

---

**THE IMPACT OF PROFESSIONAL EMPLOYMENT  
AND FAMILY RESPONSIBILITY ON WOMEN'S  
HEALTH**

**LCDR BRONWYN FERRIER, RAN**

In the last decade, a number of studies have suggested that adding an employment role to that of the homemaker benefits the health and wellbeing of women (Barunch & Barnett 1986, & Kessler & McRae 1986, cited in Aston & Lavery, 1993, p. 2 & 3., Verbrugge 1982 cited in Hibbard & Pope, 1987, p.88 , Horin, 1995, p.1). Furthermore, recent research indicates that employed women are noticeably healthier than nonemployed, and professional women consistently rank highest in all measures of mental health ( Faludi, 1994, p.375., Wolcott & Glezer, 1995, p.8)

It follows that since women have entered the workforce, the ways families organise their income earning and caring roles have changed profoundly, and the process of change is likely to continue well into the 21st century (Wolcott & Glezer, 1995,p.11). Consequently, the purpose of this paper is firstly to define professional employment, and family responsibility, and then to discuss broadly how these two factors impact on woman's health, with reference to class and gender.

Professional employment means working in an occupation that is learned, scientific, or artistic, hence belonging to one of the learned or skilled professions (Collins English Dictionary, Macquarie Concise English Dictionary). During the 1890's there was a steady influx of women into 'professional' and white collar work (Markey,1980, p.85 & Garner 1980 cited by Russell & Schofield, 1989, p.79). However, teaching was the mainstay of the educated and white - collar group. (Garner, 1980, p.127, cited by Russell & Schofield, 1989, p 79). Women also began to enter nursing in large numbers. The less educated working

women were still concentrated in domestic service, and as urban factory workers, sometimes performing work in their own homes (Anderson, 1993, p.113.).

It follows that during the 1960's a role conflict hypothesis was proposed which held that adding different roles creates conflict and subsequently produces illness and physical symptoms (Goode 1960, cited by Aston & Lavery, 1993, p.2). This hypothesis implied that if women became involved in occupations of responsibility, that were traditionally assumed for men, they would contract stress related diseases (Frankenhaeuser 1980 & Hadzuda 1986, cited in Aston & Lavery, 1993, p.2).

Nevertheless, there has been an overall increase in women's employment in all professional areas, although many still have inferior roles in the workplace. The intersection of race, class and gender complicates the experience of women workers in the paid labor force. This is because women's role in economic life has been obscured by beliefs about work performed by women (Anderson, 1993, p.139).

These beliefs include the idea that women who work at home as full time housewives are not working; that women who work for wages, work for extra money, not because they want to, and that women's work is not as valuable as men's (Anderson, 1993, p.101). Consequently, women are more likely to be unemployed than men and are disproportionately affected by job displacement in troubled industries. However, current economic trends suggest that women's labor force participation will continue to increase, as will the demand for their work both in the paid labor force and in the family (Anderson, 1993, p.39., Wolcott & Glezer, 1995, p.11).

Research conducted during 1991 - 1992 revealed that 38% of men and 30% of women were in higher management positions in the workplace. Furthermore, in the last five years young women have become better educated on average than young men (Spender, 1994, p.55) More girls than boys are finishing high school, and more girls than boys are pursuing higher education (Wolcott & Glezer, 1995, p.19 ). Therefore, more women are entering professional employment.

The entrance of women in unprecedented numbers in professional employment has focussed attention on family life, paid employment and consequences for families, employers and the community (Wolcott & Glezer, 1995, p. 7) Not surprisingly, a new Australian Bureau of Statistics Report reveals that 58% of two parent families with dependent children now have both partners working (Gunn, 1995, p.5). Hence, it is interesting to note in a family unit which partner has more responsibility regarding matters at home.

Family responsibility involves caring and nurturing of others, amongst a myriad of other tasks (French, 1992, p.6 ) Whether married or single, it is women who are chiefly responsible for the physical and emotional tasks of looking after others, especially children and elderly relatives. Employed mothers frequently experience stresses such as difficulty in finding adequate childcare, or having a sick child minded, and guilt over lack of time for their families (Russell& Schofield, 1989, p.77).

Childcare responsibilities are also a major factor in the choice of outwork or shiftwork as the means of earning a livelihood by semi -skilled women, especially migrant workers. Many women work late shifts so their husbands can be present with the children at night. Shiftwork,

with its associated sleep deprivation, has been described as the worst of all work patterns (Russell & Schofield, 1986, p.76)

Although industrialisation, ideas of equality and freedom, and technology have made it possible for women to delegate this often thankless task, the fact remains that women still do much more than their share of housework, and much more unpaid work in the family home (Russell & Schofield, 1989, p. 76).

