

Women Health-Care Professionals Study

Report to Participants

September 2003

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Funding Agency National Institute for Occupational Safety and Health (#OH 03848)

The majority of the study participants were White (70% White, 19% Asian, 8% Black, and 3% Hispanic/Latina). On average, they were 40.1 years old and had been employed in their professions for 12.4 years. Among MDs, the largest single group worked in hospitals (46%), with the next largest group working in partnerships or group private practices (22%). In contrast, the largest single group of LPNs worked in nursing homes or long-term care centers (41%), with the next largest group working in hospitals (13%).

Women in the study had been married for an average of 12.9 years; 16% had one child, 50% had two, 22% had three, and 12% had four or more children. Most (76%) had at least one school-aged child, 46% had at least one child under five, and 11% had at least one child over 18. (Percentages do not total 100% because some participants had children in more than one age category.)

As shown in Table 2, on average, MDs worked more hours than LPNs, whether their schedules were reduced or full-time. LPNs and participants working reduced schedules were more likely to say that they were working the right number of hours and not too many or too few. Participants were also asked to rate their schedule fit, or how well their work schedules fit their own and their families' needs, on a scale from 1 (extremely poorly) to 7 (extremely well). LPNs were happier than MDs with their lighter work schedules, regardless of whether their schedules were reduced or full-time.

Overview of the Study

The Community, Families & Work Program at Brandeis University received federal funding from the National Institute for Occupational Safety and Health to conduct a study of the relationships linking work schedules to mental and physical health outcomes among women health professionals with families. Between September of 1999 and October of 2001, we conducted extensive face-to-face interviews with 186 Boston-area full-time and reduced-hours MDs and LPNs, asking over 500 questions about their job and family experiences and their mental and physical well-being.

About the Participants

Potential participants were drawn randomly from the databases of the state Boards of Registration in Medicine and Nursing and screened for eligibility and willingness to participate in the study. All participants were female, worked at least 20 hours per week, and were in dual-earner couples with at least one child who had not yet started high school. As shown in Table 1, participants were roughly evenly split between MDs and LPNs and between those working reduced and those working full-time schedules:

Table 1

	MDs	LPNs
Reduced	47	44
Full-Time	51	44

Table 2

	Reduced		Full-time	
	MDs	LPNs	MDs	LPNs
Hours/Week	32.1	26.1	48.7	41.4
"Right" Hours	57%	68%	26%	32%
Schedule Fit	5.1	5.6	4.8	5.5

Selected Major Findings

Some of the most interesting findings of this study are described below. (For more information, see the publication list, which appears at the end of this report.)

Objective vs. Subjective Aspects of Work Schedules

In this study, we distinguish between two aspects of work schedules. Objective indicators include things like the number of hours people work and whether they work compressed, night, weekend, or rotating work schedules.

In contrast, subjective indicators include things like how well a couple's two work schedules fit their own and their family's needs, and how people weigh the advantages versus the disadvantages of working reduced-hours schedules.

One of our most striking findings is that subjective aspects of work schedules were much more strongly related to health outcomes like physical symptoms, psychological distress, life satisfaction, and quality of job, marital, and parenting experiences than were objective aspects of work schedules.

For example, in analyses of the predictive power of schedule fit versus objective aspects of work schedules, schedule fit was strongly associated with all six health outcomes. Specifically, having good schedule fit was associated with having fewer physical symptoms, lower psychological distress, higher life satisfaction, and more positive ratings of job, marital, and parenting experiences.

In contrast, number of hours worked, night work, and rotating schedules were not associated with any of the six health outcomes. Objective aspects of work schedules did have two effects, though: Those who worked on weekends gave worse ratings to their jobs than did those who never worked on weekends, and those who worked compressed schedules gave worse ratings to their marriages than did those who never worked compressed schedules. However, these effects were only about half as strong as the effect of schedule fit on job and marriage ratings.

Perceptions That Work Interferes With Family Life

Although we found no simple, direct relationship between the number of hours worked and health outcomes, we did find an indirect relationship for five of the six health outcomes.

Specifically, women who worked longer hours were more likely to feel that their work interfered with their family lives. It was that feeling of work interfering with family – and not long work hours *per se* – that predicted poor outcomes. Women who felt that their work interfered with their family lives reported higher psychological distress and lower life satisfaction, and they rated their job, marital, and parenting experiences more negatively as well.

Work Hours, Household Tasks, and Marriage

Women in the study spent an average of 26.2 hours per week doing nine common household tasks, whereas their husbands spent an average of 14.7 hours per week on those same tasks.

However, MDs and LPNs who were working shorter hours tended to take on a larger share of the low-control household tasks than their full-time counterparts. (Low-control household tasks are things like meal preparation and grocery shopping that cannot be put off until a more convenient time.) On average, women who worked the shortest hours did 75% of their households' low-control tasks, whereas women who worked the longest hours did 65% of their households' low-control tasks.

