Family-Friendly Workplace Culture, Flexibility, and Workplace Support for Dependent Care: the Perspectives of Human Resource Professionals

Katherine June Huffstutter
Portland State University

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FAMILY-FRIENDLY WORKPLACE CULTURE, FLEXIBILITY, AND WORKPLACE SUPPORT FOR DEPENDENT CARE: THE PERSPECTIVES OF HUMAN RESOURCE PROFESSIONALS

by

KATHERINE JUNE HUFFSTUTTER

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DISSERTATION APPROVAL

The abstract and dissertation of Katherine June Huffstutter for the Doctor of Philosophy in Social Work and Social Research were presented June 8, 2007, and accepted by the dissertation committee and the doctoral program.

COMMITTEE APPROVALS:

Julie Rosenzweig, Chair

Eileen Brennan

Richard Hunter

Daniel Coleman

Leslie Hammer
Representative of the Office of Graduate Studies

DOCTORAL PROGRAM APPROVAL:

Maria Talbott, Director
Social Work and Social Research
Ph.D. Program
ABSTRACT


Title: Family-Friendly Workplace Culture, Flexibility, and Workplace Support for Dependent Care: The Perspectives of Human Resource Professionals

Integration of family responsibilities and employment demands is challenging for all families, but particularly for those families with extraordinary care requirements of children with mental health disabilities. Utilization of workplace supports, such as flexible work arrangements, has been identified in the work-family literature as an important indicator of organizational responsiveness to employee’s family needs (Allen, 2001; Eaton, 2003; Hammer, Neal, Newsom, Brockwood, & Colton, 2005; Secret, 2000). A better understanding of which organizational conditions may improve utilization of available family-friendly supports by employees caring for children with mental health disorders can improve work-life integration for these families. This study examines how factors such as workplace culture, and Human Resource (HR) policies and practices affect accessibility of supports in the workplace for workers with dependent care responsibilities.

The exploratory study uses a series of six regression models to identify organizational conditions indicative of a family-friendly workplace culture. Human resource professionals, organizations’ primary gatekeepers of workplace policies and
practices, were surveyed. The Work-Life Flexibility & Dependent Care Survey was completed by 550 members of WorldatWork, an international HR professional association with approximately 25,000 members. The typical respondent was female (76.9%), highly educated (38% of respondents reported that they had a master’s degree), and worked in the U.S. (87%) in an organization with between 100 and 999 employees in manufacturing (16%), or finance and insurance (16%).

Key results of the study suggest that organizations with a formal policy on flexible work arrangements create an important pathway for availability and utilization of workplace supports. Workplace culture was identified as an important predictor of the likelihood that HR professionals would grant an employee’s request for flexible work arrangements for dependent care needs, including those for mental health care reasons. The need for content on work and family to be incorporated within social work curriculum is discussed as well as implications for social work practitioners. Suggestions for HR organizational policy and practice and directions for future research are presented.
DEDICATION

This dissertation is dedicated to Kermit and Mildred Huffstutter who taught me everything there is to know about what it means to be family-friendly. Without their love, support and the fine example they have set as business owners and true partners in every sense of the word, I surely would not have made it this far. Thanks to my grandmother for her strength and determination to create the family business, and thanks to my grandfather for his great personality and sense of humor. I miss you and love you with all my heart. RIP.
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Chapter One: Introduction

Demographic shifts, such as the influx of women into the workforce and the aging of the population, have prompted U.S. employers to focus greater attention on providing supports for employees’ lives outside of work, particularly dependent care responsibilities. The need to retain quality women workers and concerns over gender equity and diversity led some organizations to adopt workplace initiatives such as dependent care resource and referral, employee assistance programs (EAPs), and flexible work arrangement policies and practices. Organizations adopting such policies and practices are commonly known as “family-friendly” workplaces. The family-friendly workplace develops systems for organizing how work is arranged in order to support workers in achieving a greater integration across their work and personal responsibilities. More formally, a family-friendly workplace “recognizes the non-workplace family responsibilities of its employees and develops and implements policies that allow employees to simultaneously fulfill work and family responsibilities” (Strachan & Burgess, 1998, p. 251). While many organizations have flexible work options available, only a minority of employed caregivers have access to them and many fear repercussions if they utilize them.

The cornerstone of family-friendly policies and practices are flexible work arrangements such as flex-time and flex-place. Flexibility of work arrangements gives employees more choices toward achieving greater work-life integration (Rapaport, Bailyn, Fletcher & Pruit, 2002), a state of meaningful fusion of both work and family-
life or other personal responsibilities. It is the culture of the organization, however, that either fosters or inhibits workers' beliefs that they have the right to utilize available family-friendly benefits (Lewis, Kagan, & Heaton, 2000). Family-friendly workplace cultures acknowledge the needs of working family members and are characterized by acceptance and support, rather than penalizing those employees who have personal responsibilities outside of work. Organizations that subscribe to the traditional model of work equate visibility in the workplace with loyalty and commitment to the organization (Lewis, et al., 2000; Rapoport et al., 2002).

Traditionally, organizations in the U.S. structure work hours from 8:00 am to 5:00 pm Monday through Friday, assuming that workers will either not have dependent care responsibilities or have someone else tending to them. This type of work culture makes it difficult for parents and other caregivers to sustain their careers as they attempt to navigate their family and work responsibilities simultaneously.

While it is true that all parents experience challenges managing work and family responsibilities, parents of children with serious emotional or behavioral disorders experience unique difficulties in achieving a workable level of integration between their work and personal life (Rosenzweig & Huffstutter, 2004). With more parents participating in the workforce due to economic concerns and rising rates of child disability, working parents of children with mental health disorders are a growing group. Indeed, it is estimated that 20% of U.S. households have a child with special health care needs (Child and Adolescent Health Initiative, 2004), with approximately one in five children and adolescents experiencing the signs and
symptoms of a mental health disorder during the course of a year (U.S. Department of Health and Human Services, 1999). With so many working parents and other caregivers (such as grandparents) affected by children's mental health issues, it is surprising that they remain seriously misunderstood in the workplace. Comments frequently heard by working parents of children with mental health disorders including "Don't worry, she'll grow out of it," or "You just need to learn how to discipline your child," point to the misperceptions among the general public about children's mental health and contribute to the social stigma that employed parents experience at work and in the larger community regarding their child's mental health condition.

Social stigma of mental illness refers to the stigmatization of people with mental illness in the general public (Corrigan, Markowitz, Watson, Rowan & Kubiak, 2003). Courtesy stigma, originally conceptualized by symbolic interactionist Erving Goffman (1963), refers to prejudice and discrimination applied to people because of their relationship with a stigmatized person (Phelan, Bromet, & Link, 1998). Research indicates that significant courtesy stigma is experienced by family members of persons with mental illness (Corrigan & Miller, 2004). The workplace is a context in which stigma is experienced by employed parents who have children with mental health disorders; yet, there are few studies that examine the factors or effects of courtesy stigma on employed family members (Corrigan & Miller, 2004). In one study, family members parenting children with mental health challenges indicated that they encounter courtesy stigma through the experience of isolation and the lack of understanding by their supervisors and co-workers (Rosenzweig &
Huffstutter, 2004). Stigma in the workplace may have a significant impact on the accessibility and utilization of flexible work arrangements for working parents or other employed caregivers of children with mental health disorders.

In attempting to integrate their work and care responsibilities, parents of children with mental health disorders face unique barriers. A lack of community supports available to parents of children developing typically, such as child care and after school programs, cause parents to have to make difficult decisions about how to best meet the care requirements of their child with an emotional or behavioral disorder (Rosenzweig, Brennan, Huffstutter, & Bradley, in press; Rosenzweig, Brennan, & Ogilvie, 2002). Many have to make significant employment adjustments, some quitting work altogether, in order to meet their child’s care needs (Rosenzweig & Huffstutter, 2004). The employment adjustments parents make have consequences, such as pay cuts or being passed up for promotion.

Family-friendly workplaces can play a pivotal role in facilitating work-life integration for parents caring for children with emotional or behavioral disorders. First, workplaces can allow parents to receive phone calls at work. In many instances allowing the parent to speak to his or her child with an emotional or behavioral disorder can provide enough comfort to prevent a full crisis, requiring the parent to leave to care for the child. Secondly, workplaces can provide parents flexibility in scheduling their work hours. For many parents of children with mental health disorders, being allowed to take their child to school instead of ride the bus is an important way to keep the child calm before arriving at school. Alternatively, being
able to confine work during school hours allows the parent to be after school. Most importantly, providing flexibility for the parent to leave when the child is in crisis is necessary for the parent to provide appropriate care. Yet, many family-friendly workplaces’ practices are designed with the assumption that working mothers of typically developing young children are the only workers who will need flexibility (Lewis, Kagan, & Heaton, 2000), while parents of children with emotional or behavioral disorders may have a need for on-going flexibility continuing into the teen years and beyond.

Human resource (HR) professionals are often the gatekeepers of information and resources within the workplace critical to crafting and sustaining family-friendly work cultures and supporting work-life integration for all employees. HR professionals take on a variety of roles in their workplaces: brokering resources and information that promote work-life integration, assessing the work-life needs of employees, formalizing policy and practice in their workplaces, and providing training and consultation to supervisors and employees struggling to achieve greater integration of work and personal responsibilities (Milliken, Martins, & Morgan, 1998; Unger, Kregel, Wehman, & Brooke, 2003). By promoting family-friendly “best practices” in their workplace based on the experiences of the most marginalized workers, HR professionals can support all employees in achieving greater work-life integration.

This dissertation examines the relationship between flexible work arrangements, family-friendly workplace culture, and workplace support for
dependent care. Workplace support for dependent care responsibilities of employed parents of children with mental health disorders will be explored. The purpose of this study is to identify factors that affect how family-friendly policies and practices, specifically flexible work arrangements are positioned and accessed within organizations. HR professionals are an ideal sample for this study serving as organizational representatives who take on leadership roles in developing and implementing family-friendly business practices. This study intends to make a significant contribution to the work-family field, as there have been relatively few studies sampling or addressing HR professionals that investigate relationships between family-friendly workplace practices and dependent care responsibilities of employees (Arthur & Cook, 2003; Batt & Valcour, 2003; Galinsky & Stein, 1990; Kossek & Ozeki, 1998; Poelmans, Chinchilla & Cardona, 2003; Singh, 1998), and virtually none examining those who have responsibility for children with mental health disorders.
Chapter Two: Literature Review

Theory and research in the work and family field is becoming more complex; yet, research that explains the work-life integration experiences of employees who have children with disabilities, particularly parents of children with mental health disorders is relatively lacking. After reviewing the major theories in the field, studies examining the work-life integration experiences of parents caring for children with disabilities are discussed followed by a presentation of the limited research that explores the unique work-life integration experiences of parents of children with mental health disorders.

