Chapter 10
Integration of Work and Personal Life as a Key Factor for Individual, Organizational and Public Health

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Abstract In recent years work-family spillover, or, more generally, interaction and reconciliation of paid work and personal life, has become an issue of great importance for employees and employers, politics and the public, and particularly the health sciences. After having focused for a long time mainly on negative spillover and conflict between different roles and life domains and on work- and health-related outcomes, the research has recently switched over to a more inclusive integrated perspective by examining also work-family enrichment and positive spillover effects on work and health. Since negative (and positive) spillover between work and family or personal life is quite prevalent, at least in Switzerland, and is found to be strongly associated with various health-related risk behaviors and with widespread health problems and major diseases, it is of great relevance to public and organizational health. Not only employees but also employers benefit from organizational initiatives that aim to facilitate work-life integration. But organizational work-life offers and supports will not be beneficial and will not be utilized enough without meeting employees' needs, improving the degree of job control or autonomy at work, and being supported by supervisors and a corporate culture that encourages the use of policies, practices, programs, and offered services that help to balance or integrate work and personal life.

Keywords Work-family spillover • Work-family (work-life) conflict • Work-family (work-life) enrichment • Work-life integration • Public health • Worksite health promotion

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10.1   Introduction

Over the past decades public and scientific interest in the interplay and integration of job and family has grown continuously. The background and reason for this are profound changes in workforce demographics.

In the course of the globalization of the economy and the resultant and increasing deregulation of the labor markets, the nature of work and employment has changed gradually but fundamentally and irreversibly in most Western societies and industrialized countries. In addition, changes can be observed in collectively shared values, women's aspirations, family structures, living patterns, and particularly gender roles. Whereas in the past men were solely responsible for providing family or household income, the traditional role model of the single male breadwinner has lost much of its relevance today. Step by step, the model of "dual earnership" has become the norm for families and couple households.

These and other social and demographic changes, such as the process of demographic aging and, hence, rising elder-care responsibilities, have resulted in an increasing number of single-parent households, dual-earner families, dual-career couples, and "sandwich" employees who have responsibility for both child care and elder care. Dual-earner families and couples have become more common than single-income families and couples in Western Europe, except in a few countries like Greece, Italy, and Spain (Organisation for Economic Co-operation and Development [OECD], 2007). In other words, there are growing numbers of married women, mothers, and sole parents in employment and with responsibility for children and/or their own parents in need of care.

The key component of these changes in workforce demographics is a steadily increasing proportion of women in the working population. More and more women and particularly mothers have entered the workforce over the last decades. The labor force participation of women has increased dramatically in Switzerland, where it is now one of the highest in Europe, and in most other developed countries. Whereas in 1970 less than 50 % of all women in Switzerland aged 15–64 years were engaged in paid work, in 2010 more than 75 % of the female working-age population was gainfully employed. This increase is the most pronounced for women with child care responsibilities, namely and particularly, for women with preschool or school-age children. Today, the employment rate of all sole parents in Switzerland is 84 %, and the employment rate of mothers is now around 70 % (OECD, 2007). This trend of women's and mothers' increasing participation in employment is seen more or less across all member countries of the Organisation for Economic Co-operation and Development (OECD), where on average more than 70 % of all sole parents and 62 % of mothers with school-age children are in paid work (OECD, 2007).

Women's increased labor force participation has been accompanied by a rise in part-time employment and an erosion of so-called 'normal' work (full-time employment with social security and unlimited contract). Simultaneously, there has been an intensification of work and a transition to more and more flexible and precarious working arrangements and employment contracts (e.g., atypical working hours,

alternate work schedules, short-term jobs, limited contracts, on-call work, night or weekend work).

As a result, the boundaries between work and home or private life have become increasingly blurred. And the number of people juggling "child and job" or "babies and bosses" and struggling with both increased work demands (e.g., long hours, high time pressure, low control over work schedule, job insecurity) and family commitments (e.g., child care, elder care) has grown rapidly. Hence, the proportion of employees who face considerable difficulties when they try to reconcile their work obligations with their family commitments and/or other personal life responsibilities or activities (e.g., social life, sporting or leisure activities, political office, community or voluntary work) has increased in Switzerland as in most other European and North American countries.

10.2   Issue of High Significance and Salience for Politics, Business, and Science

These cross-national trends and changes in work and workforce demographics have generated a great deal of political, economic, and particularly scientific attention to the issue of reconciling paid work with personal life.

First, since in the past an increase in women's employment usually came along with a decline in fertility and birth rates that compromised the social welfare institutions, government and politicians began to recognize the importance of supporting families and particularly mothers in their return-to-work decisions and particularly in combining work and family and the need for political action in this area. As a result, public spending on family benefits (e.g., child allowances, paid maternity and parental leave, extra-familial child care) has increased substantially in many countries since the 1980s (OECD, 2007).

Although in a European comparison fertility rates are now and by trend the highest in countries that have higher-than-average female employment rates, like Sweden, Norway, Finland, Iceland, Denmark, and the United Kingdom, suggesting successful balancing of work and family of a large proportion of the working populations, this does not apply to Switzerland, Germany, and Austria, where women's employment rates are substantially above, and fertility rates of around 1.4 children per woman are measurably below, the OECD average (OECD, 2007). For this reason, in Switzerland better compatibility of work and family now ranks high on the political agenda, and the government (Federal Council) has explicitly declared measures for improvement a political priority.

