Work-family conflict (WFC) is a significant source of strain for American workers. It arises when the demands of work are incompatible with the demands and expectations of family – the roles and responsibilities of being a parent, spouse, etc. This strain can occur in either or both directions: there can be conflict from work-to-family (WTF) and also from family-to-work (FTW).

WFC has received considerable attention within the last few decades because it is believed to be on the rise. This increase can be attributed to broad social forces. For one, work and family responsibilities have changed. More people are working, and the number of dual-earner families has increased. At work, too, demands have intensified due to market-driven globalization; and rapid advances in technology have changed how, where and when many of us do our jobs.

WFC research has examined its negative effects for work, family, health and behavior. On a personal level, WFC affects life satisfaction and family satisfaction. Work-related outcomes include a decrease in job satisfaction and commitment, absenteeism, burnout, changing jobs, and leaving the labor force altogether. A systematic review and meta-analysis of the health consequences of WFC has shown a significant effect on health outcomes -- namely, depression (weighted correlation coefficient = 0.32 in 11 studies) and “somatic complaints,” meaning non-specific symptoms such as headache (0.29) in 17 studies (Allen et al., 2000).

In another recent meta-analysis of 60 studies, it was argued that the two directions of conflict, work-to-family (WTF) and family-to-work (FTW), have different risk factors and may call for different types of interventions (Byron, 2009). In WTF conflicts, workplace features -- more job stress, more hours worked, less flexible work schedules, and unsupportive co-workers -- were understandably more important. Overall, non-work factors are equally important for WTF and FTW conflict, although FTW conflict was greater when the worker was a single parent and increased with the number of children. On the other hand, both types of conflict tended to decrease if the worker had positive coping skills.

Interestingly, gender and income made little difference in the occurrence of these conflicts. However, other individual characteristics, such as age, parental status and family structure, do influence how much WFC a person experiences. This suggests that effective interventions should address organizational structure and work demands but probably also should be customized to the needs of different groups of employees.

Despite the large literature documenting the adverse impacts of WFC, there have been few systematic studies of how to reduce or prevent it. One type of WFC intervention is a “work-family initiative,” in which the organization makes deliberate changes designed to reduce WFC. Such initiatives may address either structural change in the way work is done or cultural change in the workplace. A review of 73 studies found that employers’ work-family initiatives did
generally reduce WFC (Kelly, et al., 2008). The most effective actions were those that improved people’s control over their own work, as well as those that created a more supportive co-worker and supervisor environment.

However, these studies were limited methodologically by a number of measurement issues. For example, some studies evaluated having WFC initiatives available, but did not measure whether employees actually used these initiatives. Additionally, many studies relied on self-reports of policies and programs but failed to verify the existence of such policies.

The literature is also limited by methodological issues. Most studies have been cross-sectional evaluations of one single program, most often a systems-level intervention. Few experimental, quasi-experimental or longitudinal studies have been done. Future research should address these methodological limitations and examine a multi-level approach to interventions.

Systems-level approaches are difficult to achieve, but enhancing employees’ control over the workplace schedule does seem to reduce WFC. Individual-level interventions might be aimed at improving coping skills among those experiencing high levels of WFC. Also, interventions aimed at improving supportive behaviors among supervisors could help reduce the negative consequences of WFC.

Abbreviations used:
WFC: Work Family Conflict
WTF: Work-to-Family
FTW: Family-to-Work

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