Work-Family Studies: Theory and Major Concepts

The developmental trajectory of the work and family field over the past 30 years is one of increasing depth and theoretical complexity as researchers respond to one another and the dynamic context of demographic and cultural changes in U.S. society. Initial work-family theories focused on the spillover and conflict between separately held roles in the two domains of work and family. Significant theoretical developments have since been made in the work-life field, with Barnett’s (1998; 1999) conceptualization of work-family fit; and more recent developments such as Gryzwac’s (2002) conceptualization of work-family facilitation and Clark’s (2000; 2002) border theory. To date, the most comprehensive framework for discussion of the dynamics of work and personal life is work-life integration (Rapoport, Bailyn, Fletcher & Pruitt, 2002).
Spillover and Conflict Theory

Spillover theory posits that experiences in the domains of work and family reciprocally influence one another. Early spillover theorists Payton-Miyazaki and Brayfield (1976) assert that thoughts and feelings arising out of one role can have an additive effect in another role. While initial research demonstrated correlations between work and family roles, it was unknown from what direction the spillover originated (Greenhaus & Parasuraman, 1999). More recent spillover research demonstrates that positive spillover has been associated with resource enhancement and work-family balance (Grzywacz, Almeida, & McDonald, 2002), while negative outcomes associated with spillover include withdrawal from family interaction, increased marital conflict, less awareness about the child’s experiences, decreases in job and life satisfaction, and increased absenteeism and likelihood of leaving work (Hill, Hawkins, Ferris, & Weitzman, 2001). In two additional studies, job spillover, whether positive or negative, was shown to have a direct impact on family life (Judge & Ilies, 2004; Sumer & Knight, 2001).

Theorists of the conflict paradigm have developed more complex theoretical models to overcome limitations within spillover theory. The conflict paradigm is based on the scarcity hypothesis, which predicts conflict arising out of pressures stemming from multiple roles when there is a fixed level of time and personal resources an individual can devote to each of those roles (Greenhaus & Parasuraman, 1999; Marks, 1977; Sieber, 1974). Roles may contain conflict within themselves (such as conflict arising from only one’s work role), called role strain, or two or more roles
may conflict with one another, as in interrole conflict (Greenhaus & Beutell, 1985). The conflict paradigm argues that the separate domains of work and family create conflict arising from inherent incompatibilities between an individual’s work and family roles, or work-family conflict (WFC) (Greenhaus & Beutell, 1985). Three different forms of WFC are identified: time-based, strain-based, and behavior-based conflict. Time-based conflict occurs when time required for one role interferes with one’s ability to engage in another role, strain-based conflict refers to a level of strain from one role that causes difficulty with another role, and behavior-based conflict relates to conflicting behavioral expectations that occur in different roles (Greenhaus & Beutell, 1985). Research stemming from the conflict orientation to work and family has provided insight into the impact of conflict on work and family domains, such as knowledge pertaining to different types of conflict associated with outcomes.

There are many outcomes of work and family conflict. Studies have demonstrated relationships between high levels of work-family conflict and work outcomes, such as job dissatisfaction (Kossek & Ozeki, 1998; Netermeyer, McMurrian, & Boles, 1996), personal outcomes, such as stress or depression (Frone, 2000), and decreased life satisfaction (Beutell & Wittig-Berman, 1999; Kossek & Ozeki, 1998), and family outcomes, such as family or marital dissatisfaction (Beutell & Wittig-Berman, 1999). More recently, research within the conflict paradigm demonstrates that the direction of conflict may be from work to family (WF), or from family to work (FW). According to Greenhaus and Parasuraman (1999), when pressure arises from work and interferes with family life, it is referred to as WF
conflict, while strain from family that interferes with work is called FW conflict. Using meta-analysis, Kossek and Ozeki (1998) report that work-family conflict shows a consistent negative relationship to job and life satisfaction, regardless of the type of conflict and also suggest that the relationship is stronger for women. Despite these advances in understanding work-family conflict, conflict research has been critiqued for its limitations.

Work-family conflict research has been criticized for having a negative view of the relationship between work and family life and failing to account for the possibility of any positive correlations between work and family domains (Greenhaus & Parasuraman, 1999; Voydanoff, 2004). Work-family conflict studies are also critiqued for their focus primarily on the individual, rather than examining the family system as the unit of analysis (Greenhaus & Parasuraman, 1999). It is unclear whether family-friendly workplace policies and practices have mitigated the results of work-family conflict; for instance, there is some evidence that suggests that having more flexibility can increase work family conflict due to work interruptions with family life (Dunham, Pierce, & Castenada, 1987). Alternate theoretical perspectives in the field have attempted to address these shortcomings. The concept of work-family fit (Barnett, 1998; Barnett, Gareis, & Brennan, 1999), for example, addresses the process of accommodation individual workers undergo within the context of their family system, while work-family facilitation (Grzywacz, 2002) examines the ways in which work and family roles are complementary. Lastly, the work-life integration (Rapoport, Bailyn, Fletcher, & Pruitt, 2002) perspective is a more structural approach asserting
that in order for work practices to change, the assumptions and values that shape the organization of work must change.

*Work-Family Fit and Facilitation*

Expanding beyond the notion of work-family conflict (WFC), Barnett, Gareis, and Brennan (1999) develop the idea that workers undergo a process of accommodation—taking action to mitigate the level of conflict arising from incompatibilities in work and family roles—seeking greater work-family fit. Fit is defined as "the degree to which employees optimize their family adaptive strategy in the workplace" and involves the "perceptions of the degree to which respondents' and spouses' work schedules (i.e., number and distribution of hours) meet their needs and those of their spouse and children" (p. 310). Work-Family fit is thought to be a broader conceptualization than WFC, in that it incorporates the internal processes of the workers/parents as they adapt to structural forces that impact their work-life. Barnett (1998) explains that, "fit refers to the extent to which the worker realizes the various components of her or his work/family adaptive strategy" (p. 61). Within this theory, individuals are situated in the context of their own family system and work structures (such as hours or location of work) as they seek to optimize the level of "fit" in their work and family/personal life. Barnett et al. (1999) explain that, "the concept of fit moves well beyond WFC as a potential mediator; it allows for a continuum reflecting both positive and negative processes in each partner and in the family system and thus may provide a more fully rounded picture of the linkages between work hours and distress outcomes" (p. 311). Barnett et al. (1999) tested a model of
work-family fit as a potential mediator between the number of hours worked and burnout, finding that the perception of fit between spouses’ work schedules served as a mediator to burnout outcomes.

On the other hand, Grzywacz (2002) has developed the concept of work-family facilitation in order to investigate the ways that work and family roles are complementary. Facilitation refers to synergy that can happen when individuals combine work and family. Grzywacz (2002) defines facilitation as, “a bidirectional phenomenon representing the extent to which an individual’s active involvement in one domain facilitates enhanced engagement or processes in another domain” (p. 5). Work-family facilitation may occur when skills from one domain—either purposefully or unintentionally— are transferred to another, producing positive outcomes for the individual and the receiving social system (either the workplace or the family system). While facilitation carries similarities with spillover, it is conceptually distinct because facilitation can be intentional or unintentional (Grywacz, 2002, p. 6). Work-family facilitation builds upon the notion of “fit” in that it explores how experiences of conflict may be mediated by facilitation and contribute to individual, family, and organizational outcomes (Grzywacz & Bass, 2003).

**Boundary and Border Theory**

Similar to boundary and border theorists, early work-family theorists acknowledged the fluid and permeable boundaries of work and family domains (Kanter, 1977; Pleck, 1977). While boundary theory is a more general theory related to the meanings assigned to roles and how people transition between them, border
theory focuses specifically on work and family roles (Desrochers & Sargent, 2003). According to border theory, work and family are considered to be separate domains, with individuals crossing over the borders of each proactively in order to create a meaningful state of balance (Clark, 2000; 2002). Borders are, "lines of demarcation between domains" and can be either physical (walls or other physical characteristics of a space that contribute to domain relevant behaviors), temporal (work hours that demarcate time spent in work tasks or family tasks), or psychological (as in "rules that are created to dictate when thinking patterns, behavior patterns and emotions are appropriate for one domain and not the other"; Clark, 2000, p. 756). Borders have several properties that impact experiences of balance by border crossers: permeability, flexibility, blending, and strength. Permeability refers to how open a domain's border is to allow in elements from the other domain. A flexible border is one in which "contracts or expands, depending on the demands of one domain or the other" (p. 757), such as flex-time or flex-place.

One study in support of border theory examines communication as an activity utilized by border crossers to balance their work and family responsibilities. Clark (2002) explains, "These types of conversations are one essential part of the way that individuals enact their work/home environments, negotiating with others, building awareness of other-domain responsibilities, and ultimately creating meaning out of their experience" (p. 25). In her research, Clark (2002) found that permeable and flexible borders at work were associated with greater across the border communication; meaning that when the work domain had more permeable and flexible
borders, there was greater communication about home life. Overall, findings pointed
to greater communication across the home border, but when work borders were
flexible and permeable, particularly with supervisors, there was more open
communication about home life. In a study of biotechnology workers, researchers
similarly found a correlation between supportive communication and job satisfaction
(Lambert, Kass, Piotrowski, & Vodanovich, 2006). An important assumption of
boundary and border theories is that people have different preferences about the
degree of permeability and flexibility of work and family borders (Desrochers &
Sargent, 2003) and that communication across borders is an important means for
gaining greater balance because organizational policies will not always meet
individual preferences.

Work-Life Integration

Drawing from prior theory and research is the model of work-personal-life
integration, hereafter referred to as work-life integration. Work-life integration
acknowledges that all employees have lives outside of work. Work-life integration
illuminates traditional cultural assumptions about gender roles that shape men’s and
women’s experiences in and out of the workplace. It challenges the public/private
dichotomy of roles and responsibilities by acknowledging that the sex and gender
system operates differently in men’s and women’s lives; such that a man may be
stigmatized for taking leave to care for a newborn in much the same way that a woman
will be stigmatized for choosing to work after a baby is born. Rapoport, Bailyn,
Fletcher, and Pruitt (2002) explain: “Accepting that individual priorities differ, our
goal is that men and women should be able to experience these two parts of their lives as not in conflict, or separate, or in need of balance, but *integrated*. By this we mean that they should be able to function and find satisfaction in both work and personal life, independent of the amount of time they actually spend in each domain at different stages of their lives” (p. 17).

The concept of work-life integration incorporates issues of equity and diversity, the community context, and the embedded nature of work in community and society. Work-life integration is a holistic view of the nature of work in our lives within the broader context of larger societal norms and values. As Lewis, Rapoport, and Gambles (2003) explain:

The ways in which people are able to integrate paid work with the rest of life can no longer be seen as side or individual issues. Rather, they are central, linking in with many other social problems facing individuals, families, workplaces and communities and they connect to expectations and values operating throughout contemporary societies....there is now a need to think creatively about how to implement new ways of equitably distributing paid work and integrating this with the rest of life in ways that enhance people’s life satisfaction, productivity, and potential (p. 826).

The conceptualization of work/personal-life integration provides a framework to deepen our understanding of the dynamic relationship between the worker, the workplace, and the community contexts in which they are operating.
The work-life integration model is an important theoretical development in the work-life field because it calls for new ways of thinking about how work is organized without it being assigned to specific individuals or family configurations. Work-life integration inherently emphasizes diversity and acknowledges that the “one size fits all” traditional model of work is outdated and is not realistic given the changing demographic and cultural profiles of work and family. Moreover, it calls for research that is situated within work organizations in order to facilitate necessary change.

**Workplace Policies and Practices that Support Work-Life Integration**

Despite recent shifts in the work-life field to more inclusive terminology, organizations providing flexible work arrangement options are commonly known as “family-friendly” workplaces. By definition, a “family-friendly” workplace is one that to some extent responds to the needs of their employees’ lives outside of work (Pitt-Catsouphes, 2002). There are four interrelated components of the family-friendly workplace: (a) benefits, policies, and programs designed to enhance employees’ work-life balance; (b) workplace cultures that support and promote family-friendly employer practices; (c) workplace relationships with supervisors and co-workers that demonstrate respect for employees’ personal responsibilities; and, (d) work processes, systems, and structures/practices that sustain an emphasis on supporting employees’ personal lives and enhancing productivity (Pitt-Catsouphes, 2002).

