Occupational stress and working climate profiles of medical professionals and auxiliary personnel: ten years after reunification

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Summary
In a large survey of medical practitioners and their auxiliary personnel, significant differences were observed in the job stress profiles of individuals from the new (former East Germany) and old Federal States (former West Germany). Self-reported occupational stress was perceived higher among those from the new vs old Federal States, and this was particularly pronounced for those States with their borders in close proximity to the former West Germany. Satisfaction at work was no different for the new and old Federal States, although the evaluation of working climate was deemed more favourable in the newer Federal States. Moreover, the new Federal States were more inclined to adopt low risk-taking and more safety-oriented attitudes than their counterparts in the older Federal States. Conversely, there were no significant differences in accident rate (either at work or whilst driving) between the two categories (new vs old Federal States). Overall, the study shows that subjective experiences of psychological and social processes in the working context remain pronounced 10 years after reunification. Copyright © 2000 John Wiley & Sons, Ltd.

Key Words
occupational stress; medical professionals; German Unification; working climate; psychological health

Introduction
After the Second World War, the ‘Federal Republic of Germany (FRG)’, and the ‘German Democratic Republic (GDR)’ represented quite distinct and separate countries both in terms of socio-economic and political orientation: capitalism vs socialism; free market economy vs state-planned economy; multi-party democracy vs dominant singular party; pluralistic attitude vs predominance of a state ideology. Almost half a
century later the reunification witnessed a coalesce of two Germanies with the former Eastern Germany (GDR) becoming ‘affiliated’ with the former West Germany, forcibly adopting the entire economic and political structure of their ‘geographical siblings’. Consequently, the reunification not only represented an important territorial and political ‘Umgestaltung’ of mid-Europe, but further provided a unique global societal experimental field for social scientific observation. Certainly, scientists from various disciplines (political, social and behavioural scientists) have systematically monitored and analysed the transient changes in the ‘Transformation Process’ for the society and culture in both Eastern and Western Germany.

The focus of attention of these scientific exploratory studies has been the assessment of political attitudes,1–4 Society5 and daily living.6–9 In addition, intensive study has been made on life goals,10 educational practices11–13 and future expectancies.14 Conversely, studies encompassing the area of work has been relatively neglected. This is particularly surprising given that the impact of adaptation to the less familiar liberal market economy coupled with re-orientation processes has resulted in multi-faceted problems and challenges for the occupational domain. This study addresses this issue, exploring subjectively perceived occupational stress, evaluation of the working climate and risk-taking behaviour in the work context. In order to achieve this, a comparative study was conducted in which medical professionals and auxiliary personnel working in private practices were compared between the old and new Federal States.

As regards job-related stress, several factors can be considered that may influence the high levels witnessed by the new Federal States. Firstly, the employment opportunities market in the new Federal States is substantially worse, with figures approaching the 20 per cent employment range, which represents a tremendous threat both economically and privately for a large section of the community. The ability to cope with this predicament is particularly difficult for citizens of the ex-GDR because job insecurity represents an unfamiliar facet of their existences in the socialist state. Furthermore, several studies have shown that individuals from the new Federal States generally express a pronounced need for safety and security and low risk-taking propensities, and subsequently feel more susceptible to the potentially devastating effects of work-threatening situations than employees in the West.15,16

Moreover, the turbulent changes in society,17,18 which are most strongly manifested in the ‘work environment’,19 represent a major determinant of occupational stress in the new Federal States. Diverse studies conducted immediately after reunification (appropriately labelled ‘die Wende’ or ‘change in direction’) have demonstrated a dramatic change in the hierarchical preference of values in the work organisation.6,20,21 The virtues of the older managerial system which had concentrated on such intrinsic values as co-operation, social cohesion, diversity of job tasks, mutual (social) support, and job stability, were being suppressed and substituted by alternative values. Instead the emphasis was now on the Western managerial attributes of task-challenges, success contribution, career development, and self-sufficiency or autonomy.15 In this phase of transformation or ‘cultural metamorphosis’, the need for directive support and mutual co-operation was apparently severely underestimated, and in a community which had been severely handicapped by its lack of familiarity with free market enterprise and ‘personal action’ work experience, it is scarcely surprising that the net result was increased work-related pressures and adverse outcomes.22

