Do age, gender and marital status influence job strain development for general practitioner?

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Key words: strain, general practice, age, gender, marital status.

Summary. Background. General practice is one of the most stressful workplaces among health care workers and is characterized by higher rates of job strain than in reference population. We need to take into account that respondents are influenced by quite similar working conditions and health status differently. Thus this article aimed to review the subjective processes, which make general practitioners more vulnerable to the job strain.

Methods. Computerized database Medline was searched. Search included data for 1983–2003. In this review data form many comparative cross-sectional studies found in this database were included. A data collection form was developed, prepared and filled up on reading each article.

Results. Collected studies highlighted that age, gender and marital status influence job strain development for general practitioner but were very controversial on how and whom they influence. We found that outcomes of job strain have higher impact for females than for males. We also found data that males have also high rates of job strain working in general practice. The age impact on job strain between females and males increases in older age groups. The rate of job strain is the highest among middle-aged general practitioners and depends on marital status. Married females have the worst health and are most vulnerable to job strain.

Conclusions. Magnitude of job strain varies depending on age, gender and marital status of general practitioner. The highest rates of job strain are mostly observed in married females, younger or older general practitioners. Sociodemographic factors contribute to this. The development of job strain, in some extent, can be explained within social context.

Introduction

For some years it has been argued that general practice became an increasingly stressful place to work (1, 2) because the attractions such as independence and flexibility involved in providing a service as a small business are now being undermined by the increasing demands and constraints (3–5). In addition, only 50% of general practitioners were satisfied with their work (5). Major causes of low job satisfaction and strain were: excessive paperwork, health reforms, bureaucratic interference (6), gender, job demands, hours worked, job control (5,6), job pressure, lack of organizational support (7), and dealing with difficult patients (3).

Appleton (8) showed the importance of understanding job strain and health as a problem of general practitioners in a study of 406 general practitioners. The prevalence of job strain was in 2 out of 3 respondents and 52% of respondents reported about their mental distresses. The results from different studies show that general practice is one of the most stressful workplaces among health care workers (9–11) and is characterized by higher rates of job strain than in reference population (12). Despite this we need to take into account the characteristics, which are specific to each occupation. Respondents are influenced by quite similar working conditions and health status differently (13–15). Thus, there is a need to evaluate the sociodemographic characteristics such as gender, age and marital status, which influence general practitioner’s vulnerability to job strain.

This paper reviews literature on the sociodemographic characteristics affecting the job strain development in general practice. It addresses the following questions: is there any relationship between age, gender, marital status and the level of job strain among general practitioners and in which way?

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Material and methods

Data collection. Computerized database Medline was searched October 10–20, 2003. It was limited to the period of 1983–2003. For search we used these MeSH headings: stress, psychological/epidemiology; stress/psychology; strain; family practice; general practice; marital status; work psychology; workload/psychology; female; male; physicians, family/psychology; and aged. No language restrictions were applied.

Articles selection. Review included comparative cross-sectional studies on general practice specific data. Search was limited to presence of full-text articles or abstracts available in English. The search combined keywords in the titles, abstracts or MeSH headings of 3 groups: first group composed “family practice” or “general practice” combined with second group headings such as “stress, psychological/epidemiology”, “stress/psychology”, “strain” and at least one from the third group characteristics: “female”, “male”, “marital status”, “physicians, “family/psychology”, “aged”, “workload/psychology”, or “work psychology”.

The search resulted in 272 articles. Papers, which abstracts were not reporting on the subject, were excluded.

Results

The analysis showed that physicians were at risk of stress. We have found studies, which quantified job strain effects on physicians. R. Grol et al (16) demonstrated poor clinical performance of physicians with negative feelings of tension, lack of time and frustration. The signs of job strain start firstly with a feeling of being exhausted, tense, pressured and guilty whilst being disorganized; later physician feels frustrated, is hostile, aggressive and quick to anger; he or she becomes increasingly depressed and bored. In the final stage of burnout a general practitioner may feel hopeless, thinks continually of escape routes, is often late for work, and is forgetful, withdrawn and drained of all interest in others (17, 18). Only few of general practitioners under stress continue to deteriorate until they reach the final stages of burnout or absolute fatigue. Most cope as best they are able to continue to keep up the acceptable standards of work whilst tol-

Table. Measures reported by selected articles

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<tr>
<th>Author, year</th>
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ditions. Studies (19–23) demonstrated that the outcomes of job strain have higher impact for females than for males. However, we also found studies that males have high rates of job strain working in general practice (24).

