



Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Constrained choices? Linking employees' and spouses' work time to health behaviors



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ARTICLE INFO

Article history:

Available online 11 December 2014

Keywords:

US
Fast food consumption
Exercise
Work hours
Gender
Couple
Spouse
Constrained choices

ABSTRACT

There are extensive literatures on work conditions and health and on family contexts and health, but less research asking how a spouse or partners' work conditions may affect health behaviors. Drawing on the constrained choices framework, we theorized health behaviors as a product of one's own time and spouses' work time as well as gender expectations. We examined fast food consumption and exercise behaviors using survey data from 429 employees in an Information Technology (IT) division of a U.S. Fortune 500 firm and from their spouses. We found fast food consumption is affected by men's work hours—both male employees' own work hours and the hours worked by husbands of women respondents—in a nonlinear way. The groups most likely to eat fast food are men working 50 h/week and women whose husbands work 45–50 h/week. Second, exercise is better explained if work time is conceptualized at the couple, rather than individual, level. In particular, neo-traditional arrangements (where husbands work longer than their wives) constrain women's ability to engage in exercise but increase odds of men exercising. Women in couples where both partners are working long hours have the highest odds of exercise. In addition, women working long hours with high schedule control are more apt to exercise and men working long hours whose wives have high schedule flexibility are as well. Our findings suggest different health behaviors may have distinct antecedents but gendered work-family expectations shape time allocations in ways that promote men's and constrain women's health behaviors. They also suggest the need to expand the constrained choices framework to recognize that long hours may encourage exercise if both partners are looking to sustain long work hours and that work resources, specifically schedule control, of one partner may expand the choices of the other.

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One puzzle in health research is: why do people adopt unhealthy behaviors despite widespread knowledge of their potential harm? The deleterious effects of fast food and physical inactivity, for example, are widely known: both are key modifiable risk factors for obesity, a condition associated with multiple adverse health outcomes including type-2 diabetes, cardiovascular disease, high blood pressure, and some forms of cancer (Mokdad et al., 2003). Building on the “constrained choices” framework (Bird and Rieker, 2008), we argue that individuals make health-related choices within the constraints of multilayered contexts, including work and family circumstances and gender expectations. Here we focus on

constraints related to the resource of *time* in light of its importance in decisions such as whether to prepare healthy meals and whether to exercise (Brown and Roberts, 2011; Chinn et al., 1999). Unhealthy fast food, for example, is often a time-saving strategy that can be incorporated into a busy life (Devine et al., 2006), and exercise decisions depend at least in part on the amount of discretionary time individuals have available (Nomaguchi and Bianchi, 2004).

The last few decades have witnessed a noticeable change in work and family in the United States, with repercussions for time resources as well as health behaviors. First, professionals and managers increasingly report time strain, given the rising intensity of work and actual work hours (Cha and Weeden, 2014; Clarkberg and Moen, 2001; Moen et al., 2013b, 2013c; Schieman et al., 2006). Second, families are increasingly time-squeezed, as dual-earner families have become the statistical norm for married couples (U.S. Labor Department, 2013: Table 4). Thus couples' time

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resources have declined even as time strains have escalated (Jacobs and Gerson, 2001, 2004; Moen and Sweet, 2003). Third, wives are increasingly the family breadwinners (Raley et al., 2006), often putting in more time and earning more money than their husbands.

Against this backdrop of broad social changes we drew on couple-level data to illuminate whether the work time of one or both spouses predicts health behaviors and whether this differs by gender. Using a unique dataset that surveyed employees in an Information Technology (IT) division of a U.S. Fortune 500 company (referred to as respondents) and their spouses, we extend the health behavior literature by examining these IT professionals' own work hours *and* those of their spouses/partners to shed light on the interplay between work time, control over work schedules, gender, and health behaviors. These salaried professionals are of high socioeconomic status; 80% have a college degree and personal income is high (mean \$92,280). The majority (68%) of our respondents are men. We find no gender differences in respondents' work hours (mean 46 h/week), but their family contexts differ a great deal by gender. While men respondents typically put in longer hours on the job than their wives, more than half of women respondents work longer than their husbands. This emerging subgroup—women professionals who work more than their husbands/partners—is unlikely to be captured in significant numbers in nationally representative samples. Our study therefore is able to examine this group in greater detail, possibly foreshadowing implications for women's and men's health behaviors as more women's jobs become the “main” job in the household.

