

BURNOUT AMONG NURSING ASSISTANTS:
THE EFFECTS OF PAID AND UNPAID WORK

BY

GINA MARTONE

A Thesis
Submitted to the Faculty of Graduate Studies
in Partial Fulfilment of the Requirements
for the Degree of

MASTER OF ARTS

Department of Sociology
University of Manitoba
Winnipeg, Manitoba

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ABSTRACT

The purpose of this thesis is to describe the working lives of female nursing assistants in terms of their paid and unpaid work, and to explore the relationship between dimensions of their work and their experiences of burnout. The theoretical approach of this study is socialist feminism.

The analyses were conducted using data from the Nursing Assistant Stress Study 1989-1990 (Chappell and Novak 1992). The major dependent variable was burnout, as measured by the Maslach Burnout Inventory, and includes three distinct dimensions - emotional exhaustion, depersonalization, and personal accomplishment. The independent variables consisted of economic factors, paid work characteristics, participation in decision-making and unpaid work dimensions. The analysis consisted of univariate, bivariate and multivariate techniques. Multiple regression analysis was used to determine the relative explanatory importance of each of the independent variables.

Nursing assistants tended to have little education, earned low wages, were married, and had children who lived with them. They had limited participation in decision-

making, and a heavy workload. They were moderately burned out. Those with a greater workload, less influence over supervisors, more paid/unpaid work interference, and fewer economic rewards were more likely to experience burnout. The model explained the most about emotional exhaustion, and little about depersonalization and personal accomplishment.

Socialist feminist theory is worthwhile for an understanding of women's paid and unpaid work, and the implications for their health. Nursing assistant work was typical of segregated occupations characterized by low wages, heavy workload, and little control over organizational issues. While unpaid work and economic factors did not account for burnout, this finding was attributed in part to problems in study design. Suggestions for future research are to examine the demands and control over unpaid work more extensively, to assess additional social, organizational and familial circumstances affecting women's ability to combine paid and unpaid work, and to measure burnout using questions which ask women to describe their experience in addition to completing the Maslach Burnout Inventory.

ACKNOWLEDGEMENTS

This thesis would not have been possible if not for the support and efforts of many people. I would like to thank my advisor Dr. Karen Grant for countless hours of reading, editing and input into my thesis. Also, her teaching both in substantive areas, and in writing style contributed to this thesis. Thanks to Dr. Neena Chappell for her help on many aspects, including the planning and conducting of my analysis. I would also like to thank her for allowing me access to the secondary data, and providing me with encouragement to "just do it." I appreciate the contributions made by Dr. Cy Gonick through his reading and comments.

I share this accomplishment with my family. Loving thanks to my partner, Curtis Mohamed, for his tireless moral and practical support, for being by my side when I often needed him, and especially for being a constant source of strength for me. Thanks to my Mother for her inspiration, for helping me keep things in perspective, and for always believing in me. The understanding of my father, and sisters was greatly appreciated.

Thanks to my close friends and fellow graduate students especially, Jacqueline Bedard, Janice Hamilton, Madelyn Hall, and Jo-Anne Kirk for listening, and understanding throughout this long process, and for celebrating its completion with me. Thanks also to Dr. Raymond Currie for the opportunity to learn from him as a student, teaching assistant, and research assistant.

Thank-you to my friends and co-workers at the Centre on Aging for their interest and encouragement, and special thanks to Audrey Blandford for sharing her wizardry on the mainframe. Also thanks to the Centre on Aging for awarding me the Jack MacDonnell Scholarship with which I acquired a PC allowing me the flexibility to work at home.

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CHAPTER 1

INTRODUCTION

The purpose of this study is to examine female nursing assistants' experience of burnout. In particular, this research aims to identify the influences of selected characteristics of paid and unpaid work on their feeling of emotional exhaustion, depersonalization, and personal accomplishment.

Socialist feminism, and Marx's approach to an analysis of wage labour both provide the theoretical approach employed in this thesis. In this study, relations between nursing assistants and their employers are examined, domestic labour is considered to be an important aspect of women's working lives, and the link between paid and unpaid work is treated as a reflection of the larger connection between capitalism and patriarchy. Marx's concept of alienation, which is considered to be an implication of work in capitalist society, is considered to be both applicable and useful for this study. However, as feminists have pointed out, women's oppression is not only class-based, it is also sex-based. Early socialist feminist theorists treated sex and class as dichotomous influences, but as

others have argued (Eisenstein 1979), we need to go beyond looking at capitalism plus patriarchy, and we need to recognize the interpenetration of the two and their implications. Chapter 2 introduces socialist feminist theory, as well as relevant aspects of Marx's theory.

Central to this thesis is not only the examination of the objective conditions of work but their implications for women's health, specifically, burnout. While most of the research on burnout concentrates on the documentation of its associated effects, the authors of the term identify the causes as situational (Maslach 1976; Maslach 1982; Cherniss 1982). Maslach (1976) states that the causes of burnout are specific social and situational factors, not characteristics of people involved, and that modification of the problem should address these former areas. Cherniss (1980) identifies one of the critical factors associated with burnout as a lack of control over one's work environment. According to Dolan, while there is no empirically validated scientific model of the burnout process, it is clear that "burnout is a function of and is intricately related to work and the work environment" (1987:4).

There is some difficulty in defining burnout and this is the result of its popular use. The aspects of burnout commonly described are 'emotional exhaustion' (feelings of being emotionally overextended and exhausted by one's work), 'depersonalization' (an unfeeling and impersonal response

towards recipients of service), and low 'personal accomplishment' (feelings of competence and successful achievement in one's work with people) (Maslach 1981). In chapter 3, a discussion of the context of women's work in Canadian capitalist patriarchal society, and issues of women's segregated work are addressed. The empirical literature reviewed in chapter 3 is comprised of reviews of the following areas: (1) general studies on the relationship between work and health; (2) specific research on women, work and health; (3) previous research on burnout; (4) control over paid work; (5) studies of unpaid work including caring for elderly parents, and the implications of marriage and childcare; and (7) the interrelationships between unpaid work, employment status and health. The chapter concludes with remarks about the significance and contributions of this research to existing literature.

The research methodology used in this thesis was secondary data analysis. The data source was the Nursing Assistant Stress Study collected by the Centre on Aging at the University of Manitoba between 1989 and 1990. Details about the original study are presented in chapter 4. In addition, the chapter details the independent and dependent variables used in the analyses, the model, and the analysis plan.

Chapter 5 presents the findings of the analysis. This begins with descriptive data, and is followed by results of

the multivariate analysis. Multiple regression analysis was the principal method of data analysis. The final two chapters present the strengths and limitations of the research conducted, and critically discuss the research process undertaken in this thesis.

The objectives of this study are summarized as follows:

- (1) to analyze existing data on nursing assistants in order to describe the conditions of their working lives, and to explore the relationship between dimensions of their work and their experiences of burnout; and
- (2) to examine the adequacy of the research perspective, methodology, and model to explain nursing assistants' experiences of burnout.

CHAPTER 2

THEORETICAL APPROACH

Socialist feminist theory provides the framework to analyze women's work and its implications in this study. This approach relies on Marxist tools as well as feminist concepts and insights. While, Marx described the conflictual aspect of paid work excluding women, this is considered to be relevant to the women in this study. The omission of gender from Marx's discussion of sources of oppression was addressed by early socialist feminists. As Eisenstein (1979), Petchesky (1979), Hartmann (1979,1980) and Brown (1987) suggest, the two systems of oppression, capitalism and patriarchy, cannot be separated. In this chapter, the developments of socialist feminist thought are explored in terms of its response to the deficiencies in Marx's theory, and to the concept of patriarchy. Also the concept of alienation developed by Marx, and relevant to this study, is discussed.

2.1 The Conflictual Basis of Society

The idea that conflict is inherent due to contradictions in the current order of society contributes

to an understanding of women's oppression. Marx maintained that the foundation, structure and development of society is based on its economic organization. The economic structure which shapes all areas of society (ideas, culture, law and politics, or the superstructure) simply reflects the economic position of the ruling class which maintains it. The two essential elements to capitalism are 'capital' and 'wage-labour.' Capital represents assets which can be invested for further accumulation of assets. Wage-labour refers to workers dependent on the owners of capital for the employment they need in order to survive. According to Marx, capitalism is a class society founded on conflict. The two classes, employers and workers, are dependent upon each other; employers need labourers to engage in production and labourers need wages. There is inherent conflict in this relationship because the class relations are exploitative - workers have little or no formal control over their work while employers generate profit which they appropriate for their own goals. Marx believed that human activity does not inherently result in conflict; but that the nature of work in capitalism reflects a distortion of true human nature. In this study, these aspects of paid work are also considered to be important to an understanding of women's work.

2.2 Gender and Class as Sources of Oppression

There were early attempts by socialist feminists to reconcile Marx's class analysis and an analysis of women's domestic labour. These pursuits relied heavily on Marx's theory of power. Central to Marx's theory of power is the idea that, by creating surplus value, workers are exploited. Since a person's class determines whether she will appropriate or produce, then power (or the lack thereof) results from a person's class. Therefore, class defines a person's position in society and her class determines her oppression - the restriction of her true human potential.

While Marx's focus on class conflict and class consciousness was criticized by socialist feminists, the theory was later recognized as having some broader applicability. Later socialist feminist theorists suggested that "an analysis that relies heavily on Marxist tools but is conscious of issues and evidence raised by feminists" (Armstrong 1984:38) was needed. This would include the essential issue that Marx ignored - that consciousness could be based on more than just class.

The early attempts to merge Marxism with a discussion of domestic labour (Eisenstein 1979; Armstrong 1984) resulted in several positive things. First, household labour became visible. Second, the interpenetration of household labour and the capitalist system was indicated. Third, the usefulness of domestic work to the capitalist

system became clear: women stabilize patriarchal structures of the family; they reproduce new workers and care for men and children; they work for lower wages; and as consumers, they stabilize the economy (Eisenstein 1979:29). Socialist feminists, acknowledging and building on these three areas, made major contributions in the study of women's work in capitalist society by recognizing that much of women's activity is work and that this work encompasses production, reproduction and consumption (Eisenstein 1979:169).

Theorists such as Hartmann (1981) criticized Marxism for its 'sex-blindness' exhibited by the lack of discussion of the sexual division of labour and of domestic work. Marx did not discuss the domestic component of necessary labour.

Domestic labour is the portion of necessary labour that is performed outside the sphere of capitalist production. For the reproduction of labour power to take place, both the domestic and the social components of necessary labour are required. That is, wages may enable a worker to purchase commodities but, before they are consumed, additional labour - domestic labour - must generally be performed. In addition, many of the labour processes associated with the generational replacement of labour power are carried out as a part of domestic labour (Vogel 1983:152).

According to Eisenstein:

The sexual division of labour as the sexual definition of roles, purposes, activities, etc., had no unique existence for Marx. He had little or no sense of woman's biological reproduction or maternal functions as critical in creating a division of labour within the family. As a result, Marx perceived the exploitation of men and women as deriving from the same source and assumed that their oppression could be understood in the same structural terms (1979:11).

Some of the problems with trying to fit the analysis of women's oppression into Marxist categories became clear because of the domestic labour debate as summarized by Vogel (1983). First, the analysis was restricted only to the level of economics, and to the capitalist mode of production. Second, the debate "concentrated almost exclusively on domestic labour and women's oppression in the working class" (Vogel 1983:24). This suggested that only women of a particular economic class are oppressed. Third, domestic labour was identified only with housework and child care, leaving out childbearing. The importance of women's role in the reproduction of labour power is especially important to the oppression of women of the subordinate class in capitalist society. Fourth, the approach was not dialectical - contradictions between domestic and wage labour and those inherent in both were not discussed.

Early socialist feminists concluded that women could not be analyzed as a class based on their domestic labour. However, the debate itself gave recognition to domestic work as work, and attempted to put this insight into a theoretical context. Also it became apparent that it is necessary to analyze patriarchy as more than just an expression of class domination, and to analyze the sexual division of labour in its own terms rather than to fit the analysis into Marxist categories.

2.3 Patriarchy as Transhistorical

Many theorists have criticized Marx's treatment of women as being ahistorical - for ignoring systems of oppression that are not particular to capitalism and which predate capitalism. Vogel describes the attempts of socialist feminists in the 1970's to "reconcile contemporary women's oppression with the fact that women have been subordinated for thousands of years" (1983:24), and not only in capitalist societies. The criticisms of the Marxist theory of power were that it was highly specific to society's economic structure and to class, and explanations of the proletariat's exploitation. Marxist theory treated women's oppression as simply parallel to worker exploitation. As such, it did not address the origins and nature of sexual oppression adequately. Socialist feminist theory recognizes that women's oppression is also rooted in their position in patriarchy, and that the two systems of oppression cannot be separated.

2.4 Capitalism and Patriarchy

The influences of radical feminism and development of the theory of patriarchy (Vogel 1983:23-25) brought with it the recognition of the importance of male dominance to a complete understanding of women's oppression. The insight that power emanates from sex, is central to the work of radical feminists.

Radical feminism places sexual power at the centre of the analysis of women's oppression. This power structure is patriarchy.

For radical feminists patriarchy is defined as a sexual system of power in which the male possesses superior power and economic privilege. Patriarchy is the male hierarchical ordering of society. Although the legal-institutional base of patriarchy was more explicit in the past, the basic relations of power remain intact today. The patriarchal system is preserved via marriage and the family, through the sexual division of labour and society. Patriarchy is rooted in biology rather than in economics or history. Manifested through male force and control, the roots of patriarchy are located in women's reproductive selves. Woman's position in this power hierarchy is defined not in terms of the economic class structure but in terms of the patriarchal organization of society (Eisenstein 1979:17).

According to Brown (1987:137) patriarchy refers to a "system of social relationships in which males dominate females in certain ordered hierarchical ways."

Patriarchy is not limited to capitalism, however the political economy of a society cannot be separated from the analysis of patriarchy (Petchesky 1979). In a society based on capitalist economic organization, the political economy is defined by capitalist patriarchy. It is recognized that the two systems of capitalism and patriarchy do not operate separately (Eisenstein 1979; Petchesky 1979).

Hartmann (1979) argues that "it is in understanding the interaction of capitalism with patriarchy that Marxist-feminist theory can offer a promising new analysis of women's position and of female labour, and overcome the

theoretical difficulties which both Marxism and radical feminism encounter when they confront the issue of female labour separately" (cited in Yeandle 1984:32). Petchesky, however, cautions against treating family and work as "two separate spheres":

... "production" and "reproduction," work and the family, far from being separate territories like the moon and the sun or the kitchen and the shop, are really intimately related modes that reverberate upon one another and frequently occur in the same social, physical, and even psychic spaces (1979:376).

Brown (1987) also argues that patriarchy exists in life both inside and outside the family, and that these spheres represent the structuring of women's lives which is characterized by exploitation and oppression. As Eisenstein (1979:28) states, it is also necessary to understand that while each system uses the other, the two are not always in harmony. Armstrong (1984:39-40) summarizes the nature and implications of the process of sexual and class conflict:

... capitalists as a class, and capitalists as individuals, seldom have it all their own way. Neither do men. Contradictions are produced at all levels by the very working of the system. Conflicts between capital and labour, between men and women, between the household and the economy, continually arise. In the process of attempting to resolve these conflicts, new contradictions are constantly created, combatted, resolved, generating yet more contradictions. Struggles between women and men in families and in the market, as well as struggles between households as units and capitalism as a discriminating force, arise out of contradictions in their relations to and control over the production of goods or services and the reproduction of people ... Conflict rather than consensus, struggle rather than passivity, capital accumulation rather than

the drive towards equilibrium are the motor forces of history.

