ABSTRACT
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## Work, Overwork and Family: The Cost s of Inflexibility

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What are the c onsequences on workers and the work and family interface whe n workers' have inflexible daily work schedules or are required to work longer than their usual hours? When workers devote additional time to paid work it raises income, but at what cost to the health of such workers and their families, especially if they lack the "ability to predict and control their work schedules "(see Johnson and Lipscomb, 2006)? Does work-family conflict stem more from $t$ he extra hours of work or rather from the extra hours being required rather than chosen purely voluntaril y? This research analyz es newly available data from a large sample of workers in the US. From unique, useful questions, the aim of this paper is to isolate the potential role s played by the lack of choice regarding work hours and work schedules when it comes to several work -life outcomes.

Most models of work-life conflict or integration emphasize the critical role played by autonomy in workload or work schedule in the determi nation of well being effects. Thi s research focuses on two key types of flexibility for worker -- the ability to work overti me on a voluntary rather than mandatory basis and the other, being allowed to change starting and quitting times on a daily basis. Most economic models of labor supply and worker utility insufficiently consider the well being effects wo rker control ove r the ti ming or amount of work (Altman and Golden, 2006).

This study uses both the nationally representative US General Social Survey (GSS) Quality of Work Life (QWL) module of 2006 and 2002, and the additional questions from the 2005 International Social Survey Program (ISSP) Work Orientations module that are used across several countries, which includes Australia. Over 3000 employed are in the sample when the two years are pooled. Some of the respondents are asked questions fro m the 76 item QWL; some are asked questions from the 36 item ISSP. We will focus on the workliferelated questions such as: would you prefer to work fewer hours and earn less money? How often...do you come home from work exhausted? My starting and finishing times of work are decided by my employer and I cannot change them o n my own; I can decide the time I start and finish work, within certain limits; I am entirely free to decide when I start and finish work, How difficult would it be for you is it to take an hour or two off during working hours, to take care of personal or family matters? How often do the demands of your job interfere with your family life? How often do you come home from work exhausted? We will then extend the analysis to some indicators of relev ant mental and physical health, such as the frequency of work stress, back, arm or neck pain and the risk of getting hurt at wor k .

A total of 28 percent face this working condition of "at -will" hours -working longer than their usually scheduled hours at least one day per month, as required by their employer. About half the employed say they able to set their own starting and ending time of work on a daily basis at least so metimes. About 15 percent of the employed have both inflexible daily schedules and $f$ ace mandatory overtime. First, cross tabulations reveal that the adverse self reported subjective mental health effects of overtime work are exacerbated when the extra work is mandatory in nature, especially the feeling of work interference with family. Greater fatigue carried home, including energy to do household chores, is also higher. Only in the case of work stress is poor health associated exclusively with the long duration of work hours. Overtime work hours generally are associated more with chronic pain or cumulative than acute type of injuries from work. In contrast, less flexible start and end times are associated more with sufferi ng an acute injury at work.

Multinomial regression preliminary findings (Golden and Wiens-Tuers, 2008) suggest that the largest self reported adverse consequences for workers' is interference of work with family time and inability to take time off from work for family or per sonal need. Working extra hours is associated with somewhat elevated work stress and daily fatigu e, and when overtime is mandatory it raises work stress further. Particularly in the case of work -family interference, the lack of control over extra hours exacerbates the slight effects of longer hours. Physical health, work stress and daily fatigue were worst among those who faced both mandatory overtime and inflexible schedules. Back pain is more prevalent when overtime is mandatory. Ar m and wrist pain is associated with long work hours per se, whether or not it is mandatory.

Generally, the results sug gest that the consequences of overtime work for the work and family life interface depends not only on the number of a worker's extra of hours of work but also whether such extra hours are perceived by a worker to be required by their employer or organizat ion. When overtime work is not strictly voluntary, it appears that it offsets the potential gains in well being from the $\$ 6$ thousand or so extra annual income it provides to a worker. Negative outcomes are mitigated when a worker has a more flexible daily work schedule. Salaried jobs appear to be relatively more afflicted by work stress and fatigue, despite their more flexible daily work schedules.

Future research in the work -life field should more deeply consider and measure the crucial factor of choice , not just the duration of work hours. In addition, economic models of labor supply and labor demand should more explicitly incorporate these spillover and long run costs. Policy implications are that regulation of work hours ought to focus more on prevention of the observed longer run costs. This might involve adopti ng ILO standards regarding "forced labor," and labor law reforms that would enhance an employee's legal right to refuse e mployer-requested overtime.