Demands of job, patients expectations, interference with family life, constant interruptions at work and home are the most important sources of job strain for females (24). Williams (25) demonstrated that certain psychosocial factors increased risks of cardiovascular disease and were higher among females who were reporting higher levels of job strain. In this study, measures of job stress and psychosocial risk factors were gathered from 152 females. The results showed that perceptions of low control at work were correlated with increased levels of anxiety, anger and depression, reduced levels of social support and a preponderance of negative feelings between females. Canonical correlation showed that 70% of females were depressed, 70% were anxious and 83% reported on low decision capabilities. Other study found that 43 of 46 females were diagnosed with anxiety and/or depression; 30.4% of them reported about job stress and depression combination at work (21). Previous research also indicated that hostility, depression, anxiety and low levels of social support or social isolation could increase the risk for adverse health outcomes (25).

It is very important to understand how job strain affects females who are employed in the high demand and high profile positions. General practitioners qualify professional content as most positive and workload as most negative aspect at work. Females reported most negative factors at work: work characteristics, high workload, low job control and low social support (20).

Age. As a result of the age interaction, the total effect of distress and support is twice larger in the sample of old persons as in the sample of young persons (26). In this study using structural equation modeling and a longitudinal design the relationships among age, gender, friend support and psychological distress were examined among elderly persons over a 22-month interval. Such findings suggest that older males are especially vulnerable to psychological distress when they lose friend support (26). Similar findings in case of females were published in another study. This study showed that the gender gap in job strain grows in adulthood as women and men enter and undergo their unequal adult statuses. The age impact on strain between women and men increases successively in older age groups until retirement age (22).

General Social Survey data explored the relationships among age, age-linked personal and social qualities. Personal and social conditions influences the relationship between age and job strain. Depression decreases from young adulthood into midlife and then increases with age. Lower job control and widowhood contribute to lower old-age job strain. Fewer time demands and greater financial satisfaction lower job strain. Retired status contributes to the job strain (27).

It is shown that continuing problems mostly affect young general practitioners. Commonly experienced pressures at work were uncertainty and insecurity, isolation, poor relationships with other physicians, disillusion with the role of the general practitioner and awareness of changing demands (5, 6, 8, 28). Larger gap in job strain is among middle-aged than among young general practitioners and depends on marital status, house-work, child care and economic strains (24, 29).

Marital status. The theoretical framework delineates the relationships between work and family roles and psychological well-being (30). General practitioners reported high level of stress to be associated with work-family conflicts (19, 31–33), by which they ranked fourth among all professional groups (10). Using similar measurements it was found that those who reported that their family life, and family responsibilities interfered with their job performance were 1.87 times more affected by job strain.

The study of self-rated health and health-seeking behavior showed that 20% of physicians indicated that their work negatively affected their marital life (34). Findings suggested that out of four marital contexts studied (married men and married women and unmarried men and unmarried women), married women were most vulnerable to stress (35). Marital status and perceived health status were also significant predictors of job strain. Divorced respondents were two times more swayed by job strain than those who were married or living as married (4). Married women were in the poorer health and had higher levels of job strain (35). Respondents who reported that their health status was much worse than a year ago were over 52 times more affected by job strain (4).

These findings suggest that social context and...
marital status affect job strain development and health. The development of job strain, in some extent, can be explained within social context.