Conversely, some research conducted in the USA claims that women may do more work inside the home, but men do more work outside the home. The average man commutes farther, spends more time doing yardwork, repairs, painting . When all these hours are combined the average man worked 61 hours per week, the average woman, 56 hours (Farrell,1994, p.37) Apparently this is not a recent change in men. A nationwide probability survey done in 1975 found that when all work outside the home, commuting, and gardening were added together, husbands did 53% of all work, wives 47% (Farrell, 1994, p.38).

Furthermore, the results from a recent study conducted by the Australian Bureau of Statistics claim that in their prime working and child rearing life stages, men and women had similar amounts of leisure. This research also claims that when caught up with both family and labour force commitments, men and women have a similar number of hours taken up by the obligations (Jopson, 1995, p.2).

However, many other literary sources reveal when a woman becomes a wife, she increases her unpaid work by 60%, and does approximately 36 hours per week of unpaid work. Men, on average do about half of that (Spender, 1994, p.34). No matter how many hours of unpaid

work a wife does, husband's contributions remain relatively constant at about 18.5 hrs a week. (Spender, 1994, p.34). Furthermore, housewives are much more restricted in their leisure time and activities than their husbands are. The housework might tire women, but it is the lack of recognition that drives them mad (Spender, 1994, p.35).

There are also potential health hazards involved with house work itself, and married women who also work at a paid job can experience the particular pressures of the dual workload. It has been estimated that a woman in this situation works 105 hours a week (Owen & Shaw, 1979, p.66 cited in Russell & Schofield, 1989, p. 76).

Many of the tasks that women are responsible for can't be negotiated or postponed. (Spender, 1994, p.33) Trying to make men see the legitimate difference between the work men are accustomed to and the work they are now being required to share becomes a wearying and additional burden for many women (Spender, 1994, p.33). However, men do not see it this way. Although men may not go around insisting to be waited on, and agree in principle to share the workload, there is a chasm between men's perceptions and women's reality that is extremely frustrating.

Furthermore, men sometimes use the ploy of doing something so badly that women will take over, or they will do it in their own time, to the point where women will no longer stand the dirty floors, and unmade beds, that signal their menfolk's refusal to accept domestic responsibility. It is interesting to note that although men claim to be sensitive and say they are committed to women's equality and women's self realisation, they sit back at home and watch their wives work to exhaustion. (Spender, 1994, p.16)

It is well documented that housework, and the care for others that it entails is an extremely demanding and illness producing labour. Housework is so repetitive, tedious and boring, that it can have adverse health effects (Russell & Schofield, 1986, p.76., Anderson, 1993, p.85). Furthermore, since much of women's paid and unpaid work involves caring for people, they contract more infectious diseases, as well as experiencing stress related problems associated with the physical and emotional fatigue of looking after others (Russell & Schofield, 1989, p.77., Anderson, 1993, p.182).

The combination of women's employment, parental and marital roles may result in role stress, which in turn influences the woman's health state (Aston & Lavery, 1993, p.2). Chronic fatigue and stress are common problems. Some literary sources claim that women experience more feelings of stress than men, married women more than single (Anderson, 1993, p.182). Furthermore, women, especially houseworkers, were more likely than men to take drugs to cope with these feelings, whereas twice as many men as women used physical exercises or sport to alleviate their stress (Health Commission of NSW, 1979, p.87 - 88, cited in Russell & Schofield, 1986, p.76). Hence, women need to have a basically good health status in order to contemplate the rigours of coping with paid employment, childcare, and the housewife role. This is due to the strain women receive keeping the multiple roles of mother, housewife and fulltime worker (Roberts, 1990, p.91).

On the other hand, there is much evidence available to prove that employment greatly benefits women's health. Employment provides a sense of competence that contributes to self esteem (Ashton & Lavery 1993, p.3). Furthermore, it provides women with concrete and symbolic rewards unavailable to homemakers, which is important for their psychological health. (Wolcott & Glezer 1995, p.65., Anderson 1993, p.188). In the writer's opinion, the

experiences and skills that women accrue through being mothers and homemakers are largely unrecognised and underestimated in our society. Current research supports this fact (Anderson, 1993, p.101 & 139).

It is interesting to note that most women want to work, including 60% of those at home. Working mothers whether part time or full time are happier with life as a whole than mothers not in the work force. However, some women in full time jobs suffer such stress and overload in their family life that they would prefer to work part time. Despite this, women in full time jobs are more satisfied workers than men. (Glezer & Wolcott, 1995, p. 66). Furthermore, research indicates that it would be easier for men if their wives stayed at home (Glezer & Wolcott, 1995, p. 65).