Benefits, policies, and programs that enhance work-life integration include flexible work arrangements (FWA) such as flex-time and flex-place as well as compressed work-weeks, part-time work and job shares. More formally, flexible work
arrangements are "a group of alternative work options that allow work to be accomplished outside of the traditional temporal and/or spatial boundaries of a standard workday" (Rau, 2003, Basic concepts and definitions 1). Flexible work arrangements may be formal or informal. Formal flexible arrangements are written into organizational policy and requests for these arrangements are often officially approved by HR professionals. Informal flexible arrangements are not documented as formal written policy, but are still available to some employees based on supervisory discretion (Eaton, 2003). Supervisory discretion tends to be strongly influenced by the perception that not offering flexibility will have a detrimental impact on the organization (Milliken, Martins, & Morgan, 1998). In fact, a meta-analysis has demonstrated that flextime had positive effects on productivity, job satisfaction, satisfaction with work schedule, and employee absenteeism (Baltes, Briggs, Huff, Wright, & Neuman, 1999).

Furthermore, while many companies may have formal flexibility policies, utilization of flexible work arrangements by employees is often contingent on the perception of support; it is the culture of the workplace which can facilitate or deter employees' use of flexible work arrangements (Eaton, 2003; Hammer, Neal, Newsom, Brockwood, & Colton, 2005; Secret, 2000). In their ground-breaking study, Thompson, Beauvais, and Lyness (1999) found that how supportive an organizational culture was of work-family responsibilities was related to utilization of family-friendly benefits. Likewise, Allen (2001) found that employees who perceived a lack of organizational support and/or supervisor support for families were less likely to utilize
family-friendly benefits. In their study of employed family members of children with disabilities, Lewis, Kagan, and Heaton (2000) found that employees were reluctant to utilize available benefits fearing that their loyalty and commitment to the organization would be questioned.

Arguably the most important component of family-friendliness is the nature of the workplace culture, referring to the shared assumptions, beliefs, and values regarding the extent to which an organization supports the integration of employees' work and family lives (Thompson, et al., 1999). These beliefs and values can be perpetuated (or challenged) through socialization of individuals into or out of identity groups in the workplace that produce symbolic structures or systems that support the level of acceptance of family-friendliness (Denison, 1996). Research on workplace culture links pro-family culture with desirable organizational outcomes, such as job satisfaction and organizational commitment (Allen, 2001; Thompson et al., 1999). Family-friendly culture has also been shown to be negatively related to work-family conflict (Allen, 2001).

Human Resource Professionals

Human resource professionals can play a pivotal role in promoting the development and utilization of family-friendly workplace policies, programs, and practices. HR professionals are key players in enhancing the capacity of workplaces to support employees' work-life integration, acting as mediators between supervisors and employees who may be struggling with work and care responsibilities; assessing the work-life needs of employees; serving as gatekeepers of information and resources in
the workplace and in the community that support employees’ work-life integration, creating work-life policies and programs to address the work-life needs of employees and advocating to upper management for the adoption of such workplace policies and practices (Millikan, Martins, & Morgan, 1998; Unger, Kregel, Wehman, & Brooke, 2003). Due to their functions within organizations, HR professionals have a critical role in supporting work-life integration among employees.

Research findings have established a positive relationship between organizational outcomes including reductions in absenteeism, tardiness, and increases in organizational commitment, and work-life policies and programs. In a meta-analysis of studies on flexible work arrangements, researchers found positive effects of flexible work arrangements on organizational outcomes, such as productivity, job satisfaction, satisfaction with work schedules, and employee absenteeism (Baltes, Briggs, Huff, & Wright, & Neuman, 1999). Kossek and Ozeki (1999) report similar findings noting, “Higher levels of individual job productivity and favorable attitudes appear to be related with more flexible schedules and a sense that the organization cares about workers’ families” (p. 25). While research demonstrates positive outcomes for organizations and employees related to the availability of work-life supports such as flexible work arrangements, less is known about the unique perspectives of HR professionals related to work-life integration of employees with dependent care responsibilities, particularly workers with children who have disabilities.
Employment Issues: Parents of Children with Disabilities

The Child and Adolescent Health Initiative (2004) estimates that 20% of U.S. households are caring for children with special needs. Families in poverty are more likely to have children with chronic health conditions (Earle & Heymann, 2002; Lee, Oh, Hartmann, & Gault, 2004; Meyers, Lukemeyer, & Smeeding, 1998; Powers, 2001), and about 20% of current or former recipients of public welfare benefits are caring for children with some form of disability or chronic illness (Meyers et al., 1998). While it is true that all children need care, children with disabilities can require exceptional levels of care (Meyers et al., 1998). The extra care requirements of children with disabilities can make it more difficult for working parents to meet both work and care responsibilities. As Freedman, Litchfield, and Warfield (1995) explain, “What seems to distinguish families of children with disabilities from other working families is the intensity and complexity of the arrangements required to balance work and home responsibilities successfully” (p. 512).

Employed parents who have children with disabilities are often forced to make difficult decisions about how to best meet the care needs of their disabled children. In order to better ensure their children are well-cared for, parents making uneasy choices about their work, such as reducing hours, turning down promotions, changing careers, or quitting work altogether (Anderson, Larson, Lakin, & Kwak, 2002; Rosenzweig, Brennan, & Ogilvie, 2002). These decisions are made within the context of the availability of supports in their communities and workplaces. In large part employment supports for families have been developed for mothers raising young...
children with typical development, assuming that the care needs of the child will be relatively short-term and infrequent (Lewis, Kagan, & Heaton, 2000). However, the care needs of children with disabilities are on-going, spanning from early childhood to young adulthood or beyond, and are more frequent and intense (Lewis et al., 2000; Rosenzweig, et al, 2002; Porterfield, 2002). Children with disabilities require more visits to the doctor, and the school, and the parent may have to leave work immediately because of a crisis involving the child. The maintenance of employment is particularly important for parents caring for children with disabilities because of the need for financial support that will help meet their child’s care needs. Additional costs not incurred by parents of typically developing children include prescription medications, doctor and psychiatrist fees, specialized child care, therapy and/or treatment programs, and hospitalization, some of which may not be covered by traditional health insurance packages or have exceeded the prescribed limits (Meyers, Lukemeyer, & Smeeding, 1998).

Most studies measure cost of care using the human capital approach, measuring direct and indirect costs of care. Meyers, Lukemeyer, and Smeeding (1998), note the importance of distinguishing between direct (i.e., hospitalizations, outpatient care, medication) and indirect costs (loss of earnings due to care, or opportunity costs such as being passed up for promotion) of care. While direct costs of care indicate substantial financial hardship, indirect costs of care are important to measure in order to demonstrate the long-term impact care can have and may point to policy development necessary to support parents caring for children with disabilities.
As Powers (2003) emphasizes, “Understanding how child health problems impede labor market activity is critical to formulating a sensible child disability policy, because parental earnings losses are an important justification for providing cash benefits to families with disabled children” (p. 523).

There are a few studies that attempt to estimate the indirect costs of caring for a child with a disability on employment. Most of this research focuses on maternal labor force participation because it is women who still bear a disproportionate amount of the care responsibilities for disabled children within families (Lewis, Kagan, & Heaton, 2000; Porterfield, 2002). The majority of these studies indicated a consistent, negative effect of care on employment through limitations on the ability to work or reductions in work hours. Lukemeyer, Meyers and Smeeding (2000) found among welfare recipients in California that 32% of respondents indicated limitations in work hours due to care responsibilities, with 19% reporting that care activities prohibited mothers of children with disabilities from working altogether (p. 407). In one study, Powers (2001) used Current Population Survey (CPS) data to estimate the impact of child disability on maternal work activity, finding a consistent negative relationship between having a child with a disabling condition and maternal employment. Powers found that, “child disability is estimated to reduce maternal employment by 7.6 percent among wives and by 10.8 percent among female heads of household” (p. 138). Likewise, Brandon (2000) determined that labor force participation rates for mothers of children with disabilities are six percentage points lower than mothers with typically developing children (p. 351). Furthermore, Earle and Heymann (2002)
estimated that having a child with health limitations increased a woman’s probability of job loss by 33%.

Research on child disability and maternal work activity is complicated by a number of factors including variable definitions of child disability, a lack of longitudinal studies, and limited comparisons between married women and female heads of household, making it difficult to estimate the impact of caring for a child with a disability on employment (Powers, 2003). In order to address some of these issues, Powers used pooled Survey of Income and Program Participation (SIPP) panel data to estimate the impact of having a child with a disability on maternal employment (Powers, 2003). Using the most comprehensive definition of disability (including all ages of children and mental and physical disabling conditions), Powers finds that, “disability is predicted to reduce wives’ labor force participation rate by 6.0 percentage points and to reduce desired work by an average of 3.7 hours per week” (p. 534). Powers also found significant results that suggest the impact is more pronounced for single mothers than married mothers. She writes, “In every case, the estimated effect of disability is always more negative for female heads than for wives” (Powers, 2003, p. 534). Powers proposes that this may be due to the fact that husbands provide some type of buffer to the impact on wives’ employment by making accommodations in their own work schedules to help care for the disabled child (p. 541).

As Powers and other researchers note, these findings are complicated by studies that indicate a more significant impact of the mother’s own disability on employment (Earle & Heymann, 2002; Lee, Oh, Hartmann, & Gault, 2004). For
example, while demonstrating that having a child with health limitations reduces the probability of maintaining employment, Earle and Heymann (2002) estimate an even greater probability (57%) that mothers’ own health condition increases their chances of job loss. In their comparison of single and married mothers, Lee et al. (2004) report that, “once we control for mothers’ disability status, the variables for child disability included in Model 2—moderate disability and severe disability—do not show any significant impact on work participation among both single and married mothers” (p. 21). These results suggest that the disability status of the mother may produce more of an impact on work participation than having children with disabilities. The majority of evidence suggests that there is an inverse relationship between maternal work activity and child disability; however, further research is needed to determine the impact of maternal disability on employment.

One of the most challenging barriers to employment is obtaining appropriate child care for the child with a disability (Rosenzweig, Brennan, Huffstutter & Bradley, in press). Despite legal mandates to accommodate children with disabilities, such as the Americans with Disabilities Act (ADA), child care providers are finding loopholes for exclusion. Brandon (2000) explains that, “perhaps the willingness of child care providers to care for children with disabilities is the determinant of child care use...Providers may refuse to accept children with disabilities because they lack the trained staff or the equipment to accommodate such children” (p. 361). In their study of Temporary Assistance to Needy Families (TANF) mothers of children with disabilities, LeRoy and Johnson (2002) found child care to be the most significant
obstacle to mothers’ employment, with many participants expressing great concern over the quality of care and the knowledge and skills of the providers (p. 330-331). Further, when families do obtain care it may be more expensive because of specialized training to handle the unique health or behavioral requirements of disabled children (Brandon, 2000; Freedman, Litchfield, & Warfield, 1995; Lukemeyer, Meyers, & Smeeding, 2000). In fact, research indicates that child care can be the most expensive direct cost to families with children with disabilities (Lukemeyer et al., 2000). Taken together, these studies indicate the significant impact of barriers to child care on maternal employment.