**Discussion**

Sociodemographic factors such as gender, age and marital status are depicted as independent predictors of vulnerability to job strain; however experience of stress does not necessarily result in pathological changes or damage. Job strain may be contained within the body’s normal homeostatic limits. Many symptoms of job strain are uncomfortable and reduce the quality of life without causing irreversible damage to the individual. People vary as to the length of time and magnitude of job strain needed to cause ill health. But a concurrent illness or existing life events may have additive effects and can increase vulnerability to job strain or reduce the ability to cope with stress.

Analyzed articles displayed that interference of the job with family life was the most significant predictor of job strain for females whilst for males it was the joint stressor of practice administration and job demands. Stressed general practitioners might develop problems in their relationships with their partners and family, can be uncommunicative at home or work and more withdrawn or isolated (36).

The effects of job strain on practice may be seen as increased errors (37) in prescribing, disloyalty, increased staff turnover, limited team working, increased numbers of patients’ complaints, poor time-keeping and sickness absence, resistance to change or the adoption of new technology or systems and disruption in the practice organization even resulting in a practice partnership split. The staff may be less motivated or effective. General practitioners may have little energy or capacity to listen or empathize with patients and communication between physicians and patients may be poor.

The issue of job strain is of utmost important to the public health community and working people. The job strain studies presented the idea that sociodemographic factors have an impact on job strain development. On the basis of these results, we concluded that age, gender and marital status are the determinants of job strain, which provide very controversial information. This can be due to different research methodologies and maybe some times not sufficient sample sizes used. Thus we need further research and maybe new more specific and validated research methodologies on conditions by which we quite differently respond to apparently similar working conditions and why one general practitioner is more vulnerable to job strain than another.

**Conclusions**

Age, gender and marital status influence job strain development for general practitioner but studies were very controversial on how and whom they influence. The magnitude of job strain depended on age, gender and marital status of general practitioner. Highest rates of job strain mostly are observed in married females, younger or older general practitioners. Sociodemographic factors contribute to this as sources of job strain, anxiety and low job satisfaction. Development of job strain, in some extent, can be explained within social context.

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**Ar bendrosios praktikos gydytojo amžius, lytis ir šeimos padėtis turi įtakos psichosocialiniam stresui darbe?**

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**Raktąžodžiai:** psichosocialinis stresas, bendroji gydytojo praktika, amžius, lytis, šeimos padėtis.

**Santrauka.** Bendrosios praktikos gydytojai, literatūros duomenimis, dažniausiai patiria psichosocialinį stresą darbe negu kitų specialybių gydytojai. Tačiau pastebėta, kad gydytojai, esant toms pačioms darbo sąlygoms ir sveikatos būklės, skirtingai atlieka ir įtakos stresines situacijas darbe. Šiame straipsnyje siekiame apžvelgti medicinos literatūrą ir paanalizuoti amžiaus, lyties ir šeimos padėties įtaką patiriamam stresui darbe.

**Metodai.** Literatūros paieška kompiuterizuotoje „Medline“ duomenų bazėje. Analizėi atrinkti straipsniai iš lyginamųjų momentinių tyrimų. Taigi analizė atlikta skaitant kiekvieną straipsnį ir pildant duomenų rinkimo protokolą.

**Rezultatai.** Analizės duomenimis, amžius, lytis ir šeimos padėtis turi įtakos bendrosios praktikos gydytojo psichosocialinio streso darbe kilmei. Analizuojamose straipsniuose nurodoma, jog lytis neabejotinai turi įtakos streso darbe kilmei, tačiau duomenys labai prieštarai: skirtingų studijų autoriai nurodo didesnį stresą tiek vyrams, tiek moterims. Taip pat nurodoma, kad ištekėjusios bendrosios praktikos gydytojos yra dažniau

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veikiamos streso darbe. Taip pat nurodoma, jog abi lytys streso labiau veikiamos arūtėjant pensinijniam amžiai bei pirmaisiais darbo metais.

Išvados. Bendrosios praktikos gydytojai streso veikiami skirtingai ir priklausomai nuo amžiaus, lyties ir šeimos padėties. Labiausiai streso veikiamos išteklėjusios moterys, taip pat jauni ir vyresnio amžiaus bendrosios praktikos gydytojai.

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