

Alcohol problems among employed women are potentially costly in human and financial terms, when they contribute to increased absenteeism, injuries on the job, reduced productivity, job loss and illness. A full understanding of the causative processes contributing to worksite-related alcohol problems is a necessary foundation for policies and practices that can hope to reduce these costs. Towards this end, we present a model of these causative processes that is based on existing research. We then test this model, using longitudinal data from a stratified random sample of 403 women employed in two health occupations.

Theoretical Model

Our theoretical model posits that 1) change over time in work stress is associated with change over time in alcohol use; and 2) the relationship between change in work stress and change in alcohol use will be moderated by whether or not an individual has a family history of drinking problems.

We focus on change in alcohol use, rather than alcoholism, because alcoholism is relatively rare in a population sample, such as the one under study here. While heavy alcohol use is not synonymous with alcoholism or with alcohol-related problems, alcohol use is strongly correlated with other indicators of alcohol abuse, and heavy users may be more likely to develop certain types of alcohol-related problems (Armor & Polich, 1982). Understanding the causative processes in alcohol use will increase the knowledge base needed to understand drinking behavior among workers.

The Job Demand-Job Decision Latitude Model

Work stress, arising from work overload, lack of control over work activities, monotony, and other stressors at work, is argued to contribute to feelings of strain that can result in problematic drinking (Trice & Sonnenstuhl, 1988; Price, 1985), as well as in poorer mental and physical health. Karasek and colleagues (1982, 1990) have advanced this field by pulling together two traditions of research on work stress. One tradition, the "life stress" tradition, has focused on mental and physical illness induced by "stressors" on the job, including such job demands as work load, deadlines, or conflicts (Theorell, 1976; Caplan, Cobb, French, Van Harrison, & Pinneau, 1975; Quinn et al, 1971). A second tradition, including studies of job satisfaction, has focused on decision latitude (Turner & Lawrence, 1965; Walker & Guest, 1952; Hackman & Lawler, 1971). Joining these two traditions into a single model, Karasek and colleagues have posited that psychological and physiological strain result from jobs with a combination of high psychological demands and low decision latitude (Karasek et al, 1982; Karasek & Theorell, 1990). The Karasek model has been shown to be a significant predictor of cardiovascular disease and depression and anxiety (Karasek & Theorell, 1990; Marshall, Barnett, Baruch, & Pleck, forthcoming).

While the Karasek model is recognized as promising in the study of alcohol use (Price, 1985), it has not yet had an adequate test. Some studies have examined the importance of various job-stress variables, and their results lend general credence to the

predictive role of job stress (Margolis, Kroes & Quinn, 1974; Fennell, Rodin, & Kantor, 1981; Ferguson, 1974; Hingson, Mangione & Barrett, 1981; Parker & Brody, 1982). However, other studies do not find effects for job stress (Seeman & Anderson, 1983; Harris & Fennell, 1988; Cooper, Russell & Frone, 1990). This inconsistency may exist because the models being tested did not include the combination of high job demands and low job decision latitude that Karasek has found to be so powerful. A few studies of alcohol use have attempted to test the Karasek model directly (Seeman, Seeman, & Budros, 1988; Mensch & Kandel, 1988), but their results have not supported the model. However, these studies were hampered by methodological difficulties, as the authors point out, including inadequate measures of job demand and job decision latitude. In this paper, we conduct a test of the Karasek model with adequate measures.

Women, work and alcohol use. Much of the research on work stress and alcohol use has involved male samples. Among female samples, work stress has been shown to be related to greater job dissatisfaction and burnout, absenteeism, intentions to leave the profession, poorer job performance and higher levels of anxiety, depression and somatic complaints (Jayaratne & Chess, 1984; Gray- Toft & Anderson, 1985; Jayaratne, Chess, & Kunkel, 1986; Tetrick & LaRocco, 1987; Fimian, Fastenau, Thomas, 1988). Job stress has also been found to be associated with problem drinking among women (Parker & Farmer, 1988; Alfredsson, Spetz & Theorell, 1985). Alfredsson and colleagues found that low levels of intellectual discretion (monotonous work and few opportunities to learn new things) were associated with hospitalizations for alcohol-related illness. In women, hectic work, in addition to low intellectual discretion, added substantially to the risk.

Work stress in a service economy. Much of the work that has supported the Karasek job demand-job decision latitude model has focused on manufacturing occupations. Our own work (Barnett & Marshall, 1991; Marshall, Barnett, Baruch & Pleck, forthcoming) suggests that the job characteristics predictive of high-strain in non-manufacturing occupations may differ from those proposed by Karasek and colleagues. Service industries (such as the health industry) are fast becoming the largest segment of the American economy, currently employing more than twice as many workers as the manufacturing sector (Karasek & Theorell, 1990, p.27). Occupations in these service industries, including social work and nursing, are often characterized by a focus on the social relationships between the client and the caregiver, as opposed to the physical component of production, which is paramount in conventional manufacturing occupations. We have found that, for women employed in the helping professions, there is a strong interaction between job overload and the rewards of helping others on the job. Specifically, the mental and physical health of women in jobs with high overload are protected from the damaging effects of overload if their jobs also provide them with the opportunity to help others effectively (Marshall, Barnett, Baruch & Pleck, forthcoming; Barnett, Davidson & Marshall, 1991; Barnett & Marshall, forthcoming). The rewards of helping others, among caregivers in the service industries, may be a more salient job reward, and job demand mitigator, than is decision latitude.