The attitudes and values of autonomy and self-sufficiency which are central to the doctrine of a free market economy were perceived as stressful for citizens of the new Federal States. Various studies have suggested that the new Federal States exhibit a strong rejection of the notion of increased action and personal responsibility, which had led to the cultural labelling of ‘control-avoiding’.23–25 Significant differences between the former West and East Germans has been reported in terms of ‘regulatory-striving’ and ‘norm-orientation’, with East Germans displaying higher scores on these dimensions.26 Overall, the mentality of those individuals who previously worked within the former GDR is perhaps best described as ‘I prefer to be told exactly what I should be doing!’23 Since this set of attitudes are incompatible with the newly adopted socio-economic system in the early 1990s, it is evident
that the East Germans have been shown to display higher levels of psychological ill-health such as anxiety, frustration, anger, etc. when compared to their West German colleagues.26–28

For manifold reasons for elevated stress in the East German working community, and the frequently found negative relationship between occupational stress and working climate, one can assume that there would be a more negative evaluation of the work atmosphere in the new Federal States.29 Not all studies have verified this prediction. For instance, although East German executives have been able to adapt Western customs and values, they have also retained several of their former ‘Eastern managerial’ strengths.30 East German executives continue to promote collective values31 and are less inclined to adopt the Western managerial emphasis on competitive-oriented working behaviour,32,33 and find themselves in opposition to ‘traditional capitalistic values’. East German managers are more likely to draw attention to the fate of individual unemployment consistent with East German culture’s ‘system-oriented’ philosophy, rather than to perceive unemployment as a malfunction within the system — as their West German counterparts do.32 A study by Maier et al.34 highlighted the importance of job security and fellowship, even among the young generation of East German managers. Mohr35 investigated employees in a Berlin-based organisation, with separate East and West located centres, immediately after reunification, and found that the previous East German segment of the company reported receiving significantly more positive feedback regarding their work.

Overall, one can conclude that occupational stress in the new Federal States will be greater than in the older Federal States as a consequence of economic differences, changes in the preference of values in work organisations, and especially in incompatibility with existent organisational structural properties such as responsibility and control-avoidance. As a result of the rejection of personal action and responsibility ‘space’, it can be further asserted that the new Federal States will exhibit a less pronounced innovative and risk-taking attitudinal set. As regards working climate, the predictions are less equivocal. On the one hand, the typical inverse relationship between occupational stress and working climate predicts that East Germans would show an inferior working climate. Conversely, the traditional values of East German workers with their emphasis on co-worker co-operation and leadership, combined with positive feedback, would predict a more favourable evaluation of working climate.

Certainly, studies exploring the factors of ‘job stress’, ‘work climate’ and ‘risk-taking’ within the working domain have been severely neglected in comparative studies between East and West Germany.

In the years since reunification, Kirkcaldy and co-workers have focused their studies on occupational stress and its impact on health outcome variables among public sector managers36 and private-sector managers.37 More recently, an attempt has been made to conduct a systematic series of studies focusing on a large nationwide sample of medical professionals working within their own practices.38,39 For example, in a large-scale survey of medical practitioners and consultant practices throughout Germany, Trimpop and Kirkcaldy38 found that occupational stress was significantly higher among the newer German Federal States (former GDR) compared to the older Federal States (former West Germany). More specifically, medical practitioners in Eastern Germany exhibited significantly more stress regarding the ‘work–leisure interface’ (problems associated with demarcating work and private time). Moreover, medical staff in the new (Eastern) Federal States displayed slightly lower levels of job satisfaction, less risk-taking and were more cautious in their attitudes than their West German counterparts.