Second, business companies and primarily major enterprises have also recognized (from the employers' perspective) the relevance of family-friendly workplaces, i.e., family-supportive working practices, workplace policies, and organizational cultures (Badura & Vetter, 2004; Burke, 2006; Hammer, Cullen, & Shafiro, 2006; Lewis & Cooper, 2005), for the benefit of employees and their well-being,

organizational attachment or commitment and work performance, and ultimately for their own benefit as regards productivity, turnover, and absenteeism rates and their attractiveness and competitiveness as employers particularly for women. Many major enterprises now allow or actively offer a variety of flexible working models, e.g., part-time work, flexible working hours and shift schedules, or individually tailored work arrangements. However, in practice this kind of awareness and family-supportive offers and benefits have not been broadly disseminated in small and medium-sized companies or in all business sectors.

Third, in consequence of the increasing participation of women in the workforce and particularly due to the increasing representation of dual-earner families and couples and single-parent households, research on work-family interaction and spillover and particularly on the work-family conflict emerged in the mid 1980s; since then the research literature on the topic has grown rapidly and substantially (Greenhaus & Allen, 2011). For a long time, this research focused mainly on negative spillover between work and family. In recent years, it has been supplemented and extended by research on positive spillover effects of combining work and family roles, i.e., on positive transfers between work and family with beneficial instead of adverse effects on the two life domains (Greenhaus & Allen, 2011; Greenhaus & Powell, 2006).

10.3   Backgrounds and Concepts of Work-Family Research

Work-family research has its roots in psychology. Today it is most common in occupational health psychology, which is concerned with work-related health problems, i.e., with psychosocial working conditions and work characteristics that may be related to health impairments and adverse health behaviors. This research originally began in the United States and Canada more than two decades ago and still originates mostly from North American countries. In German-speaking countries like Switzerland, this research has just started, but it is anchored in a long tradition of research on the relationship and interplay of the work and the non-work domains.

The tradition started with studies on the relationship between work and leisure, with the relationship being characterized by separation and segmentation. Paid work and employment were seen as the dominant life domain, having priority over leisure as the secondary life domain, which served only as compensation and recovery from work. In light of the predominant traditional gender role model, this research focused exclusively on industrial male workers (Hämmig & Bauer, 2010; Hoff, Grote, Dettmer, Honer, & Olos, 2005).

The research then went on to study the relationship between work and family, which was characterized by the combination and cumulation of job and children or, stated more generally, work and family roles. Reflecting the incipient change towards more egalitarian gender roles, this research focused mainly on the double role and burden of working women and mothers, and its scope and findings were restricted accordingly (Hämmig & Bauer, 2010; Hoff et al., 2005).

Finally, a new paradigm shift took place and led to the current research on the integration and interaction of work and family and particularly on the reconcilability and reciprocal spillover of the two life domains. For the first time, special attention was given to both working men and women alike (Hämmig & Bauer, 2010; Hoff et al., 2005). But this research was largely limited to employees with their own families, i.e., employees with spouses and living with children.

As mentioned above, until recently the research focused mainly on the negative side of the work-family interface and failed integration of work and family life. Theoretical considerations in this branch of research are largely dominated by the role strain perspective and a scarcity hypothesis postulating that multiple roles and responsibilities from different life domains compete for limited resources, such as time or energy (Grzywacz & Marks, 2000). Based on this hypothesis, participating in different roles may lead to incompatible role pressures and experiences in one life domain interfering with experiences in another life domain. Work-family conflict is therefore defined as role pressure incompatibility or inter-role conflict that occurs when the requirements and expectations associated with one role are incompatible with, or make it difficult to comply with, the requirements and expectations of another role, or, more precisely, when participation in the family role is made more difficult and performance is reduced due to participation in the work role and vice versa (Greenhaus & Beutell, 1985). Role expectations (e.g., work demands, family responsibilities) that affect a person's time involvement, strain experience, and behaviors within a role can produce conflict between that role and another role (Greenhaus & Beutell). This negative carryover or spillover from one role or life domain to the other is multidimensional (with time, strain, and behavior-based forms of conflict) and particularly bidirectional, i.e., runs from work to family and from family to work (Carlson, Kacmar, & Williams, 2000; Greenhaus & Beutell, 1985; Netemeyer, Boles, & McMurrian, 1996).

More recently and following the role enhancement hypothesis (Grzywacz & Marks, 2000), the positive aspects of the work-family interface have gained more attention and research interest. The concept of positive spillover, also referred to as work-family enrichment, enhancement, or facilitation, suggests that participation in multiple roles provides additional opportunities and resources and that individuals can also benefit from combining work and family through the transfer of resources or positive affect (Greenhaus & Allen, 2011; Greenhaus & Powell, 2006; Grzywacz & Marks, 2000). Work-family enrichment or facilitation is defined as the extent to which participation and experiences in one role improve the quality of life in the other role (Greenhaus & Powell, 2006) or as the extent to which involvement in one life domain provides gains that contribute to enhanced functioning, role-taking, and performance in another life domain (Wayne, Grzywacz, Carlson, & Kacmar, 2007).