While every study noted the extreme difficulty parents have in finding and maintaining appropriate childcare for their child with a disability, parents also noted other barriers to community based resources and supports available to parents of typically developing children. Most notably, parents acknowledged the challenge of integrating the extensive number of doctor visits and school appointments with their work responsibilities. Schools and providers in the community are primarily open during standard business hours, making it difficult for parents to attend meetings during business hours. Lewis, Kagan and Heaton (2000) observe that, “lack of access to information, inflexible local services and service providers’ assumptions of parents’ constant availability were major barriers to working and caring” (p. 426). Inflexibility on the part of community providers adds to the challenges parents face as they attempt to find some semblance of integration between their work and family responsibilities.
According to the Child and Adolescent Health Initiative (2004), 13.5% parents of U.S. children with disabilities spent 11 or more hours per week coordinating care for their children. Inflexibility at work proves to be the most critical barrier against work-life integration for working parents caring for children with disabilities. In one study, researchers found that parents, operating within the context of assumptions and values at work that emphasize face time, were hesitant to access flexible work options due to fear of reprisal by managers. Lewis, Kagan and Heaton (2000) state, "We have seen that flexibility, that is the latitude to adapt working times and place to respond to family needs, is crucial for managing work and caring, that these parents are often reluctant to ask for the flexibility they need especially if this is regarded as a favor rather than an entitlement, and particularly if jobs are insecure" (p. 427). Yet, these resilient parents are able to carve out a space for themselves by adopting family strategies that enable them to work and care.

In spite of limitations to community-based and workplace supports, parents of children with disabilities are able to utilize specific strategies that enable them to remain gainfully employed. Lewis et al. (2000) identified four family strategies among parents of children with disabilities that enabled them to meet work and family obligations, given the inflexibility of community and workplace systems to accommodate their needs. The four strategies they identified include: (1) modified single-earner families in which fathers worked full time without flexible work options while mothers worked casually for pay, scheduling work around the child's needs and the father's work schedule; (2) one-and-a-half earner families where fathers were
employed full time and mothers worked in flexible jobs on a part-time basis; (3) full-time dual earners in which both parents worked full-time and shared responsibilities for care; and (4) flexible dual earners where both parents worked part-time or nonstandard hours in order to meet the care needs of their children with disabilities (Lewis et al., 2000). Each of these strategies was developed in response to resources and constraints within their families, workplaces, and communities and in response to the larger context of societal norms and values about gender roles, work, and care (Lewis et al., 2000). Although it is unknown how these strategies may compare with families with children developing typically, it is important to document the agency these parents have in striving to meet both their work and care responsibilities to subvert assumptions that parents of children with disabilities, or any parents requesting work accommodations, are requesting “special assistance.”

Work-Life Integration Issues for Parents of Children with Mental Health Disabilities

Most children experience alterations in mood and thinking as part of healthy development; however, some children develop more persistent mental health conditions that seriously affect their daily functioning. These children suffer from mental illness, which refers to diagnosable mental disorders that typically include alterations in thinking, mood, or behavior resulting in distress or impaired functioning (U.S. Department of Health & Human Services, 1999). According to the Surgeon General, the most commonly experienced mental health disorders in children and adolescents are anxiety disorders (approximately 13%), attention deficit hyperactivity disorders (3-5%), and depressive disorders (5%; 1999). Given the high number of
families affected by the mental health conditions of their children, it is surprising that there are so few studies that focus on the impact of a child’s mental health disorder, specifically on the parent’s work situation.

There are similarities between the work-life experiences of parents caring for children with physical or developmental disabilities and those caring for children with mental health disorders. Yet, it is important to document the unique work-life integration experiences of parents of children with mental health disorders. Parents experience variable care needs due unpredictable crises associated with mental health disorders. Owing to the nature of the child’s mental health disorder, parents may be interrupted at work more frequently by phone calls from the child’s school or child care which may necessitate immediate departure from work (Rosenzweig et al., 2002). Additionally, parents of children with emotional or behavioral disorders are often marginalized in their workplaces due to courtesy stigma surrounding mental health. In general, research has demonstrated that stigma toward people with psychiatric disorders is higher than stigma directed toward other physical health conditions (Corrigan et al., 1999).

Similarly parents of children with all types of disabilities, parents of children with emotional or behavioral disorders struggle with child care. Parents of children with emotional or behavioral disorders are forced to contend with child care settings lacking the specialized training required for care of children with mental health disorders and frequently experience their children being expelled from childcare settings (Brennan, Bradley, Ama, & Cawood, 2003). Rosenzweig, Brennan,
Huffstutter, and Bradley (in press) found a high frequency of care by parents of children with emotional or behavioral disorders using a tag-team approach (where parents switch out care responsibilities so that one parent is available to care for the child at all times) and a low frequency of care in community childcare settings due fewer child care options than there are available to parents of typically developing children. Even more alarming, parents in this study reported a high frequency of self-care among their children with emotional or behavioral disorders. If child care were readily available and appropriate, the short and long-term consequences to parental employment that stem from work disruptions due to a crisis within the child might be reduced.

In one study, drawing on the concept of work-family fit (Barnett, Gareis, & Brennan, 1999), researchers demonstrated that a lack of community supports available to families of typically developing children, such as child care or after school programs, can have a significant impact on the fit between a parent’s work and family responsibilities. In particular, this research uniquely points to the sole option of employment adaptations, such as switching from full-time to part-time work, quitting work, or sometimes changing career paths, as the unique strategy among parents of children with emotional or behavioral disorders in accommodating their family needs. Rosenzweig et al., (2002) explain:

The care needs of a child with emotional or behavioral disorders required a high degree of flexibility not afforded by the traditional structure of employment, child care, or school systems. For the study’s respondents
pathways to increased flexibility were extremely limited and created almost exclusively through major employment adjustments and adaptations. Parents found it necessary both to redesign and reconceptualize the nature of employment because of the lack of options in other areas (p. 421).

In their study using structural equation modeling, Brennan and Brannen (2005) reported that higher levels of symptomology among children with emotional or behavioral disorders was related to less frequent school attendance and caregivers reports of less adequate child care and caregiver strain from missing work, leading to diminished likelihood of participation in the paid labor force. Furthermore, using a web-based survey of 349 self-identified parents of children with emotional or behavioral disorders, Rosenzweig and Huffstutter (2004) found that nearly half of the respondents (48%) had quit work at some time to meet the care needs of their child with a mental health disorder, while nearly 30% had been terminated because of work disruptions. Additionally, parents in this study reported that they felt isolated in their workplaces and misunderstood by their supervisors and co-workers when they had to leave work immediately to attend to their child’s needs (Rosenzweig & Huffstutter, 2004).

Stigma, as it pertains to mental health, can be defined as, “a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illness” (President’s New Freedom Commission on Mental Health, 2003). Family members of persons with mental health disorders often experience stigma as well, known as courtesy stigma. Courtesy stigma
is characterized by prejudice and discrimination (derogatory attitudes and behaviors) toward family members, particularly mothers, of people suffering from mental disorders (Corrigan, Watson, & Miller, 2006; Corrigan & Miller, 2004). The construct of courtesy stigma helps explain the double stigma that parents of children with emotional or behavioral disorders experience in their workplaces. Due to ignorance among the general public about children’s mental health and the care demands for affected children, parents often feel isolated and stigmatized for being a “bad parent,” and a “bad worker.” Indeed, Corrigan, Watson, and Miller (2006) found that parents and spouses of individuals with mental health disorders are most likely to be blamed for their family member’s health condition compared with parents and spouses of individuals with physical disabilities. Working parents are typecast as “bad workers” when they leave work or are late to work due to the care needs of the child. The fact that employed parents of children with emotional or behavioral disorders will surely need to obtain work accommodations in order to care for their children and will therefore not fit the standard work schedule of Monday through Friday 8 to 5 p.m. clarifies the distinct need for tangible interventions in the workplace to support their efforts at remaining gainfully employed.

The Current Study

This study investigates workplace support for dependent care from the perspective of human resource professionals, who are largely responsible for the creation and implementation of work-life policies and practices within organizations. Family-friendly workplace policies and practices, especially flexible work
arrangements (FWA) provide workers with more control over where and when work is to be completed, giving them more latitude to meet care and work responsibilities simultaneously. Yet, it is the culture of the organization which hinders or enhances utilization of family-friendly workplace practices among employees. The major research questions include: (a) What is the relationship between workplace culture, the business reasons for flexible work arrangements (FWA), having a formal policy on FWA, and availability of FWA? ; (b) What is the relationship between workplace culture, the business reasons for FWA, having a formal policy on FWA, availability of formal and informal FWA, and utilization of FWA? ; (c) What is the relationship between knowledge of dependent care, the reason for the FWA request, workplace culture, and the likelihood that FWA will be granted for dependent care? ; (d) What is the relationship between general knowledge of mental health, the reason for the FWA request, workplace culture, and the likelihood that FWA will be granted for mental health care? ; and (e) What is the relationship between workplace culture, general knowledge of dependent care, knowledge of mental health, availability of formal and informal FWA, the likelihood of FWA for dependent care, the likelihood of FWA for mental health care and workplace support for dependent care?

Figure 1, the research conceptual model, graphically depicts the relationships between independent and dependent variables in the study. The first research question asks about the relationship between the independent variables: workplace culture, the business reasons for FWA, the existence of a formal policy and the dependent variable: availability of FWA. The independent variables are depicted on the lower
left-hand side of the model, with arrows pointing to the dependent variable, indicating they are predictive of availability of (formal and informal) FWA. The second research question asks about the relationship between workplace culture, the business reasons for FWA, the existence of a formal policy on FWA, availability of formal and informal FWA and utilization of FWA. Likewise, the independent variables in this research question are depicted in the lower left-hand side of the model, with the addition of the availability variables, pointing to the outcome, indicating they are predictive of utilization of FWA for salaried and hourly-wage employees. In a similar fashion, predictor variables for the third and fourth research questions are located in the conceptual model on the upper left-hand side, with arrows pointing to the outcome variables to indicate that they are predictive of the outcomes of the likelihood of FWA for dependent care and mental health care, respectively. In the final research question, each of the variables in the model is depicted as predictive of the final outcome of workplace support for dependent care, located on the far right hand side of the model (see Figure 1).
Figure 1: RESEARCH CONCEPTUAL MODEL

The Reason for the FWA Request
- Workplace Culture
- General Knowledge of Dependent Care
- Existence of Formal Policy
- Business Reasons for FWA

Likelihood that FWA for Dependent Care Will Be Granted
- Availability of Formal & Informal Flexible Work Arrangements

Likelihood that FWA for Mental Health Will Be Granted
- Utilization of Flexible Work Arrangements for Salaried & Hourly-Wage Employees

Workplace Support for Dependent Care
Chapter Three: Methodology

This study uses cross-sectional web-based survey data from human resources (HR) professionals who are members of WorldatWork, a non-profit human resources professional association, and its subsidiary, Alliance for Work-Life Progress (AWLP). As part of its service to members, the HR association uses web-based surveys to gather data on the latest trends in the field, the results are disseminated through the internet and print media. In a collaborative arrangement between WorldatWork and the Regional Research Institute for Human Services (RRI) at Portland State University a web-based survey of HR professionals addressing flexibility and dependent care was conducted. As specified in the agreement, WorldatWork created the primary participant report containing descriptive results of the study to disseminate to their membership. In the following sections, detailed information on the participants, procedures, and both independent and dependent measures are presented.

Participants

Participants of the survey were members of WorldatWork, an international organization with approximately 25,000 members residing primarily in the United States, evenly distributed within the Eastern, Western, Southern, and Central regions of the United States (R. Johnson, personal communication, July 14, 2004). Membership is comprised of human resource professionals who are employed by Fortune 1,000 organizations and serve in a variety of HR functions (e.g., certified benefits specialists, HR managers, compensation specialists, or work-life
professionals). The membership encompasses over 40 industries (e.g., manufacturing, finance and insurance, health care and social assistance, or professional, scientific and technical).