Unfortunately, Trimpop and Kirkcaldy40 had initially failed to distinguish between individual Federal States (using the less differentiated category of new or old Federal States) and had ignored the variables, ‘size of the community’ in which the practice was located. In a subsequent study involving a national representative sample of veterinary surgeons and their auxiliary personnel, Kirkcaldy et al.29 tried to incorporate additional variables more sensitive to geographical and socio-demographic variables as well as ‘attitudes towards risk and safety at work’. Clear differences were observed between the old and new Federal States of Germany. Once again, stress levels were significantly higher in the
new Federal States, particularly for the States of Mecklenburg-Western Pomerania, the Free States of Saxony and Thuringia. Interestingly, the city of Berlin (hitherto hermetically sealed off within the former East Germany) shared the low-stress features of West Germany. Social cohesion or working climate was — with the exception of Mecklenburg-Western Pomerania — perceived more favourably in the new Federal States. Satisfaction at work was not significantly related to job stress, and did not show such clear differences between new and old Federal States. Persons from the new Federal States were more emotional in their driving styles, less risk-taking and more safety conscious than their colleagues in the older Federal States.

It was our aim in this third study, involving a representative sample of medical doctors and their auxiliary personnel, to verify whether the findings could be observed almost 10 years after unification. On this occasion we preferred scale scores for the factors (previously we had used factor ‘z’ scores) because the factors had been replicated to date in all studies. The main hypotheses are listed below:

1. The new Federal States will display higher job-related stress compared to the older Federal States.
2. Individuals from the new Federal States will exhibit greater collectivism (‘social cohesion’) and subsequently report a more favourable evaluation of working climate than persons from the old Federal States.
3. No significant differences will be reported in terms of work satisfaction between new and old Federal States.
4. Geographical proximity between newer and older Federal States will also influence the degree of social tension (stress) experienced. More specifically, the negative impact of ‘cultural conflict’ in terms of occupational stress will be less for those Federal States (e.g. Brandenburg) with no direct boundary with the former older Federal States.
5. Accident rate and absenteeism may be higher among the new Federal States, assuming that stress and fatigue will manifest themselves in outcome variables such as health and accident proneness.

Method

A comprehensive questionnaire (Attitudes Towards Risk-Taking and Safety,41) was randomly distributed nationally throughout medical practices.41 Further details of the questionnaire and details of psychometric qualities are reported in Refs [38,39]. There are 20 items concerning socio-economic factors, e.g. age, gender, occupational status, parenthood, distance travelled to and from work, geographical locality, etc., as well as 34 items concerning attitudes towards risk and safety at work, environment, and in traffic, as well as job related evaluations (job stress, satisfaction at work, and working climate). These questions are rated on a 1–5 Likert scale (‘5’ definitely, through to ‘1’ definitely not, with ‘3’ representing the mid-response of ‘partly’).

Specific examples of the occupational stress scale include items such as ‘I have problems drawing a line between my work and private life’, ‘I find my job strenuous’, etc. Job satisfaction comprises items more associated with the personal intrinsic satisfaction of work, e.g. ‘I am satisfied with my occupational career’, and ‘I enjoy the level of influence I can exert and the flexibility of my work’. Finally, work climate relates more to the participatory elements of the job, e.g. ‘I find the degree of communication between co-workers is very good’, ‘In difficult situations at work one can rely on support from one’s colleagues’, etc. The scales of the attitudes towards risk and safety40 include external health control (e.g. ‘Work accidents cannot be avoided’, ‘I can do little to prevent illnesses, etc.’), traffic risk-taking (e.g. ‘If I am required to be punctual I am prepared to take bigger risks in traffic situations’), safety-oriented (e.g. ‘When a new technical instrument is introduced into the practice, I make efforts to familiarise myself with the health risks’), internality (e.g. ‘I can exert control over my health’, ‘I feel responsible for my safety’, etc), and perfectionism (e.g. ‘I would never drink even a small amount of alcohol when driving’, ‘I experience a strong pressure to be punctual in my work’).

It was required that questionnaires were completed anonymously and returned to the Central Office of the Berufsgenossenschaft für Gesundheitsdienst und Wohlfahrtspflege (BGW) (Employment Accident Insurance Fund for Health and Welfare Care) in Hamburg.
3-month time limit had been expressed for the return of the completed questionnaires covering the time period 10 July–26 October 1998. For purposes of convenience all entries reaching us after that mailing date were left out of the study.