Socialist feminists agree that women's position within the patriarchy needs to be addressed to understand the roots of women's oppression (Eisenstein 1979; Vogel 1983; Armstrong 1984).

2.5 Implications of Work in Capitalism - Marx's Theory of Alienation

Marx developed his concept of "alienation" in his theory of the development of industrial capitalism (Marx 1844/1978). According to Marx, the oppressive conditions of work find their origins in the economic structure of society (capitalism) and are characterized by workers who lack control over the products of labour and the process of work. In addition, workers do not own the products of their labour. The result of work which lacks variety and skill, and workers who lack control over their work is "alienation," which is described by Marx as the estrangement of workers from the products of labour, estrangement from their labour activity, self-estrangement and estrangement from other workers (Marx 1844/1978:74-79).

Workers are estranged from the products of their labour because in exchange for wages, workers yield the power to their employers to determine what their labour creates, how much is created, its character and its use. As a result, products are created in accordance with the needs and

interests of employers, not workers.

According to Marx, work is the activity which distinguishes humans from other species, allows them to develop their unique human qualities, and through which humans actively shape themselves and their society according to their needs, interests and values. This is the second element. In capitalist society, work loses its character as a life-activity, and becomes simply a means to satisfy needs for physical survival (needs which characterize all species). Therefore, individuals are estranged from themselves - their own humanity - by being alienated from the sole activity which distinguishes them from other species, work.

Individuals are alienated from each other because they must compete in selling their labour power - the fourth element. Individuals' standard of living, satisfaction of needs, and power is dependent on the value of the products they produce. As a result, the relationships between people are based on economic considerations. Capitalists seek to drive out other capitalists, workers of the same class compete to sell their labour power, and capitalists and workers relate through the commodities they exchange - wages and labour.

Two important points distinguish Marx's concept of alienation:

Alienation always entails a notion of human estrangement - from persons, objects, values, or

from oneself. Second, the source of alienation is seen as residing in the social structure rather than in individual personalities; its causes are social rather than psychological. ... [Also, in accordance with Marx, alienation is viewed] as characteristic of a certain kind of organization of work, one whose source lies primarily in a special set of socioeconomic circumstances which accompanied the development of industrial capitalism (Rinehart 1975:17).

Rinehart (1975) and Watson (1987) emphasize that alienation, as conceived by Marx, is objective or structural and exists independent of how people perceive and evaluate their jobs.

... alienation is basically an objective state. Alienation is not necessarily reflected in felt job dissatisfaction or in frustration. ... People are alienated when they are not being what they possibly could be, and for people to become what they could be -to fulfil themselves or achieve 'self-actualization' - they must create a society which, is still one in which work, as a source of fulfilment in its own right, is central (Watson 1987:85).

Whether working people are conscious of their alienated position, they experience the effects of alienating circumstances of their work. Their reactions to work test the existence of alienation, not their ability to identify the factors responsible for it (Rinehart 1975). In this study, the concept of "alienation" is broadened to understand the reactions of women to their paid and unpaid work, using their experience of burnout as a measure.

CHAPTER 3

STUDYING WOMEN'S WORK AND HEALTH

3.1 The Context of Women's Work

In order to understand the nature of women's work, it is necessary to recognize that the structures and conditions in society define the boundaries within which work exists. Canadian capitalist society is dominated by the search for profit and by the sexual division of labour which devalues women's work both in the home and in the paid labour force.

Armstrong and Armstrong (1986:25-41) describe the industrial and occupational segregation of Canadian women's work in the labour force. Women still remain in segregated occupations despite increased attention on women working in high level positions (Armstrong and Armstrong 1986). Industrial segregation refers to the fact that employed women are concentrated more in some industries than in others (Armstrong and Armstrong 1978:23). In 1951, 39% of women worked in trade; finance, insurance and real estate; community, business and personal services; and public administration and defense. In 1981, women in these industries comprised 52.5% of all women in the labour force. Most of these areas are characterized by low productivity

(which may be explained by their labour-intensive nature), and by low wages. Women are also restricted to certain occupations within industries, and tend to comprise the majority of workers in them. In 1987, 57% of all paid female employment was in the clerical, sales and service sectors. This occupational segregation has been stable since 1941, despite changes in the classification of occupations and the increasing divisions within occupations (i.e., clerical work) (Armstrong and Armstrong 1975). The position of the occupational groups dominated by women such as teaching and nursing are at the bottom of the hierarchy. Women are less likely to occupy authority positions, even in traditionally female professions, such as teaching, librarianship and social work (Mackie 1983:259).

One explanation of women's segregated work is that it is a result of class interests served by the sexual division of labour. According to this perspective, women's work is related to a capitalist economy. Women's participation in the wage economy has been viewed as peripheral or transient. Actually it is determined by economic and familial needs and the labour requirements of employers. Women's work both at home and in the labour force is central to the capitalist economy but is devalued. This reflects and reproduces both patriarchy and capitalist accumulation.

The forces behind segregation of women in the labour force help to explain the nature of their work. After the

war, with increased industrialization (and its accompanying illnesses), and the advent of universal health care, the state began to employ increasing numbers of women in Canada, especially in health care, teaching, and clerical and service work (Armstrong 1984:52). Many of these jobs were filled by women because they were traditionally considered to be 'women's work,' they were jobs which did not threaten men's employment, and women were available to work. While women's labour force participation increased, it remained segregated, despite increased union participation in some sectors.

Yeandle (1984) writes that developments in capitalism (such as women working) have weakened, but not eliminated patriarchal power. She attributes this change to three factors: (1) with women earning somewhat better wages, their contribution to household income helps to maintain living standards; (2) the increases in women's opportunity for education and employment signifies a "lesser acceptance of women's confinement to the domestic sphere" (Yeandle 1984:183); and (3) changes in the work process have resulted in a decrease in demand for male labour which has resulted in rising levels of unemployment for men. These changes, according to Yeandle (1984), have resulted in increased tension between capitalist relations of production and a patriarchal sexual division of labour. Specifically, the incorporation of paid work into women's lives has not

resulted in changes which acknowledge that domestic work is assigned to them. Instead, this tension creates more difficulties for women to face in trying to combine these areas of their working lives. As a result, in the capitalist system, women's primary responsibility for domestic labour has limited women's opportunities and involvement in paid employment (Gardiner 1976). When women are involved in paid employment, their inferior position is maintained (Brown 1987).

Some examples of changes that have occurred in the nineteenth and twentieth century are: the rise of the human service industry which has increased the possible number of jobs for women; the removal of laws which gave husbands legal right over their wives' labour and property; the elimination of restrictions on women signing contracts; the availability of more reliable, legalized birth control; and the increased acceptability and availability of daycare. These changes have decreased what Brown (1987) calls "private patriarchy," but what has emerged in the late twentieth century is increased "public patriarchy." In other words, the control individual men have over individual women in the family has weakened (Brown 1987; Yeandle 1984), whereas the control men collectively have over women through the economy, religion and the government has strengthened. The two types of patriarchy coexist, but presently public patriarchy is dominant. As she puts it, "Public patriarchy

does not so much restrict women from public participation as it encourages public participation under conditions of inequality" (Brown 1987:140). Brown (1987:144-145) further states:

the growth of women's employment was not on a basis of equality with men's work. Rather, women's paid employment has been accompanied by corporate and state policies that maintain women's inferiority. These include occupational segregation, lower wages for women than for men in the same jobs, protective legislation that raises the cost of employing women and therefore makes them less valuable to employers, and child care policies that make women less able than men to take certain types of heavy work, overtime work, or jobs involving travel.

In short, despite significant changes in society and work, women continue to maintain major home responsibilities and are limited in the opportunities and involvement in paid work. This maintains women's position of economic dependence and reflects their sexual and economic oppression.

3.2 Work and Health

This study focuses on how women's work is related to burnout. This question is only part of a much broader area of concern - the relationship between work and health. In this section I will discuss definitions of health and identify the perspective regarding the relationship between work and health which guides the research.

The definition of health remains a contentious issue, one that will not be resolved here. However, it is important to differentiate definitions of health because empirical studies on the relationship between work and health begin with a perspective on exactly what health is (whether this is explicitly stated or not).

Kelman (1975) states that there are two conflicting definitions of health - 'experiential health' and 'functional health,' each of which suggest different causes of health, approaches to improve health, and ways of measuring health empirically. Experiential health is defined as:

freedom from illness, the capacity for human development and self-discovery, and the transcendence of alienating social circumstances (Kelman 1975:629).

According to this definition, health is determined by the characteristics and dynamics of a society and the improvement of health is dependent upon the improvement of social conditions causing illness. Quite differently, functional health underscores the ability of individuals to perform their roles in society, and health is improved by individual efforts such as treatment or intervention (Kelman

1975)¹.

These contrasting definitions of health impact on theorizing about the relationship between work and health. There is an ongoing debate about the respective influences of objective work characteristics and individual characteristics in determining health. Three perspectives will be briefly examined. First, the stressful life events literature argues that change is inherently stressful. Perceptions of (or reactions to) work, rather than objective job characteristics, are the prominent predictor of health (Gardell 1982). Second, the person-environment fit model of job stress alleges that the misfit between personal and environmental characteristics is an important determinant of health. In this model, work characteristics are the stress stimuli, while characteristics of the individual determine at which point those organizational characteristics produce a negative response. These first two approaches fit Kelman's category of 'functional health.' The third perspective - the materialist approach, contends that the

¹ Kelman's functional definition of health seems very close to a functionalist definition of health. According to Parsons (1972), functional health is the "state of optimum capacity of an individual for the effective performance of the roles and tasks for which he has been socialized" (cited in Kelman 1975:117). To be clear on this point, the differentiation that Kelman makes is also intended to highlight the epistemological and methodological distinctions between health defined **positivistically** and health defined in terms of **subjective experience**.

negative effects of work on the individual can be understood as being the result of the broader political and economic circumstances in which we live. According to this position, while these conditions are present in the organizations in which one works, the organization itself only reinforces and mirrors broader sources of oppression (Waitzkin 1983). This approach is consistent with Kelman's experiential health. The materialist position represents the approach to the relationship between work and health taken in this study.

3.3 Women, Work and Health

Approaches to work and health have tended to focus on a functional definition of health. For example, one area of interest sought to treat employment as an antecedent to poor health for women. This led to comparisons of employed women and housewives to ascertain the effect of employment status on women's health. Such an interest in women's health reflects the importance placed on determining whether paid work will affect women's ability to perform their domestic labour. If the findings show that employed women have poorer health compared to women who work at home, these studies conclude that women should do the latter. Such an approach clearly serves patriarchal goals.

Other research used studies done with men as a basis for research with women. This failed to acknowledge

important situational differences between women and men. Some of these differences are the experience of segregated work, inequalities in pay, benefits, and opportunities for advancement. This oversight is also evident in the lack of research which examines the social context of women's working lives (i.e., paid and unpaid labour). This discussion cannot be reduced to a simple analysis of women's double-day.

Theories on the consequences for participation in multiple roles by women concentrate on the effects of the increased responsibilities that fall on them. In the past, discussions of work have separated employment from unpaid work - the latter being a catch-all referring to anything outside of waged labour, including domestic labour which is typically referred to as 'other responsibilities.' The use of broad concepts such as family situation and gender roles, as substitutes, is inadequate. In order to understand the relationship between work and health for women, the similarity and diversity of experiences in wage labour, as well as in the family and social context needs to be explored.

Other discussions have advanced the understanding of the relationship between work and health by taking a broader approach. Armstrong (1984:39) suggests:

Expanding the concept of political economy thus would mean going beyond the job site to examine the way workers as well as things and relations get reproduced on a daily and generational basis;

to examine both the domestic and wage labour of women and men; and to examine the interpenetration of the nature, conditions and relations of work in and out of the labour force for both sexes.

Some theorists have addressed the role of women's work both at home and in the labour force in fulfilling economic needs, familial needs and labour requirements (Armstrong 1984; Armstrong and Armstrong 1986; Eyer and Sterling 1977; Levine 1983; O'Connell 1985; Waitzkin 1983). Based on the previous theoretical discussions, the inclusion of the characteristics of domestic labour seem to be not only consistent with, but crucial to, a more complete understanding of women's health.

3.4 Burnout

The concept "burnout" has been defined by several authors as a response to the stress of interpersonal contact, or the emotional stresses of work involving care and contact with people (Maslach 1982). As stated earlier, while most of the research on burnout concentrates on the documentation of its associated effects, the authors of the term identify the causes as situational (Maslach 1976; Maslach 1982; Cherniss 1982). The aspects of burnout commonly described are 'emotional exhaustion' (feelings of being emotionally overextended and exhausted by one's work), 'depersonalization' (an unfeeling and impersonal response towards recipients of service) and low 'personal

accomplishment' (feelings of competence and successful achievement in one's work with people) (Maslach 1981). The concept "burnout" emerged to explain responses to a particular type of work (or work content) which involves close personal contact with people, in particular the service and helping professions. What has received less attention in the research on burnout is the importance of the particular social and organizational contexts within which work takes place. This research examines what socio-demographic and work-related factors are related to burnout, in keeping with the feminist and materialist analysis outlined earlier.

3.5 Control over Paid Work

The idea that lack of control over work is an important and negative aspect of work has remained an integral theme of research on the association between work and health. As Marx intended, the concept of alienation and its various aspects refer to objective social situations and not to the individual's perception or subjective sense of powerlessness. These objective situations embody alienation and may or may not provoke responses by the individual.

Some research has relied on the original concept of alienation (Pearlin 1962; Garfield 1980; Coburn 1983). Those formulations which treat stress as an objective factor, rather than a state of the individual are also

useful (Tesh 1988). Other research on alienation focuses on job discretion (Karasek 1979), and studies have examined objective autonomy, day-to-day control over work activities, and limited freedom for decision-making or participation in decision-making. A problem that has resulted is that the various studies have used vastly different measures of quite similar concepts.

Past research has found that the amount of control a worker has over many aspects of his/her work is dependent upon several elements: the hierarchical structure (Pearlin 1962; Karasek 1979; Bacharach et al. 1986; Lowe and Northcott 1986; Shoham-Yakubovich et al. 1989); the extent and style of supervision (Pearlin 1962; Lowe and Northcott 1986; Hawkins 1987) and professional power (Hall 1969; Forsyth et al. 1985). The relationship between the aforementioned aspects of work and several dependent variables have been studied. Control over one's work and the ability to make decisions concerning one's work has been related to alienation (Pearlin 1962; Coburn 1983), job stress (Lowe and Northcott 1986; Gardell 1980; Hawkins et al. 1982), job strain (Karasek 1979), poor mental health (Lowe and Northcott 1986; Kohn et al. 1983; Margolis et al. 1974), burnout (Firth 1987), well-being (Coburn 1983), job satisfaction (Shoham-Yakubovich et al. 1989), and coronary heart disease (Haynes et al. 1980).

Studies of restricted autonomy have produced convincing

evidence that the objective characteristics of work have negative implications for workers. In a study of smoking habits (treated as a response to stress) and nursing specialty, Hawkins et al. (1982) concluded that certain aspects of community nursing allowing for more day-to-day control and more autonomy over their workload were associated with lower perceived stress and less smoking. In this same study of 35,825 nurses from various specialties, staff relationships represented the second most frequently cited cause of organizational stress.

