



Team-level flexibility, work–home spillover, and health behavior

Phyllis Moen*, Wen Fan, Erin L. Kelly

Department of Sociology, University of Minnesota, Minneapolis, MN, United States

ARTICLE INFO

Article history:

Available online 20 February 2013

Keywords:

Work-time flexibility
 ROWE intervention
 Health behaviors
 Work-home spillover
 Work-family
 Home contexts
 Multilevel modeling
 U.S.A.

ABSTRACT

Drawing on two waves of survey data conducted six months apart in 2006, this study examined the impacts of a team-level flexibility initiative (ROWE – Results Only Work Environment) on changes in the work-home spillover and health behavior of employees at the Midwest headquarters of a large US corporation. Using cluster analysis, we identified three distinct baseline spillover constellations: employees with *high negative* spillover, *high positive* spillover, and *low overall* spillover. Within-team spillover measures were highly intercorrelated, suggesting that work teams as well as individuals have identifiable patterns of spillover. Multilevel analyses showed ROWE reduced individual- and team-level negative work-home spillover but not positive work-home spillover or spillover from home-to-work. ROWE also promoted employees' health behaviors: increasing the odds of quitting smoking, decreasing smoking frequency, and promoting perceptions of adequate time for healthy meals. Trends suggest that ROWE also decreased the odds of excessive drinking and improved sleep adequacy and exercise frequency. Some health behavior effects were mediated via reduced individual-level negative work-home spillover (exercise frequency, adequate time for sleep) and reduced team-level negative work-home spillover (smoking frequency, exercise frequency, and adequate time for sleep). While we found no moderating effects of gender, ROWE especially improved the exercise frequency of singles and reduced the smoking frequency of employees with low overall spillover at baseline.

© 2013 Published by Elsevier Ltd.

Introduction

This U.S. study examines the effects of a workplace flexibility initiative (ROWE, described below) on work-home spillover and health behaviors while taking account of baseline spillover and home contexts. Although linkages between workplace flexibility and work-related outcomes (such as job satisfaction, turnover intentions, etc.) have been studied extensively (see, for example, Carlson, Grzywacz, & Kacmar, 2010; Kossek, Lautsch, & Eaton, 2006; Moen, Kelly, & Hill, 2011; Roehling, Roehling, & Moen, 2001), scholars have only begun to investigate the relationship between workplace flexibility policies and various health behaviors. Moreover, empirical evidence to date is weak and inconsistent (Grzywacz, Carlson, & Shulkin, 2008). While policies have been associated with work-home spillover (Glass & Estes, 1997; Kelly, Moen, & Tranby, 2011), most studies are cross-sectional and do not examine possible changes in either flexibility or spillover, much less possible moderating effects of workers' home contexts.

This study contributes to the existing literature first by adopting a more stringent study design: the evidence comes from a

longitudinal natural experiment, thereby overcoming the inherent limitations of both observational and cross-sectional data. Second, we examined individual- and team-level changes simultaneously, using a multilevel model to disentangle individual from group effects. Third, this study is the first to our knowledge to integrate four types of spillover between work and home into identifiable baseline constellations in order to examine whether employees having various spillover profiles react differently (in terms of health behaviors) to a flexibility initiative. Doing so responds to calls (Frone, 2003; Grzywacz & Marks, 2000a) for scholars to investigate positive work-home experiences rather than focusing exclusively on negative spillover. Fourth, we propose a dynamic mediational model, with changes in individual- and team-level spillover operating as potential mediators between the introduction of a flexibility initiative and subsequent changes in health behavior. It thus opens up the work-family black box (Moen et al., 2008b) to promote understanding of how the introduction of flexible work arrangements might bring about health behavior changes, and whether this differs depending on employees' prior spillover constellations. Finally, we examined the potential moderating effects of home ecologies capturing home demands and home control, to see whether they shape the effects of ROWE on health behavior. We also assessed whether these processes operate similarly for women and men, finding no statistically significant gender differences,

* Corresponding author.

E-mail address: phylmoen@umn.edu (P. Moen).

which is in line with findings by Grzywacz, Casey, and Jones (2007) and Grzywacz and Marks (2000b). Given space limitations we do not present these gender analyses.

Background and hypotheses

The ROWE initiative and spillover change

There is a growing body of scholarship calling for greater workplace flexibility as a way of improving the interface between work and family (Bianchi & Milkie, 2010; Christensen & Schneider, 2010; Voydanoff, 2004; *Workplace Flexibility*, 2010). Flexibility arrangements range from informal procedures implemented by managers for certain workers to formal interventions offering employees a high degree of control over their work time (Hill et al., 2008; Kelly & Moen, 2007). The Results Only Work Environment (ROWE) initiative was rolled out sequentially to various departments at the corporate headquarters (approximately 3500 employees) of a Fortune 500 retail company. Designed in-house by two people in its human resources department, it encourages employees, managers and teams to focus on results, not time spent on the job. While most flexible work arrangements (such as flex-time, telecommuting, compressed work weeks, reduced-hours schedules) allow a select few employees to deviate from standard work hours and routines with their supervisors' permission (Kelly & Kalev, 2006), ROWE aims to shift the organizational culture so that employee control over the time, timing, and location of their work becomes the norm for all employees, not the exception granted to a deserving few. The designers of ROWE defined the desired work environment as one in which employees and managers can "do whatever they want, whenever they want, as long as the work gets done" (Ressler & Thompson, 2008: p. 3). ROWE offers temporal flexibility on condition that deadlines and objectives are met. Employees can routinely change when and where they work based on their individual needs and job responsibilities (including a responsibility to coordinate work within the team as needed), without seeking permission from a manager or even notifying one. While there were initial concerns that the increased schedule flexibility would lead to increased work demands, previous research found that ROWE had no impact on work hours, which averaged about 48 hours a week (Moen, Kelly, Tranby, & Huang, 2011). (A more detailed description of ROWE is in the *Methods* section.)