In conducting surveys, WorldatWork randomly selects one-fourth of its membership and divides them into four groups, ensuring that each group of members will be surveyed on a quarterly basis. Participants of the Work-Life Flexibility and Dependent Care Survey were respondents from among the 5,000 members who were invited via e-mail to complete the survey. The invitation to participate in the survey was e-mailed to 4,645 members. Five hundred fifty members completed the survey, yielding a 12% response rate.

Procedures

The survey was administered by WorldatWork to members randomly selected to participate in the work-life study. Members selected were sent an e-mail invitation (see Appendix A) containing a brief summary of the project, a statement of confidentiality, and a link to the survey, as necessitated by the Human Subjects Research Review Committee at Portland State University. Members choosing to participate clicked on the survey link and completed the survey, taking approximately 10 to 15 minutes. Upon completion of the survey, respondents selected one of two options to click on: (a) “submit information,” or (b) “reset all answers.” In accordance with a prior agreement between WorldatWork and the RRI, a full data set was received, stored, and cleaned by WorldatWork, and with all identifiers removed.
was provided to the RRI. Preliminary findings were published on the WorldatWork website for access by its members (WorldatWork, 2005).

Participant Characteristics

Of the total of 550 respondents, the majority were female (76.9%), 37% percent were aged 28-40 years, 30% were 50-59 years, and 29% were 41-49 years. Respondents were highly educated, as indicated by 35% reporting a bachelor’s degree, 14% some college beyond a bachelor's degree, and 38% a master's degree. The majority of the sample was employed in the United States (87%), relatively evenly dispersed between the Northeastern (18%), Southern (25%), Midwestern (23%) and Western (22%) states. A portion of respondents worked in international organizations (13%), nearly exclusively (12%) in Canada.

Respondents worked in organizations varying from less than 100 employees to over 20,000. Thirty-two percent of respondents worked in organizations with 999 employees or less, while 26% worked in organizations with 1,000 to 4,999 employees. Twenty percent of respondents worked in organizations with 20,000 or more employees, while 13% of respondents worked in organizations with between 5,000 and 20,000 employees, and 10% worked in organizations with fewer than 100 employees. Respondents were typically at the mid (37.4%) or senior (39.7%) level of responsibility in their organizations. The majority or respondents worked in manufacturing (16%), finance and insurance (16%), or professional, scientific or technical services (12%). Fewer respondents worked in information (6%), healthcare and social assistance (6%), other services (6%), or utilities (5%). Four percent worked
in public administration, 4% in retail trade and 2% in educational services. A slight majority of respondents (56%) reported that their job responsibilities included all HR functions, followed by compensation and benefits duties (15%), and Total Rewards (all of the tools used to attract, motivate and retain employees such as work-life programs) responsibilities (13%). A few respondents indicated that they were responsible for compensation only (8%), while others noted they were responsible for benefits only (5%). The remaining respondents fell either in the executive compensation, the work experience, HR specialty or non-HR job duties response categories. Given the range of job functions, it is also not surprising that many of the respondents reported that they had worked in the HR field for a number of years. Twenty percent of respondents reported that they had worked in the field for 20 years or more. Another 20% reported that they had worked in the field between 15 and 19 years. Thirty-three percent worked between 10 and 14 years and another 20% worked in the field between 5 and 9 years. Less than 7% of the sample worked in HR 4 years or less.

Measurement

All measures used in this research study are contained within the Work-Life Flexibility and Dependent Care Survey (see Appendix B). The instrument was created collaboratively between researchers at the RRI and WorldatWork, with this researcher taking the lead role in designing the survey questions. The survey contains a total of 20 questions, including three open-ended inquiries. Initial measures on the survey included information about organizational policies on flexible work arrangements,
whether they were available on a formal or informal basis, and what types of employees have access to and utilize flexible work arrangements. The survey then addressed factors that impact accessibility of flexible work arrangements, such as decision-making about FWA approval, likelihood of approval for different types of FWA, the business reasons for FWA, knowledge of dependent care, and training about work-life and administration of FWA, and organizational culture. A few measures on the survey were taken or adapted from items created by the Families and Work Institute (Bond, Thompson, Galinsky, & Prottas, 2003), including the index of flexibility and the family-friendly Work-Family Culture Scale. To meet the specifications required by WorldatWork, most of the measures included in the survey are newly created and do not have established reliability. The remainder of this section is organized by discussion of the items and measures used in the dissertation study.

Dependent Measures

For the purposes of this study, there are six dependent measures: (a) availability of formal flexible work arrangements (FWA), (b) availability of informal FWA, (c) utilization of FWA by salaried and hourly wage employees, (d) likelihood of FWA for dependent care, (e) likelihood of FWA for mental health, and (f) workplace support for dependent care.

Measures 1 and 2: Availability of (a) formal and (b) informal flexible work arrangements

The first two dependent measures, availability of formal and informal FWA are measured by question number three on the survey, asking "Which of the following
flexible work arrangements is available in your organization?” A series of seven flexible work arrangements (e.g., flex-time, daily flex-time, compressed work week) are listed on the survey and respondents check whether they are available on a formal or informal basis, or both for salaried and/or hourly-wage employees (See Appendix B). Respondents also have the option to check “not available in my organization.” This measure was adapted from the 11-item index of flexibility published by the Families and Work Institute (Bond, Thompson, Galinsky, & Prottas (2003). Cronbach’s alpha for the 11-item index is .64. The index is said to have face validity (items were reviewed by work-life researchers and HR professionals before inclusion) and predictive validity as demonstrated by positive relationships between high scores on the index and less interference between job and family life and less negative spillover from home to job (Bond, 2005, personal communication).

Items in the adapted measure of flexibility were included after feedback from work-life researchers and HR professionals, also demonstrating face validity. Based on feedback, six items from the original index were dropped including being able to take time off during the work day to address family matters, being able to take a few days off to care for a sick child without losing pay, being able to take breaks when one wants to, having a desirable work shift, having complete or a lot of control over work schedule, and part-year work. Two items were added including telework and job share. The measure culminated in 7 FWA including flextime, daily flextime, compressed work week, telecommuting, teleworking, part-time work schedules, and job sharing.
The response set for the question is split into formal and informal arrangements for salaried and hourly wage employees. Respondents “check all that apply,” making the question a nominal measure. In order to use this measure in a regression model, modifications were made. The vast majority of respondents indicated employees in both salaried and hourly wage employee classes. The scores for each of the seven types of arrangements for both salaried and hourly wage employees were summed. Scores range from 0-14. While this scale is a summed scale with binary items, Cronbach’s alpha is considered to be an appropriate measure of internal consistency (Statsoft, 2006). Cronbach’s alpha for the current index is .74, indicating appropriate reliability for this measure.

Measure 3: Utilization of FWA for salaried and hourly wage employees

The next dependent measure, utilization of FWA for salaried and hourly wage employees is measured from question four on the survey: “Which of the following types of employees have access to and/or use flexible work arrangements in your organizations?” The response set to this question includes a listing of five classes of employees including clerical/administrative, technical, professional, managerial, and sales/customer service for which respondents can check whether flexible work arrangements are accessible and whether they are used by more than 50% of employees in their organization. Respondents may also opt to check “not applicable,” if they do not have the particular class of employee specified in their organization. This measure was modified in order to meet the measurement level of regression
analysis by dichotomizing responses by whether or not they had any class of employee (see five classes listed above) that has attained the 50% utilization rate.

Measures 4 and 5: Likelihood of FWA for dependent care and likelihood of FWA for mental health

The next two dependent measures, likelihood of FWA for dependent care and likelihood of FWA for mental health were measured using question 11 on the survey, "The following are some reasons employees give when requesting a flexible work arrangement. Please rate how likely approval would be granted in your organization for each reason." The response set is a 5-point Likert scale from not likely at all, which is 1, to very likely to grant request, which is 5. There are a total of 19 items on the scale including dependent care responsibilities (e.g. short-term child illness, elderly parent needing care, or child expelled from school), mental health responsibilities (e.g. mental health treatment for self, alcohol and drug treatment for family member), personal development items (e.g. training for a marathon, self-development), and an item on care for a sick animal.

Exploratory factor analysis was conducted to establish which items represent dependent care or mental health care to determine variables for the regression models predicting likelihood of flexibility for dependent care and likelihood of flexibility for mental health care. Three items from the original measure were dropped including training for a marathon, self-development and caring for a sick animal when inter-correlation between these variables and the remaining variables in the scale were extremely low. The best model from an exploratory factor analysis was a varimax
rotated principal component three factor solution. This analysis was carried out on a total of 475 respondents for which there was no missing data, indicating an appropriate sample size to conduct factor analysis (Comrey & Lee, 1992). Results of the factor analysis are presented in Table 1.
Table 1: Principal Component Analysis of the Likelihood of FWA for Dependent Care

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family member w/terminal illness</td>
<td>.789</td>
<td>.358</td>
<td>.092</td>
</tr>
<tr>
<td>Family member w/health issues</td>
<td>.788</td>
<td>.227</td>
<td>.331</td>
</tr>
<tr>
<td>Chronic health condition of child</td>
<td>.781</td>
<td>.367</td>
<td>.220</td>
</tr>
<tr>
<td>Chronic health condition of employee</td>
<td>.730</td>
<td>.446</td>
<td>.088</td>
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<tr>
<td>Short-term child illness</td>
<td>.725</td>
<td>.205</td>
<td>.348</td>
</tr>
<tr>
<td>Elderly parent needing care</td>
<td>.693</td>
<td>.311</td>
<td>.396</td>
</tr>
<tr>
<td>Child w/disability needing care</td>
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<td>.510</td>
<td>.355</td>
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<tr>
<td>Physical therapy for employee injury</td>
<td>.414</td>
<td>.591</td>
<td>.277</td>
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Factor 1: Physical Health Care

Factor 2: Mental Health Care

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<th>Factor 2</th>
<th>Factor 3</th>
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</thead>
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<tr>
<td>Mental health treatment self</td>
<td>.342</td>
<td>.833</td>
<td>.162</td>
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<tr>
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<td>Alcohol or drug treatment self</td>
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<td>Alcohol or drug treatment family member</td>
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<td>.545</td>
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Factor 3: Child Care

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<tbody>
<tr>
<td>Child expelled from school</td>
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<td>Child acting out at school</td>
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<td>Short-term child care difficulties</td>
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Eigenvalues

<p>| | | | |</p>
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<tr>
<td></td>
<td>9.631</td>
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<td>1.030</td>
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</table>

% Total Variance Explained

<p>| | | | |</p>
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<td></td>
<td>60.192</td>
<td>7.783</td>
<td>6.440</td>
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</table>
Although the third factor had a low eigenvalue it was still retained as a separate factor because of its conceptual distinction from the other two factors. In addition, the factor loading for physical therapy for employee injury is higher for the mental health care factor; however, it was retained in the first scale for physical health care for theoretical consistency. Alphas for all three scales demonstrated appropriate reliability. The alpha for the overall measure was .95, with subscale alphas equal to .91 for the physical health care subscale, .91 for the mental health subscale, and .85 for the child care subscale. The physical health care and child care subscales were combined for the measure of dependent care in the regression analysis.

Measure 6: Workplace support for dependent care

Workplace support for dependent care was measured using five items included in question 19 on the survey, “For each statement below, please indicate the extent to which you agree or disagree, when you think about the organization you work for.” Each of the five items measure organizational behaviors related to dependent care attitudes: items were developed through literature reviews and feedback from work-life researchers and HR professionals. A few sample items include the following, “In this organization, parents are encouraged to take time off to care for their children with on-going health issues,” or, “In this organization, parents are reluctant to ask for flexible work arrangements”, and items such as, “In this organization, it is ok for parents to receive phone calls at work regarding their children with on-going emotional or behavioral challenges.” Responses fall on a 5-point Likert scale ranging
from *strongly disagree*, which is 1, to *strongly agree*, which is 5. Cronbach’s alpha was .70 for this measure, demonstrating appropriate reliability.