The association between autonomy, relationships with other workers and health has been found in other studies. In one such study, researchers found that a physicians' strike presented increased opportunity for autonomy, feelings of autonomy and increased job satisfaction among nurses (Shoham-Yakubovich et al. 1989). There were no such changes (in either feelings of autonomy or satisfaction) in organizations where nurses continued to work under physicians' control during the strike. Shoham-Yakubovich et al. (1989:1315) explain their findings as follows:

Work autonomy in organizational settings is invariably limited by one's position in one's professional hierarchy. In the case of nurses, not only is their autonomy restricted by nurses higher up in the hierarchy but also by physicians' close supervision and control.

Lowe and Northcott (1986) found that a work environment in which supervision restricted workers' decision-making

autonomy, was contradictory or gave little positive feedback, contributed to poor mental health. They conclude that both autonomy and supervision are related to the organizational structure of work. Haynes et al. (1980:140) had similar results:

In Framingham, suppression of hostility coupled with a nonsupportive boss and a lack of job mobility were associated with CHD [coronary heart disease] incidence among clerical working women. These findings are consistent with observations that women clerical workers may experience several forms of occupational stress, including a lack of autonomy and control over the work environment.

Decision-making or job decision latitude is defined by Karasek as "the working individual's potential control over his [or her] tasks and his [or her] conduct during the working day" (1979:289). Karasek (1979) further differentiates decision latitude in terms of skill, task organization, time pacing, organizational policy influence, control over potential uncertainties, and decision resources. Essentially, this aspect represents an employee's ability to control his or her work and is likely linked to the authority structure of the organization (Karasek 1979). While Karasek's research was limited to a nationally representative sample of men, his findings are comparable to other more representative studies (i.e., samples including women and men). He found that for men working in a wide variety of jobs, 1) being restricted from making decisions, and not the requirement that they make

decisions, per se, is the major factor associated with job strain, and 2) job-related mental health can be improved with increasing levels of freedom in decision-making (independent of changes in workload demands). The research conducted by Karasek (1979) did not include employed women. This is not unusual since large-scale, woman-inclusive studies on paid work are difficult to find.

Other studies confirm that jobs with little decision-making power produce high levels of worker alienation and poor mental health (Coburn 1983). Margolis et al. (1974) reported that nonparticipation in decisions about one's work created strain and job-related stress, and was significantly related to several indicators of poor mental and physical health (i.e., overall poor physical health, escapist drinking, depressed mood, low self-esteem, low job satisfaction, low motivation to work, and intention to leave one's job). The data were collected from a representative national sample of 1,496 employed persons who were 16 years of age or older and who were working 20 or more hours per week. Margolis (1974) did not report the gender distribution of his sample.

3.6 Unpaid Work

3.6.1 Caring for Elderly Parents

In this society, whether or not women work outside the home, they are often charged with the care of other

dependents. A significant amount research on the relationship between caregiving and women's health has been done on the care of elderly parents. The research on women's caring for elderly parents and its relationship to "burden," "strain" and "alienation" offers relevant insight into caregiving more generally. A review of the association between this realm of women's work and health follows.

There is substantial evidence that women provide for the continuing care of their elderly parents, despite the availability of formal services, or the demands involved (Noelker and Poulshock 1982). Even when formal services are used, they represent only part of the total care received by the elderly, with informal care maintaining its prominence (Horowitz et al. 1983). While it is the informal caregivers who occupy the major role in caring for the elderly, the majority of care is provided either by spouse or children (Cantor 1983). There is no clear consensus whether it is children or spouses who provide care most often, but either of these informal caregivers always appears to perform this role most often. Among children, adult daughters assume the caregiving role most often and are more involved in this care in terms of the amount and type of care provided (Brody 1985; Cantor 1983; Horowitz 1985).

The consequences of caring for elderly parents have been extensively studied, and emotional strains have been identified as being the most severe (Brody 1985). Emotional

strains include depression, anxiety, frustration, helplessness, sleeplessness, lowered morale and emotional exhaustion (Brody 1985). In a study of marginal income, frail elderly receiving short term homemaker service, the primary caregiver in 36% of cases was a child. Within this group, children were mainly middle-aged (more than half being 40-59 years), married women with families, who were working (60%). Emotional strain was the most pervasive as compared to physical and financial strain. The most important predictor of strain was the type of caregiver and her/his relationship to the care-receiver. The most severe impact of caring was in areas such as free time, while there were minimal perceived repercussions for work and family. The consequence of caring then was negative, involved some sort of sacrifice, and was most severe for spouses, and next for children.

In a study comparing the experience of sons and daughters, Horowitz (1985) found that caregiving involved greater strain for an adult daughter than son. This is a common finding, attributed to the greater level of involvement of daughters, the more intimate emotional relationship between mother and daughter, and the fact that women in this situation experience more competing demands. This phenomenon has resulted in referring to this group as "the women in the middle" (Brody 1981).

Caregiving daughters are middle-generation, middle-aged, and in the middle of competing

demands on their time. They tend to hold primary responsibility for the emotional support of other family members, household management, and child-rearing. In many cases they are also full-time workers (Horowitz 1985:616).

Studies indicate not only that adult daughters assume the caregiving role most frequently, but that working women do not abandon this role (Brody 1981; Cantor 1980; Horowitz 1982; Noelker & Poulshock 1982; Sherman et al. 1982).

Despite the fact that more women (the traditional parent caregivers) are entering the labour force, the values concerning the commitment to parent care have endured.

Brody (1985) examined the association between work and parent care among women with dependent mothers. Among those working, 28% were either considering leaving their jobs or had already decreased their hours of work because of their mother's needs for care. These women were better educated, and held higher level "careers" than women who had already quit their jobs for the same reasons (28% of the women not employed).

3.6.2 Marriage, Child-care, Housework

The effects of marriage and child-care on women's well-being have often been discussed together. Many studies have compared women whose ties are to home and family, with employed women. The results are inconsistent. Some studies find that non-employed women have poorer mental health than employed (or non-traditional) women (Horowitz 1982; Radloff

1975; Rosenfield 1980). Radloff (1975) found no relationship between the amount of housework and depression. Other studies find no difference in the amount of distress between employed and non-employed women (Cleary and Mechanic 1983; Pearlin 1975). It is important to note that these studies use different measures of "distress."

Various explanations for the sex differences in health exist. One hypothesis explains greater female distress by examining the combination of women's social roles. Family responsibilities (as a predictor of stress for women) have received extensive attention in the literature, as discussed earlier. When employed women and men are compared, the results are quite consistent. Strain between home and work roles are experienced by women, but not men (Haw 1982).

3.7 Unpaid Work, Employment Status and Health

With regard to the mental health consequences of multiple role demands, the findings are less consistent. For working women, the relationship between factors such as household workload, number of children and mental health is not clear (Haw 1982). According to Verbrugge (1985), employed women are believed to have excessive demands on their time and attention (giving up few responsibilities for childcare or home management when they work), and therefore are presumably more distressed. Nevertheless, employment consistently shows up as a positive facet of women's lives.

The satisfactions and resources of paid work are believed to outweigh the demands of multiple roles, and empirical data confirm greater happiness among employed women (Verbrugge 1985). For both women and men, employment and marriage are consistently associated with good health, and women with both roles are healthiest (Verbrugge 1985). However, it is not clear whether this is because employment somehow causes good health, or women who are healthiest become employed (i.e., causation or selection). Waldron (1980) termed this 'the healthy worker effect.' However, this, and most study designs exploring this question are cross-sectional, therefore this question has not been answered satisfactorily.

The Framingham Study (Haynes and Feinleib 1980) suggests that certain job conditions and family responsibilities have negative consequences for women. According to this study, the relationship between family responsibilities, marital status or number of children, and risk of coronary heart disease (CHD) is specific to a certain combination of these roles - only clerical workers with children were at excess risk of CHD. The findings of this study for the subset of women both currently employed and ever-employed were as follows: women in white collar occupations had a 5.2% incidence rate, while women in clerical and sales occupations had a 10.6% incidence rate - a higher incidence of CHD than women working in all other

occupations. Single working women had the lowest rate of CHD (4.2%), while married, widowed, divorced, and separated women had higher rates. The incidence of CHD rose as the number of children increased. Clerical workers who had ever married and had children were more than twice as likely to develop CHD, as compared to non-clerical workers who had ever married and had children. The pressure of low socioeconomic status was proposed as an explanation for these particular findings. Excessive demands on working women, and lack of autonomy or control over the work environment for women clerical workers were identified as predictors of CHD.

Warr and Parry (1980) developed a measure of "interaction strain" - the strain of coping with the demands of the dual roles of employment and child-care which was tested on a group of working-class mothers with young children. Full-time employees exhibited significantly greater interaction strain than part-time employed mothers; the result of differences in the severity of their role conflicts. Interaction strain was negatively correlated with social supports: part-time employed mothers ($r=-0.22$), mothers working full-time ($r=-0.36$), all employed respondents ($r=-0.28$). The authors suggest that future studies go beyond broad comparisons based on employment status and examine specific factors associated with each role and their relationships to well-being (Lennon 1987; Haw

1982; Verbrugge 1985).

3.8 Significance of this Study to Existing Research on Women's Work and Health

This study is female-centred for several reasons.

First, most of the existing research has been on male samples only, therefore this research represents an effort to achieve a balance. Second, research that has been done with employed women, has concentrated on overly simple examinations of the effects of employment status or on the effects of multiple roles. This has meant that responses to specific working conditions have been ignored. The complex relationships between specific working conditions, such as lack of control (work autonomy) and participation in decision-making, and various measures of health have been examined in samples of employed men. In particular, the importance of control over work (both waged and non-waged) remains relatively unexplored for employed women. Third, by examining the conditions of work in an occupation which is predominantly female, some further insight about segregated work is gained. Fourth, this research examines what diversity may exist among women based on their experience in the home, despite their common occupational position (i.e., all are nursing assistants).

Another contribution of this study is to extend the search for predictors of burnout beyond its usual

boundaries. In particular, research on burnout has been restricted to work in the economic sphere - to areas of paid labour. In addition, this research investigates the alienating characteristics of unpaid work which have not received sufficient attention in previous research on work. Previous investigations treat family/home related characteristics as non-working factors of life; this study examines family and home as the context for unpaid work.

While the demands that employed women face as a result of their work in the home and in the paid labour force have been researched, other common characteristics between the two areas of work have received less attention. For example, the lack of control often described by women doing unpaid labour is also a feature of their paid labour (Beechey 1983; Lennon 1987). In addition, the implications of these work characteristics for burnout have not been examined together.

The scope of the study is restricted in several ways which limits its generalizability. The focus is on one occupational group - nursing assistants. In addition, the sample has been taken from one city - Winnipeg, and therefore the political and economic milieu is unique.

CHAPTER 4

METHODOLOGY

This study was based on data collected in a larger study of Nursing Assistant Stress in Winnipeg, Manitoba. This study included sub-sample of female nursing assistants. Data analysis involved confirming the factors within the Maslach Burnout Inventory - the dependent variable. Correlational analysis was used to examine the relationship between: economic variables, paid work dimensions, participation in decision making, unpaid work dimensions, and paid/unpaid work interference. Each of the measures comprising these larger categories were used to conduct regression analysis. This method was used to assess the determinants of burnout.

4.1 Data Source

The data for the present study originate from a larger study of stress among nursing assistants caring for cognitively impaired elderly in long-term care institutions. The focus of the original study was to examine "the relationship between caring for the cognitively impaired elderly in institutions and stress among nursing assistants"

(see detailed description in Chappell and Novak 1992). The original research had several goals. First, the study produced a sociodemographic profile of nursing assistants working in long-term care institutions. Second, the research examined the nature and impact of patient diagnosis and patient behaviours on stress these nursing assistants experience. Finally, the survey explored the predictors of stress among nursing assistants, focusing on the characteristics of the disease and the patient, characteristics of the caregiver, and the structure of work.

A sample of nursing assistants working in long-term care institutions in the province of Manitoba was selected. Funding restricted the study to Winnipeg only. Power calculations for sample size were not used because approximations of the number of nursing assistants experiencing different types of stress were not known. Two hundred and forty-eight nursing assistants were interviewed in total (97% female).

Only those institutions in Winnipeg offering care to individuals with cognitive impairment were eligible. Of the 26 institutions in the city, one refused participation and the remaining 25 institutions participated. Administrators of each institution supplied a complete list of nursing assistants from which 10 persons were randomly selected. Refusals were those nursing assistants contacted who did not want to participate. Students, those unavailable because

they were on leave, temporary workers (i.e., summer help), individuals on Workers Compensation or those in hospital were all categorized as ineligible. Refusals and ineligibles were replaced by the next random selection from the original institutional list of nursing assistants. Replacements were drawn until there were 10 Nursing Assistants selected from each institution. In two institutions, only seven and eight nursing assistants were interviewed because there were no more replacements available. There was a 22% refusal rate which was considered to be acceptable by the researchers.

The data were collected between August 1989 and March 1990. Thirteen female interviewers conducted face-to-face interviews in a private room either at the institution where nursing assistants were employed (63%), the respondent's home (32%) or at the Centre on Aging, University of Manitoba (4%). Interviews lasted an average of 90 minutes.

4.2 Measurement

4.2.1 Burnout - The Dependent Variable

The Maslach Burnout Inventory (MBI) (Maslach and Jackson, 1981) was used to measure burnout, the major dependent variable. The inventory consists of statements of job-related feelings. There are three subscales in the MBI: emotional exhaustion, depersonalization and personal accomplishment each with two dimensions - frequency and

intensity. For each feeling the respondent indicates how often she has felt that way and how strong the feeling was when she has experienced it. Maslach and Jackson (1981) describe degree of burnout as high (top third of normal distribution), moderate (middle third) or low (lower third) (Table 1). Burnout is considered to be high if feelings of Emotional Exhaustion and Depersonalization are frequent and strong (i.e., high scores on sub-scales) and feelings of Personal Accomplishment are infrequent and weak (i.e., high scores on sub-scales due to reverse coding). Overall, a high degree of burnout would be indicated by high scores on each the six subscales.

The scale was developed and validated on both samples of males and females. In the original study (Chappell and Novak 1992), the order of the original items of the MBI was changed, and wording of some items was slightly modified (i.e., "recipients" in the original inventory was changed to "the people I care for" on some items).

Maslach and Jackson (1981) indicated that the analysis of the MBI use the three subscales separately, and that the items should not be combined into an overall score. Maslach and Jackson (1981) identified three items which assessed the frequency and intensity of feelings of involvement with the people the nursing assistants cared for: feeling similar to them; feeling personally involved with their problems; and feeling uncomfortable about their treatment of them. They

reported that while these items could not meet specifications of a sub-scale, they were no less interesting. Chappell and Novak (1992) included these items as part of the burnout measure. Second, Chappell and Novak (1992) combined the subscales and the involvement factor into two single MBI scales with 28 items each having, frequency and intensity (Table 2).

In the present study, before factor analysis could be performed, the data were prepared. There were a high number of missing values for some items of the MBI because in the original study, if the respondent indicated that a feeling never occurred, then the intensity of the feeling was coded as a missing value. To rectify this situation, missing values on intensity items were recoded to a value of zero for each intensity variable. This is consistent with the administration and scoring instructions developed by Maslach and Jackson (1981). Several items were reverse coded so that high scores represented high frequency and intensity of burnout. Cases which had missing values on both intensity and frequency were eliminated.