We address three questions: (1) Do spouses' work hours or couples' conjoint work-hour arrangements predict respondents' odds of eating fast food and exercise? (2) Is control over work time (reported by respondents and/or spouses) a buffer in the relationship between respondents' long work hours and health behaviors? (3) Are relationships between work time and health behaviors moderated by gender within the couple context?

1. Work hours in relation to fast food consumption and exercise: mixed findings

Previous studies on work hours and health-related outcomes have been focused on workers' own work hours, with Kleiner and Pavalko (2010) providing one of the most nuanced views of these patterns. Using the National Longitudinal Survey of Youth 1979, Kleiner and Pavalko found a curvilinear relationship between work time and health: greater-than-standard work hours (41–59) predicted lower levels of mental and physical health, but workers reporting extremely long hours (>59) did not report significantly worse health than full-time (40 h) workers. The authors proposed several explanations for why very long work hours were not deleterious to health outcomes: more access to flexible scheduling, small sample size, and health selection among the group working extremely long hours. Although they did not investigate health behaviors, their study yields crucial insights into the segmented nature of the work hour-health linkage. To better understand the relationship between work hours and health, it is important to examine two key health-related behaviors—eating and exercise—the outcomes we investigate.

From a time availability perspective, more hours on the job often mean less time for workers to prepare healthy meals or to exercise. However, empirical evidence is mixed. One line of scholarship shows those working more hours are more apt to report coming home too tired to do the chores or spend time in leisure (Golden and Wiens-Fuers, 2008). In a survey of low- and moderate-income employed parents in New York, Devine et al. (2009) found that fathers and mothers who worked long hours (≥ 45) reported significantly greater use of convenience (fast) foods. Work

hours have also been shown to encroach on workers' time for exercise, although the effect size is small (Nomaguchi and Bianchi, 2004). Similar findings are documented elsewhere (for dietary habits, see Nakamura et al., 1998; for exercise, see Artazcoz et al., 2009; Popham and Mitchell, 2006).

However, contradictory evidence exists. In a U.S. sample, Grzywacz and Marks (2001) found working *more* hours was associated with *more* regular exercise. Lallukka et al. (2004) also found Finnish men reporting overtime work (>40) were more likely to follow a healthy diet and engage in physical activity. Both studies controlled for education, household earnings or occupational class, so the counterintuitive findings cannot be simply explained away by advantaged employees' ability to “buy time.” Another set of studies found no association between hours worked and food choice or physical activity, including two extensive meta-analyses (Shields, 1999; van der Horst et al., 2011).

We argue that this conflicting evidence linking individual workers' own work hours to their health behaviors might result from lack of attention to the larger context of *couple* time availability. Researchers have repeatedly argued that the implications of one spouse's work can be best understood within the context of the other's (Moen, 2003; Moen and Hernandez, 2009). Most existing literature on health behaviors, however, adopts a highly individualized approach—focusing on individual workers exclusively. This is likely a consequence of limited data on couples as well as the theorizing of individuals as decision-makers. We begin to fill this research gap by examining the health behavior effects of spouses' and couple's conjoint work hours, theorizing both may constrain (or facilitate) food and exercise choices, but in gendered ways.

2. Spouses' work time in relation to respondents' fast food consumption and exercise

There is little research on the effects of spousal employment and work hours on respondents' health behaviors, but more research on the effect of spousal employment and work hours on self-reported health. A nationally representative study showed that having an employed spouse was linked to better health (Kleiner and Pavalko, 2010). But this association could differ by gender. Given that paid work is tightly linked to masculinity, and that men are still expected to be breadwinners (Moen and Roehling, 2005; Townsend, 2002), non-working husbands violate conventional expectations. Both these men and their wives may experience increased stress and reduced wellbeing (Bird and Rieker, 2008). Conversely, non-working wives may engage in conventional household roles, preparing healthy meals for their husbands and protecting time for their husbands to exercise. This argument leads us to predict a gender-differentiated pattern linking spouses' employment to respondents' health behaviors:

Hypothesis 1a. *Women respondents whose husbands are not employed will be more likely to consume fast food and less apt to exercise. However, wives' non-employment will be associated with lower fast food consumption and higher odds of exercise for men respondents.*

Long work hours by spouses may mean that they are less available for tasks such as shopping for and preparing food, but gender expectations also matter. The health consequences of spouses' long work hours may be particularly severe for men respondents (i.e. male IT employees whose wives work long hours), given that it is usually women who do most housework. For example, Stolzenberg (2001) reported that a longer work week of wives (>40) was linked to husbands' negative health outcomes, but long work hours by husbands were unrelated to wives' health. Additionally, this relationship may be non-linear. In their

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