This was a unique opportunity to focus on one professional body. A comparison of the demographic and geographical distributions corresponded well to the National Statistics for Health Occupations.42

The demographic distribution of the sample was consistent with the figures reported by the German Ministry of Health.42 As such, we can assume that our sample was fairly representative of the national characteristics of medical professionals in Germany. In 1996, there were in total 279,000 doctors in Germany (the proportion of patients to doctors currently being 1:293). Of these, 112,660 (40.3 per cent) were working in their own surgeries; the rest in research (11.5 per cent) or hospitals ($n = 135,341$; 48.5 per cent). This contrasts somewhat with the total number of dentists ($n = 61,404$), of whom 95 per cent were in their own surgeries, corresponding to a proportion of medical doctors: dentists of 1:1.83 in private practice. Of the medical doctors, over a half (59.4 per cent) were specialists and the remainder, 40.6 per cent, were general practitioners (in this study 42.13 per cent of the sub-sample of doctors were specialists and 57.87 per cent were general practitioners).

Overall 35.9 per cent of medical doctors were women (64.1 per cent men), the figure being 34.7 per cent for women dentists. Of those doctors in their own practices, 31.7 per cent were women. It was interesting that a strong gender effect was found in the new and old Federal States. The effect of geographical location is more apparent when the individual Federal States are examined. For example, the Federal States with the highest proportion of female doctors are Sachsen-Anhalt (50.2 per cent), Brandenburg (50.1 per cent), Free States of Saxony (49.9 per cent), and State of Mecklenburg-Western Pomerania (48.5 per cent). The five Federal States with the lowest ratio of female: male doctors include Saarland (30.4 per cent), Rheinland Palatinate (30.5 per cent), Niedersachsen (31.6 per cent), Baden-Württemburg (32.2 per cent) and Bavaria (32.2 per cent).

Stress and reunification: ten years later

The data from the BGM further reveal that the proportion of medical doctors per 100,000 inhabitants is significantly different between the old and new Federal States, with the higher proportion of female doctors suggesting that there is a greater social equality for women in the former DDR. More specifically, the statistics from the BGM reveal that the highest proportion of inhabitants to doctors was observed for Brandenburg (1:377), Sachsen-Anhalt (1:349), Free State of Saxony (1:341) followed by Thuringia (1:340), and these figures contrast with areas from the opposite end of the scale, Hamburg (1:200), Berlin (1:204), Free Hanseatic City of Bremen (1:224) and Saarland (1:277).

**General characteristics of the sample**

A total of 934 fully completed questionnaires were included in the analyses. Just over one-third (35 per cent) of the entire sample were medical doctors. In the study two-thirds were female (64.83 per cent compared to 86.9 per cent in our previous survey). One-third of the sample were secretaries, or technical assistants (57 per cent), and the remaining 6 per cent were medical laboratory technicians. Almost two-thirds (63.9 per cent) were married, 8.0 per cent cohabiting, and 28.1 per cent cohabiting, and 28.1 per cent single.

The average age of medical doctors in Germany is approximately 46 years. In our study it was 48.6 years (SD 9.1) for doctors in the new Federal States and 47.3 years (SD 8.8) for those in the older Federal States, a difference which was not statistically significant ($t = 1.17, p > 0.05$) and consistent with the National Statistics cited previously.

<table>
<thead>
<tr>
<th>Medical doctors BGM</th>
<th>Dentists BGM</th>
<th>*BGW II</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Federal States</td>
<td>Old Federal States</td>
<td>New Federal States</td>
</tr>
<tr>
<td>Men (%)</td>
<td>Women (%)</td>
<td>Men (%)</td>
</tr>
<tr>
<td>50.6</td>
<td>49.4</td>
<td>66.5</td>
</tr>
<tr>
<td>42.3</td>
<td>57.7</td>
<td>70.5</td>
</tr>
<tr>
<td>35.4</td>
<td>64.6</td>
<td>72.3</td>
</tr>
</tbody>
</table>

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The data from the BGM further reveal that the proportion of medical doctors per 100,000 inhabitants is significantly different between the old and new Federal States, with the higher proportion of female doctors suggesting that there is a greater social equality for women in the former DDR. More specifically, the statistics from the BGM reveal that the highest proportion of inhabitants to doctors was observed for Brandenburg (1:377), Sachsen-Anhalt (1:349), Free State of Saxony (1:341) followed by Thuringia (1:340), and these figures contrast with areas from the opposite end of the scale, Hamburg (1:200), Berlin (1:204), Free Hanseatic City of Bremen (1:224) and Saarland (1:277).
The majority of males (97.6 per cent) owned their own surgeries, whilst the figure for females was 16.89 per cent. Consequently, whereas 83.2 per cent of females were auxiliary staff (employees), the corresponding figure for males was 2.4.

