Workplace Policies
(with a Focus on Work Time)
from a Life Course Perspective

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Argument

- **Changing workplace policies and practices to**
    - increase employees' input into schedules (i.e. flexibility or control over work time, total hours) and
    - incorporate short times away from work (i.e. paid leaves)

may encourage workers to remain in the labor force longer and improve workers' health and wellbeing across the life course.

- **Older workers and caregivers may benefit, in particular, but these changes are relevant, attractive to most workers.**

- **Some evidence on hand, much more to do**…

Outline

1. Contexts for Conversation
2. Control over Work Time as a Critical Resource
   – Key Findings from the Work, Family & Health Network Studies
3. Time Away from Work as a Critical Resource
4. Some Open Questions

Context: U.S. Public Policy

- **No federal rights to paid leaves (family, sick, vacation)**
- **Minimal working time legislation**
  - Overtime premium for "non-exempt" if >40 hours
  - No maximum hours or rest time requirements
  - Mandatory overtime allowed
  - "Zero hours contracts" as default for hourly workers
  - Salaried workers usually oriented to "whatever the job requires"
  - No "right to request" flex schedule or part-time
- **Minimal union representation, especially in private sector**
- **Employment at will for vast majority (both hourly and salaried)**

Context: U.S. Workforce

- **Increasingly Diverse**
  - ➢ By Gender
  - ➢ By Race, Ethnicity & Nativity
  - ➢ By Age
- **Unpaid Caregiving over the Life Course**
  - ➢ Sibling and kin care as young adults
  - ➢ Parenting
  - ➢ Adult Caregiving for parents, in-laws, spouses, and others

➢ **Managing Own Chronic or Serious Health Conditions**

➢ **Always On or Always Available = Broad Risk Factor**

Context of My Work: Organizational Policy and Practices

- **Development, Diffusion, and Implementation of employer-based family leave policies, child care benefits, flexible work policies**
- **Work, Family, and Health Network (WFHN)**
  - Interdisciplinary research network
  - supported by National Institutes of Health (NIA, NICHD, OBSSR), National Institute for Occupational Safety & Health, WT Grant, Sloan, ACF
  - www.workfamilyhealthnetwork.org
  - 2 cluster RCTs: IT workforce, CNAs in long-term care (nursing homes)
- **Current projects:**
  - Workplace redesign and worker well-being among low- and moderate-wage workforces (supported by Robert Wood Johnson Foundation)
  - Scheduling problems & solutions in warehouse work (supported by Washington Center for Equitable Growth, MIT Sloan Good Companies, Good Jobs Initiative)

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Insights for Work, Family & Health Network

- **Good Jobs Must Include More than Decent Wages**
  - ➤ Occupational health insights from last 40 years:
  - ➤ Job control
  - ➤ Job demands
  - ➤ Support on the Job
  - ➤ *Change the workplace, not the worker*
- **Job Quality Must Address How Work Affects Life**
  - ➤ "Work-family balance" is not only for the professional class
  - ➤ Caregiving happens in all kinds of families, across the life course
  - ➤ Health promotion, including both the management of chronic conditions and everyday "smart choices" affected by work conditions
  - ➤ Older workers interested in more flexibility & "not-so-big jobs" (Moen)

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Key Stressors & Resources for Intervening

- **Schedule <u>control</u>: Control over the time & timing of work**
  - ➢ Job control is critical predictor of health but focused *on the job*
  - ➢ Occupational status, education, tenure (age) all predict greater flexibility but not necessarily all that is desired
  - ➢ Limited schedule control comes in various forms:
    - Long hours, underemployment, unpredictable schedules, on-call work in regular jobs or in gig/contracted work
  - ➢ Seeking flexibility or setting limits violates ideal worker norms
    - Uncommitted
    - Not a team player
    - Expendable…

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Work Time Concerns for IT Professionals

- **Unbounded Work + Unrealistic Demands**
  - ➢ Long hours and stretched hours…
  - ➢ Global labor chain = requires coordination across time zones
  - ➢ Routine but urgent calls (Clawson & Gerstel's "normal unpredictability")
  - ➢ Monitoring email, texts + expectation of picking up any calls = 24/7
  - ➢ "Crunch times" before project deadlines, but last for weeks or months
  - ➢ *Overload: How Good Jobs Went Bad & What We Can Do About It by* Erin L. Kelly and Phyllis Moen (Princeton U Press, March 2020)

- **Overload → disrupted sleep, limited exercise, exhaustion**
  - ➢ Broadly felt – but especially acute for older workers
  - ➢ Few other opportunities – firm-specific skills + age discrimination concerns + might not be better elsewhere…