Although studies on the positive synergies and benefits of multiple role memberships are growing rapidly in number and importance (McNall, Nicklin, & Masuda, 2010), the conflicting relationship between employees' work and family lives still remains the most studied concept, and it continues to dominate the work-family literature (Greenhaus & Allen, 2011). The vast majority of the work-family research literature still deals with the difficulty of combining work and family roles and

commitments and with interference between work and family that leads to role overload and results in a variety of negative work-related and health-related consequences (Allen, Herst, Bruck, & Sutton, 2000; Greenhaus & Allen, 2011).

As the term 'work' refers to paid employment and the term 'family' to child care responsibility, studies used to be largely restricted to working parents living together and with underage children. Singles, single parents, and dual-career couples without minors living at home were not the focus and were excluded a priori from these studies for a long time (Casper, Eby, Bordeaux, Lockwood, & Lambert, 2007; Hämmig & Bauer, 2009; Hämmig, Gutzwiller, & Bauer, 2009). Since it is increasingly recognized that people may be involved not just in family roles but also in multiple roles outside their family life that can just as well interfere with the demands or role expectations of their work life, the more inclusive terms 'work-life conflict' or 'work-life balance' have come into use (Hämmig et al., 2009; Jones, Burke & Westman, 2006). However, these terms are disputed and misleading due to the suggested contrast between 'work' and 'life,' given that life as an umbrella term at bottom includes work (Hämmig & Bauer, 2010; Resch & Bamberg, 2005).

There is also a controversy about the balance metaphor that reflects the ambiguity of the meaning and the lack of a common definition of the concept. Some researchers simply see balance as the absence of work-family or work-life conflict, others regard balance as a high degree of involvement or engagement in multiple roles or consider it to be an equal and adequate distribution of one's personal resources of time or energy across all life roles, and finally, others view it as positive affects, highly satisfying experiences, and good functioning in all life domains (Greenhaus & Allen, 2011). As a result and in particular because the term 'balance' implies equal commitment and time investment in both life domains, which may not be the desired situation or optimal segmentation for everybody, the term 'integration' is being used increasingly and alternatively (Jones, Burke, & Westman, 2006; Lewis & Cooper, 2005).

10.4　Health Consequences of Work-Life Conflict and Enrichment

There is a great body of research literature on the topic. Numerous studies investigated the negative aspects of the work-family interface. Some of these studies gave special attention to the concept and measurement of work-family conflict, or rather work-life conflict as the more inclusive term and concept (see inter alia Carlson et al., 2000; Greenhaus & Beutell, 1985; Netemeyer et al., 1996), and others explored either its causes or rather antecedents (see the meta-analysis by Byron, 2005) or its work and health-related consequences (see the systematic and comprehensive review by Allen et al., 2000). Yet other studies examined both antecedents and consequences (Frone, Russell, & Cooper, 1992; Jansen, Kant, Kristensen, & Nijhuis, 2003; Kinnunen & Mauno, 1998; Steinmetz, Frese, & Schmidt, 2008).

Recent studies, which are growing in number, are more concerned with the positive side of the work-family interplay and interaction. Research in this area is not yet very extensive but has examined both predictors or antecedents of work-family enrichment (see the synopsis by Greenhaus & Allen, 2011) and positive effects or consequences of work-family enrichment (see the meta-analytic review by McNall et al., 2010).

Providing a complete overview and summary of the predictors explored and all outcomes related to work, family, and stress or health of the work-family/life research literature is beyond the purpose of this contribution. Here I want to focus particularly on health outcomes or correlates of negative and positive spillover from one life domain to the other.

Consistent findings from numerous studies show associations of work-family/life conflict with domain-specific satisfaction and with various mental and physical health outcomes, including health-related behaviors (Allen et al., 2000; Greenhaus & Allen, 2011; Greenhaus, Allen, & Spector, 2006). The strongest evidence was found for negative effects on work satisfaction, marital satisfaction, and life satisfaction (Adams, King, & King, 1996; Allen et al., 2000; Ford, Heinen, & Langkamer, 2007; Judge, Ilies, & Scott, 2006; Kinnunen, Geurts, & Mauno, 2004; Kossek & Ozeki, 1998; Perrewé, Hochwarter, & Kiewitz, 1999). Other health-related outcomes found were psychological stress, depression and mental disorders, burnout syndrome, and other psychosomatic symptoms, including lack of appetite, sleep disorders, headaches, and fatigue (Allen et al., 2000; Brauchli, Bauer, & Hämmig, 2011, Frone et al., 1992; Frone, Russel, & Barnes, 1996; Frone, 2000; Greenhaus & Allen, 2011; Greenhaus et al., 2006; Grzywacz & Bass, 2003; Hämmig et al., 2012; Hämmig et al., 2009; Hämmig & Bauer, 2009; Hammer, Saksvik, Nytro, Torvatn, & Bayazit, 2004; Innstrand, Langballe, Espens, Falkum, & Aasland, 2008; Jansen et al., 2003; Kinnunen et al., 2004; Smith Major, Klein, & Ehrhart, 2002; van Rijswijk, Bekker, Rutte, & Croon, 2004, and many others). Our own research recently and additionally found initial evidence for an association between work-life conflict and musculoskeletal disorders such as (low) back pain and neck or shoulder pain (Hämmig, Knecht, Läubli, & Bauer, 2011). And health-related behaviors found as outcomes of work-family/life conflict were risk behaviors associated with alcohol and drug consumption, diet, and exercise – namely, substance abuse and especially problem drinking, fatty food intake, unfavorable food choices, and physical inactivity (Allen et al., 2000; Allen & Armstrong, 2006; Frone, 2000; Greenhaus & Allen, 2011; Jones, Kinman, & Payne, 2006; Roos, Lahelma, & Rahkonen, 2006; Roos, Sarlio-Lähteenkorva, Lallukka, & Lahelma, 2007).