The finding that males are predominantly in the group of medical doctors (66 per cent male compared to 33 per cent female doctors) is congruent with national findings from the German Ministry of Health in which males represent 68.26 per cent of the medical practitioners. The age varies within the sample from 17 (apprentice) to 78 years! Almost every third person is within the age group 35–44 years, and the mean overall age for the entire sample (doctors and auxiliary personnel) was 38.44 years.

Results

Regional differences with respect to geographical location (East vs West)

Firstly, a multivariate analysis was performed between East and West Federal States using the composite of three job-context variables. They did indeed differ significantly in their perception of work (Wilk’s lambda = 0.97, $R_c = 0.18$, chi-squared (3) = 29.02, $p < 0.001$). The univariate $F$-ratio suggests that the effect was largest for working climate and, to a lesser extent, occupational stress.

On the other hand, by aggregating the former Western States (former BRD States) into one level of a dichotomised explaining or dependent variable, and the former ‘DDR States’ into the other level of explaining variable, the variance between the states within one of these levels is lost (Figs 1 and 2). In order to control for potentially confounding effects of such extraneous variables as age, gender and ‘doctor density’, a second analysis (MANCOVA) was computed using these variables as covariates, thus increasing the precision of the analysis by reducing the error term. In effect, this is an attempt to statistically adjust for differences among the preexisting (geographical) groups on the covariates. Even when the potentially confounding effects of these covariates are taken into account, the between-group differences (new vs old Federal States) persist (Pillai Spur = 0.03, $F(3,850) = 8.29$, $p < 0.001$) the difference being statistically significant for stress ($M_{new} = 11.5$, $M_{old} = 10.87$; $F(1,852) = 4.57$, $p < 0.05$) and working climate ($M_{new} = 16.40$, $M_{old} = 15.27$; $F(1,852 = 13.85$, $p < 0.001$) only.

Table 2 — A comparison of the job-related profiles of individuals working in the new and old Federal States (high scores imply greater job-related stress, better working climate and greater satisfaction at work).

<table>
<thead>
<tr>
<th>Work-related variable</th>
<th>Stress</th>
<th>Work climate</th>
<th>Work satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>11.53 (3.09)</td>
<td>16.42 (2.81)</td>
<td>20.31 (3.06)</td>
</tr>
<tr>
<td>West</td>
<td>10.86 (3.10)</td>
<td>15.26 (3.16)</td>
<td>19.99 (3.24)</td>
</tr>
<tr>
<td>$f(1,859)$</td>
<td>5.77</td>
<td>16.44</td>
<td>1.13</td>
</tr>
<tr>
<td>$P$</td>
<td>0.02*</td>
<td>0.001***</td>
<td>n.s.</td>
</tr>
</tbody>
</table>

*p < 0.05; ***p < 0.001.
In the current study, multiple linear discriminant analyses were further used to assess whether the composite job stress profiles differed between the new and old Federal States. The effect was indeed statistically significant (Wilk’s lambda = 0.97, \( F(15, 884) = 1.95 \), chi-squared (15) = 28.95, \( R_c = 0.18 \), \( p < 0.02 \)). An examination of Fig. 2 reveals that four of the five East Federal States (and Berlin, 11.28) displayed stress scores above the population mean (10.98), with three states, Sachsen-Anhalt (12.64), Mecklenburg-Western Pomerania (12.18) and States of Saxony (12.00) displaying the highest scores of all Federal States. In contrast to the previous study with veterinary professionals, Thuringia emerged as average in its reported occupational stress scores. Of all the older Federal States, occupational stress was highest for Hamburg (11.80), followed by Baden-Württemburg (11.43) and Niedersachsen (11.29). The least stress was reported by those practices in Rheinland Palatinate (9.93), Schleswig-Holstein (10.07) and Nord-Rhein Westfalia (10.50).