Work Time Concerns for Hourly Workers (C.N.A.s in long-term care & more)

- **Unpredictable overtime**
  - Lean staffing and managers evaluated on labor costs
  - "Call outs" vicious cycle: taking control over schedule any way they can but then especially hard work day, greater risk of overtime for those are on the job → exhausted and tempted to "call out" after

- **Rigid attendance and tardiness policies mean caregiving or own health issues put job at risk** (even if officially protected by FMLA, ADA)

- **Some take part-time positions to limit hours,** but then may get night shifts, weekend work + less $ and worse roles

Key Stressors & Resources for Intervening

- **Schedule <u>control</u>: Control over time & timing of work**
  - ➢ Job control is critical predictor of health but focused *on the job*
  - ➢ Long hours + unpredictable schedules
  - ➢ Seeking flexibility or setting limits violates ideal worker norms
- **Family <u>support</u>ive supervisor behaviors (Hammer & Kossek)**
  - ➢ Supervisor, co-worker support is critical but focused *on the job*
  - ➢ Gatekeepers for access to better schedules, needed flexibility
- **High work <u>demands</u>**
  - ➢ Increasing expectations to "do more with less"
  - ➢ Lean staffing across sectors + perceived insecurity
  - ➢ Reconsider "low value" tasks (job redesign elements)

Work, Family & Health Intervention

- **A simple flexible work policy is not sufficient**
  - ➤ Limited access because supervisors need to approve
    - Asked to "do more with less" too…
  - ➤ Limited utilization because stigma, penalties
- **Evaluated STAR, a <u>dual work redesign</u> initiative:**
  - ➤ <u>Collective</u> discussion of how work happens now, expectations, coordination practices, etc. = worker input
    - 6 – 12 hours of staff time, differed by industry
  - ➤ Caregiving and health concerns acknowledged but <u>broad framing</u> (vs. single out those with specific family needs)
  - ➤ Identify new schedule (and work-at-home) options and job changes that could work well for the organization & employees

Work, Family & Health Network Study Results: Many Benefits of Redesign Among IT Workers

- Job satisfaction
- Sleep duration & quality
- Sense of "enough time"
- Schedule control (employee feel more choice)
- Supervisor support for personal & family life (employee reports)
- Adolescents' time w/ parents
- Adolescents' handling of everyday stressors

- Burnout*
- Stress*
- Psychological distress*
- Work-family conflicts
- Plans to leave company
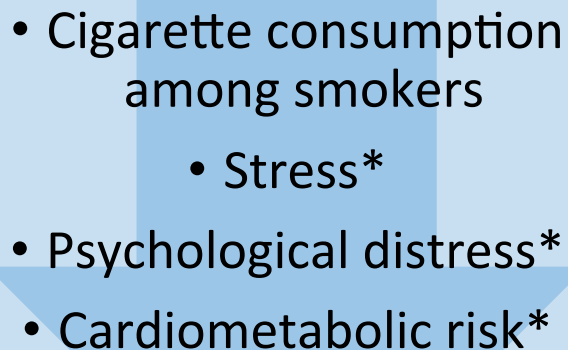- Voluntary exits (turnover)
- Cardiometabolic risk*

NULL EFFECTS for:
- Work hours
- productivity

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Work, Family & Health Network Study Results: Benefits of Redesign Among Long-Term Care Workers

- Safety culture
- Organizational citizenship ("pitching in" to help coworkers)

- Cigarette consumption among smokers
- Stress*
- Psychological distress*
- Cardiometabolic risk*

And other NULL EFFECTS

Highlights from WFHN re: Older Workers

- **IT Professionals who are Boomers:**
  - ➤ Those who are randomized to the WFHN intervention plan to work longer for this organization, i.e. stay in "career" job longer
    - More likely to expect to stay until age 67+
    - Men in STAR >2.5x as likely as men in control group to expect to remain at firm until 67+ years
    - Women also affected (but still plan earlier retirements)
- **RCT evidence that workplace redesign initiatives can change retirement plans**
    - IT professionals & assumptions about proficiency, performance

Moen, Kojola, Kelly & Karakaya 2016

Highlights from WFHN re: Family Caregivers

- **CNAs as "double and triple duty" caregivers:**
  - ➢ Greater stress, psychological distress, family-to-work conflicts for those with elder care (16%) or sandwich care (14%)

  Nicole DePasquale et al (multiple)