It can be summarized that work-family/life conflict generally leads to reduced psychological and physical well-being and is particularly associated with a variety of work and health-related outcomes and behaviors at different levels and related to:

- The society (e.g., medical visits, use of health care system, use of child care institutions)
- The organization (e.g., job satisfaction, job performance, organizational commitment, turnover intention, absenteeism, work-family benefit utilization)

- The family (e.g., family satisfaction, family integration, parenting, marital satisfaction)
- The individual (e.g., substance abuse, stress, burnout, depression, musculoskeletal disorders)

Whereas work-family/life conflict was demonstrated to be negatively associated with health, well-being, and satisfaction (at the individual, familial, organizational, and societal levels), work-family/life enrichment was found to be positively related to physical and mental health as well as to satisfaction and well-being in different domains (Allis & O'Driscoll, 2008; Greenhaus & Allen, 2011; McNall et al., 2010).

Given this overwhelming evidence and the overall convincing findings of mostly consistent and strong associations between work-family/life conflict and enrichment and a variety of health outcomes, it can be said that both sides of the work-family/life interface, or both sorts of spillover, are doubtless of great relevance and importance for an employee's health and well-being.

10.5   Prevalence and Relevance for Public Health

As mentioned above, the work-family spillover issue is of great concern to occupational health psychology. Although the construct of work-family/life conflict has now been adopted at least sporadically by other disciplines and has enriched established research domains such as work-related stress research – using it as a risk factor for health or an explanatory factor for (work-related) stress, the research on that and the knowledge gained from it has up to now been largely ignored by occupational medicine, social epidemiology, and public health (Hämmig & Bauer, 2009; Hämmig et al., 2009, 2011). Conversely, the psychological work-family research has neglected to consider the public health implications of its findings. Practical implications drawn from these findings are usually limited to worksite health promotion interventions and strategies and organizational initiatives. And there is in particular a blind spot in this research regarding some specific and important public and/or occupational health issues and concerns, such as social inequalities in health, cardiovascular diseases, or musculoskeletal disorders.

What is important for an individual's health and well-being is not necessary equally relevant for the public's health. Public health is a multidisciplinary science; it is about preventing disease and premature death and therefore prolonging life, reducing social inequality in health, and improving and promoting health in populations. Public health is focused strongly on social factors, or rather on basically changeable living and working conditions that are mostly responsible for the avoidable inequalities in health status (morbidity, mortality) within and between populations seen in all times, cultures, and countries. From this point of view, work-family/life conflict is relevant with regard to public health when significant proportions of the working population are exposed to competing multiple requirements from different roles and life domains and are therefore affected by such role conflict,

when such conflict goes along with health impairments, and/or when it contributes significantly to explaining social inequalities in health, i.e., observed socially determined discrepancies in life quality, well-being, morbidity, and mortality.

As shown above, there is a lot of evidence on associations between work-family/life conflict (and enrichment) and different health outcomes and behaviors. However, there is very little or hardly any scientific evidence on the prevalence of this negative (and positive) spillover or interaction in the general working population or even on its contribution to the frequently observed phenomenon of the social gradient in health. Just a few international studies were based on national population samples, i.e., nationally representative data, and reported on the overall prevalence of work-family/life conflict in the working population (Hämmig & Bauer, 2009; Hämmig et al., 2009; Jansen et al., 2003; Kinnunen & Mauno, 1998). According to these studies, very unequal proportions of the employed population are affected by work-family/life conflict, ranging from 11 % to 41 % and depending very much on the country studied (Finland, Switzerland, the Netherlands), the measure used, or the direction of the conflict looked at (Hämmig & Bauer, 2009; Hämmig et al., 2009; Jansen et al., 2003; Kinnunen & Mauno, 1998). Moreover, differences in prevalence rates within the countries, i.e., among subpopulations and different sociodemographic and occupational categories, turned out to be no less considerable than between the countries. But regardless of such diverse and/or inconsistent findings, it is clear that a significant proportion of employees struggles with work-family/life conflict.