Similarly, in order to verify which specific areas (Federal States) showed the lowest and highest scores for working climate, a more comprehensive analysis was conducted. The results illustrate a ‘climate hierarchy’ showing the variation from state to state. The first five most highly ranked positive evaluations of working climate were yielded exclusively by new Federal States (Sachsen, 16.91; Brandenburg, 16.88; Mecklenburg-Western Pomerania, 16.55; Sachsen-Anhalt, 16.27, and Thüringen, 16.23). The lowest overall ratings for working climate were reported for the free Hanseatic city of Bremen (14.11) and Rheinland-Palatinate (14.56). The most positive evaluation amongst the old Federal States was in Saarland (16.00).

**New vs old Federal States: attitudes towards safety and risk-taking**

A between-group comparison was made along the various dimensions of safety and risk-taking attitudes (again controlling for possible
moderating effects of age, gender and doctor density by introducing these as covariates in the MANOVA). There were significant differences between new and old Federal States on the scales of risk-taking and safety-consciousness (Pillai trace = 0.02, $F(5,821) = 3.72$, $p < 0.002$). Medical professionals in the new Federal States were significantly less risk-taking than their West German counterparts ($F(1,832) = 8.04$, $p < 0.01$) and more safety-oriented (cf. Fig. 3).

Accident rates across various Federal States

A between-Federal States analysis (new vs old) was computed in order to compare average moving vehicle accidents and work-related accidents. No significant difference was found in either moving vehicle accidents ($M_{\text{new}} = 0.082$, $M_{\text{old}} = 0.087$; $F(1,856) = 0.06$, $p > 0.05$, n.s.) or work-related accidents ($M_{\text{new}} = 0.083$, $M_{\text{old}} = 0.011$; $F(1,889) = 0.58$, $p > 0.05$ n.s.). A high percentage of accidents were, however, found for practices in specific Federal States, e.g. Rheinland-Palatinate (14.8 per cent), Hamburg (12.0 per cent), Bavaria (11.3 per cent), and Berlin (11.1 per cent).

Discussion

The intention of this study was to explore work-related psychological and social factors in the German new and old Federal States 10 years after reunification. For this purpose, the subjectively experienced occupational stress, working climate, satisfaction at work, and attitudes towards risk-taking were assessed for a relatively homogeneous occupational group (medical and auxiliary professionals) in the new and old Federal States. Moreover, this was a replication of two previous studies conducted with medical professionals and veterinary surgeons.

In response to the first hypothesis. We find on the third consecutive occasion, that the medical profession working in Western Germany display significant lower occupational stress scores than their East German counterparts. Since all individuals who completed these questionnaires were employed, these differences could not be attributed to unemployment per se, but more accurately reflect the subjectively perceived pressures relating to work, which may indeed encompass such factors as ‘job security’.

In addition, it could be confirmed that geographical proximity between newer and older Federal States will also influence the degree of social tension (stress) experienced. More specifically, the negative impact of ‘cultural conflict’ in terms of occupational stress will be less for those Federal States (e.g. Brandenburg) with no direct boundary with the former older Federal States. It is noteworthy that the stress levels varied from State to State, but remained consistently higher for the new Federal States, and was highest for those States with larger boundaries shared with their former West German States. This lends credence to the assertion that the potentially negative impact of ‘culture shock’ is highest for those ‘neighbours’ who are closest in physical proximity. Presumably, individuals in the new Federal States near to the former West Germany perceive themselves in greater direct competition either because patients may be receiving treatment in the neighbouring ‘West German’ clinical practices, or they may fear that medical professionals will change the location of their medical surgeries (moving to East German provinces).

Somewhat paradoxically, persons from the new Federal States showed a more positive assessment of their working climate, which could be an indication of greater collectivism. Certainly the higher levels of occupational stress among East German medical professionals does not inevitably lead to a negative work climate, and indeed this fits in with previous findings that working...
climate and occupational stress are psychometrically and theoretically independent.