Factor analysis was performed on each set of 28 items which comprised the frequency and the intensity of burnout in order to determine whether or not burnout was comprised of the separate components of emotional exhaustion, depersonalization and personal accomplishment described by Maslach and Jackson (1981). First, the correlation matrix

was examined for coefficients greater than or equal to .30. Factors with eigenvalues greater than one were considered as factors. Principal axis factoring was used to determine how many common factors exist which described the data. To identify which factors were meaningful and to simplify their interpretation, varimax method with orthogonal rotation was used. This method attempts to minimize the number of variables that have high loadings on a factor (Norusis 1990: B138). If variables loaded highly on only one factor they were considered to be the variables which represent the underlying dimension represented by the factor. The variables which loaded on each factor were compared to the variables that Maslach and Jackson (1981) identified as comprising their subscales (Table 2).

4.2.1.1 Frequency of Burnout

The factor analysis of the 28 frequency items (N=227) produced three factors with eigenvalues greater than one, together accounting for 40.3% of the variance (see Table 3 for item factor loadings). In this analysis, the same nine items as described by Maslach and Jackson's (1981) "emotional exhaustion" factor comprised the first factor. The frequency of feelings of emotional exhaustion include: feeling emotionally drained; feeling used up; feeling fatigued in the morning; feeling that working with people all day is a strain; feeling burned out; feeling frustrated;

feeling one is working too hard; feeling that working with people is too much stress; and feeling at the end of one's rope.

Five items comprised the second factor corresponding to frequency of feelings of "depersonalization" (Maslach and Jackson 1981). The items were: feeling one is treating residents as objects; feeling more callous towards people; feeling that the job is hardening one emotionally; not caring what happens to residents; and feeling blamed by residents. In this sample an involvement item: "feeling uncomfortable about one's treatment of residents" also loaded.

Maslach and Jackson (1981) found that eight items loaded highly on the factor that comprised the third subscale - frequency of feelings of "personal accomplishment." Five items had high factor loadings on the third factor in this sample: feeling energetic; feeling able to create a relaxed atmosphere with residents; feeling exhilarated after working with residents; feelings of accomplishment; dealing with emotional problems calmly. The three remaining personal accomplishment items identified by Maslach and Jackson (1981) loaded quite highly on the fourth factor and were the only items highly loaded on that factor. These three items were: understanding how residents feel; dealing effectively with their problems; positively influencing other people's lives.

4.2.1.2 Intensity of Burnout

The factor analysis of the 28 intensity items (N=227) produced three factors with eigenvalues greater than one, together accounting for 35% of the variance. The first factor accounted for 21.5% of the total variation (see Table 3 for item factor loadings). These three factors are similar to the items comprising the subscales described by Maslach and Jackson (1981).

Ten items comprised the first factor in this sample. The first nine comprise what Maslach and Jackson (1981) called intensity of "emotional exhaustion": feeling emotionally drained; feeling used up; feeling fatigued in the morning; feeling that working with people all day is a strain; feeling burned out; feeling frustrated; feeling one is working too hard; feeling that working with people is too much stress; and feeling at the end of one's rope. The last item: "I worry that this job is hardening me emotionally" was not part of this scale for Maslach and Jackson (1981).

Six items comprised the second factor in this sample. The items Maslach and Jackson (1981) described as intensity of "depersonalization" included the first five: feeling one is treating residents as objects; feeling more callous toward people; feeling the job is hardening one emotionally; not caring what happens to residents; and feeling blamed by residents.

Four items comprised the third intensity factor in this

sample: feeling energetic; feeling able to create a relaxed atmosphere with residents; feeling exhilarated after working with residents; and feeling one accomplished worthwhile things. These four items were part of the personal accomplishment intensity scale (Maslach and Jackson 1981).

Some items had high loadings on two of the three factors which shows overlap between the factors and makes it difficult to differentiate between them. Such was the case for the factors Emotional Exhaustion-Intensity and Depersonalization-Intensity which have two common variables: feeling at the end of one's rope, and feeling the job is hardening one emotionally. The item was included in the factor for which its loading was higher and excluded from the other. That is, "feeling at the end of one's rope" is an Emotional Exhaustion intensity item, and "feeling the job is hardening one emotionally" is a Depersonalization intensity item.

The findings of the factor analysis suggest that Burnout is multidimensional. The items which comprise the first factor most closely resemble those identified by Maslach and Jackson (1981) as "Emotional Exhaustion." The second and third factor appear to be conceptually similar to "Depersonalization" and "Personal Accomplishment" as described by Maslach and Jackson (1981). The consistencies in the items found by Maslach and Jackson (1981) between the two dimensions (frequency and intensity) of the subscales

were not found in these analyses. Therefore the analysis of burnout in the present study used a sub-scale analysis each with two dimensions, frequency and intensity. The factors that were identified through factor analysis with the particular sample were included in the corresponding subscales. This produced six dependent variables. Because of the conceptual similarities to the three subscales by Maslach and Jackson (1981), they were also referred to as Emotional Exhaustion, Depersonalization and Personal Accomplishment¹.

The frequency distributions of the six dependent variables were examined. Both the frequency and intensity of Depersonalization scales were truncated to include 95% of the sample within two standard deviations of the mean for the sample. The six scales had good reliabilities with Cronbach's Alpha ranging from .64 to .90 (Table 4).

4.2.2 Independent Variables

Five groups of independent variables were included in the analysis: Economic Dimensions; Paid Work Dimensions; Participation in Decision Making; Unpaid Work Dimensions; and Paid/Unpaid Work Interference (Table 5). Several scales were also created (Table 6).

¹The Personal Accomplishment scale items were reverse coded so that a low score represents low personal accomplishment.

4.2.2.1 Economic Dimensions

The importance of examining the influence of societal factors on health has been discussed in the theoretical sections of this thesis. Women's social power is reflected in the context within which women's work (paid and unpaid) exists in this society. This affects their opportunities, income, and power within the household. Some research suggests that low socioeconomic status may be responsible, in part, for health (Karasek 1979; Haynes and Feinleib 1980; Parry and Warr 1980), however these studies did not focus on women. According to theorists such as Waitzkin (1983), it is necessary to recognize the impact of social power on health. I also look at the relationship between economic dependence and burnout. Yeandle (1984) has suggested that the importance of the female wage to the household may be related to patriarchal power.

Questions were asked concerning the economic situation of the nursing assistants. Personal income, household income, a subjective measure of the importance of economic elements of their paid work, and a computed measure of economic dependence were used. Economic dependence was defined as the relative contribution that these nursing assistants earn relative to the total household income. An Economic Rewards/Motivations scale was constructed adding three measures of perceived economic rewards/motivations ($\alpha=.63$). The items were: how often is it true that the

pay is high?; how often is it true that my job is secure?; and how often is it true that the fringe benefits are generous?. These items are derived from a measure of workers' reports of rewards and motivations constructed by House (1980), called "extrinsic rewards."

4.2.2.2 Paid Work Dimensions

Three elements of paid work discussed in the literature review were included in the analyses. They were: work schedule, standard or non-standard work and workload. Respondents were asked which shift best described their present work schedule. Another indicator of their paid work was whether their work was standard work (i.e., full-time), or non-standard work which included part-time or casual work. The Workload Scale was comprised of three items developed by House (1980). The measures added together were: how often the job requires the respondent to work very fast, how often the job requires the respondent to work very hard and how often their job leaves them with little time to get everything done. This scale had good reliability ($\alpha = .78$).

4.2.2.3 Participation in Decision-Making

Control over work is defined by those elements in the organization of paid work which restrict the control workers have over their tasks and conduct during their working day.

This measure determines one's participation in decision-making, freedom to control how work is done, and autonomy over workload. This concept is further defined by two principles. First, participation in decision-making represents the ability to influence policy, supervisors or other things affecting the worker. Second, workload represents the degree to which a worker feels time pressure, or is required to work hard or fast. As discussed, this is considered to be an important factor in worker satisfaction and health.

4.2.2.4 Unpaid Work Dimensions

Studies on the relationship between multiple role demands and mental health have been inconclusive. Research on informal care of elderly parents suggests that this type of work can involve significant strains on emotions and personal free time (Brody 1985; Horowitz 1985). Research on the effects of housework and childcare has produced less consistent results (Cleary and Mechanic 1983; Horowitz 1982; Pearlin 1975; Radloff 1975; Rosenfield 1980). Some suggest that excessive demands placed on women's time and attention (Verbrugge 1985), resulting because of household workload (Haw 1982), number of children (Haw 1982; Haynes and Feinleib 1980), ages of children (Warr and Parry 1980), and marital status (Haynes and Feinleib 1980) are important factors in women's health.

Several questions concerning the nature of unpaid work were available. The relationship between marital status, household size, number of children, and other dependents in household were examined as predictors of burnout.

4.2.2.5 Paid/Unpaid Work Interference

Research on the relationship between the two, often overlapping, areas of women's work has been inconsistent. The findings suggest that while some women benefit from paid work and other roles (i.e., marriage, childcare, home management) (Verbrugge 1985), certain background variables specify populations for which the combination may be unhealthy (e.g., families of lower socioeconomic status) because demands are great and control over their work is low (Haynes and Feinleib 1980; Karasek 1979; Warr and Parry 1980). Specific factors affect the nature of the relationship between these connected roles (i.e., maternal social supports, nature and amount of domestic work, nature and amount of paid employment) (Haw 1982; Lennon 1987; Verbrugge 1985). Gardiner (1976) has discussed the limitations that women's primary responsibility for domestic labour has placed on women's opportunities and involvement in paid employment. Brown (1987) suggests that changes in women's involvement in paid employment have occurred in such a way that it maintains women's inferior position. For example, they receive lower wages and inadequate childcare

support. The constraints and opportunities experienced in paid work and domestic work do not operate in isolation, rather they overlap and affect each other.

Several questions measured the interference or overlap between paid and unpaid work as it was conceptualized. They were summed to create the Paid/Unpaid Work Interference Scale ($\alpha=.67$). The questions were: how often are you bothered by feeling your job tends to interfere with your family life; how often are you bothered by feeling your personal life tends to interfere with your job; how often do work and child care activities interfere with one another; how often does being married and working interfere with one another; and do paid work and housework interfere with one another.

4.3 Analysis Plan and Research Model

The analyses were conducted using data collected as part of the Nursing Assistant Stress Study described previously. While the original study sampled both women and men, only the subsample of women were part of this study. The decision to restrict the analyses to this subgroup was informed by a feminist-materialist perspective, the fact that this occupation is occupied by predominantly women, and other issues discussed in earlier chapters.

Once the independent and dependent variable scales were constructed, the blocks of variables which would be entered

into the regression procedure were identified. First univariate and bivariate analyses were used within each group of variables to provide a description of the socio-demographic, paid and unpaid work characteristics, and frequencies and intensities of emotional exhaustion, depersonalization, and personal accomplishment. Then, multivariate analysis, specifically multiple regression analyses, was utilized to test the proposed model. The research model (Figure 1) shows the variables that were part of the regression analyses and the relationships that were examined. A description of the methods used in performing the multiple regression analyses and the findings are provided in the following chapter.

CHAPTER 5

FINDINGS

Several research questions guided this study, among them:

- (1) What are nursing assistants in this sample like in terms of socio-demographic characteristics?
- (2) What economic factors, paid work characteristics elements of participation in decision making, and unpaid work characteristics are significant predictors of burnout?
- (3) Which variables explain the most about women's experiences of burnout?
- (4) Which socio-demographic, paid work, unpaid work, and participation in decision making variables increase the frequency and/or intensity of burnout?
- (5) Are there any consistencies between predictors of different dimensions of burnout?

This chapter will present the characteristics of the sample, describe the context of nursing assistants' paid work, examine the extent of economic dependence they experience, and their perceived economic rewards. Also, the characteristics of their work as nursing assistants, their domestic labour situation will be described. The relationship between their paid and unpaid work in terms of their involvement in paid work, and the interference they may experience between these facets of their working life

are explored. To answer the question: "Are nursing assistants burned out?" the data on the frequency and intensity of emotional exhaustion, depersonalization, and personal accomplishment are presented. Additional details about the multivariate analyses are described, followed by a presentation of the findings of these analyses. Chapters 6 and 7 will discuss these findings.

5.1 Sample Characteristics

Ninety-two percent of all the nursing assistants interviewed in the Nursing Assistant Stress Study (Chappell and Novak 1992) were women. It was these women who were part of this study (N=227). In addition to the descriptive information provided by the independent variables themselves (see Table 5 and Table 6), selected socio-demographic characteristics of the sample are provided (Table 7). The age of nursing assistants sample ranged from 17 to 63, with the average being 39 years, and 63% were between 28 and 50 (± 1 S.D.). The majority of the sample was married (64%). Seventy-one percent of all nursing assistants participating had children and 59% lived with their children. The average household size was three (minimum = 1, maximum = 9), with only 13 percent of nursing assistants who lived alone and 46% with three or more others. Few of them (23%) had other dependents. The average number of years of education was eleven. In summary, the group of nursing assistants in this

study is relatively homogeneous.

5.2 Unpaid Work

Previously, some socio-demographic characteristics of nursing assistants were discussed. The following descriptive analysis provides data regarding the nature of nursing assistants' unpaid work. A direct measure of household workload was not available. Household composition including children and other dependents, and marital status were used as indicators of the demands of unpaid work. These were suggested by previous literature, as discussed in chapter 3. Relationships between these variables and burnout are examined in the regression analysis.

5.2.1 The Relationship between Household Composition and Marital Status

The data for household composition and marital status are presented in Tables 8A and 8B. What is evident is married nursing assistants lived in larger households than other women. Those who were divorced or separated were most likely to live alone. Ten percent of the nursing assistants studied were single mothers living with their children. More of the women in the sample did not live with children (41%), however 76% of all married women did live with at least one, but most commonly two children.

Compared to other nursing assistants, those who were married were most likely to have other dependents living with them; 75% of all those with other dependents were married. Table 8C compares the situation by marital status. This suggests that these women had additional demands placed on them. It also reconfirms that it is important to examine this as part of the caregiving women do.

Previous research indicates that emotional strains are most often related to eldercare (Brody 1985). Twenty-three percent of the nursing assistants studied had dependents other than children. In total, only 13% of these women lived with at least one parent. Among those women who said they lived with other dependents, 30% lived with parents. This suggests that not all those living with parents, said they lived with other dependents. Women living with their parents ranged from 17 to 56 years of age (mean age = 31). Twenty percent of all nursing assistants lived with both their parent(s) and at least one child. This does not necessarily mean that parents were dependents, or that they received care. Indeed it may be the case, especially of those women who are young, single, or divorced or separated, that the parents helped in the care of younger children and supported the women studied. This question cannot be answered here, and would require more in-depth understanding of the nature of intergenerational relationships.

5.3 The Context of Women's Work

5.3.1 Occupational Segregation and Income

The original study confirmed that the job of nursing assistant is occupationally segregated. As previously mentioned, 92% of the sample of nursing assistants in the original study were women. As an occupation dominated by women, the oft described characteristics of segregated work were again found for this group. Almost half of the women worked part-time or casual (33% and 11% respectively). Overall, nursing assistants' wages were low with the average personal income between \$1000 - \$1249 per month. The average was \$1250 - \$1499 for those working full-time and \$750 - \$999 for part-time or casual workers. Fifteen percent were working at some other job in addition to their work as a nursing assistant. The average household income was between \$2000 - \$2249 per month. As already reported, most households had three members (54%). Forty-two percent of nursing assistants lived with spouses who were unemployed.