*Independent Measures*

For the purposes of this study there are nine independent measures: (a) existence of formal policy on flexible scheduling (b) family-friendly workplace culture, (c) business reasons for flexibility, (d) self-reported knowledge of dependent care, (e) self-reported knowledge of mental health, (f) employee disclosure of the reason for FWA request, (g) availability of formal FWA, (h) availability of informal FWA, and (i) utilization of FWA by salaried and hourly wage employees. Each of these measures is discussed below.

*Measure 1: Existence of formal policy on flexible scheduling*

Existence of formal policy on flexible scheduling (hereafter referred to as formal policy) was measured using item one on the survey, “Based on the definition above, does your organization have a formal policy about flexible scheduling, an informal occurrence of flexible scheduling based on supervisor discretion, or neither?” The response set to this question is broken into three categories including, “formal policy (or policies) about flexible scheduling covering some or all employees,” “no formal policy, but informal flexible scheduling occurs at supervisor discretion,” and, “neither a formal policy nor an informal practice of flexible scheduling exists.” For the purposes of this dissertation analysis, the final two categories were collapsed into a *no* response, making the measure a dichotomous variable with values of 0 = no, and 1 = yes.
**Measure 2: Family-friendly workplace culture**

Family-friendly workplace culture (hereafter referred to as workplace culture) was measured using the four-item Work-Family Culture Scale created by the Families and Work Institute (Bond, Thompson, Galinsky, & Prottas, 2003). Cronbach's alpha for the scale is .74, demonstrating appropriate reliability. Responses fall on a 4-point Likert scale ranging from *strongly disagree*, which is 1 to *strongly agree*, which is 4. Sample items include, “There is an unwritten rule at my place of employment that you can’t take care of family needs on company time,” or, “At my place of employment, employees who put their family or personal needs ahead of their job are not looked on favorably.” Cronbach's alpha was calculated with the current sample and was slightly higher, at .86, demonstrating appropriate reliability.

**Measure 3: Business reasons for flexibility**

The business reasons for flexibility (hereafter referred to as business reasons) was measured using question 12 on the survey, “From the perspective of your organizational leadership, how strong are the following business reasons for allowing employees to have flexible work schedules?” Fifteen items are included in the measure addressing a variety of the business reasons for offering FWA identified in the literature on flexibility and through consultation with work-life researchers and HR professionals. Sample items range from, “improves employee retention,” and “improves employee productivity,” to “decreases employee absenteeism,” or “increases the perception of fairness among all employees.” Responses will fall on a
5-point Likert scale from very weak, which is 1, to very strong, which is 5. Cronbach's alpha was .95, indicating high reliability of this measure in the current sample.

**Measures 4 and 5: Self-reported knowledge of dependent care and self-reported knowledge of mental health**

Self-reported knowledge of dependent care (hereafter referred to as knowledge of dependent care) and self-reported knowledge of mental health (hereafter referred to as knowledge of mental health) were measured using question 16 on the survey, “Please rate your personal level of knowledge about the following topics related to dependent care.” Responses fall on a 5-point Likert scale, from very little or almost no knowledge, which is 1, to very knowledgeable, which is 5. Six items are included on the scale based on the literature regarding dependent care and through consultation with work-life researchers and HR professionals. Sample items include “child development, birth to 12,” “eldercare responsibilities,” “parenting,” and “child disabilities.” Cronbach’s alpha for this measure was .86, indicating appropriate reliability. The two items pertaining to mental health (i.e., “adult mental health,” and “children’s mental health”) were summed and used as an individual measure of self-reported knowledge of mental health. Cronbach’s alpha for the self-reported knowledge of mental health measure was .88, indicating appropriate reliability with this sample.

**Measure 6: Employee disclosure of the reason for FWA request**

Employee disclosure of the reason for the FWA request (hereafter referred to as reason for the request) was measured with a single item from survey question 10.
The item used for this measure is “reason for request.” The question asks respondents to rate how much weight is given to a variety of factors when evaluating an average employee’s request for a FWA. Response options consist of three ratings ranging from a little or no weight, which is 1, to significant weight, which is 5. Respondents may also check “not applicable”; however, those respondents checking this option for this item will be excluded from the analysis.

Measures 7 and 8: Availability of 7) formal and 8) informal FWA

Both availability measures (see dependent measures section above) will also be used as independent measures in research question two, predicting utilization of FWA for hourly wage and salaried employees, and research question five predicting workplace support for dependent care.

Measure 9: Utilization of FWA for salaried and hourly wage employees

Similar to the availability of formal and informal FWA, the utilization of FWA for salaried and hourly wage employees measure (hereafter referred to as utilization) was also used as an independent measure. However, the utilization measure will only be used in the analysis for research question five, predicting workplace support for dependent care.

Pilot Testing

Pilot testing was necessary to ensure that survey questions were understandable and would yield meaningful responses. The Work-Life Flexibility & Dependent Care Survey was pilot tested with the assistance of RRI research project advisors, who recruited HR professionals willing to take the survey. The survey was
pilot tested with a total of four HR professionals prior to submitting the survey to WorldatWork for administration. Pilot testers identified questions and response items that needed greater clarity. There were only minor changes to the survey made as a result of pilot testing. For example, clarification on the wording for questions and response items, such as including telecommuting in the FWA response options.
Chapter Four: Results

Descriptive Results of Major Study Variables

*Formal Policy*

The presence of a formal policy was fairly evenly split among the sample. Forty-three percent of respondents indicated that there was a formal policy on FWA in their organizations, while 52% offered that there was no formal policy. Approximately 5% reported that there was no formal or informal policy on flexible work arrangements. Of those with a formal policy, 25% had the policy between 1 and 5 years and 16% of respondents with a formal policy have had the policy between 6 and 10 years.

*Availability*

Availability of formal flexible work arrangements was moderate, particularly for salaried employees (see Figure 2).
Flex-time and switching from full-time to part-time work were the most widely available types of FWA while daily flex-time and telework were the least across both salaried and hourly wage employees. Salaried employees had higher levels of availability than hourly employees. Similar results were found for informal FWA (see Figure 3).
These results suggest that informal arrangements are more widely available to employees. Similar to the availability of formal FWA, informal arrangements were more readily available to salaried employees; however, the difference between these two categories of employees is more striking among informal arrangements. For example, there is a 34 point percentage difference in the availability of telecommuting informally between salaried and hourly wage employees.

Utilization

This distinction between availability and utilization of FWA is evidenced by respondents' reports of low utilization. For instance, while 53% of sales/customer service employees were reported to have availability of FWA, only 11% of respondents indicated that the majority of employees in this category utilize FWA (see Figure 4). These differences are even stronger when considering that the question asked whether or not over 50% of employees in any given category utilized FWA.

*Figure 4: Utilization of FWA*
Figure 4 above graphically illustrates the disparity between availability and utilization of flexible work arrangements. For example, while 83% of professional level employees have the availability of FWA, a mere 14% of respondents reported that over 50% of employees in this category utilize FWA.

Knowledge of Dependent Care

Respondents rated their level of knowledge of dependent care fairly high. On the summed scale, items had a range of 6-30. The mean level of knowledge fell at 20 ($SD = 5.26$), indicating a moderately high level of knowledge of dependent care. With respect to individual items in the measure, such as child development birth to twelve and eldercare, respondents most often rated themselves at the *somewhat knowledgeable* level. For instance, on the item child development, birth to twelve, 44% of respondents said they were *somewhat knowledgeable*, while 25% said they were *very knowledgeable*. Twelve percent reported that they were neither knowledgeable nor unknowledgeable and the remaining 19% rated themselves as having *very little knowledge* or *not much knowledge*. Regarding eldercare, 58% of respondents rated themselves as somewhat or *very knowledgeable*. Twenty-four percent said they had very little or *not much knowledge*, while 19% reported that they were *neither knowledgeable nor unknowledgeable* on eldercare.

Respondents rated their level of knowledge of adult and child disabilities somewhat lower. Thirty-nine percent rated their level of knowledge as somewhat or *very knowledgeable* on both adult and child disabilities. There were only slight differences, if any, in the percentages in the remaining categories on these two
individual items in the measure. For instance, 32% of respondents rated themselves as having very little or not much knowledge on adult disabilities, while 33% had very little or not much knowledge of child disabilities. Twenty-nine percent of respondents were neither knowledgeable nor unknowledgeable of both child and adult disabilities.

**Knowledge of Mental Health**

Respondents rated their level of knowledge higher for adult mental health, compared to their level of knowledge of children's mental health. Forty eight percent of the sample said they were somewhat or very knowledgeable of adult mental health, while only 38% reported this same level of knowledge of children's mental health. Likewise, 33% said they had very little or not much knowledge of children's mental health, compared with 27% of respondents within the same category in adult mental health. On the summed scale of knowledge of mental health, the mean level of knowledge was 6.18 ($SD = 2.09$), with a range of 2-10, indicating a moderate level of knowledge of mental health overall.

**Likelihood Granted for Dependent Care**

Overall, respondents rated likelihood of granting flexibility requests for dependent care fairly high. For example, 90% of respondents rated themselves as likely or very likely to grant request for short-term child illness. Likewise, 82% rated themselves as likely or very likely to grant request for short-term child care difficulties. Ratings for school challenges were somewhat lower. For example, 30% were likely or very likely to grant request for child acting out at school, with 16% reporting they were not likely at all or unlikely to grant request. Similarly, 39% of
respondents indicated that they were likely or very likely to grant request to care for a child being expelled from school, with 18% either not likely at all or unlikely. Seventy three percent reported that they were likely or very likely to grant request to care for an elderly parent. Moreover, 90% reported that they would be likely or very likely to grant request to care for a family member with a terminal illness. On the summed scale of likelihood granted for dependent care, the mean score was 48.06 (SD = 7.95), with a range of 12-60.

Likelihood Granted for Mental Health

Results for likelihood to grant a request for mental health reasons showed a somewhat reduced trend in likelihood for treatment for family members, compared with treatment for self. For example, 60% of respondents reported that they were likely or very likely to grant a request with the reason of drug or alcohol treatment for family member, compared to 81% who were likely or very likely to grant a request for the reason of drug or alcohol treatment for self. Results follow a similar pattern for mental health treatment. While 67% of respondents indicated they were likely or very likely to grant request with the reason of mental health treatment for family members, 81% were likely or very likely to grant request with the reason of mental health treatment for self. On the summed scale of likelihood granted for mental health care, the mean score was 15.62 (SD = 3.46), with a range of 4-20.

Workplace Culture

On a scale of 4 to 16, the mean family-friendly workplace culture score was 12.55 (SD = 2.87), indicating a perception of a high degree of family-friendly
workplace culture. For instance, in response to the statement, “There is an unwritten rule at my place of employment that you can’t take care of family needs on company time,” 84% of respondents disagreed. Likewise, 70% disagreed with the statement, “At my place of employment, employees have to choose between advancing their jobs or devoting attention to their family or personal lives.” While the majority of respondents indicated that the culture of their workplace was family-friendly, a little over one-third of respondents acknowledged that the culture of their organization doesn’t encourage the use of flexible work arrangements.