The adverse consequences of occupying the roles of mother, housewife and fulltime worker are less for women in more privileged structural positions. Women who work fulltime in professional and managerial jobs are likely to have more flexible hours and more control over their work, making it easier to fit in with the demands of children, than women in lower level jobs who have less autonomy and more rigid work schedules (Glezer & Wolcott, 1995, p.34).

Professional women who work enjoy the best health, even if they are married with children. They can afford to buy high quality childcare, pay others to do cleaning, ironing, shopping, and so on, and eat out more often. In summary, the healthiest women are those who have “good” well paying jobs that reward them both financially and personally and which allow them to be more liberated from the labour associated with looking after a house and children. That they are still largely responsible for the emotional and organisational work involved in

being wife and mother and that their time for leisure is not as great as their husbands, may account for why their health is not as good as their husbands (Anderson, 1993, p.182 ).

Conversely, working class women who are married and who have children experience the worst health of all groups. This is because the work women do has been obscured by social myths that devalue women's work both socially, and economically (Anderson,1993,p.139). Hence, they have a low status in the labor market, and may not have access to education, and opportunities for professional employment. Being responsible for childcare, domestic work and organisation, and emotional work and nurturance also contributes significantly to women's poorer health, especially if they are not in professional employment. That this work is performed predominantly by women indicates a social division ( Russell & Schofield, 1989, p.78., Wolcott & Glezer, 1995, p.65., Anderson, 1993, p.117 - 127).

The adverse effects of professional employment and family responsibility on women's health are likely to be mediated if the work is shared, for example in the domestic division of labour. Most evidence at the present points in the direction of increased labour force participation for women with children, but little change in traditional gender roles in the home (Robert's 1990, p.91). Current economic trends also indicate that women's labor force participation will continue to increase, as will demands for their work both in the paid labor force and in the family. This will result in increased stress and social speedup for women workers. Unless women are in professional employment, earning a high income so they can afford to pay someone to assist with housework, and childcare, their health may suffer due to the burden of family responsibilities. However, the situation is changing slowly, because men are becoming more aware of what family responsibilities entail.

## References

Anderson, ML., ( 1993). Thinking About Women. Sociological Perspectives on Sex and Gender. Macmillan Publishing Company, USA.

Aston, J., & Lavery, J., (1993) The Health of Women in Paid Employment: Effects of Quality of Work Role, Social Support and Cynicism on Psychological and Physical Well - Being. Women & Health, Vol 20, No 3, p 1 - 23.

Barunch & Barnett (1986) cited in Aston, J., & Lavery, J., (1993) The Health of Women in Paid Employment Effects of Quality of Work Role, Social Support and Cynicism on Psychological and Physical Well Being. Women & Health, Vol 20, No3, p.2.

Faludi, S., (1992) Backlash. Vintage: United Kingdom.

Farrell, R., (1994) The Myth of Male Power. Random House: Australia

French, M., (1992) The War Against Women. Penguin Group: Australia

Garner, (1980) cited in Russell, C., & Schofield, T., (1989) Where it Hurts. Allen & Unwin:Australia.

Gunn, M., (1995) Two Incomes Support Most Families. The Australian, 4/10/95, p 5.

Hibbard, JH., & Pope, Dr PH., (1987)\_Employment Characteristics and Health Status Among Men & Women. Women & Health, Vol 12, No 2, p 85 - 103.

Horin, A., (1995) Jobs and Families: How Mums Cope. Sydney Morning Herald, 24/8/95, p.1 & p.8

Jopson, D., (1995) Lost leisure: It's the price of parenthood. Sydney Morning Herald, 3/11/95, p.2.

Kessler & McRae, (1986) cited in Aston, J., & Lavery, J., (1993). The Health of Women in Paid Employment: Effects of Quality of Work Role, Social Support and Cynicism on Psychological and Physical Well - Being. Women & Health, Vol 20, No3, p.3.

Markey, (1980) cited in Russell, C., & Schofield, T., (1989) Where It Hurts. Allen & Unwin: Australia.

Roberts, H., (1990) Women's Health Counts. Routledge: United Kingdom

Russell, C., & Schofield, T., (1989) Where it Hurts. Allen & Unwin:Australia.

Saltman, D., (1991) Women & Health. An Introduction to Issues. Harcourt Brace Jovanovich: Australia.

Spender, D., (1994) Weddings and Wives. Penguin Books:Australia.

Verbrugge, (1982) cited in Hibbard, JH., & Pope, Dr PH., (1987) Employment Characteristics and Health Status Among Men & Women. Women & Health, Vol 12, No 2, p.88.

Woolcott, I., & Glezer, H., (1995) Work and Family Life. Achieving Integration. Australian Institute of Family Studies: Australia.