These results suggest that overall these nursing assistants earned low wages and their household income was on average between \$24,000 and \$27,000 per year. For some of them, this was combined with having to work another job and having a husband who was not working. According to the National Council of Welfare (1990), someone who is "poor" has a family income which is below the Statistics Canada

"low-income cutoff" (i.e., the poverty line). The low income cutoff in 1987 was \$19,000, based on a population of area of residence of 500,000 and a household size of three (National Council of Welfare 1990:132). While based on these cutoffs, these women lived above the poverty line in Canada, their own assessments of their income as low and their situation as described above is meaningful in terms of their real living situation. In combination with the fact that most also have little education and support children, these women are facing considerable economic pressure. Overall, the socio-economic situation of this group of women is not encouraging.

5.3.2 Economic Dependence

Gardiner (1976) suggests that women engaged solely in unpaid labour share a common class position based on their economic dependence. This notion was expanded in this research to allow for degrees of economic dependence since the women in this study worked for wages. This measure was an indicator of relative economic power. Most nursing assistants relied primarily on their own income. Fifty-six percent of nursing assistants contributed equally or more than other household members to household income. They contributed, on average, 60.5% of total household income. This is especially revealing since the majority of them were married (64%) and only 13% of these women lived alone. For

those who were married, this is consequential in light of Yeandle's (1984) theory that the more important a woman's wage is to the household income, the more power she has within the patriarchal household. However, since contribution to household income does not necessarily mean more control over spending decisions, and because information about household expenditures was not available in this data, this measure of social power is limited.

5.4 Perceived Economic Rewards

In addition to personal and household income of nursing assistants, subjective assessments of income were examined. Overall, nursing assistants perceived the economic rewards of their job (i.e., their pay, job security, fringe benefits) to be quite low (Mean = 5.09, Minimum = 0, Maximum = 9). A majority of the women felt their pay was not high (56%), and that their fringe benefits were not generous (53%); yet 72% felt their job was secure. The relative importance of each of these areas to her economic satisfaction is not known.

5.5 Characteristics of Nursing Assistant Work

5.5.1 Participation in Decision-Making and Workload

In earlier chapters, the theoretical and empirical importance of control over work was discussed. This study found that the work environment of nursing assistants

allowed for some control over day-to-day decision-making concerning their work, good communication with supervisors, and satisfactory influence over supervisors' decisions. Ninety-two percent of nursing assistants felt they were often or always able to influence a supervisor's decisions and actions. Their ability to influence other things affecting them was also quite high; only 23% felt they did not have a good deal of influence over things affecting them or their jobs. There was more variation in feeling that they had the freedom to decide how to do their jobs. Thirty-nine percent felt this was not true, 30% felt it was sometimes true, and 31% felt it was very true.

With respect to their influence over broader issues such as policy and workload, their control was perceived to be limited. Sixty-nine percent felt they did not have influence over nursing home policy. Workload was perceived as moderate to high (Mean = 8.12, Minimum = 0, Maximum = 15).

This supports Marx's depiction of workers in capitalist society as having little or no formal control over their work. The inherent conflict between wage-labour and capital could not be adequately assessed, but was not apparent using relations between nursing assistants and supervisors as an indicator. Looking at the organization of work, this may be due in part to the nature of these health care organizations, where public ownership prevents the

profiteering of owners. Also, staffing in Personal Care Homes in Winnipeg is characterized by limited hierarchy (i.e., fewer doctors, B.N.'s and R.N.'s and more L.P.N.'s, orderlies and nursing assistants). There was an average number of two other health care staff working with nursing assistants (Minimum = 0, Maximum = 9). They also worked with an average of two other nursing assistants (Minimum = 0, Maximum = 10). Other research has concluded that working in a less hierarchical organization with staff occupying similar occupational status allows for more control over activities (Lowe and Northcott 1986; Shoham-Yakubovich et al. 1989). Feelings of restricted autonomy often felt by nurses in other health care settings, in which physicians and other health care professionals dominate, did not exist with this group.

These findings suggest that the structure of work and the style of supervision were related to feelings of more control over immediate performance and evaluation of work, and of less control over broader issues of policy and workload. It was not possible to assess how important influence was, or what expectations existed regarding nursing assistants' influence over these broader areas of work. Nevertheless, theory and research has generally demonstrated that influence over the work environment is objectively important for the well-being of all workers.

5.6 The Relationship between Paid and Unpaid Work

5.6.1 Domestic Labour and Involvement in Employment

There was limited support for Gardiner's (1976) and Brown's (1987) position that women's employment is affected by their responsibility for domestic labour. Their involvement was most likely full-time, regardless of the number of children they had (see Table 9).

Notwithstanding these findings, it is important to examine further the impact of organizational policies such as flexible work schedules, job sharing, and economic demands on the involvement of women in employment. Whether or not working full-time or part-time, and shift work were functions of the organization of employment, family decision-making, or individual choice, was not examined in this study. Nursing assistants worked primarily day shift (45%) and evening shift (30%), with only 15% working night shift and 9% working rotating and other shifts. Women's flexibility in terms of work shift may have been the result of seniority, marital status, and whether or not they had children and other dependents.

5.6.2 Employment/Unpaid Work Interference

Overall, nursing assistants experienced low to moderate interference between their employment and a measure of their childcare activities, marriage, housework, family, and personal lives (Mean=7.34, Minimum = 3, Maximum = 19).

Women provide for their own needs [and I would add family needs, in some cases] through their paid work because there are no other alternatives (Armstrong and Armstrong 1986:223). The low to moderate level of perceived interference suggests that these women are dealing with the contradictions inherent in their position as mothers, wives and wage labourers. Alternatively, this finding points to the difficulty associated with measuring alienation. It is possible that the objective conditions experienced by these nursing assistants are simply not apprehended as alienating. The reasons for nursing assistants not reporting interference in their paid and unpaid work lives may relate to, among other things, their assessments of relative versus absolute demands in paid or domestic work, or the important ways in which culture and experience modify their interpretation of workload. Whatever the reasons for the patterns noted in this study, without further research, it seems likely that these findings would not necessarily lead to imminent change among this group. As Armstrong and Armstrong (1986:212) put it:

More importantly, the seeds of pessimism are sown above all by failure, and an aspect of any successful working-class struggle to create itself is that it must become conscious of itself - a development which entails taking into account its own contradictions. Ignorance is not bliss, at least not for long.

5.7 The Maslach Burnout Inventory

The scores on the frequency and intensity of the three factors of burnout Emotional Exhaustion, Depersonalization, and Personal Accomplishment were described for this sample of nursing assistants using the categorizations suggested by Maslach and Jackson (1981). As a group, these nursing assistants experienced moderately frequent, and moderately intense feelings of emotional exhaustion, depersonalization and personal accomplishment (Table 10).

5.8 Summary of Descriptive Data

This research provided some valuable information about female nursing assistants working in Winnipeg, Manitoba. Their working lives encompassed many facets described by other research. In general, these women tended to be married and have husbands some of whom were unemployed, and others who worked at similarly low status and low paying jobs. They also usually had children who lived with them. Overall, their incomes and education were low. In terms of their work as nursing assistants, they had similar experiences. They had limited participation in decision making, and a heavy workload. There were some differences among them also. Some had other jobs, other dependents and some were single mothers. It was not known if or how their working lives compared to other women.

As already discussed, problems with measurement made it

difficult to describe the amount and type of unpaid work, and the control they had overall in their working lives. Conclusions about the interference between paid and unpaid work were made with caution. These problems will be addressed more extensively in relation to the limitations of the study as a whole.

Nursing assistants' experienced feelings of being emotionally exhausted and overextended, their responses and feelings towards clients as objects, and their feelings of personal accomplishment with moderate frequency and intensity.

While univariate and bivariate findings provided important descriptive information of the sample, in order to answer the questions of this research regarding the relationship between women's work and burnout, multivariate analysis was required.

5.9 Description of the Multivariate Analysis

Multiple regression was used to assess the relationship between each of the measures of burnout and groups of independent variables. A relatively large number of independent variables in relation to a sample size of 227, violates the 20:1 cases to variables ratio (the maximum number of variables for a sample this size would be 11). Therefore, separate regression analyses were conducted for each group of variables, using a step-wise method of

selection. This method involves entering the independent variables sequentially in order to determine the best set of predictors from the large number in the model. The predictor with the highest zero-order correlation with the dependent variable is entered first and subsequent variables are added in order of the size of the addition to the variance explained. Only an additive model was used in the regression.

First, the independent variables were examined to be sure they did not violate regression assumptions. Frequency distributions of each of the variables were examined to determine if they were normally distributed. In order to include categorical variables in the regression analysis, dummy variables were created. Work schedule was recoded to a variable representing whether or not the respondent worked full-time. Work shift was recoded to a variable representing whether the respondent worked primarily day shift or not.

The following method was used for each of the six dependent variables. Changes to standardized regression coefficients, F-values, and changes in the significance of F in the regression step were used to identify collinear variables. When independent variables are highly correlated with each other, the reliability of the regression results are weakened. In order to resolve this, where collinearity was indicated, separate regressions were re-run for the

group of variables each including only one of the variables (i.e., one of the collinear variables was dropped). This process was repeated until there was no collinearity left. Then, the best of the models (i.e., the one explaining the greatest amount of variance in the dependent variable) was used to identify the significant independent variables in that group. Again, collinearity was corrected, significant variables from all groups of independent variables were identified, and finally these independent variables were entered into the final regression models (Table 11).

5.10 Findings of the Multivariate Analysis

These analyses show the proposed model had good explanatory power for emotional exhaustion, but explained little about depersonalization and personal accomplishment. The best causal model explained 34% of the variation in how often emotional exhaustion was felt. This was compared to only 2% of the variation in the frequency of feelings of personal accomplishment explained by all the causal variables in the model. First, results of final regressions for each component of burnout are discussed in detail, identifying the significant variables and the total explanatory power of the model. A discussion of the consistencies among predictors of different factors follows.

5.10.1 Emotional Exhaustion

When the final regression was performed, nursing assistants with greater workload, those who experienced more interference between their paid and unpaid work, and those who perceived fewer economic rewards from their work were more likely to feel emotionally exhausted more frequently and more intensely (Tables 11A and 11B). Fully 34% of the variation in frequency of emotional exhaustion and 29% of the variation in intensity of emotional exhaustion were explained by these three variables. Both models were significant ($p < .0000$).

Workload was the best predictor of both how often and how strongly emotional exhaustion was felt. It was not surprising to find that working too hard, too fast and under time pressure was the best predictor of feeling tired, drained, used up and burned out and accounted for almost all of the variation in emotional exhaustion. Empirically, the finding that workload was related to increased stress supports findings by Hawkins et al. (1982) that more autonomy over their workload was associated with lower perceived stress among nurses, but contradicts their finding that day-to-day control is important.

Economic rewards/motivations was also a significant predictor of emotional exhaustion. Nursing assistants who felt that their job held fewer economic rewards, reported feeling "drained, used up, fatigued, strained, burned out,

frustrated, and at the end of their rope" more frequently (Beta = $-.18$) and intensely (Beta = $-.17$).

The variables measuring Participation in Decision-making were not important predictors of emotional exhaustion in the multivariate model, despite significant but small linear relationships between individual variables in this group and emotional exhaustion. These variables measured influence rather than control as measured by workload. Given the finding that workload was an important predictor, this finding highlights the difference between control over aspects of one's work, and influence over decisions regarding one's work. It also suggests the importance of **control** over one's work, as compared to **influence** over decisions about work, to emotional exhaustion. None of the characteristics of unpaid work such as marital status, household size, number of children and other dependents were related to emotional exhaustion. These findings support other empirical research (Haw 1982; Haynes and Feinleib 1980; Karasek 1979; Lennon 1987; Verbrugge 1985; Warr and Parry 1980) which has shown that women's responsibilities at home and in employment do not necessarily produce direct and negative results for their health, unless they are found in certain combinations (i.e., low socioeconomic status, lack of maternal social supports, nature and amount of domestic work, and nature and amount of paid employment).

5.10.2 Depersonalization

In the final regression for frequency and intensity of depersonalization, certain characteristics of paid work and Participation in Decision-making were significant (Tables 11C and 11D). Workload was positively related to both the frequency and intensity of depersonalization (Beta = .24 for frequency and Beta = .18 for intensity). This variable was the best predictor of frequency of depersonalization explaining 8% of the total variation. It accounted for 3% of the variation in intensity.

"Feeling able to influence supervisors' decisions affecting them" explained 4% of the total variation in frequency of depersonalization and 8% of the total variation in intensity of depersonalization. In both cases, the relationship was negative and quite weak (Beta = -.22).

Workload and ability to influence supervisors' decisions were the only significant variables accounting for a total of only 12% of the variation in the frequency of depersonalization.

In the final regression, the best model explained 15% of the variation in intensity of depersonalization. In addition to workload (8% of total variation) and "feeling able to influence supervisors' decisions," (3% of total variation), there were two other significant predictors of the intensity of depersonalization. Working full-time and "feeling that one could influence things that affected them"

each explained another 2% of the total variation. Economic dimensions, characteristics of unpaid work, and paid/unpaid work interference were not significant in explaining either how often or how strongly nursing assistants experienced depersonalization. Overall, very little variation in either frequency or intensity of depersonalization was explained by the model. It is not surprising that only paid work characteristics were significant predictors, since depersonalization, by definition, is restricted to the relationship between nursing assistants and the personal care home residents they care for.

5.10.3 Personal Accomplishment

Very little of the total variation in how often and how strongly nursing assistants had feelings of low personal accomplishment was explained by the variables in this regression model; only 2% of frequency and 5% of intensity was explained (Tables 11E and 11F). The only significant predictor of how often they had feelings of low personal accomplishment was "feeling able to influence supervisors' decisions." The more they felt able to influence supervisors', the more frequently they felt personal accomplishment ($\text{Beta} = .15$). The interference between their paid and unpaid work was the only significant predictor of how strongly their feelings were. Those experiencing more interference had less intense feelings of personal

accomplishment (Beta = $-.22$). Overall, the independent variables included in the model explained virtually nothing about feeling energetic, being exhilarated and feeling accomplished in their work and creating a relaxed atmosphere for the people they worked for.

5.11 Summary of Multivariate Analysis

The most influential predictors of burnout among nursing assistants were characteristics of paid work. Specifically, workload accounted for the most variation in frequency and intensity of emotional exhaustion (25% and 21% respectively), and 24% of the total variation in frequency of depersonalization. It was second best predictor of intensity of depersonalization explaining 3% of the total. In all cases the relationship was positive and the correlation coefficient ranged from $.18$ to $.38$).

The ability to influence supervisors' decisions was the best predictor of intensity of depersonalization (8%). It was also significantly predicted frequency of depersonalization (4%). It was the only predictor of frequency of personal accomplishment explaining only 2%. In each case the direction of the relationship was negative but the amount explained and the strength of the relationship was weak (ranging from $-.15$ to $-.22$).

Another common predictor of burnout was paid/unpaid work interference. Six percent of the variation of

frequency of feelings of emotional exhaustion was explained and 5% of intensity of emotional exhaustion. In both cases greater interference indicated more burnout. However, the strength of the relationships was weak (Beta = .26 and .23 respectively). Interference was the only significant predictor of intensity of personal accomplishment and explained only (5%) with Beta equal to $-.22$.

Economic rewards and motivations was a predictor of both frequency and intensity of emotional exhaustion and explained 3% for both. The strength and direction of the relationships were also close with Beta equal to $-.18$ and $-.17$ respectively.