Business Reasons

Overall, respondents gave high ratings for the business reasons for offering flexibility ($M = 55, SD = 11, range 15-75$). Among the highest rated individual items were “increases employee job satisfaction”, “improves employee morale”, “improves employee work-life balance”, “improves the quality of life for employees and their families”, and “improves employee commitment.” Seventy eight percent of respondents noted that “improving job satisfaction” was strong or very strong as a business reason for offering flexibility. Likewise, 77% reported that “improving employee morale” was strong or very strong. Seventy-three percent indicated that the business case for flexibility was strong or very strong for both “improving the quality of life for employees and their families” and “improving employees’ work-life balance.” Among the weaker business reasons for offering flexibility included “improves employee perception of fairness” (19%), “decreases employee mental health problems” (14%), and “improves recruitment of a diverse workforce” (14%).
Multivariate Analysis

Table 2 below contains the correlations for major study variables. The variable formal policy had highly significant correlations (p. < .01) with business reasons for FWA, availability of formal FWA, utilization of FWA, and knowledge of dependent care. It was also significantly related to workplace culture and knowledge of mental health. Formal policy was significantly negatively related to availability of informal FWA.

The business reasons for FWA had highly significant correlations with nearly all of the major study variables. The variables availability of formal FWA, utilization of FWA, workplace culture, likelihood of FWA for dependent care, likelihood of FWA for mental health care, and knowledge of dependent care and knowledge of mental health all had a highly significant relationship to the business reasons for FWA (p. < .01). The availability of informal FWA was nearly significant at .050.

The availability of formal FWA had highly significant relationships with utilization of FWA, and knowledge of dependent care (p. < .01). It was significantly negatively related to availability of informal FWA. Availability of formal FWA held significant correlations with workplace culture and knowledge of mental health (p < .05). Availability of informal FWA showed a similar pattern, with a significant negative relationship with utilization (p. < .05). It was positively related to likelihood of FWA for dependent care (p. < .05). Interestingly, utilization of FWA was highly correlated with workplace culture and the likelihood of FWA for dependent care (p. < .01).
The likelihood variables (likelihood of FWA for dependent care and likelihood of FWA for mental health care) had similar results. Both held highly significant relationships with the business reasons for FWA, and workplace culture (p. < .01). The likelihood of FWA for dependent care was also related to utilization (p. < .01), and informal FWA (p. < .05).

Knowledge of dependent care had highly significant relationships with formal policy, the business reasons for FWA, and formal FWA (p. < .01). It also was significantly related to likelihood of FWA for dependent care and mental health care (p. < .05). Likewise, knowledge of mental health had a highly significant relationship with the business reasons for FWA (p. < .01). It had less significant relationships with formal FWA and workplace culture (p. < .05).
Table 2: Bivariate Intercorrelations of Key Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
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<td>1. Formal Policy</td>
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<td>2. Business Reasons</td>
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<td>4. Av of lnfrm FWA</td>
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<td>5. Utilization of FWA</td>
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<td>.132**</td>
<td>.145**</td>
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<td>6. Workplace Culture</td>
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<td>.393**</td>
<td>.094*</td>
<td>.080</td>
<td>.113**</td>
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<td>7. Lld FWA DC</td>
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<td>8. Lld FWA MH</td>
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<td>.292**</td>
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<td>9. Knowledge DC</td>
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<td>.069</td>
<td>.096*</td>
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<td>10. Knowledge MH</td>
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<td>.167**</td>
<td>.110*</td>
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<td>.099*</td>
<td>.057</td>
<td>.051</td>
<td>.719</td>
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</table>

Note. \( a \) Variable abbreviated, Av = Availability, \( b \) Variable 4 abbreviated, Av = Availability, lnfrm = Informal, \( c \) Variable abbreviated, Lld = Likelihood, \( d \) Variable abbreviated, Lld = Likelihood.

* \( p < .05 \), ** \( p < .01 \).
Research Question 1: Results

Research question 1: *What is the relationship between workplace culture, having a formal policy on flexible work arrangements (FWA), the business reasons for FWA, and availability of FWA?* A series of hypotheses were tested using simultaneous multiple regression analysis. Two regression models tested: (a) the availability of formal FWA and (b) the availability of informal FWA with the three same predictors: workplace culture, the existence of a formal policy on FWA, and the business reasons for flexibility. Hypotheses for Model 1 included:

- H1: Workplace culture will be predictive of the availability of formal FWA
- H2: The existence of a formal policy on FWA will be predictive of the availability of formal FWA
- H3: The business reasons for offering flexibility will be predictive of the availability of formal FWA
- H4: The business reasons for offering flexibility will be the strongest predictor of availability of formal FWA

Hypotheses for Model 2 included:

- H1: Workplace culture will be predictive of the availability of informal FWA
- H2: The existence of a formal policy on FWA will be predictive of the availability of informal FWA
- H3: The business reasons for offering flexibility will be predictive of the availability of informal FWA
- H4: Workplace culture will be the strongest predictor of the availability of informal FWA.

Both models were highly significant (p >.001 level).

Table 3: Simultaneous Multiple Regression Analysis Predicting Availability of Formal FWA (N= 502)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
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<td>.045</td>
<td>-.024</td>
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<tr>
<td>Formal Policy</td>
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<td>.673**</td>
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<tr>
<td>Business Reasons</td>
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<td>.012</td>
<td>.104*</td>
</tr>
</tbody>
</table>

Note. F = 157.727, p<.001, R² = .487.

** p < .001; * p < .0.

As shown in Table 3, the overall model was significant, predicting 49% of the variance in availability of formal FWA. Hypotheses related to the existence of a formal policy and the business reasons for FWA were confirmed, with both significantly predicting availability of formal FWA. Interestingly, the hypothesis that the business reasons would be the strongest predictor of formal FWA was not confirmed, in fact, the existence of a formal policy of FWA proved to be the strongest predictor of availability of FWA. Workplace culture did not prove to be a significant predictor in this model.

In the second model, it was hypothesized that workplace culture, formal policy, and the business reasons for FWA would all be significant predictors of the
availability of informal FWA. Family-friendly workplace culture was hypothesized to be the most significant predictor of availability of informal FWA.

Table 4: Simultaneous Multiple Regression Analysis Predicting Availability of Informal FWA (N= 502)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
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</thead>
<tbody>
<tr>
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<td>Formal Policy</td>
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<td>-.459**</td>
</tr>
<tr>
<td>Business Reasons</td>
<td>.033</td>
<td>.013</td>
<td>.116*</td>
</tr>
</tbody>
</table>

Note. F = 42.705, p < .001, R² = .205.

** p < .001; * p < .01.

The overall model was significant, predicting about 20% of the variability in the availability in informal FWA (see Table 2). Surprisingly, workplace culture was not a significant predictor of availability of informal FWA. Similar to the findings in Model 1; as hypothesized, formal policy and business reasons are significant predictors. Unexpectedly, a difference between the prediction of availability of formal and informal FWA emerged in the analysis. The existence of a formal policy on FWA has an inverse relationship to the availability of informal FWA. In other words, having a formal policy on flexible work arrangements appears to subvert availability of informal arrangements.
Research Question 2: Results

Research question 2: *What is the relationship between workplace culture, having a formal policy on FWA, the business reasons for FWA, availability of formal and informal FWA and utilization of FWA?* The relationship was tested using logistic regression. Predictor variables included (a) workplace culture, (b) formal policy on FWA, (c) the business reasons for FWA, (d) availability of formal and (e) informal FWA. Hypotheses included:

- **H1:** Workplace culture will predict utilization of FWA for salaried and hourly wage employees
- **H2:** The existence of a formal policy on FWA will predict the utilization of FWA for salaried and hourly wage employees
- **H3:** The business reasons for offering flexibility will predict the utilization of FWA for salaried and hourly wage employees
- **H4:** The availability of formal FWA will predict utilization of FWA for salaried and hourly-wage employees
- **H5:** The availability of informal FWA will predict utilization of FWA for salaried and hourly-wage employees
- **H6:** Workplace culture will be the strongest predictor of utilization of FWA for salaried and hourly-wage employees
Table 5: Logistic Regression Predicting Utilization of FWA (N= 502)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Logistic Coefficients</th>
<th>SE</th>
<th>Wald $X^2$</th>
<th>Exp (B)</th>
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<td>.038</td>
<td>.141</td>
<td>.986</td>
</tr>
<tr>
<td>Av Informal</td>
<td>-.074</td>
<td>.042</td>
<td>3.089</td>
<td>.929</td>
</tr>
<tr>
<td>FWA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. df = 5; Model $X^2 = 26.681; p < .001; Cox & Snell $R^2 = .056; Nagelkerke R^2 = .083$.

Correctly classified 75.7% of Ss.

* Variable abbreviated, Av = Availability, a Variable abbreviated, Av = Availability.

*p < .05.

The overall model predicting utilization of FWA is significant, predicting between 6% and 8% of the variability in utilization of FWA with an overall success rate of correctly classifying 76% utilization of FWA (see Table 5). The existence of a formal policy on FWA was a significant predictor of utilization, showing a similar pattern to the models predicting availability of formal and informal FWA.
Research Question 3: Results

Research question 3, *What is the relationship between general knowledge of dependent care, the reason for the FWA request, workplace culture, and the likelihood that FWA for dependent care will be granted?* The relationship was tested using simultaneous multiple regression analysis with independent variables of: (a) general knowledge of dependent care, (b) the reason for the FWA request, and (c) workplace culture. Hypotheses included:

- **H1**: General knowledge of dependent care will be predictive of the likelihood that FWA for dependent care will be granted
- **H2**: The reason for the FWA request will be predictive of the likelihood that FWA for dependent care will be granted
- **H3**: Workplace culture will be predictive of the likelihood that FWA for dependent care will be granted

Table 6 below presents the results of this analysis
Table 6: Simultaneous Multiple Regression Analysis Predicting Likelihood of FWA for Dependent Care (N = 466)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of DC</td>
<td>.095</td>
<td>.060</td>
<td>.068</td>
</tr>
<tr>
<td>Rn FWA Request</td>
<td>-.785</td>
<td>.468</td>
<td>-.072</td>
</tr>
<tr>
<td>Workplace Culture</td>
<td>.960</td>
<td>.117</td>
<td>.354*</td>
</tr>
</tbody>
</table>

Note. F = 25.676 p<.001, R² = .143.

* Variable abbreviated, Rn = Reason.

The overall model was significant, predicting 14.3% of the variability in likelihood of FWA for dependent care (see Table 4). Although workplace culture was not found to be a significant predictor in the previous models, it is a highly significant predictor of the likelihood of FWA for dependent care, as hypothesized. In contrast, neither having knowledge of dependent care nor the employee's reason for the FWA request were predictive of the likelihood of FWA for dependent care.

Research Question 4: Results

Research question 4: What is the relationship between general knowledge of dependent care, general knowledge of mental health, the reason for the FWA request, workplace culture and the likelihood that FWA will be granted for mental health care?

The relationship was tested with regression analysis. Hypotheses included:
• H1: General knowledge of dependent care will be predictive of the likelihood that FWA for mental health care will be granted

• H2: General knowledge of mental health will be predictive of the likelihood that FWA for mental health care will be granted

• H3: The reason for the FWA request will be predictive of the likelihood that FWA for mental health care will be granted

• H4: Workplace culture will be predictive of the likelihood that FWA for mental health care will be granted

• H5: General knowledge of mental health will be the strongest predictor of the likelihood that FWA for mental health will be granted

Table 7: Simultaneous Multiple Regression Analysis Predicting Likelihood that FWA will be Granted for Mental Health Care (N = 464)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of DC</td>
<td>.097</td>
<td>.041</td>
<td>.152*</td>
</tr>
<tr>
<td>Knowledge of MH</td>
<td>-.128</td>
<td>.102</td>
<td>-.080</td>
</tr>
<tr>
<td>Rn FWA Requesta</td>
<td>-.249</td>
<td>.219</td>
<td>-.051</td>
</tr>
<tr>
<td>Workplace Culture</td>
<td>.334</td>
<td>.055</td>
<td>.272**</td>
</tr>
</tbody>
</table>

Note. F = 11.547, p < .001, R² = .091.

a Variable abbreviated, Rn = Reason.

