Introduction

The Sloan Work and Family Research Network has prepared Fact Sheets which provide statistical answers to some important questions about work-family and work/life issues. This Fact Sheet includes statistics about Health and Workplace Flexibility.

What factors affect employees’ health?

Fact 1  According to a study exploring worker’s perceptions of how their jobs affect their health, Ettner & Grzywacz found that “a worker reporting serious ongoing stress at work would be only about two thirds as likely to report positive effects of job on health, but about two thirds more likely to report negative effects, as a worker who did not report such stress” (2001, p. 109).

Fact 2  According to the National Study of the Changing Workforce (NSCW), “nearly three times as many employees in effective workplaces—36%—exhibit very good mental health as employees in ineffective workplaces • 13%” (Bond, Galinsky, & Hill, 2002, p. 4). The Families and Work Institute define effective workplaces as those that offer their employees: job autonomy, challenge and opportunity for growth and advancement, supervisory and co-worker support, decision latitude, and flexibility.

Fact 3  In his study exploring the relationship between psychiatric disorders and work-family conflict, Frone found that individuals who experience work-to-family conflict often were 3.13 times more likely to have a mood disorder, 2.46 times more likely to have an anxiety disorder, and 1.99 times more likely to have a substance dependence disorder than were individuals with no work-to-family conflict. Individuals who experience family-to-work conflict often were 29.66 times more likely to have a mood disorder, 9.49 times more likely to have an anxiety disorder, and 11.36 times more likely to have a substance dependence disorder than were individuals with no family-to-work conflict” (Frone, 2000, p. 892).

Fact 4  “The average weekly hours of family caregiving for adult relatives amount to a part-time job: 23 hours per week for women, and 19 for men” (National Alliance for Caregiving and AARP, 2004).

Fact 5  While most caregivers reported that they are in good physical health, “about one in six (17%) considers their health as fair (12%) or poor (5%)” (National Alliance for Caregiving and AARP, 2004, 56). However,
caregiving appears to create more emotional stress than physical strain. “One third (35%) of caregivers say taking care of the person they help rates a four or five, on a five point scale where five is very stressful” (National Alliance for Caregiving and AARP, 2004, p. 60).

Fact 6 When caregivers were surveyed about their unmet needs the most frequently reported were “finding time for myself (35%), managing emotional and physical stress (29%) and balancing work and family responsibilities (29%)” (National Alliance for Caregiving and AARP, 2004, p. 14).

How do parents’ work hours affect their children?

Fact 1 With regard to children’s illnesses and injuries, “the presence of parents has been shown to reduce the duration of hospital stays by 31%” (Heymann, Toomey, & Furstenberg, 1999, p. 870).

Fact 2 “Even when statistical methods are used to control for differences in family income and in parental education, marital status, and total hours worked, the more hours parents are away from home after school and in the evening, the more likely their children are to test in the bottom quartile on achievement tests” (Heymann, 2000, p. 56-57).

Fact 3 A national study of working parents found that, “families in which a child was at the bottom quartile in reading or math were significantly more likely to face working conditions that made it difficult or impossible for the parents to adequately assist their children. Of parents who had a child scoring in the bottom quartile on math, more than half at times lacked any kind of paid leave, and nearly three-fourths could not consistently rely on flexibility at work...Families in which a child scored in the bottom quartile in reading were equally constrained by working conditions. More than half of these parents lacked paid leave, and nearly three out of four lacked flexibility they could rely on” (Heymann, 2000, p. 54-55).

Fact 4 Of the participants sampled, “nearly six in ten caregivers (59%) say they have worked at some time while they were actively providing care. Of these, six in ten (62%) say they had to make some work-related adjustments in order to help the person they care for. More than half (57%) of working caregivers say that as a result of their caregiving responsibilities they have had to go in (to work) late, leave early, or take time off during the day to provide care” (National Alliance for Caregiving and AARP, 2004, p. 13).

Why do employees work when they or their children are sick?

Fact 1 In a recent poll conducted by ComPsych Corporation, 77% of respondents reported going to work when they were sick for the following reasons: 33% “because my workload makes it too difficult to take off,” 26% “because it feels ‘risky’ to take off in the current work environment,” and 18% “because I have to save my sick days for when my kids need me” (ComPsych Corporation, 2004).