Overall, the model left a considerable amount of unexplained variation in depersonalization and personal accomplishment. This was attributed to several problems with the regression model itself. Most importantly, as already stated, many relevant variables which were not measured and therefore not available, were not included in the model. In all cases, the strength of the relationships was moderate to weak.

When looking at all of the factors included in the regression model, unpaid work dimensions did not contribute to these women's experiences of burnout. There are several possible explanations for this finding. First, it may be that the relative importance of being married, having children and other dependents, size of household are not

significant to burnout compared to other factors related directly to paid work. Second, there may be a relationship between unpaid work and burnout, but the measures of unpaid work which were used did not include those important predictive dimensions. Third, the burnout measure used (i.e., The Maslach Burnout Inventory) was constructed and validated with reference to paid work only and with samples of both women and men, and it may not be an appropriate measure of well-being, taking into account the unpaid work experiences of women (i.e., it is a measure of well-being related to paid work). In future research, it will be important to construct and employ better measures of workload and control over work with respect to unpaid work.

A significant predictor of burnout was paid/unpaid work interference. This finding is supported empirically by research which indicates the impact of caregiving on free time especially for women who have competing demands (Brody 1981; Horowitz 1982). The strain experienced by women who are also employed is consistent with findings by Haw (1982). While previous research suggests that women who both work outside the home and are married are the healthiest (Verbrugge 1985), certain conditions of paid and unpaid work have been described as not healthy (Haynes and Feinleib 1980).

Overall, there were problems in the model which accounted for the findings which have been discussed.

Problems with the methodology used in this research may have also contributed to the results; these issues are examined in the final discussion.

CHAPTER 6

STRENGTHS AND LIMITATIONS OF THE RESEARCH

This discussion will begin with some reflections about the strengths and limitations of the research conducted. To begin, the issue of relevance and importance of this topic will be discussed. The following critique will address questions with regard to the adequacy of the study design and methodology, the appropriateness of the measures, and the link between the theory and methodology used.

6.1 Relevance and Importance

Certain assumptions about women's unpaid work guided this research. The organization of work and the broader social context within which it exists affects the nature of unpaid work, just as it affects the nature of paid work. Domestic work is characterized by many common features of paid work: high demands, the absence of feedback, isolation, shiftwork, limited power to define work situation, and limited access to resources (Rosenberg 1987).

This inquiry was conducted with the understanding that women's wage and domestic labour is determined by economic and familial needs, and labour requirements of employers

within a context of capitalist accumulation and patriarchal culture. This thesis attempted to include both women's experience of work in their everyday lives. This experience is structured by conditions of their paid work and conditions of their domestic labour. Acknowledging and examining the overlap and contradictions between women's waged and domestic labour is important to this end. The works of Petchesky (1979), Brown (1987), and Armstrong and Armstrong (1986) were particularly helpful in understanding that women's work encompasses both paid and unpaid work and that its exploitation occurs in the context of capitalism and patriarchy. Whether this study was successful to this end will be addressed in the final chapter.

Certainly the issues explored in this thesis are relevant to women. As discussed previously, one reason for choosing this research area was because of a particular interest in the occupation of nursing assistants, because it is one dominated by women, and is characterized by relatively high demand but low status in the health care system.

6.2 Quantitative Research and Feminism

The research conducted used quantitative methodology. Feminist researchers have both criticized and praised quantitative methodologies. These perspectives are discussed in the context of the present study.

This research process and analysis has been criticized because of its inconsistency with feminist values, however Jayaratne (1983) provides some evidence that this methodology need not be totally abandoned. The criticisms are summarized as follows: quantitative research ignores or distorts issues of relevance to women; this research ignores social context and has no real impact on social problems; it is 'quick and dirty' research; quality standards are compromised; and the data do not allow for an understanding of the persons being studied because of its objectivity. The following discussion reveals areas where this research stands up to these criticisms, and where it does not.

6.3 The Use of Secondary Data

Several factors influenced the decision to use secondary data. First, in regards to paid work, this research concerned issues of importance to women as paid caregivers. It concentrated on women working in health care. The focus was on women who work in segregated and low-level occupations. The sample in the Nursing Assistant Stress Study was restricted to one particular occupation dominated by women. This was desirable given the large amount of other research on employed women which does not provide enough information about the nature of the particular work. Also, other research tends to oversimplify analyses to a comparison of the health of employed women and

women not working for wages. Second, with a substantially large sample size, variations in marital status, household characteristics, and children could be examined. This, however did not restrict the analysis to the association between women's health status and their relationship to the home and family. Also, in a large sample, differences along socio-economic dimensions could be described.

Another reason for using this particular secondary data was more practical. Since the decision to use the Maslach Burnout Inventory had already been made, it seemed practical at the time to use recently gathered data on burnout using this measure rather than interview another group of women. My original intent was to select and interview a group of nursing assistants and ask them about their experiences of burnout, their explanations of them, and the conditions of their paid and unpaid work. Time and resource constraints eliminated the possibility of re-interviewing the women in the Nursing Assistant Stress Study to ask more questions regarding their unpaid work. In particular, consent to re-contact respondents was not obtained in the original study, and at least three years had passed since the data was collected. These explanations notwithstanding, certainly a more in-depth understanding of all aspects of these women's experiences as paid and unpaid labourers would have been more likely if additional questions were asked. These limitations, including the fact that questions concerning

many areas of unpaid work that were of interest were not asked, suggest that interviewing with questions specifically designed to meet the objectives of this research may have resulted in better explanations of burnout. This also may have provided some further benefits to the women themselves and an opportunity to address issues of particular importance to them.

6.4 Operationalization of Variables

Since secondary data were used, decisions on measurement of concepts were already made. In that case, decisions were restricted to identifying which existing measures were valid indicators of concepts in this study.

It was not possible to examine many facets of unpaid work, such as control over unpaid work. Therefore, the resulting research unintentionally focused primarily on the **demands** of unpaid work. Demands of unpaid work were measured using indicators such as household size, number of children, marital status. The problem with these measures, here and in previous research, is that they presume the amount of work is consistently represented by these indicators, when in fact this is not necessarily true. For example, the workload for a women married with three children who assumes primary responsibility for all home and family work is substantially different from a comparable household where the division of labour is more equitably

divided or where additional home help is present. In future, demands of unpaid work should be measured using hours of work, amount and type of care provided. These measures have been developed in the research on informal caregiving.

Another problem was the measurement of the dependent variable, burnout. Kelman's definition of "experiential health" was drawn on to assess the implications of paid and unpaid work for nursing assistants' experience of health or illness. Unfortunately, the concept described by Kelman, and indeed "well-being" itself does not have a widely accepted empirical measure in quantitative research in particular. The decision to use "burnout" as a measure of well-being in this particular research was based on several considerations. "Burnout" has implications for the women themselves (as documented in other research) as well as for the people they care for. The concept and measure have been used largely in investigations of the work women do - work involving close personal contact with people in service and helping professions. Lastly, while burnout is quite popular and accepted in relation to women's work, there appeared to be a need to refocus discussions of its causes and solutions. Recommendations regarding future use of the Maslach Burnout Inventory in conjunction with an experiential definition of health are made in the final chapter.

6.5 The Link between Theory and Methodology

The research by Chappell and Novak (1992) used the cognitive appraisal model of stress developed by Lazarus (1966). Simply put, the model proposes that unpleasant feelings of stress are influenced by a person's subjective assessment of some external or internal event to which they are unable to adapt. In the Nursing Assistant Stress Study, the stressors of interest were patient behaviors and work tasks (Novak and Chappell 1991). The inquiry examined the relative importance of the conditions of work (or stressors) as compared to subjective evaluations of these conditions. However, Novak and Chappell's (1991) definition of a stressor was different from the definition used in this research. In the former, a stressor was defined as "environmental or internal events that tax or go beyond a person's adaptive ability" (Novak and Chappell 1991:2). In the current inquiry, however, the concept of alienation as used by Rinehart (1975) and Watson (1987) within a Marxist framework was drawn upon, to identify negative conditions of work for the sample in the Nursing Assistant Stress Study. This definition presupposes that reactions to, and not consciousness of, alienating conditions verify its existence. Therefore work characteristics which are, by Marx's definition, alienating were considered to be important variables. Included were measures of conditions which restrict control over one's activities: workload,

participation in decision-making, hours of work, organization of work (shift, full-time/part-time), and conditions which translate relationships with people into economic exchanges: economic rewards and motivations, economic dependency, and income.

Definitions of stress and stressor are translated into certain assumptions as to whether or not workers are conscious of the conditions of work that affect them. According to the materialist approach taken in this research, the conditions of work were of greatest importance in determining health. By contrast, according to the cognitive appraisal model the perceptions of the conditions as positive or negative are of primary importance. These differences translate into the proposed focus for change. The cognitive appraisal model implies changes in individual perceptions, while the materialist model indicates changes in the structure of work and society in general. While it was not the focus of their research, the original study made recommendations for structural changes, such as increasing nursing assistants' control over their time, and allowing them more participation in decisions regarding their work (Novak and Chappell 1991).

Theoretical differences between the original research and this research contributed to a recurrent problem in this research whereby measures of theoretically important concepts were not available. As discussed earlier, some

measures of unpaid work were simply unavailable in the data. The original research defined work as employment, and information about work performed outside of this realm was mostly descriptive. Also, the objectives of the study by Chappell and Novak (1992) did not focus on the conditions of unpaid work. This resulted in few measures of unpaid work which were of interest in the present research. In the Nursing Assistant Stress Study work was not conceptualized similarly to this research, and their objectives did not include understanding the nature of nursing assistants' unpaid work. If this had not been the case, then the full range of experience of paid and unpaid work (and the interference between these two spheres) would have made it possible to carry out an analysis consistent with the materialist-feminist perspective proposed earlier.

Another concern regarding methodology was the use of an experiential definition of health and a structured methodology. According to Kelman (1975:634), "experiential health is people's own conception of what it is to be healthy." In the study by Chappell and Novak (1992), the women neither described health in their own terms nor identified the important factors associated with their experiences of health or burnout. Accordingly, a truly experiential approach to health which would have made the empirical aspects of this research consistent with the theoretical perspective was impossible to carry through.

6.6 Areas for Future Research

The intent of this study was to investigate how selected aspects of women's work were related to burnout. One objective of this research was to emphasize that work does not equal employment (i.e., domestic work is integral to understanding "work"). This was a formidable task given the lack of previous empirical research of this type, and the inconsistencies in perspective between the present study and the original research.

Some critical issues which became apparent in theoretical discussions were not examined because the data was limited in certain areas, as previously discussed. These areas are presented here.

Social arrangements of welfare, education and employment provide the framework within which domestic relations operate. Therefore, domestic work is embedded in a specific social structure which affects the resources available and the control over these resources. The questions this context raises are as follows. What opportunities and constraints does domestic work bring to women? What defines the exchange of resources inside the household? How does the structure of power and dependency in the household affect the nature of relations with others in the household and outside the household; how does it influence the kind and number of persons available for interaction? What kinds and amount of support are available

to women in order to deal with the demands of motherhood, domestic work, caregiving?

Yeandle (1984) suggested that the increase in the importance of the female wage to the household weakens patriarchal power. However, the measure of economic dependence used in this study was problematic. In future, to assess women's control over economic resources the following areas should be analyzed: how are family income, and control over decisions regarding household expenditures distributed?

Issues that remain for further investigation in the area of women's paid work are: what is the nature of the control nursing assistants have over their work; what is the nature of their participation in workplace decision-making; and are there formal organizational structures which allow for, or promote, the involvement of workers? While it was possible to determine the extent of union membership (70% of nursing assistants were members), more information about the its effectiveness is crucial.

Some of the dimensions of unpaid work that would have been included were unavailable or limited in the original study. Most importantly, measures of control over work, and workload were unavailable. It may be the case that these measures need to be developed through exploratory studies on unpaid work. It was not possible to determine the relationship of other dependents, the amount and nature of

care provided, or whether or not nursing assistants were primary caregivers. This area of research on women, paid work, and eldercare is growing and will provide important new understandings of women's work. While the following questions could not be addressed in the present study, they remain important for future studies, as indicated by the literature: what were the implications of care of elderly family on these women's well-being and to what extent; how did control over unpaid work affect burnout; and how was unpaid workload related to burnout? In future, it would be important to include questions on women's unpaid work in research on women's work for a complete description of the work they do. More research is needed in this area to identify important characteristics of women's unpaid work (cf. Meg Luxton 1980).

The experience of paid/unpaid work interference could be further examined with questions regarding how their work as nursing assistants conflicted or complemented their work at home. For example, were there policies regarding sick leave, parental leave, flextime, childcare which would acknowledge the fact that these nursing assistants are mostly mothers? Alternatively, did husbands contribute to household and childcare work so that nursing assistants might adapt to, if not pursue, the challenges of their employment? The presence or absence of these conditions reveal the economic and social circumstances, and priorities

of society. These circumstances expose the amount and nature of control women have over their lives.

In conclusion, there are many areas that theoretical work, and empirical literature suggest are important for research on women, work, and burnout. Some of these were explored successfully in this study, some were explored but limited because of the methodology used, and still others areas remain for future research.

CHAPTER 7

DISCUSSION

The broad goal of the study was to understand how the capitalist and patriarchal organization of women's work and society at large is related to women's well-being. This goal was pursued by examining how features of paid and unpaid work of a group of female nursing assistants were related to burnout. Why is burnout a problem? Burnout is thought to be related to women's work lives, both in their homes and in their employment. The experiences of working women reflect capitalism and patriarchy.

It is generally accepted that the work that nursing assistants do in long-term care institutions comprises an important component of health care service. In addition to this service, nursing assistants make many other contributions: they stimulate the economy as consumers, they play a significant role in stabilizing the family, and they care for family members.

The results of this study show the discrepancies between the importance and demands of nursing assistants' paid and unpaid work, and the conditions of that work. Their wages were important to the household, since 42% of

them lived with unemployed husbands, making them the primary income earner, and 60% of them contributed more than half to the total household income. However, their wages were low - the average personal monthly income for full-time workers was only \$1250-\$1499. In addition, 15% of them also worked at some other job. These findings show that nursing assistants in this study worked out of necessity, not choice, and that they and their families are dependent upon their wages. Their powerlessness was reflected in their economic status.

While nursing assistants had opportunities to participate in decision-making, this was coupled with a moderate to heavy workload, less influence over policy issues, and limited economic rewards. It was somewhat surprising that while nursing assistants had control in some areas (influence over things affecting them, their supervisors' decisions and actions), they had limited influence over others. Specifically, their control over economic rewards, policy, and workload was restricted. Their lack of influence in these particular areas limits their ability to affect changes in these important areas.

The demands of the work nursing assistants perform in their domestic work are reflected in the following findings. Most of the nursing assistants were married (64%), and mothers (71%). Twenty-three percent of them had other dependents, and 10% were single mothers. Regardless of the

number of children they had, or their marital status, these women worked full-time more often than not. Given their economic situation, it would appear that economic necessity is at least one of the reasons for working full-time.

The conditions of nursing assistants' working lives are reflected in the interference they experienced between their employment and unpaid work. Nursing assistants experienced low to moderate interference between their employment and unpaid work. Given the workload, lack of economic rewards of their paid work, and the extent of demands associated with their unpaid work, more frequent feelings of interference were expected. Several explanations of these inconsistent findings are possible. First, the measurement of paid/unpaid work interference, as discussed in earlier chapters, while valid and useful, may not have measured the concept adequately. Second, the household division of labour, and personal characteristics may have reduced the amount of interference experienced. These factors were not considered in the original research on which this study was based.