According to the latest available data from the Swiss Household Panel collected in 2010, when a nationally representative sample of more than 5,000 employees in Switzerland was asked how strongly their work interfered with their private activities and family obligations, only 18.1 % answered 'not at all,' and 28.3 % rated interference as 6 or higher on this 11-point Likert scaled item with values from 0 'not at all' to 10 'very strongly.' Of the employees surveyed, 20.1 % found it somewhat-to-extremely difficult to disconnect from work when the work day is over (score of 6+ on a scale from 0 to 10), and 35.5 % reported being rather-to-very much too exhausted after work to do things that they would like to do (again, score of 6 or higher on an 11-point scale). The questions were added to the annually conducted Swiss Household Panel in 2002 on our recommendation (Hämmig et al., 2009) and have been used as measures of work-life conflict since then. That means that depending on the measure used, every fifth to every third employee in Switzerland experiences fairly strong work-life conflict. These proportions are still higher among the approximately 44 % of the surveyed employees having higher job status, i.e., in superior occupational positions like management or supervisory positions. Of these, 28.7 % reported increased difficulties with disconnecting from work, 36.3 % even experienced their work to be interfering with personal or family life, and a remarkable 40.5 % were too exhausted after work to do desired things. Overall, it can be said that negative spillover and interference between work and personal life is quite prevalent among the employed population and particularly among supervisors and managers in Switzerland, as it is probably also in many other European countries.

Since many of the health problems and risk behaviors that have been found to be associated with such conflict or spillover are highly prevalent in the entire population as well (e.g., stress, depression, sleep disorders, fatigue, musculoskeletal disorders, physical inactivity), its basic relevance for public health is beyond question.

10.6 Psychosocial Work Factors as Important Social Determinants of Stress and Health

Since social determinants are mostly responsible for health inequalities and premature death according to the World Health Organization, and since working conditions and particularly psychosocial work demands are increasingly recognized as important social determinants of health or rather strong risk factors for disease, adverse and stressful working conditions are of great importance from a public health perspective. This is basically true for all stressful working conditions and applies likewise to those working conditions that are difficult to bring in line with family responsibilities and other commitments in personal life and that are, hence, important sources of (work) stress.

In addition to the traditional risk factors – namely, physical aspects of work such as heavy loads, poor posture, or highly repetitive movements, psychosocial work factors such as work stress in general and low job control, fast work pace, job insecurity, lack of social support at work, monotonous tasks, high workload, and – as has been shown recently – work-life conflict in particular play an increasingly important role in causing and predicting work-related musculoskeletal disorders (Hämmig et al., 2011). Whereas musculoskeletal disorders related to traditional risk factors and strenuous working conditions are declining, stress-related musculoskeletal disorders associated with psychosocial work factors are on the rise (Hämmig et al.). All in all, musculoskeletal disorders are the most prevalent work-related health problem and the main occupational disease in Europe.

Moreover, among the many psychosocial factors at work that were proved to be detrimental to health, a lack of job control or autonomy at work in terms of low decision latitude and/or low time flexibility has been found to be one of the most important work stressors and risk factors for health and particularly for coronary heart disease and cardiovascular mortality at all. Different studies and particularly the famous and much-cited Whitehall studies (two prospective and large-scale cohort studies among British civil servants) provided evidence on this (see, inter alia, Karasek & Theorell, 1990; Marmot, Bosma, Hemingway, Brunner, & Stansfeld, 1997). Cardiovascular diseases are the major disease and the number one cause of death worldwide and particularly in high-income countries.

Researchers working with Michael Marmot, the principal investigator of the Whitehall studies mentioned above, concluded that psychosocial work characteristics and particularly work stress from high job demands combined with low job control, high effort-reward imbalance, lack of social support, job insecurity, and conflicting work and family demands not only increase the risk of (heart) disease

and ill health but also make an important contribution to social inequalities and the social gradient in health and disease (Stafford et al., 2004).

To conclude, psychosocial work factors and work-related stressors such as low job control or strong work-life conflict are crucial with regard to highly prevalent stress-related diseases that are relevant for public health, such as cardiovascular diseases and musculoskeletal disorders. This applies also to mental health disorders, another major public health issue and intervention target, and, by the way, also to subclinical or preclinical symptoms and health problems below medical treatment and beyond diagnosed and clinically significant diseases that are not any less relevant for public health. As mentioned above, effects or associations have been found between work-family/life conflict (and enrichment or facilitation) and depression, anxiety, burnout (or emotional exhaustion), fatigue, sleep disorders, and more (Allen et al., 2000; Frone, 2000; Greenhaus & Allen, 2011; Grzywacz & Bass, 2003; Hämmig et al., 2009; Innstrand et al., 2008; Jansen et al., 2003).

From a public health point of view, work stress and negative spillover from work to family or the whole non-work domain and vice versa are not only of great importance due to their high prevalence and relevance for major health problems and public health challenges such as cardiovascular diseases or musculoskeletal and mental health disorders but also because of their influence on the individual's health-related risk behaviors such as alcohol abuse, smoking, unhealthy diets, or sedentary lifestyle (Jones, Kinman, & Payne, 2006). The role of work stressors and the role of health behaviors in causing disease are both well examined and recognized. But for a time, researchers did not at first take health behaviors into account as outcomes of work stress, particularly not in the work-family/life context. Since then, however, a growing number of studies have examined effects of work stress and particularly work stressors like work-family/life conflict on health-related behaviors and have found predominantly negative effects (Greenhaus & Allen, 2011; Jones, Kinman, & Payne, 2006).

The fact and finding that psychosocial work factors in general and work-life conflict in particular play an important role in stress-related health problems is also supported by previously not published findings from our own collected data in a sample of predominantly blue-collar workers (Hämmig, Brauchli, & Knecht, 2010). We collected the data in the context of an employee survey among the workforces of four large and medium-sized industrial companies that was conducted in 2010 in different regions of Switzerland. The participating companies were in the building, chemical, machine, and knife and watch industries. A large proportion of the pooled sample of employees surveyed ($N=2{,}014$) were unskilled or semiskilled industrial, production, or construction workers having no or only compulsory education or basic vocational education at most (72 %).