- **Elder caregivers who were randomized to WFHN intervention saw**
  - ➢ Greater reductions in stress (at 12 months follow-up) than counterparts in control sites – for elder care & sandwich
  - ➢ Greater reductions in psychological distress (at 12 months follow-up) than counterparts in control sites – for elder care

Kossek et al. 2017

Highlights from WFHN re: Older Workers

- **Cardiometabolic Risk Score**
  - Validated score based on resting blood pressure, glycated hemoglobin (HbA1c), HDL and total cholesterol, BMI and tobacco consumption
  - WFHN intervention did not significantly reduce composite CRS in full sample but did decrease almost all risk factors
    - Especially total cholesterol, HDL, and systolic blood pressure
- **In both occupational cohorts, those randomized to WFHN intervention and had higher baseline risk saw greater improvements**
  - Higher CRS at baseline
  - Older workers (>=45 years or older)

Berkman et al. (unpublished paper)

Time Away from Work

- **Paid family and sick leaves facilitate continued employment during intensive period of caregiving, own illness**
  - ➢ US evidence clearer on maternity leave and LFP as compared to caregiving leaves or effects among older workers (Rossin-Slater et al 2013, Boushey 2016)

- **Awareness of California's Paid Family Leave law is lowest among those aged 65 and older**, though these data come from a survey of registered voters that includes people who are not currently employed (Mikkman & Appelbaum 2013).

- **Use of California's Paid Family Leave for caregiving ("caring claims") have grown over time and are highest for women ages 45 to 54 but also growing for women and men aged 55 and older** (Bedard & Rossin-Slater 2016)

Some Open Questions

1. **What are strong work redesign initiatives for low- and moderate-wage workforces specifically?**

    - Systematic review of RCT & quasi-experimental studies of workplace initiatives and wellbeing: <5/70 studies concentrate on lower-wage workers (and only 20/70 studies in U.S. workforces)

    - Less autonomy, flexibility generally so greater changes

    - Interdependent, closely coordinated work so seems harder

    - Higher turnover rates accepted in many organizations

    - Perceived insecurity makes changes seem risky

Some Open Questions

2. **What are strong work redesign initiatives for older workers specifically?**

- Greater control over time & timing of work valued

- Redesign workload – fewer hours, lighter physical demands, trainer, coach, or pinch-hitter roles?

- Paid leaves without activating stigma or age discrimination

➢ **Related: What are the benefits and risks of targeted vs. universal work redesign initiatives?**

- Formal access vs. legitimacy and willingness to utilize

Some Open Questions

3. **What would encourage employer interest in work redesign approaches?**

    - Difficult to assess effects with hard data re: productivity, performance, quality

    - Address concerns of frontline managers, operational realities

    - Document the costs, losses of current policies and practices

    - Develop simpler, scalable (but still substantive) interventions

Some Open Questions

4. **What are the effects of public policy changes, changing labor standards for workers' job stability, labor force participation, and health across the life course?**

    - Paid leaves for own illness, family caregiving

    - Right to request flexibility & part-time parity in wages, benefits

    - Fair work week / scheduling legislation to encourage more stable schedules, reduce "on-call" shifts, "clopenings" [work in progress: Lambert, Harknett & Schneider, Fine & Shepherd]

    - Regulation of contracted & "gig" work re: wages & hours

➢ **Related: How do workplace initiatives dovetail with public policy changes? (New "floors" but customization, innovation too)**

Some Open Questions

5. **Does access to paid leaves encourage older workers to stay in job longer and improve economic security? Why or why not?**

    - Kelly (2010) on FMLA – widespread noncompliance, limited understanding by frontline managers

    - Intermittent leaves and flexible utilization is harder to administer

    - Effective education of employers and workers? Co-enforcement?

Some Open Questions

6. **What are the mechanisms through which workplace changes affect the physical and mental health of aging workers?**

- Reduced stress, strain on the job

- Reduced stress, strain re: caregiving responsibilities

- Sleep and energy, exercise and healthy eating

- Cardiometabolic disease risks and related pathways

- Positive psychological functioning – purpose, meaning, vitality, relationships, learning

Methodological Comments

- **Need workplace intervention and policy studies with <u>strong causal inference</u>, i.e. RCTs and quasi-experimental work.**

- **Need multi-method research that investigates <u>how organizational changes are implemented in different workplaces</u>.**

  - Understand the dilemmas involved in implementing changes in workplaces and promising practices from the perspective of top managers, frontline managers, employees utilizing new options, and co-workers who are currently working in "traditional" ways.

- **Need to evaluate how the framing and target audience of a particular change affects its reception and impact.**

Thank you!
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