It was expected that nursing assistants would experience a substantial amount of burnout. This was not the case. The results show that nursing assistants experienced only a moderate degree of burnout on all dimensions - emotional exhaustion, depersonalization, and personal accomplishment. However, while they may be only

moderately burnout, the findings suggest that some changes will assist in decreasing their experience.

Decreasing workload will produce benefits for nursing assistants' health, and improve the quality of care received by personal care home residents. Also, increasing the pay, benefits, and ensuring job security of nursing assistants will likely decrease feelings of emotional exhaustion among nursing assistants.

The results also suggest that some improvements in the relationships between nursing assistants and residents could be achieved by decreasing workload. Since nursing assistants felt a considerable amount of influence over supervisors' decisions, maintaining this relationship would also contribute to the quality of care. Not working full-time, and having more influence over things affecting them would also decrease the intensity of impersonal and unfeeling responses toward residents. However, changes which would give nursing assistants more influence are more realistic, given that nursing assistants appear to work full-time because of economic necessity.

Decreasing workload was consistently important to decreasing burnout however, there were differences in other predictors of emotional exhaustion and depersonalization. This finding supports Maslach and Jackson's (1981) suggestions that burnout is multi-dimensional, and that burnout should not be examined otherwise. It also suggests

differences between factors that were important to women's own well-being, and factors which create better outcomes for those receiving their care. While some policy changes, such as reducing workload may have wide ranging effects and are strongly suggested, in order to reduce nursing assistants' experience of emotional exhaustion, specific changes need to be considered. This finding also suggests that research in this area should concentrate on one particular dimension of burnout to advance our explanations of this phenomenon, and make specific recommendations.

While workload was the most important predictor of burnout, interference between paid and unpaid work also explained nursing assistants' feelings. The greater the interference, the more emotionally exhausted these women were. This suggests that examination of the overlap between paid and unpaid work is something that should be considered in future studies of women's health. Researchers should develop additional methods of measuring the interaction between women's paid and unpaid work.

The emotional exhaustion that nursing assistants experienced was also explained by their economic rewards and motivations. Fewer economic rewards (pay, fringe benefits, job security) were related to more frequent and intense emotional exhaustion. The relationship between economic situation and health has been explored from materialist, and political economy approaches (Eyer and Sterling 1977;

Waitzkin 1983). According to these approaches, economic circumstances are crucial to many aspects of health. In this study, objective measures of economic situation were included (i.e. personal and household income), however these were not significant predictors of burnout. A possible explanation for these discrepant findings is that there was little variation in the incomes of these women, who shared a relatively low socio-economic status. To produce more convincing evidence of the relationship between socio-economic status and burnout, it is recommended that future studies compare women who are less homogenous in terms of socio-economic status such as women who work in different occupations.

Looking at the results in terms of all of the predictors of burnout, relatively few of the variables contributed to explanations of the burnout nursing assistants experienced. Only six of the eighteen predictors were significant in any of the regression models examined: economic rewards and motivations, workload, paid/unpaid work interference, feeling able to influence supervisors' decisions, working full-time, and influence over things affecting them. Unpaid work and economic factors were expected to account for some of the burnout nursing assistants experienced, but they did not. A possible explanation of the lack of consistency between nursing assistants' objective conditions and their subjective

evaluation of burnout is that while their economic situation and conditions of their unpaid work may seem to be oppressive, they themselves do not perceive the conditions as negative.

It is important to comment on the large amount of variation in burnout that remained unexplained using the predictors in this study. The model explained the most about nursing assistants' feelings of emotional exhaustion (35% of the variation in its frequency and 29% of the variation in its intensity). Less was learned about what factors accounted for unfeeling and impersonal responses towards those receiving care. Little of the variation in feelings of personal accomplishment was explained by the independent variables measured in this study. This resulted because the primary focus of the study was to examine the outcomes for nursing assistants' own sense of well-being, and not the implications for quality of care (depersonalization), or their general work satisfaction (personal accomplishment).

The findings of this study support the need for changes at a social and organizational level. The working lives of nursing assistants in this study are probably typical of many working women in this society based on the socio-demographic and household data available (however, the generalizability of the findings are restricted). While, most nursing assistants were not found to be economically

dependent on their husbands, they were dependent on their own low wages. Marx's theory of power asserts that this dependence determines the exploitation of workers. The lack of power that women experience is also due to oppression in a patriarchal society which restricts their choices. Few opportunities exist for these women, most of whom are middle-aged, married and have children, whose education is limited, and whose household income is low. As a result, these women are 'ghettoized' in low paying and non-paying work (i.e., nursing assistant work and domestic labour). This is combined with limited support in the form of available and affordable assistance for women who maintain households and families.

There are several theoretical and methodological issues which need to be addressed with respect to the study. The first issue concerns the debate between qualitative and quantitative research. This debate, which is not resolved here, is raised because of the theory and methods used in this study. The research questions addressed in this study were guided by a socialist feminist perspective. The methodology applied was quantitative. While this methodological approach is a departure from the qualitative methodology usually associated with it, the empirical research conducted produced some meaningful results. This supports arguments presented earlier which favour the use of quantitative research methods to address questions of

interest to feminists (Jayaratne 1983). The debate between the value of qualitative and quantitative research should be set aside, and as Stanley and Wise (1984:18) argue, "[feminism] ... should remain open to, adopt, adapt, modify and use, interesting and useful ideas from any and every source."

In future research on how women experience burnout, it is recommended that the use of the Maslach Burnout Inventory be supplemented with additional questions such as: how would you define/describe your feelings of burnout?, and if you are having these feelings, what experiences in your life (including your work life which includes your employment and unpaid work) contribute to these feelings? This was not done in this study, for reasons already stated, but is suggested because it would add some valuable descriptive information about women's definitions of burnout to existing empirical measures of their experience using scales such as the Maslach Burnout Inventory. Employing these suggestions in future research would put into practice the approach underlying an experiential definition of health as defined by Kelman (1975). It does so by allowing individuals to define health and describe the implications for them in their own terms. This approach could also get at the objective conditions of their paid and unpaid work. In summary, the use of both qualitative and quantitative methodologies is seen as the most productive way to answer

questions about the implications of paid and unpaid work for women's well-being.

The second issue is raised in light of the limitations imposed on this study because certain theoretically important aspects of women's work were not measured in the data set chosen for analysis. It is generally accepted that a single research project does not usually answer all of the question it poses, and often it raises many other questions. This in itself does not limit its importance, or the contributions it provides. It also reminds the researcher that the production of knowledge, and that research itself, is a process. It also suggests the value of discussing what, in light of the findings, the research has answered, and what remains to be explored.

The theoretical questions posed in this study were broad in terms of examining the nature of women's work. A stated premise of this study was to conceptualize and research women's work as encompassing both paid and unpaid work. This approach was chosen both because it was consistent with the theoretical literature, and because it redressed a common problem with research on women's work which is the tendency to focus only on paid employment.

Research which focuses only on problems in employment often creates pressures to convert these into individual and private problems. This may create temporary and short-term solutions but the societal problems remain. For example,

research which examines the effects of women's employment on family life ignores the following issues: Do women have a choice whether or not to engage in paid work? Do men have a similar choice? The solutions that are implied reverberate on individuals, and not on the economy and social solutions and responsibility. My point is: working life is a fact of adult life in this society. There can be changes to the organization of work in society which maintain the health of its members, but this requires more research, and major social, economic and philosophic change. The nature of research in this area should not be dominated by a search for predictors which have limited relevance for the 'researched.' This study shows that answers to questions about women's health should be found by examining the interconnections between paid and unpaid work.

The assumptions that should underlie research are that individuals are unique, as are the causes of their health and illness, their explanations of them, and their actions regarding health. However, the social context of individuals, "the bigger picture," impacts on many individuals similarly, and in many cases it is designed to do so (i.e., capital exploitation of labour, male dominance over females, white dominance over other races, western ideas and culture over that of developing societies). Understanding how these larger forces affect the health of individuals is a challenge for health research. It is,

however, more appropriate if one agrees that health is a social responsibility and not an individual responsibility.

In earlier discussions in this and the previous chapter, suggestions for future studies were made. At this point, a brief proposal for undertaking original research to address questions about the many aspects of paid and unpaid work, their interconnectness, and their relationship to burnout is presented. A socialist feminist theoretical approach to an understanding of women's work and its implications for well-being proves to be very useful in framing the research questions, and suggests important factors to examine. This perspective allows for a reflection of women's social reality most fully, and translates the findings into suggestions for social and organizational change.

Kelman's experiential definition of health helps to clarify the importance of examining health in relation to an individual's well-being rather than as a way of promoting the health of individuals for the performance of social roles. It frames the question, "why ask what makes women healthy?". Is health important because it ensures that women are available to have jobs, earn wages, bear children, mother, marry, maintain the household, or is health important because it increases our quality of life? While Kelman's definition may have also suggested utilizing

qualitative methods to measure health, this study did not do so.

Since burnout was multi-dimensional, and each dimension had different predictors, I suggest constructing an explanatory model concentrating on emotional exhaustion as the dependent variable. Depersonalization, as already stated, focuses on quality of care issues, not on women's own well-being, and personal accomplishment measures work satisfaction more than health. This choice reflects the desire to explain more about one particular aspect of burnout, and its predictors. In addition to using the emotional exhaustion scale, women could be asked to describe their feelings of being "used up," "burned-out," "emotionally drained," "frustrated," and "at the end of the rope" (i.e., when you say you feel used up at the end of the day, what do you mean?).

The women studied, should be more diverse than was the case in this study. In so doing, results would be more generalizable, and it would be less likely that they would be attributed to personal characteristics of a relatively homogenous sample.

The measurement of unpaid work in a future study should include questions about the division of labour in the household: women's hours of work; what constitutes the work they do - caregiving, functional tasks; how much time they spend doing work activities - housework, shopping,

childcare, budgeting and financial planning, other caregiving; how much help they get with these work tasks; who makes decisions regarding their work; what constraints/pressures prevent them from doing their work, or make their work more difficult; and what supports they have which enable them to do their work.

Existing measures of workload, pay, and participation in decision-making with regards to paid work should be included. Questions that could be added measure their experiences of inequality, and harassment in their jobs. In terms of the overlap between their paid and unpaid work, organizational policies and practices concerning - childcare leave, parental leave, sick leave, work schedules, job security, and medical benefits could be examined. It would also be useful to ask women to describe situations when their paid and unpaid work conflicted, to elaborate on what solutions were or were not available for them to pursue, and to explain how they resolved these discrepancies.

In conclusion, the findings of a future study as broadly outline here would contribute to the limited existing knowledge about women's experience of well-being, specifically burnout, and its paid and unpaid work predictors. The data support previous studies which show the deleterious effects of heavy workload, conflicting demands, and lack of economic rewards on psychological well-being. It also provides some new data on factors

contributing to burnout. Methodologically, this study provides some direction for the use of the Maslach Burnout Inventory in future research.

Generally, future research with similar goals, and using a similar methodological approach (secondary data analysis) would be well advised to do so with a sensitivity to the theoretical, methodological and practical issues raised here, and a critical approach to the measures available in the data. I would suggest that future research pay particular attention to the facets of women's work lives that are so often overlooked, and design research that can address this issue. This will result in theoretically informed empirical research which is, in my estimation and experience, superior.

TABLE 1. CATEGORIZATION OF MASLACH BURNOUT INVENTORY SCORES.

MBI Subscale	Range of Experienced Burnout		
	Low (lower third)	Moderate (middle third)	High (upper third)
Emotional Exhaustion			
Frequency	0 - 8	9 - 20	21 - 48
Intensity	0 - 9	10 - 20	21 - 54
Depersonalization			
Frequency	0	1 - 4	5 - 15
Intensity	0	1 - 4	5 - 16
Personal Accomplishment			
Frequency	25 - 30	20 - 24	5 - 19
Intensity	17 - 24	13 - 16	4 - 12

TABLE 2. MASLACH BURNOUT INVENTORY ITEMS AND SUBSCALES.

The Maslach Burnout Inventory items were asked as follows:

"Following are a series of questions concerning this job. I'm interested in the frequency and the intensity with which you experience the following ..."^a

Items comprising Scales^b:

FREQUENCY INTENSITY

Emotional Exhaustion

- a) I feel emotionally drained from my work.
- b) I feel used up at the end of the workday.
- c) I feel fatigued when I get up in the morning and have to face another day on the job.
- d) Working with people all day is really a strain for me.
- e) I feel burned out from my work.
- f) I feel frustrated by my job.
- g) I feel I'm working too hard on my job.
- h) Working with people directly puts too much stress on me.
- i) I feel like I'm at the end of my rope.

Personal Accomplishment^c

- | | | |
|--|---|---|
| j) I can easily understand how the people I care for feel about things. | * | * |
| k) I deal very effectively with the problems of the people I care for. | * | * |
| l) I feel I'm positively influencing other people's lives through my work. | * | * |
| m) I feel very energetic. | | |
| n) I can easily create a relaxed atmosphere with my recipients. | | |
| o) I feel exhilarated after working closely with my recipients. | | |
| p) I have accomplished many worthwhile things in this job. | | |
| q) In my work, I deal with emotional problems very calmly. | | * |

Depersonalization

- r) I feel I treat some recipients as if they were impersonal 'objects.'
- s) I've become more callous toward people since I took this job.
- t) I worry that this job is hardening me emotionally.
- u) I don't really care what happens to some of the people I care for.
- v) I feel the people I care for blame me for some of their problems.

Involvement

- | | | |
|---|---|---|
| w) I feel similar to the people I care for in many ways. ^c | * | * |
| x) I feel personally involved with the residents problems. ^c | * | * |
| y) I feel uncomfortable about the way I have treated residents. | | * |

^a Frequency response scale: 0 = Never; 1 = A few times a year; 6 = Every Day
Intensity response scale: 0 = None; 1 = Very mild, hardly noticeable; 6 = Major, very strong

^b The list of items includes all of the items used in the original study. Those items which did not load on factors in factor analysis for this particular sample are indicated by "*" .

^c Items were reverse coded so that low score=low burnout.

TABLE 3. MASLACH BURNOUT INVENTORY FACTOR ANALYSIS - ITEM
FACTOR LOADINGS.