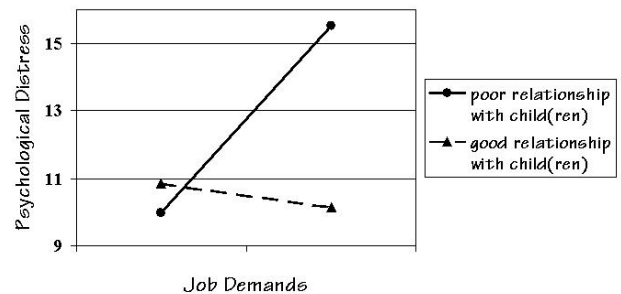
The problem is that women who do a larger share of the household's low-control tasks also tend to give lower

ratings to their marriages. In this study, we found that women who worked shorter hours gave worse ratings to their marriages to the extent that they used their extra non-work time to take on a greater share of the low-control household tasks.

Relationships With Children As A Protective Factor

As shown in Figure 1, we found that among MDs and LPNs alike, those mothers who had good relationships with their children were protected against the negative effects that high job demands might otherwise have on their psychological well-being.

Figure 1



That is, women with greater job demands experienced higher psychological distress only if they also had poor relationships with their children (solid line in graph). Among mothers with good relationships with their children (dashed line in graph), greater job demands were not associated with higher psychological distress.

Conclusions

This study's findings suggest that it is too simplistic to focus on work schedules alone in order to predict people's mental and physical health. Instead, we should be focusing on how people feel about their work schedules: Do their schedules, in combination with those of their partners, fit their own and their families' needs well? How much is their work interfering with their family lives?

In order to understand the relationships between work schedules and outcomes, it is also necessary to know something about such non-work factors as how people are actually using the time they may have gained by reducing their work hours and how they perceive the quality of their relationships with their children and other family members.

WHCP Publications To Date

Note: The interviews with the MDs were completed seven months earlier than the interviews with the LPNs, so the listing below is currently tilted toward publications about MDs. However, we are still conducting analyses of the full MD/LPN data set; we expect these analyses to lead to additional publications in the future.

Refereed Journal Articles

Barnett, R. C., & Gareis, K. C. (2002). Full-time and reduced-hours work schedules and marital quality: A study of women physicians with young children. *Work and Occupations, 29*(3), 364-379.

Barnett, R. C., Gareis, K. C., & Morgan, C. (in press). Unintended consequences of job redesign: Psychological contract violations and turnover intentions among full-time and reduced-hours MDs and LPNs. *Community, Work & Family*.

Carr, P. L., Gareis, K. C., & Barnett, R. C. (2003). Characteristics and outcomes for women physicians who work reduced hours. *Journal of Women's Health, 12*(4), 399-405.

Gareis, K. C., & Barnett, R. C. (2002). Under what conditions do long work hours affect psychological distress? A study of full-time and reduced-hours female doctors. *Work and Occupations, 29*(4), 483-497.

Manuscripts in Preparation

Carr, P. L., Gareis, K. C., & Barnett, R. C. *The responsiveness of reduced-hours physicians' job outcomes to their family experiences*. Manuscript in preparation.

Gareis, K. C., & Barnett, R. C. *Work interfering with family as a moderator of the relationship between work hours and quality-of-life outcomes*. Manuscript in preparation.

Conference Presentations

Barnett, R. C. (2002, June). *An expanded model of the job stress-illness relationship*. Invited paper presented at the First European Conference on Social Roles, Stress, and Health, Las Palmas, Canary Islands.

Barnett, R. C., & Gareis, K. C. (2003, March). *Feelings about work schedules and turnover among part-time health professionals*. Paper presented at the 5th APA/NIOSH Interdisciplinary Conference on Occupational Stress and Health, Toronto, Canada.

Barnett, R. C., & Gareis, K. C. (2002, February). *Do long work hours always lead to work-family conflict?* Paper presented at the biannual academic conference of the Business and Professional Women's Foundation, San Francisco, CA.

Barnett, R. C., & Gareis, K. C. (2001, August). *Full-time and reduced hours work schedules and marital quality: A study of married women physicians with young children*. Invited address presented at the annual meeting of the American Psychological Association, San Francisco, CA.

Gareis, K. C., & Barnett, R. C. (2003, February/March). *How the interplay of work and family variables impacts stress outcomes: A study of married female physicians with children*. Paper presented at the annual academic conference of the Business and Professional Women's Foundation, Orlando, FL.

Gareis, K. C., & Barnett, R. C. (2001, August). *Parent quality, job demands, and psychological distress among women doctors*. Paper presented at the annual meeting of the American Psychological Association, San Francisco, CA.

Gareis, K. C., & Barnett, R. C. (2001, August). *Schedule fit and stress-related outcomes among women doctors with families*. Paper presented at the annual meeting of the American Psychological Association, San Francisco, CA.

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