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The emotional costs of caring incurred by men and women in the British labour market *

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Abstract

This study investigates whether men and women in caring occupations experience more negative job-related feelings at the end of the day compared to the rest of the working population. The data are from Wave Nine of the British Household Panel Survey (1999) where respondents were asked whether, at the end of the working day, they tended to keep worrying or have trouble unwinding, and the extent to which work left them feeling exhausted or "used up." Their responses to these questions were used to develop ordinal dependent variables. Control variables in the models include: number of children, age, hours worked per week, managerial responsibilities and job satisfaction, all of which have been shown in previous research to be significantly related to "job burnout." The results are that those in caring occupations are more likely to feel worried, tense, drained and exhausted at the end of the working day. Women in particular appear to pay a high emotional cost for working in caring occupations. Men do not emerge unscathed, but report significantly lower levels of worry and exhaustion at the end of the day than do women.

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Introduction

Caring work involves providing another person with a service in return for pay. Workers in caring occupations are likely to be in close, often face-toface contact with the recipients of their services for long periods of their working day. They are required to care about the person who comes to them for help or support, and to act in their best interests. Caring work demands a variety of skills but is often performed in the context of a relationship that may be brief or enduring. Hence the importance of social skills in managing and maintaining the interpersonal relationship within which the work is conducted. The concept of emotional labour, where employees are required to manage their own emotions and the feelings of others (England & Farkas, 1986; Hochschild, 1983), is relevant here. It is perhaps unsurprising, then, that the bulk of the research on the phenomenon of work-related burnout, which

The data used in this article were made available through the UK Data Archive. The data were originally collected by the ESRC Research Centre on Micro-social Change at the University of Essex, now incorporated within the Institute for Social and Economic Research. Neither the original collector of the data nor the Archive bears any responsibility for the analyses or interpretations presented here.

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describes a descending spiral of exhaustion, detachment and underachievement, has been conducted on workers in caring occupations (Maslach, Schaulfeli, & Leiter, 2001).

Typical occupations with high caring components include nursing, teaching and social work (Cancian & Oliker, 2000). In the past, caring for others was often performed at home, but such work has increasingly shifted into the public sphere. The identification of caring with women may account, at least in part, for the finding that jobs with a high caring component offer low pay relative to the qualifications and skills of incumbents (Kilbourne, Farkas, Beron, Weir, & England, 1994). England and Folbre (1999) argue that the apparent financial penalties incurred by workers in caring occupations may be due to the fact that carers are often women. which raises cultural barriers to recognising the value, particularly the financial value, of this work. There may also be intrinsic rewards to caring work, which mean that workers who value relationships and find meaning in giving to others still want to do the work even though they could earn more in other sectors.

This study focuses on the potential emotional, as opposed to financial costs that workers might incur as a result of working in a job where caring for others is the central concern. In this paper, we explore whether employees whose jobs are predominantly designed to serve the needs of others report higher levels of negative job related feelings at the end of the working day than do workers whose jobs demand primarily manual or intellectual labour. We also ask whether gender plays a role in shaping negative feelings that arise as a consequence of working in a caring occupation in contemporary Britain.

Theoretical Framework

Occupations and health

Work is one of the most important determinants of social status in our society and higher social status and better physical and mental health generally go together (Mirowsky, Ross, & Reynolds, 2000). Large differences in the health status of employed and unemployed people have been detected, and it has long been known that being employed improves the likelihood of good physical and mental health for both men and women (Gove & Tudor, 1973; Kessler, House, & Turner, 1987).

A recent report by the European Union showed that while the principal cause of the decline in mortality since the Second World War is the growth in per capita wealth, unemployment rates exert an independent and damaging effect on national health. In particular, the upward trend in the number of working women is related to decreased mortality across Europe (EU, 2002). Too much work, however, can have a detrimental effect on health. Overwork, as well as unemployment has been linked to psychological distress (Losocco & Spitze, 1990) and to higher rates of morbidity and mortality (House, Strecher, Metzner, & Robbins, 1986).

Some job characteristics have also been associated with negative outcomes for workers. For example, simple routine jobs that are closely controlled by management are more likely to cause psychological distress than jobs that are more challenging and autonomous (Reynolds, 1997). Link, Lennon, and Dohrenwend (1993) demonstrated that workers in occupations where direction, control and planning are restricted are more prone to depression. Cheng, Kawachi, Coakley, Schwartz, and Colditz (2000) examined the relation between psychosocial work characteristics and changes in health-related quality of life (as measured by a variant of the SF36) over 4 years in a cohort of nurses working in the United States. The study tested the job strain model (Karasek & Theorell, 1990), which claims high psychological demands combined with low job control at work leads to mental and physical illness. The findings confirmed the importance of low control and high demands. In addition, low levels of support at work were also implicated. This triad of variables was associated with poorer health at the start of the study as well as greater functional decline over its 4-year course, even when a range of factors such as smoking and weight that are known to pose a significant risk to health were controlled.

Another influential epidemiological model of the relationship between work and stress focuses on the balance between efforts and rewards, drawing on sociological arguments about the importance of reciprocity, fairness and distributive justice (Siegrist, 2001). In this model, job rewards are encapsulated in money, esteem and career opportunities. An imbalance in costs and rewards leads individuals to experience a loss of self-esteem, whereas balance leads to feelings of satisfaction and enhanced selfworth. A recent study (de Jonge, Bosma, Peter, & Siegrist, 2000) examined the effects of the demand

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