Fact 2 In a study of working parents, 42% of sample participants cared for their children when they were sick, while 58% continued to work. Parents who cared for their children reported they could do so because of paid leave policies within their workplace: “29% were able to use paid vacation and personal days, 14% received paid leave to care for sick family members, and 11% were able to use their own paid sick leave” (Heymann, Toomey, & Furstenberg, 1999, p. 872).
Which employees have paid sick leave?

**Fact 1**  “Only 47 percent of low-wage employees (bottom 25% of wage distribution) have paid sick leave compared with 84 percent of high-wage employees (top 25% of wage distribution)” (Bond, Galinsky, & Hill, 2002, p. 9).

**Fact 2**  “Only 68 percent of the U.S. workforce have paid time off for personal illness, with managers and professionals, more highly compensated employees, and older employees having greater access than other employees” (Bond, Galinsky, & Hill, 2002, p. 9).

**Fact 3**  “54 percent of employees have paid time off to care for children” (p. 9). This paid time off “involves being allowed to take a few days off to care for a sick child without losing pay, without using vacation days, and without having to make up some other reason for one’s absence” (Bond, Galinsky, & Hill, 2002, p. 9).

What is the impact of absenteeism and presenteeism on businesses?

**Fact 1**  According to the 2005 CCH Unscheduled Absence Survey, “the average cost of absenteeism rose to $660 per person per year, up from $610 in 2004. Notably the survey only measures direct payroll costs for paid, unproductive time. The high cost of absenteeism hurts organizations even more when other costs, such as lost productivity, morale and temporary labor costs are considered” (CCH Incorporated, 2005).

**Fact 2**  According to the 2005 CCH Unscheduled Absence Survey, “two out of three employees who fail to show up for work aren’t physically ill…The survey found that Personal Illness accounts for only 35 percent of unscheduled absences, while 65 percent of absences are due to other reasons, including Family Issues (21 percent), Personal Needs (18 percent), Entitlement Mentality (14 percent) and Stress (12 percent)” (CCH Incorporated, 2005).

**Fact 3**  When employers were surveyed about the effects of presenteeism [circumstances in which employees come to work even though they are ill], or working while ill, “nearly half (48 percent) of employers surveyed reported that presenteeism is a problem in their organizations, up over 20 percent from the 39 percent who saw it as a problem last year” (CCH Incorporated, 2005).

Which work-life programs reduce absenteeism?

**Fact 1**  “On a scale of 1 to 5 (with 5 being most effective), the work-life programs ranked highest for reducing unscheduled absences are Alternative Work Arrangements (3.5), Flu Shot Programs (3.4), Leave for School Functions, Telecommuting, Compressed Work Week and On-site Child Care (each at 3.3)” (CCH Incorporated, 2005).

**Fact 2**  In a study of how workplace conditions influence a parent’s ability to care for their sick children, “parents who had either paid sick or vacation leave were 5.2 times as likely to care for their children themselves when they were sick” (Heymann, Toomey, & Furstenberg, 1999, p. 870).
The Network has additional resources related to this topic.

1. You can find a topic page for Research/Teaching dedicated to Health and Workplace Flexibility at:
   http://wfnetwork.bc.edu/academics.php (choose ‘Health and Workplace Flexibility’ from the Topics List).

If you are interested in this topic from the State Policy or Workplace Practice perspective,
   a) go back to our home page www.bc.edu/wfnetwork/
   b) click on the appropriate user group
   c) and choose ‘Health and Workplace Flexibility’ from the Topics List

2. Our database of academic literature contains the citations and annotations of literature related to the issue of Health and Workplace Flexibility. You can connect to this database at:
   http://library.bc.edu/F?func=find-b-0&local_base=BCL_WF

References


“The NSCW surveys representative samples of the nation’s workforce once every five years (1992, 1997, 2002). Sample sizes average 3,500, including both wage and salaried employees and self-employed workers” (p. v). Several of the questions in the National Study of the Changing Workforce were taken from or based upon questions in the Quality of Employment Survey (QES) conducted three times by the Department of Labor from 1969 to 1977. Although the NSCW is more comprehensive than the QES in addressing issues related to both work and personal life and has a stronger business perspective, having comparable data from over a 25 year period has provided a unique opportunity to look at trends over time. The 2002 NSCW uses 25 years of trend data to examine five topics in depth: women in the workforce; dual earner couples, the role of technology in employees’ lives on and off the job, work-life supports on the job, and working for oneself versus someone else (p. v).

To read the Executive Summary or the press release, and to purchase the full report as a PDF E-product, please visit http://www.familiesandwork.org/announce/2002NSCW.html.

To link directly to the Summary of FWI research findings please visit: http://familiesandwork.org/3wj/research/3wes.html


The 2005 CCH Unscheduled Absence Survey was conducted online and polled 323 human resource executives in U.S. companies and organizations. The survey included major industry organizations of all sizes in 46 states and the District of Columbia.

To link to a full text review of the survey please visit: http://hr.cch.com/topic-spotlight/hrm/101205a.asp


ComPsych Corporation is the world’s leading provider of employee assistance programs (EAP) and serves more than 23 million individuals and 6,000 organizations worldwide. This survey was conducted over the span of a month and included responses from more than 700 U.S. companies receiving ComPsych services.

“A national sample of 2,048 workers was asked to rate the impact of their job on their physical and mental health” (Ettner & Grzywacz, 2001, 101). Utilizing a social ecology model, the study aimed to explore both the subjective and objective elements of each employee’s work environment. The authors aimed to advance their understanding of the complex relationship between work and health through consideration of both the person and their environment. This article is available in full-text at: [http://www.apa.org/journals/features/ocp62101.pdf](http://www.apa.org/journals/features/ocp62101.pdf)


The National Comorbidity Survey (NCS) is a “national study of a representative sample of 8,098 individuals between the ages of 15 and 54 years. The NCS was designed to produce data on the prevalence, causes, and consequences of psychiatric morbidity and comorbidity in the United States” (p. 890). From the NCS sample, interviews from 2,700 adults between the ages of 18-54 years were studied. Participants were employed at least 20 hours a week, and were either married/cohabitating or the parent of a minor. This article is available in full-text at: [http://content.apa.org/journals/apl/85/6/888](http://content.apa.org/journals/apl/85/6/888)


Primary and secondary sample data for this study were obtained from: the Department of Labor’s National Longitudinal Survey of Youth (NLSY), the Survey of Midlife in the United States, the Urban Working Families Study, and the National Daily Diaries Study. For an overview of *The Widening Gap* please visit: [http://www.iwpr.org/pdf/heymann.pdf](http://www.iwpr.org/pdf/heymann.pdf) For excerpts from *The Widening Gap* please visit: [http://www.globalworkingfamilies.org/](http://www.globalworkingfamilies.org/)

Heymann, J., Toomey, S., & Furstenberg, F. (1999). Working parents: What factors are involved in their ability to take time off from work when their children are sick? *Archives of Pediatrics & Adolescent Medicine, 153*(8), 870-874.

This study was developed in response to research indicating that sick children recover faster when they are cared for by their parents. The authors sought to determine the work conditions that permit and restrict parental ability to care for their sick children. The sample consisted of urban working parents between the ages of 26 and 29 years, who participated in the Baltimore Parenthood Study. The participants were of mixed income levels. The abstract of this article is available at: [http://archpedi.ama-assn.org/cgi/content/abstract/153/8/870](http://archpedi.ama-assn.org/cgi/content/abstract/153/8/870)


This study was a collaborative project between the National Alliance for Caregiving and AARP, in order to further the knowledge-base surrounding the impact of caregiver activities for the elderly. Specific activities performed and needs that are currently left unmet were also explored. Sample participants included 1,247 caregivers, 18 years of age and older, who were interviewed over the telephone. For the full Caregiving in the U.S report please visit: [http://www.aarp.org/research/reference/publicopinions/aresearch-import-853.html](http://www.aarp.org/research/reference/publicopinions/aresearch-import-853.html)