Table 10.1 shows that psychosocial work factors and work-related stressors – such as high time pressure, frequent interruptions, a growing workload, monotony at work, job insecurity, and particularly strong work-life conflict and a lack of time flexibility at work or rather poor compatibility of work hours with family responsibilities or other personal life activities – significantly, separately, and independently of sex, age, and education increase up to tenfold the risk of poor health status,

Table 10.1 Different adverse working conditions as risk factors for various health problems among blue-collar workers in Switzerland (N = 2,014)

	Poor self-rated health	Strong backache or low back pain	Strong neck or shoulder pain	Serious sleep disorders	Strong stress feelings	Strong fatigue	Increased burnout risk (13–24)	Always or often de-pressed	Sickness absence from work (>10 day/ year)	Low life satisfaction (0–4)
	13.8 %	11.0 %	11.7 %	10.7 %	15.1 %	6.8 %	16.4 %	5.8 %	8.2 %	4.8 %
	aOR	aOR	aOR	aOR	aOR	aOR	aOR	aOR	aOR	aOR
Physical working conditions										
• Carrying heavy loads[a] 13.6 %	1.78***	2.13***	1.71**	1.50*	n.s.	1.76*	1.93***	2.09**	n.s.	2.14**
• Repetitive work[a] 22.2 %	1.47*	1.74***	2.53***	1.93***	1.74*	2.14***	2.12***	1.89**	1.50*	2.00***
• Painful or tiring posture[a] 17.6 %	2.21***	3.80***	4.68***	2.23***	1.95***	2.51***	3.09***	3.04***	1.90***	2.08**
• High work pace[a] 45.3 %	n.s.	2.02***	1.73***	1.84***	1.99***	1.82***	2.51***	2.28***	n.s.	n.s.
Psychosocial working conditions										
• High time pressure[b] 26.0 %	2.45***	2.22***	2.87***	3.23***	4.53***	3.19***	5.57***	3.69***	n.s.	2.87***
• Frequent interruptions[b] 17.2 %	1.51*	1.62**	2.15***	2.44***	3.16***	3.10***	3.48***	2.50***	n.s.	2.57***
• Steadily growing workload[b] 19.2 %	2.02***	2.03***	2.49***	4.24***	4.93***	3.63***	5.66***	4.55***	1.50*	2.03**
• A lot of responsibility[b] 33.4 %	1.38*	n.s.	1.56**	2.04***	1.79***	1.71**	2.26***	1.94**	n.s.	n.s.

• Monotonous work[a]	11.4 %	1.59*	1.74**	2.59***	2.13***	2.02***	3.15***	4.23***	2.15**	1.98**	3.25***
• Strong work-life conflict (19+)	16.4 %	**2.96*****	2.80***	2.82***	**7.01*****	**6.32*****	**8.77*****	**9.80*****	**7.83*****	**2.17*****	**6.33*****
• Poor compatibility of work hours with private life	14.8 %	2.04***	n.s.	1.90***	4.30***	3.36***	3.48***	3.76***	3.89***	1.74*	2.79***
• No or low autonomy at work	21.7 %	n.s.	1.45*	1.76***	2.09***	1.48*	1.97**	2.33***	1.82*	n.s.	2.83***
• Job insecurity[b]	8.6 %	1.82**	2.37***	2.22***	2.72***	3.44***	4.11***	3.42***	4.64***	n.s.	2.69***
• Long hours (>5 h/week)	10.2 %	n.s.	n.s.	n.s.	1.62*	2.12***	2.24**	2.20***	2.04*	n.s.	3.12***
• Regular work time changes at very short notice	14.8 %	n.s.	1.52*	1.49*	1.49*	1.90***	2.04**	2.02***	2.46***	n.s.	2.40***

Note: n.s. not significant ($p > .05$), *aOR* Odds Ratio adjusted for sex, age, and education, *numbers in* bold strongest of all considered work-related risk factors (highest OR)

***$p < .001$; **$p < .01$; *$p \leq .05$

[a] Applies largely/fully

[b] Applies and stresses me/stresses me very much

musculoskeletal disorders, sleeping problems, stress feelings, fatigue, burnout, negative affectivity and depression, sickness absence from work, and dissatisfaction with life. The psychosocial work demands, although somewhat less prevalent in this sample of mostly low-income industrial and construction workers who are performing manual labor and physically demanding jobs, seem to be stronger risk factors than the physical and strenuous working conditions. And work-life conflict (in time and strain-based forms and in both directions) almost consistently turned out to be the strongest and most important work-related risk factor of all, except for musculoskeletal disorders .

10.7   The Importance of Organizational Support and Work-Family Culture

Successfully combining job and family, or integrating work and personal life with a minimum of role conflict and negative spillover from one domain to the other and/or with a maximum of satisfaction and involvement across multiple roles, is not only of great importance to employees and their individual health and personal well-being and, therefore, to (working) society as a whole and public health. Good functioning of employees at work and at home is also very important for the organizations that employ them and for organizational 'well-being'. It is largely believed, although little examined to date, that organizational initiatives, policies, and practices to reduce barriers to parenting and employment and to facilitate work-life integration, i.e., family-supportive organizational programs and reconciliation policies such as child care opportunities, parental leave programs, and alternative work schedules, benefit both employees and employers (Burke, 2006; Hammer et al., 2006; Lewis & Cooper, 2005). Mainly anecdotal evidence from case studies has shown that promoting work-life integration, or implementing flexible working opportunities and family-friendly workplace supports in organizations, is accompanied in many cases by improvements in productivity and performance, work climate, organizational commitment, personnel recruitment, absenteeism (due to illness), and labor turnover for the benefit of the employer (Burke, 2006; Hammer et al., 2006; Lewis & Cooper, 2005).

Many employers and particularly large companies and multinational corporations have now recognized this. Due to a shortage of qualified labor, in order to ensure employees' loyalty and to keep know-how within the company and in response to the rising number of women entering the workforce, the growing number of single parents and fathers increasingly involved in parenting, and the increased competition to attract employees and particularly the best talents ('war for talents'), more and more companies are providing a variety of practices, policies, services, and programs with the aim to facilitate the integration of work demands, family responsibilities, and leisure activities. These offerings include part-time work, flexible or alternative work hours (e.g., flextime, compressed working week), child care services and benefits (e.g., family allowances or subsidies, on-site day care facilities),

parental leave programs (e.g., job-protected and/or full salary maternity leave, paternity leave entitlement), teleworking arrangements, job sharing opportunities, shift swapping and self-rostering possibilities, sabbatical leave and/or unpaid leave policies, career break and return-to-work options, gradual or partial and early retirement programs and prospects, and many more. Many of these offerings are predominantly family-supportive and focus primarily on single parents and dual-earner families with children, but others may also benefit childless couples and singles who simply want to balance work and leisure.

However, just offering a range of workplace supports and work-family benefits to the employees is not enough (Thompson, Beauvais, & Lyness, 1999). Mere availability does not yet ensure utilization or even effectiveness of the supports and benefits (Burke, 2006; Hammer et al., 2006). Studies dealing with this utilization showed that large proportions of employees do not use or take advantage of work-family/life benefits and programs due to a perceived lack of support and acceptance among supervisors and fear of negative career consequences or because managers do not set a good example (Burke, 2006; Campbell Clark, 2001; Hämmig & Bauer, 2010; Thompson et al., 1999). Supports and benefits being offered by organizations must meet employees' needs and be embedded in a supportive organizational environment, i.e., be accompanied by a family-friendly organizational climate and culture; otherwise, they will be underutilized (Burke, 2006). There are only few studies and inconsistent findings available on utilization and evaluation of work-life practices and programs (Hammer et al., 2006). But there is no doubt that corporate policies, services, and programs that are provided but not supported sufficiently and believably, or at least not perceived to be supported by the company's informal culture, will not be used or work effectively. And it is widely agreed that organizational work-family culture and (perceived) organizational family support play a key role in preventing stress and promoting health at work and in combining and balancing work and family roles (Burke, 2006; Gordon, Whelan-Berry, & Hamilton, 2007; Greenhaus, Ziegert, & Allen, 2011; Judge & Colquitt, 2004; Thompson & Prottas, 2005).

10.8 Organizational Resources and Work-Life Supports with Health Benefits

What exactly makes an organizational climate supportive and a corporate culture family-friendly? What aspects of the work and the workplace help employees to achieve work-life integration, enhance positive spillover, and prevent negative spillover, i.e., work-family/life conflict, and, hence, stress and bad health outcomes? What are the characteristics and common grounds of organizational supports that will have benefits for the employees with regard to work-life integration and well-being?

There are basically two important work factors or work-related resources that have been proved to be beneficial to the work-life integration and health of individuals and, ultimately, to the well-being of whole organizations and (working) populations.

First, control over the amount of work to be done, over how the work is to be performed, and over when the work gets done is crucial. This is particularly true under conditions of high work demands and with regard to work stress and health as is generally known (Karasek & Theorell, 1990), but it applies also with regard to the reconcilability of work and family or personal life (Hill, Hawkins, Ferris, & Weitzman, 2001, Mauno, Kinnunen, & Ruokolainen, 2006). Job control or autonomy in terms of task and decision-making authority and flexibility in work scheduling offers greater control over work requirements, reduces the likelihood of work-family conflict, buffers and protects against adverse effects of work-family conflict, and even produces positive spillover effects between job and home or personal life, respectively (Burke, 2006; Grzywacz & Marks, 2000; Hill et al., 2001; Mauno et al., 2006; Thompson & Prottas, 2005).

Second, social support in general and at work in particular (i.e., from coworkers and supervisors) is another key factor that has been found to reduce work stress and work-family/life conflict. Particularly, support by supervisors and top management is critical in preventing work stress and work-life conflict and in implementing family-supportive policies and practices and establishing a supportive corporate culture and, hence, in helping employees balance their work and personal life (Burke, 2006; Greenhaus et al., 2011; Thompson, Jahn, Kopelman, & Prottas, 2004). When managers provide a good example or actively encourage the use of work-family/life benefits offered by the company, employees are more likely to take advantage of the benefits (Burke, 2006).

These two work and organization-related resources, autonomy at work and supervisory support, are key components and fundamental conditions of a supportive and family-friendly organizational climate and culture. And they are key requirements for helping employees to better integrate their work and personal life and, therefore, to protect them at least partly from stress and resultant health consequences. More than a decade ago, Grzywacz and Marks (2000) found for men and women that work characteristics and resources like decision latitude and support at work were associated with less negative spillover and more positive spillover from work to family and, to a lesser degree, from family to work.

10.9   Some Additional Considerations and Implications for Worksite Health Promotion

There are other preconditions for the utilization and effectiveness of organizational work-life offers, benefits, and supports besides availability and existence of a supportive corporate culture. Work-family/life policies, practices, programs, and services should fit and meet the needs of employees and – as a whole – should be addressed basically to everybody in the organization. Available organizational supports targeting only a few individual groups of employees or without focusing on the specific needs of employees do not work and do not help employees integrate their work and family (or, more inclusively, personal life) responsibilities. Up to now, by focusing mainly on employees with small children there has been little consideration of the wider needs

of all employees for an integrated, satisfying, and balanced life regardless of their family situation (Jones, Kinman, & Payne, 2006). Perceptions of organizational supports being designed and offered especially or only for certain employees (e.g., women, mothers, single parents, aging workers) and not for the entire workforce may discourage other employees from using such offers. This has to be taken into account when planning organizational initiatives for the improvement of work-life integration and interventions for worksite health promotion.

Work-life supports are not yet, but clearly should be, an integral part of worksite health promotion. In other words, worksite health promotion interventions should include work-life initiatives and address this work-life issue that has been proved to be highly relevant for individual and public health as well as for the success and well-being of organizations and that therefore is of great societal and organizational concern. They cannot be confined solely to the work and its organization. The interventions should target not only adverse working conditions per se but also consider the living arrangements and wider needs of employees, i.e., their social responsibilities and leisure activities that may conflict with any working conditions. Organizational policies, practices, services, and programs that facilitate work-life integration not only need to be offered and communicated by the organization but also should be accompanied by a supportive climate or corporate culture that encourages their utilization. As employees that are using the offers often are suspected of being less committed to their organizations than others, they are afraid that negative job-related consequences could follow. It is therefore important that organizational work-life interventions and initiatives are better communicated and addressed, offered explicitly to all employees, and actively supported by supervisors and management. They should come with full acceptance or even active encouragement by supervisors and management. And, finally, they should not be seen as oriented solely towards the needs and requirements of the employer regardless of the employees' needs, or as restricted to employees with child care responsibility, or as reserved for other specific and presumably little career-minded employees.

In summary, organizations in the future should put more effort into the promotion of corporate cultures that are more supportive, sensitive, and aware of employees' needs rather than just offering and implementing a great number of work-life policies, programs, services, and benefits that may not meet employees' needs or may be insufficiently or not actively supported by the management and are therefore underutilized.

10.10   Summary

In recent years and against the background of steadily increasing participation of women in the labor market and profound changes in workforce demographics, work-family spillover, or, more generally, interaction and reconciliation of paid work and personal life, has become an issue of great importance for employees and employers, politics and the public, and researchers. Although countless studies were conducted on antecedents and consequences of work-family spillover in the

past three decades, the extensive research literature comes predominantly from North American countries. In German-speaking countries like Switzerland, research on the topic has just begun but follows a long tradition and builds upon the previous research on work and family as separate life domains of industrial male workers and subsequently as cumulated roles and double burden of working women and mothers. After having focused for a long time mainly on negative spillover and conflict between different roles and life domains and on work- and health-related outcomes, the research has recently switched over to a more inclusive integrated perspective by examining also work-family enrichment and positive spillover effects on work and health. Since the research on the topic originates mostly from occupational health psychology, the issue of work-family, or more inclusively work-life, spillover and its health effects has not been taken into account by other disciplines or health sciences such as occupational medicine or public health. However, negative (and positive) spillover between work and family or the non-work domain is quite prevalent, at least in Switzerland, and is strongly associated with various and widespread (mental) health problems and health-related risk behaviors. In addition to health problems and mental health disorders that often do not need medical treatment and/or that are not diagnosed as diseases, psychosocial factors at work such as low job control or work-life conflict have also been found to cause or to contribute to cardiovascular diseases and musculoskeletal disorders, which are two major diseases in European and other high-income countries. This is why work-life spillover is of great relevance to public health. But it is also very important for organizational health, i.e., for employers and the well-being of business companies; employers are thus well advised to offer various organizational supports and particularly work-family benefits such as part-time work, flexible work hours, or parental leave programs to facilitate work-life integration and to prevent negative spillover and its health consequences. But these offers are not really beneficial and will not be used unless they are accompanied by a supportive climate and a family-friendly organizational culture. Control over work requirements and support from supervisors are probably the most important work-related resources in providing the needed corporate culture and helping to balance or integrate work and personal life. Organizational policies, practices, programs, services, and benefits that aim to facilitate work-life integration should preferably improve or increase the degree of autonomy at work and promote supervisory support. In addition, they should meet employees' needs and be offered to the entire workforce and not just to working mothers with small children. And finally, these work-life offers and supports should – in contrast to the past – be seen as an integral part of worksite health promotion interventions.

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