Demands and Resources in Work and Family Life and their Implications for Stress and Health among Canadians

I. INTRODUCTION

This study will assess the implications of demands and resources in work and family life for stress and health among Canadians. Dramatic changes in the labour force and family life have increased exposure to difficulties with balancing work and family life for many working Canadians (Higgins and Duxbury 2002; Whitehead 2008). These changes have produced harmful effects on an array of personal, social, organizational, and health outcomes (Duxbury and Higgins 2009; Dorio, Bryant, and Allen 2008; Mesmer-Magnus and Visweveran 2006; Mullen, Kelley, and Kelloway 2008). Despite a number of valuable previous studies, current research has been unable to definitively specify the particular demands that stand out as stressors, the resources that ameliorate them, and the ways in which these demands and resources vary in their effects on different segments of the Canadian population. Moreover, it has not been able to identify the particular health concerns most associated with the stressors of work-to-family (WFC) or family-to-work conflict (FWC). Finally, previous research has also not assessed the ways the impact of work-family interactions change over time among Canadians in a manner that also accounts for life course stage.1

Our study will move beyond previous research in order to address these pressing issues. In particular, our study will (1) bring together measures from existing data sources and integrate them with new measurement innovations of work-family role blurring activities; (2) assess comprehensive measures of the demands and resources in work and household roles; and (3) collect longitudinal data on a national sample of adults that allows for the evaluation of selection processes and changes in health over time. “Selection” refers to transitions into and out of work and family roles. For example, a worker might change occupations or sectors, reduce paid work hours, or leave the paid workforce because of the onset of new family role responsibilities (e.g., the birth of a child, caring for an aging parent), high levels of WFC/FWC, or poor health. Our longitudinal design responds to calls for prospective studies to determine the processes in the work-family interface in the context of changing family- and work-demands in the general population (Eby et al. 2005; Greenhaus and Parasuraman 1999).

II. CONTEXT and SPECIFIC AIMS

A. Theoretical Framework. This project fits within the general framework of the stress process model. This model identifies both the ways that stressors influence health and the mediating or moderating influence of psychosocial resources (Avison & Gotlib 1994; Pearlin 1999; Thoits 2006). The stress process model underscores the ways that individuals’ statuses and roles determine the kinds of stressors they are exposed to, the resources that they possess, and the ways that stressors manifest as physical and mental health problems. In particular, sociological analyses have sought to document the ways that the conditions in work and family contribute to stressors, responses, and outcomes (Menaghan 1991; Mirowsky and Ross 2003). Moreover, the stress process model can also guide analyses of changes in the quality and nature of work and family roles over the life course and their implications for stress exposure and well-being (Pearlin, Schieman, Fazio, and Meersman 2005; Schieman and Turner 2008).

1 Despite the high level of significance of this problem, relatively little research has been conducted in Canada since the 2001 National Work-Life Study, a cross-sectional study that described patterns in the work-family interface (Duxbury and Higgins 2003). Other Canadian data, like the Canadian Community Health Survey (2008), profile the health of Canadians but lack comprehensive measures of work/family demands, resources, and the work-family interface (Park 2007). Several cycles of the Canadian General Social Survey contain single-item questions that ask about satisfaction with work-life balance, but lack details about health and the work-family interface (Tézli and Gauthier 2009).