Note that ROWE was not promoted as a "work-family" or "family-friendly" innovation; rather, the goal was to fashion a new way of working that did not use time as a measure of either activity or productivity. Still, given the degree of autonomy granted over when and where workers can do their jobs, we expect that the ROWE initiative should produce desirable changes in the work-home interface by allowing employees to take care of tasks in both domains more fluidly. We adopt the classification scheme of Grzywacz and Marks (2000a), whose ecological perspective suggests that the work-family relation can best be described by four distinct dimensions: negative spillover from work to family, negative spillover from family to work, positive spillover from work to family, and positive spillover from family to work (see also Frone, 2003). We draw on these four spillover constructs to test whether the ROWE flexibility initiative affected spillover change and further extend their study by examining whether these changes predict changes in health-related behaviors.

First, we expected that participating in ROWE produces salutary changes in both work-to-home and home-to-work spillover. In a meta-analytic review, Byron (2005) observed that some work factors (such as job stress) have "simultaneously disruptive effects" within both spheres (p. 190, see also Beauregard, 2006). Grzywacz

and Marks (2000a) found certain work factors (decision latitude) related to less negative work-to-family and more positive spillover (in both directions). Greater control over the time and timing of work are what Voydanoff (2005) refers to as "boundary spanning resources." ROWE promotes a results-focused approach and encourages employees to develop schedules that fit their own needs. Arguably, this flexibility could ease temporal constraints and improve employees' ability to meet work and home obligations, thereby enhancing positive work-to-home (PWHS) and home-to-work spillover (PHWS), and reducing negative work-to-home (NWHS) and home-to-work spillover (NHWS). In line with this argument, the schedule flexibility offered might well augment employees' skills such as "organization, forward-thinking, and sound judgment" (Carlson et al., 2010: p. 335), with such skills useful at both work and home.

Second, creating a Results Only Work Environment is presented by the ROWE trainers as an ongoing, collective effort to change the organizational culture. Work groups are described as a ROWE team rather than labeling individuals as telecommuters or users of flextime. The focus on collective culture change suggests that the salutary effects on work-to-home or home-to-work spillover may also take place at the team level. ROWE teams aim to accommodate the non-work aspects of team members' lives while also achieving expected results on the job; working in such an environment should serve as a protective factor promoting positive and reducing negative spillover from work-to-home and vice versa.

Previous analysis found ROWE reduced negative work-to-home spillover (Kelly et al., 2011), but did not test home-to-work spillover, team-level variations, or moderators. Hence, our first hypothesis:

H1. The ROWE flexibility initiative is associated with an increase in positive and a decrease in negative work-to-home and home-to-work spillover, at both individual- and team-levels.

ROWE and health behavior change

According to the time availability perspective (Barnett, 1998; Nomaguchi & Bianchi, 2004) and the scarcity hypothesis (Goode, 1960), time is a limited resource that constrains activities, with health-related behavior often pushed aside in response to work and family obligations. Strains, specifically, job strain (Karasek, 1979) or time strain (Moen, Kelly, & Lam in press), have been empirically linked to deleterious consequences. By providing employees greater control over when and where they work, ROWE should facilitate employees' opportunity to decrease harmful and increase positive health-related behaviors. Extant evidence on the relationship between flexibility and health behavior is inconsistent. Based on a controlled intervention in a unit of a Finish airline company, Viitasalo, Kuosma, Latinen, Harma (2008) found no significant effects of a more flexible shift system on alcohol consumption or dietary habits among 84 male workers. However, Devine, Connors, Sobal, and Bisogni's (2003) qualitative interviews of 51 low-to-moderate income workers in upstate New York showed employees with inflexible jobs reported not having adequate time or energy for preparing meals. Some studies have found little or no association between workers' control of schedules and physical activity (Lucove, Huston, & Evenson, 2007; Viitasalo et al., 2008). But a flexibility intervention has been associated with decreasing daytime sleepiness (Viitasalo et al., 2008); flexibility has also been linked with higher quality sleep (Grzywacz et al., 2007) and employees with more flexible managers report sleeping almost half an hour more per night (Berkman, Buxton, Ertel, & Okechukwu, 2010).

Most of this literature is based on cross-sectional data, which partly explains the mixed findings and makes it difficult to assess causal relationships (Bianchi & Milkie, 2010). But in a study of US-

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات