of mortality and morbidity (Bobak *et al.*, 1998).

Several cohort studies, in particular the Whitehall civil servant study, have shown that, after controlling for socio-economic status and the conventional CHD risk factors, psychosocial work characteristics may act, collectively, as a strong independent risk factor for a variety of health outcomes including CHD morbidity and mortality (Marmot and Rose, 1978; Rose and Marmot, 1981; Holme *et al.*, 1982; Salonen, 1982). Marmot and McDowell (1986) showed that psychosocial work characteristics vary according to relative position in the occupational hierarchy and suggested that differences in these characteristics may partly explain gradients in CHD mortality. According to Syme (1989), position in the social hierarchy may be an expression of the degree of control individuals are able to exert over their lives. Psychosocial job strain, conceptualized in terms of control, may thus be a link between position in an employment hierarchy and pathology.

Although control is emerging as the most reliable characteristic of psychosocial job strain, most evidence of its predictive validity as a determinant of health has come from studies of men, and, with few exceptions, has excluded home-work. Karasek and Theorell (1990) have investigated women in the paid work force and found that "women's average level of decision latitude (control) is markedly lower than men's" and that "psychological demands at work do not differ markedly for men and women, although they appear somewhat higher for women". (p. 45). These data come from limited analyses of women in the full-time paid work force. Hence, the findings are likely to reflect gender differences in job careers and duration of exposure to psychosocial work stressors.

Some investigators have applied Karasek's model to work in the home as a way of measuring work demands there. Rosenfield (1989) found that home-work tended to be more routine and demanding than work for women in the paid work force, but that control at the task level was greater in home-work. Lennon (1994), in a comparison of employed women and home-workers in the U.S.A., found that home-work was more autonomous, more subject to interruptions, more physically demanding, and more routine than paid

work. Data from the 1958 British birth cohort has shown that lack of control and job insecurity were associated with poorer self-rated health at age 33 for women, as they were for men (Power *et al.*, 1998).

Another relevant prospective study, of approximately 5,000 Swedish employed women, showed that occupational class and exposure to adverse psychosocial conditions at work interacted multiplicatively to produce higher rates of CHD morbidity and mortality (Hall *et al.*, 1993). According to Hall *et al.* (1993), "women in blue-collar positions may experience previously unmeasured stresses and hardships from balancing the demands of family responsibilities with the demands of work" (p. 718). Interactions between home and work demands has been shown in earlier work. As early as 1980, Haynes and Feinleib (1980) found that for women in the paid work force, there was a linear relationship between their relative risk for heart disease and the number of children in the household. Further work is needed on interactive relationships of home and work but meanwhile, there are too few studies that establish the psychosocial characteristics of women, specifically in relation to different work roles.

Further investigation is therefore needed of gender similarities and differences in psychosocial work characteristics and, also, the special circumstances of home-workers. This can be accomplished by disaggregating self-reports into specific work characteristics and evaluating them by gender, socio-economic status, and work role. Some important questions are: (1) in general, do women report poorer work characteristics than men; (2) how are these differences distributed according to specific work characteristics; (3) how do work characteristics differ between full-time and part-time women workers and between those in paid work and home-workers; (4) are the socio-economic gradients in work characteristics among women similar to those among men, and finally, (5) if there are socio-economic gradients, do they differ between home-workers and women in the paid work force?

These 5 questions were investigated using the 33 year follow-up of the 1958 British birth cohort study. The data included four key questions about psychosocial work characteristics which were most directly related to the concept of control as measured in Karasek's job strain model. Within the 1958 cohort, questions were asked of all male and female respondents; numbers of each of female home-workers, full-time workers, and part-time workers were large enough for comparisons among these groups and by social class within each.

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