FREQUENCY OF FEELINGS:

	FACTOR 1	FACTOR 2	FACTOR 3
Emotionally drained	.73675	.16659	-.09681
Feel used up	.77817	.13810	.06087
Feel fatigued	.55307	.28172	-.11946
Work w ppl a strain	.38452	.23069	-.11903
Feel burned out	.71592	.18357	-.09181
Feel frustrated	.50942	.24819	-.18567
Working too hard	.66302	.21214	-.04829
Work w ppl a stress	.40474	.18823	-.07577
At the end of rope	.51522	.33265	-.10587
Understand people	.18939	.00457	.25332
Deal effectively	-.03841	-.01483	.23604
Positively influence	-.03751	-.03422	.16222
Feel energetic	-.22604	-.02417	.47795
Relaxed atmosphere	-.14541	-.20417	.53799
Feel exhilarated	-.03934	-.10501	.65157
Feel accomplished	-.12404	-.14299	.58555
Deal w emot. probs.	.00048	-.06825	.40349
Impersonal objects	.18254	.55457	-.08143
Become callous	.09412	.73427	-.14053
Become hardened	.27856	.65850	-.17259
Don't care	.06413	.55004	-.00840
Feel blamed	.14032	.35863	-.00714
Feel similar	.07402	.00110	.27661
Feel involved	.09099	.04248	.17653
Feel uncomfortable	.22244	.50755	-.6981

TABLE 3, CONTINUED

INTENSITY OF FEELINGS:

	FACTOR 1	FACTOR 2	FACTOR 3
Emotionally drained	.72725	.09868	-.08366
Feel used up	.66633	.13805	-.06721
Feel fatigued	.58758	.19992	-.05730
Work w ppl a strain	.46466	.18357	-.10115
Feel burned out	.78528	.09972	-.02107
Feel frustrated	.63537	.13669	.04839
Working too hard	.62758	.16453	-.05015
Work w ppl a stress	.51469	.24479	-.13973
At end of rope	.56738	.30387	-.02965
Understand people	.08138	-.01751	.09679
Deal effectively	-.08709	.07131	.23416
Positively influence	-.15711	-.03261	.12669
Feel energetic	-.07990	.02706	.54808
Relaxed atmosphere	-.00779	-.09731	.51418
Feel exhilarated	-.07919	.00584	.64578
Feel accomplished	-.02079	-.02469	.43735
Deal w emot. prob.	-.01670	.00079	.15816
Impersonal objects	.20874	.46751	-.05452
Become callous	.18426	.73723	.04693
Become hardened	.30620	.77048	-.09985
Don't care	.06875	.56418	.03415
Feel blamed	.26453	.32150	-.01983
Feel similar	.00577	-.05163	.18564
Feel involved	-.05661	-.14862	.05766
Feel uncomfortable	-.10409	-.24028	.12211

TABLE 4. MASLACH BURNOUT INVENTORY SUBSCALE RELIABILITIES.

	<u>Alpha</u>
Emotional Exhaustion-Frequency	.90
Emotional Exhaustion-Intensity	.88
Depersonalization-Frequency	.76
Depersonalization-Intensity	.73
Personal Accomplishment-Frequency	.73
Personal Accomplishment-Intensity	.64

TABLE 5. SUMMARY OF INDEPENDENT VARIABLES.

Economic Characteristics

Personal Income: Min = < \$250/mnth; Max = \$2000 - 2249/mnth; Mean = \$1000 - 1249

Household Income: Min = < \$250/mnth; Max = \$3000+ /mnth; Mean = \$2000 - 2249/mnth

Respondent's % Contribution to Household Income: Min = 4.00%; Max = 100.00%; Mean = 60.5%

	N	%
Contribute less than half of household income ^{a b}	89	43.6
Contribute equally or more than half of household income	115	56.4
Missing	23	11.3
	227	100.0

Paid Work Characteristics

Standard vs. Non-standard work:

	N	%
Full-time ^b	128	56.4
Part-time	75	33.0
Casual	24	10.6
	227	100.0

Work Shift

	N	%
Works primarily day shift ^b	103	45.4
Evening shift	69	30.4
Night shift	34	15.0
Rotating shift	17	7.5
Other shift	4	1.8
	227	100.0

Participation in Decision Making

Freedom to decide how to do their job.

	N	%
Not at all true	35	15.4
Not too true	54	23.8
Somewhat true	68	30.0
Very true	70	30.8
	227	100.0

Feeling able to influence immediate supervisor's decisions and actions that affect them.
that affect them.

	N	%
Not at all	4	1.8
Rarely	-	-
Sometimes	15	6.6
Rather often	122	53.7
Nearly all the time	86	37.9
	227	100.0

Have a good deal of influence over things that affect them or their job.

	N	%
Not at all true	21	9.3
Not too true	32	14.2
Somewhat true	96	42.7
Very true	76	33.8
Missing	2	.9
	227	100.0

TABLE 5, CONTINUED

Have some influence over nursing home policy		N	%
	Not at all true	105	46.7
	Not too true	51	22.7
	Somewhat true	52	23.1
	Very true	17	7.5
	Missing	2	.9
		227	100.0
Have the opportunity to discuss problems and solutions with a supervisor.		N	%
	Yes ^b	211	93.0
	No	16	7.0
		227	100.0
<u>Unpaid Work Dimensions</u>			
Marital Status:		N	%
	Single	49	21.6
	Married ^b	145	63.9
	Divorced/Separated	26	11.5
	Widowed	7	3.1
		227	100.0
Number of people living in household		N	%
	None	29	12.8
	One other person	46	20.3
	Two	48	21.1
	Three	48	21.1
	Four or more	56	24.7
		227	100.0
Number of children		N	%
	None	66	29.2
	One	30	13.3
	Two	46	20.4
	Three	50	22.1
	Four or more	34	15.0
	Missing	1	-
		227	100.0
Other dependents in household		N	%
	Yes ^b	51	22.9
	No	172	77.1
	Missing	4	-
		227	100.0
Husband who works		N	%
	Yes ^b	132	58.4
	No	11	4.9
	No Partner	83	36.7
	Missing	1	-
		227	100.0

^a Independent Variable added as separate block into final regressions.

^b Used in regression analysis.

TABLE 6. INDEPENDENT VARIABLE SCALES - ITEM AND SCALE CHARACTERISTICS.

Workload Scale:

Items comprising Scale:

- How often does your job require you to work very fast? (0=Never to 5=All the time)
 How often does your job require you to work very hard physically or mentally? (0=Never to 5=All the time)
 How often does your job leave you with little time to get everything done? (0=Never to 5=All the time)

Workload - Scale Statistics:

	Min	Max	Range	Valid Cases	Mean	S.D.	Alpha
WORKLOAD SCALE	0	15	15	226	8.12	3.82	.78

Paid/Unpaid Work Interference Scale

Items comprising Scale:

- Do work and child care activities interfere with one another? (1=Not at all to 5=Alot)
 Does being married and working interfere with one another? (1=Not at all to 5=Alot)
 Do paid work and housework interfere with one another? (1=Not at all to 5=Alot)
 Feeling your job tends to interfere with your family life. (0=Not at all to 4=Nearly all the time)
 Feeling your personal life tends to interfere with your job. (0=Not at all to 4=Nearly all the time)

Paid/Unpaid Work Interference - Scale Statistics:

	Min	Max	Range	Valid Cases	Mean	S.D.	Alpha
PAID UNPAID WORK INTERF.	3	17	14	120	7.34	3.77	.67

Economic Rewards/Motivations Scale

Items comprising Scale:

- The pay is high. (0=Never to 5=All the time)
 My job is secure. (0=Never to 5=All the time)
 The fringe benefits are generous. (0=Never to 5=All the time)

Scale Statistics:

	Min	Max	Range	Valid Cases	Mean	S.D.	Alpha
ECONOMIC REW/MOTIV.	0	9	9	221	5.09	2.32	.63

TABLE 7. SELECTED SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE.

Age	Mean = 39 years	
	Range = 17 to 63	
Marital Status	Married	64%
	Single	22%
	Other	14%
Children	Yes	71%
	No	29%
Other Dependent	Yes	23%
	No	77%
Household Composition	Live alone	13%
	Live with spouse	63%
	Live with children	59%
	Live with parent(s)	13%

TABLE 8. SELECTED ANALYSIS: UNPAID WORK.

A) HOUSEHOLD SIZE BY MARITAL STATUS.

	Single (N=49)	Married (N=145)	Divorced/ Separated (N=26)	Widowed (N=7)
Live alone	31%	1%	39%	28%
One other	20%	21%	12%	28%
Two others	20%	19%	35%	28%
Three or more	29%	60%	15%	14%

B) CHILDREN IN HOUSEHOLD BY MARITAL STATUS.

	Single (N=49)	Married (N=145)	Divorced/ Separated (N=26)	Widowed (N=7)
None	90%	24%	42%	28%
One	4%	21%	27%	28%
Two	2%	27%	27%	28%
Three	4%	21%	4%	0%
Four or more	0%	6%	0%	14%

C) LIVING WITH OTHER DEPENDENTS BY MARITAL STATUS.

Live with Other Dependents

	Yes	No
Married	27%	73%
Single	15%	85%
Divorced/Separated	19%	81%
Widowed	14%	86%

TABLE 9. EMPLOYMENT SCHEDULE BY NUMBER OF CHILDREN.

EMPLOYMENT SCHEDULE	NUMBER OF CHILDREN				
	No Children (N=66)	One Child (N=30)	Two Children (N=46)	Three Children (N=50)	Four or more Children (N=34)
Full-time	47%	53%	61%	66%	59%
Part-time	35%	33%	35%	30%	29%
Casual	18%	13%	4%	4%	12%

TABLE 10. CHARACTERISTICS ON MASLACH BURNOUT INVENTORY
SUBSCALES.

	MIN	MAX	MEDIAN	MEAN	S.D.	# CASES
<u>Frequency</u>						
Emotional Exhaustion	0	48	14	15.73	11.22	224
Depersonalization	0	31	3	4.01	4.28	224
Personal Accomplishment	5	30	23	22.81	5.45	227
<u>Intensity</u>						
Emotional Exhaustion	0	54	16	16.42	11.44	224
Depersonalization	0	27	2	3.80	4.64	226
Personal Accomplishment	4	24	14	14.84	4.77	227

TABLE 11. FINAL REGRESSION ANALYSES.

A) DEPENDENT VARIABLE: Frequency of Feelings of Emotional Exhaustion

INDEPENDENT VARIABLES	b	Beta	r ²	f	p
Workload (Paid Work)	1.13	.38	.25	21.30	<.0000
Paid/unpaid work interference	.76	.26	.06	10.92	<.001
Economic rewards/motivations	-.86	-.18	.03	4.71	<.05

R² = .34; F = 19.38; D.F. = 3 and 114; p < .0000

B) DEPENDENT VARIABLE: Intensity of Feelings of Emotional Exhaustion

INDEPENDENT VARIABLES	b	Beta	r ²	f	p
Workload (Paid Work)	1.06	.36	.21	17.06	<.000
Paid/unpaid work interference	.70	.23	.05	8.27	<.10
Economic rewards/motivations	-.85	-.17	.03	4.21	<.05

R² = .29; F = 15.61; D.F. = 3 and 114; p < .0000

C) DEPENDENT VARIABLE: Frequency of Feelings of Depersonalization

INDEPENDENT VARIABLES	b	Beta	r ²	f	p
Workload (Paid Work)	.26	.24	.08	6.89	<.001
Able to influence supervisors' decisions	-1.27	-.22	.04	5.90	<.05

R² = .12; F = 8.53; D.F. = 2 and 115; p < .000

TABLE 11, CONTINUED

D) DEPENDENT VARIABLE: Intensity of Feelings of Depersonalization

INDEPENDENT VARIABLES	b	Beta	r ²	f	p
Able to influence supervisors' decisions	-1.42	-.22	.08	12.24	<.001
Workload (Paid Work)	0.22	.18	.03	7.79	<.01
Works full-time	-1.34	-.14	.02	5.25	<.05
Influence over things that affect them	-.68 .02	-.14	.02	4.67	<.05

$R^2 = .15$; $F = 9.72$; D.F. = 4 and 219; $p < .0000$

E) DEPENDENT VARIABLE: Frequency of Feelings of Personal Accomplishment

INDEPENDENT VARIABLES	b	Beta	r ²	f	p
Able to influence supervisors' decisions	1.14	.15	.02	5.34	<.05

$R^2 = .02$; $F = 5.34$; D.F. = 1 and 219; $p < .05$

F) DEPENDENT VARIABLE: Intensity of Feelings of Personal Accomplishment

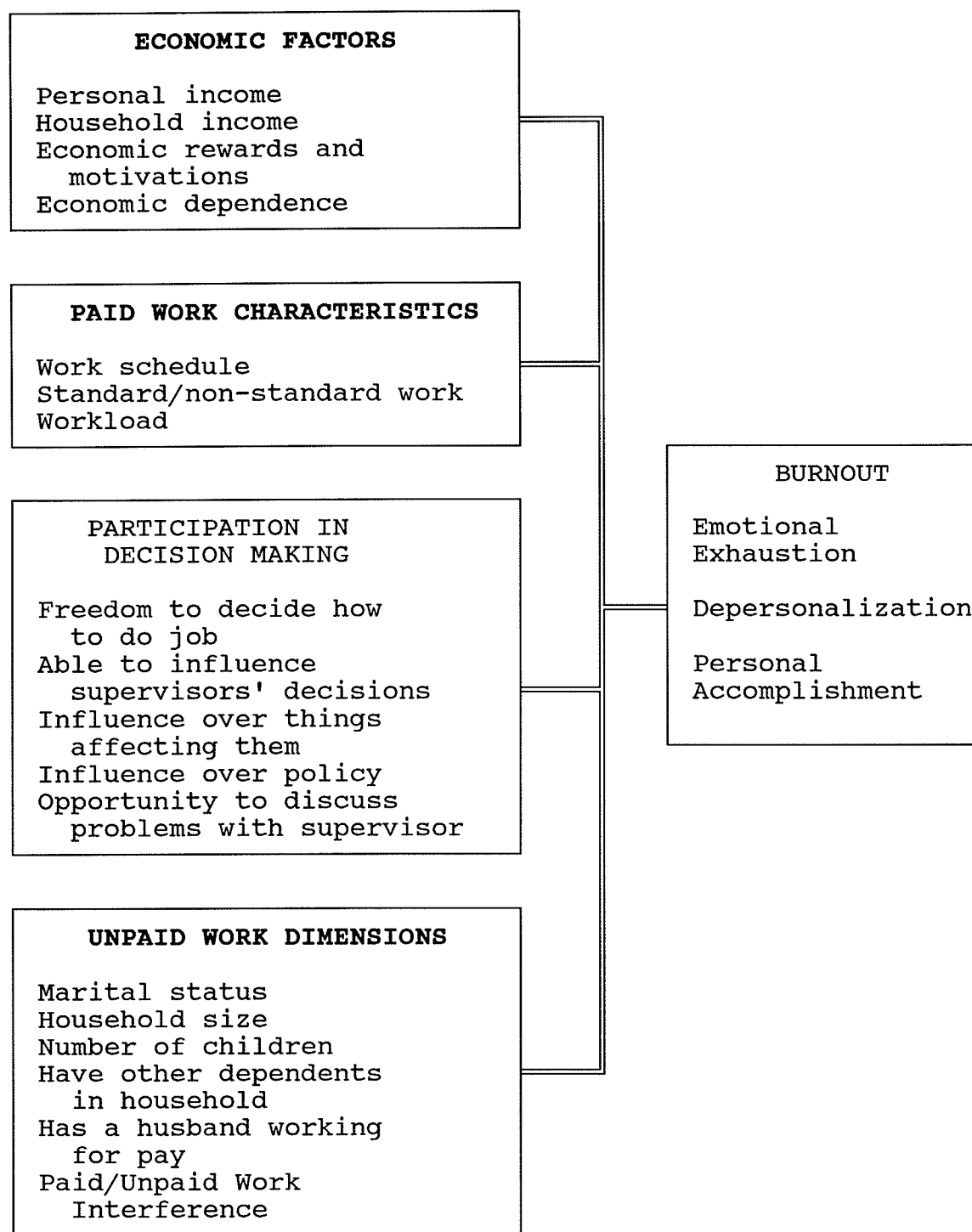
INDEPENDENT VARIABLES	b	Beta	r ²	f	p
Paid/Unpaid work interference	-.28	-.22	.05	5.97	<.05

$R^2 = .05$; $F = 5.97$; D.F. = 1 and 118; $p < .05$

FIGURE 1. THE RESEARCH MODEL.

Predictors:

Outcome:



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