No significant differences were reported in terms of work satisfaction between new and old Federal States. This again is consistent with our previous findings.38,39 We have frequently found that especially in medical professions, the level of occupational stress experienced can be extremely high, yet the intrinsic work satisfaction also remains high. It is clearly possible to exhibit high levels of satisfaction and work commitment even when we feel intense job pressures. In addition, we would not expect medical doctors in the newer Federal States to necessarily report job dissatisfaction simply because they are more stressed. Kirkcaldy and Furnham43 and Kirkcaldy et al.44 have demonstrated that whether the adverse effects of chronic job stress are experienced in such outcome variables as psychological well-being and work satisfaction will depend on the individual’s repertoire of stress-coping mechanisms.

These differences between States could not be explained by differences with respect to gender (more women health workers in the former DDR), or with respect to age (in the former DDR they were older). Furthermore, although the ex-DDR medical professionals on average had approximately 50 more patients to care for (doctor density of 313.2 compared to West German colleagues with 288.9 inhabitants per doctor), these variables were not able to ‘explain’ the differences observed.

Finally, the hypothesis of accident rate being higher among the new Federal States, assuming that stress and fatigue will manifest themselves in outcome variables such as health and accident proneness, could not be confirmed.

Let us return again to possible reasons as to why the occupational group of medical doctors who had previously practised within the social-political framework of the GDR should be particularly ‘stress-susceptible’ to the political and social upheavals occurring after reunification. Firstly, all the medical practices in the former DDR were ‘nationally regulated’ and every doctor had a guaranteed, fixed ‘patient collective’, which would permit a high level of job certainty and relative comfort within the community. After the reunification, patients were allowed to exert free choice in their selection of medical practitioner, and suddenly doctors who were unaccustomed to this ‘free-market medical treatment’ were forced to adopt new strategies for the acquisition of patients and clinical business marketing, which presumably leads to increased occupational stress. Secondly, the doctors in the new Federal States were required to familiarise themselves with novel, complicated administrative structures. For instance, in the former DDR, there was a central health insurance organisation (SVK), which served to deal quickly and unbureaucratically with payment of medical fees. Conversely, the medical system in the FRG was characterised by a great variety of social and private health insurance organisations with individual styles of fee-paying. Finally, entry to a tertiary educational establishment (university, ‘Hochschule or Polytechnische Oberschule’) in the former DDR required that an individual be a member of the State Party and agree to abide to the rules of the Party. Hence, medical doctors previously practising within the political framework of the DDR were required to re-orient themselves in a new political direction, and presumably experienced a high level of subjective discomfort and existential uncertainty with the knowledge that certain privileges previously given were likely to be ‘eliminated’. Certainly, these factors are likely to have played a role in the higher levels of job-related pressures reported in the new Federal States.

Some methodological artefacts should be considered. There are clearly the problems of generalisation due to an over-reliance of self-report measures, and limitations arising from the cross-sectional nature of the study. This is partly countered when it is realised that this represents one of three separate studies conducted over the years among the medical profession between the new and old Federal States.

It may be that differences in social desirability or impression management are likely to influence the results. Again if this is the case in the West we would predict smaller occupational stress scores coupled with higher evaluation of working climate. Alternatively, in East Germany we would anticipate higher scores on the scale working climate and reduced occupational stress scores. It would be difficult to explain the differential effects of social desirability on these two job-related scales. There is no empirical evidence as to why the different Federal States should respond
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differently in terms of social desirability towards evaluation of job stress and working climate.

Another problem may arise due to the lack of control for State of origin. On the other hand, ‘transmigration’ is probably not too big an issue, because the number of medical professionals who actually move location is probably quite negligible due to strictly enforced restrictions and regulations imposed by the Regional Health Authorities as to the density of medical doctors permitted to set up practice in a given locality.

We previously discussed how the reunification of the two Germanies could be perceived as a global societal experiment in cultural sensitisation. One of the major findings of this unique experiment is that even 10 years after the ‘coalescence’ of political, social and economic systems, distinct differences remain in social attitudes, the orientation to daily living, and life expectations of the citizens of the previously ‘segregated’ nations. Furthermore, the analyses of this study — one of a series of surveys — has demonstrated that these ‘cross-cultural’ differences are also observed in the domain of work. Evidently, psychological and social processes persist a decade after reunification.

References

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