** p < .001; * p < .05.
The overall model predicting the likelihood that FWA for mental health care will be granted was significant; predicting about 9% of the variability in the dependent variable (see Table 7). It was hypothesized that general knowledge of mental health care would be the strongest predictor in the model. The strongest predictor of the likelihood that FWA for mental health care would be granted was workplace culture. Also as hypothesized, having general knowledge of dependent care was a significant predictor of the likelihood that FWA for dependent care would be granted. On the other hand, neither having general knowledge of mental health nor the reason for the FWA request were significant predictors in this model.

Research Question 5: Results

Question 5: What is the relationship between workplace culture, general knowledge of dependent care, general knowledge of mental health, availability of formal and informal FWA, utilization of FWA, the likelihood of FWA for dependent care and mental health care, and workplace support for dependent care? The relationship was tested using simultaneous multiple regression analysis. Hypotheses included:

- **H1**: Workplace culture will be predictive of workplace support for dependent care
- **H2**: General knowledge of dependent care will be predictive of workplace support for dependent care
- **H3**: General knowledge of mental health will be predictive of workplace support for dependent care
• H4: Availability of formal FWA will be predictive of workplace support for dependent care

• H5: Availability of informal FWA will be predictive of workplace support for dependent care

• H6: Utilization of FWA for salaried employees will be predictive of workplace support for dependent care

• H6: Utilization of FWA for hourly-wage employees will be predictive of workplace support for dependent care

• H7: The likelihood that FWA for dependent care will be granted will be predictive of workplace support for dependent care

• H8: The likelihood that FWA for mental health care will be granted will be predictive of workplace support for dependent care.
Table 8: Simultaneous Multiple Regression Analysis Predicting Workplace Support for Dependent Care ($N = 496$)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>$\beta$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge DC</td>
<td>0.032</td>
<td>0.026</td>
<td>0.062</td>
</tr>
<tr>
<td>Knowledge MH</td>
<td>-0.019</td>
<td>0.064</td>
<td>0.290</td>
</tr>
<tr>
<td>Workplace Culture</td>
<td>0.493</td>
<td>0.037</td>
<td>0.512**</td>
</tr>
<tr>
<td>Rn FWA request$^a$</td>
<td>0.315</td>
<td>0.214</td>
<td>0.083</td>
</tr>
<tr>
<td>Utilization of FWA</td>
<td>0.317</td>
<td>0.226</td>
<td>0.051</td>
</tr>
<tr>
<td>Formal FWA</td>
<td>0.013</td>
<td>0.029</td>
<td>0.018</td>
</tr>
<tr>
<td>Informal FWA</td>
<td>0.024</td>
<td>0.033</td>
<td>0.028</td>
</tr>
<tr>
<td>Lld of FWA DC$^b$</td>
<td>0.068</td>
<td>0.020</td>
<td>0.200*</td>
</tr>
<tr>
<td>Lld of FWA MH$^c$</td>
<td>-0.017</td>
<td>0.043</td>
<td>-0.021</td>
</tr>
</tbody>
</table>

*Note.* $F = 40.479$, $p < .001$, $R^2 = .399$.

*Variable abbreviated, Rn = Reason, $^a$ Variable abbreviated, Lld = Likelihood, $^b$ Variable abbreviated, Lld = Likelihood.

** $p < .001$; * $p < .01$.

The overall model was significant, predicting 39% of the variation in workplace support for dependent care (WSDC; see Table 8). As hypothesized, workplace culture and the likelihood of FWA for dependent care were significant predictors of WSDC. Similar to the models predicting likelihood of FWA for mental health and dependent care, workplace culture shows a strong, direct relationship to the prediction of WSDC.
Chapter Five: Discussion

From the perspective of HR professionals, this study investigates some factors that impact accessibility of supports in the workplace for workers with dependent care responsibilities. Typically the gatekeepers of family-friendly workplace policies, HR professionals may help workers achieve a greater level of integration of job and family functions, especially employed family members caring for children with special needs. Workplace supports include family-friendly workplace policies or programs, such as flexible work arrangements, employee assistance programs, and child care resource and referral. Availability, and more importantly utilization, are key variables that are shown to be related to an organization's responsiveness to work-family needs and indicative of a family-friendly workplace culture (Allen, 2001; Eaton, 2003; Thompson, Beauvais & Lyness, 1999).

Availability and Utilization of FWA

Results of the study pertaining to availability of flexible work arrangements are similar in pattern to the findings of the National Study of Employers (2005) conducted by the Families and Work Institute (Bond, Galinsky, Kim, & Brownfield, 2005). Results of the National Study of Employers (NSE) indicate that the arrangements of flex-time and daily flex-time were more readily available (26% among employers with 1,000 or more employees), and arrangements like job sharing (4%), and teleworking (2%) less available comparably. Results of the present study reflected higher availability of flex-time for both hourly employees (29%) and salaried employees...
(37%); with lower availability of job sharing (13% for hourly, and 18% for salaried) and teleworking (9% for hourly and 17% for salaried). Lower total percentages from the NSE may be reflective of how availability was measured (e.g., asking if the arrangement was allowed for “all or most employees”).

Results of the models related to availability and utilization of flexible work arrangements were very intriguing. Formal policy, commonly developed and implemented by HR was expected to be a significant predictor of availability and utilization of FWA. Conversely, formal policy was negatively related to availability of informal flexible work arrangements. This unexpected finding may be explained by lack of conceptual clarity related to the definition of FWA. Formal FWA and informal FWA are different, albeit related constructs. Formal flexibility, because it is written into organizational policy by HR professionals would be positively related to the availability of FWA, especially in the current sample of respondents. However, informal flexibility typically occurs on the basis of supervisory discretion (Eaton, 2003) and may not be as closely monitored by HR professionals. Alternatively, it may be that in organizations with a formal policy on flexible work arrangements fewer supervisors have to provide informal flexible work arrangements. Further research is needed to determine what variables are associated with the availability of both formal and informal FWA, the interaction between the two, and which form of FWA provides greater accessibility to employees.

Utilization of FWA has been identified by work-life researchers as a critical indicator of family-friendliness in organizations, (Allen, 2001; Eaton, 2003; Hammer,
Neal, Newsom, Brockwood, & Colton, 2005; Thompson, Beauvais, & Lyness, 1999). Results from this study indicating that formal policy is predictive of utilization make a significant contribution to the existing work-family research. While it is generally known that utilization of workplace supports is much lower than availability, little is known about the factors that impact use (Kossek, 2005). Current results suggest that having a formal policy on flexible work arrangements is related to their utilization by employees. While more research is needed to determine specifics, results suggest the importance of establishing formal policy as a pathway to utilization of FWA. It may be that having a more formalized process, with the bulk of discretion about FWA up to HR professionals, would make utilization more likely.

Availability for Salaried and Hourly Wage Employees

The differences in availability of FWA between salaried and hourly wage employees are striking. The majority of work-life studies have examined supports available to professional level employees (Swanberg, 2005). The findings in this study comparing salary and hourly-wage workers expand the focus by addressing the under studied hourly-wage employee. In the present study, availability of the flexible work arrangement telecommuting, for example, was significantly less for hourly-wage employees. Fifteen percent of respondents reported that telecommuting was available on a formal basis to hourly wage employees compared to 28% of salaried employees. This gap widens for informal telecommuting; 19% of respondents reported availability for hourly-wage employees, versus 53% of salaried employees. Overall, informal
arrangements, more than formal arrangements, had the widest gaps in availability between salaried and hourly wage employees.

These results are comparable to other studies examining availability patterns for salaried versus hourly-wage employees. Kossek (2005) reviewing the 2000 BLS National Compensation Survey notes that, “Professional and technical employees were 3 times as likely as clerical and sales employees and 12 times as likely as blue-collar and service employees to have access to flexible schedules” (p. 103). Similarly, the Current Population Survey reported that 36.8% of management, professional, and related occupations had the ability to alter their work schedules, compared with 21.2% of employees in service occupations, and 14.3% of production, transportation, and material moving workers (U.S. Department of Labor, 2004). Perry-Jenkins (2005) suggests that asking lower class employees about workplace policies and benefits showed implicit class bias and that questions in the areas of workplace supports were often met with laughter because the respondents did not have access to these benefits. In her sample of 153 working class dual-earner couples transitioning into parenthood, only 13% had the option to work from home when needed and only 4% reported job-sharing opportunities (Perry-Jenkins, 2005). In a secondary analysis of the National Study of the Changing Workforce Data, hourly-wage workers in the lowest income bracket were less likely to choose starting and quitting times, compared with workers in the highest income bracket (Swanberg, Pitt-Catsouphes, & Drescher-Burke, 2005). These results combined with those of the present study, indicate a serious disparity in the availability of supports to working class families.
Workplace Culture

The National Study of Employers (2005) investigated workplace culture in large versus small organizations and acknowledged the difference that having a family-friendly culture can make in the provision of workplace supports, such as FWA. Accordingly, employees of smaller employers indicated a culture of family-friendliness compared with their counterparts who were larger employers (Families & Work Institute, 2005). The current study represents larger organizations, thus expecting reports that family-friendly workplace culture would be low; however, this was not the case. On a scale of 4 to 16, the mean family-friendly workplace culture score was 12.55, indicating a perception of a relatively high degree of family-friendliness. For instance, in response to the statement, “There is an unwritten rule at my place of employment that you can’t take care of family needs on company time,” 84% of respondents disagreed. While the majority of respondents indicated that the culture of their workplace was family-friendly, approximately one-third of respondents acknowledged that the culture of their organization doesn’t encourage the use of flexible work arrangements. However, it is important to take these results with caution, as they are based on the perception of one person within the organization and may not be representative of the total organization.

In the models predicting availability of formal and informal flexible work arrangements and utilization of flexible work arrangements, workplace culture was not a significant predictor. This may be related to workplace culture acting as more of a moderating variable. In other words, in workplaces with low family-friendliness,
having a formal policy on FWA and the business reasons for FWA may have more of a direct relationship to availability and utilization of FWA. In a study testing the relationship between workplace culture and availability of workplace supports, researchers demonstrated that workplace culture had a moderating relationship between workplace supports and job satisfaction (Sahibzada, Hammer, Neal, & Kuang, 2005). In their study, the outcome of job satisfaction was higher in the absence of a supportive culture when employees with eldercare responsibilities had access to supports (Sahibzada et al., 2005). It may be that protections such as having a formal policy on flexible work arrangements and acknowledgement of the business reasons for FWA have a direct relationship to availability and utilization of flexible work arrangements in the absence of a family-friendly culture.

Workplace culture, however, was the strongest predictor in the last three models of this study, with the outcomes: likelihood of flexibility for dependent care, likelihood of flexibility for mental health, and workplace support for dependent care. In the first two models predicting likelihood of flexible work arrangements for dependent care and mental health care, it may be that workplace culture was significant simply because the likelihood of flexible work arrangements being granted for reasons such as dependent care responsibilities or mental health care are valuable reasons from an HR perspective for requesting flexibility. Yet again, these results must be interpreted with caution, as workplace culture was measured based on the perception of one person within the organization. While employee reason for the request did not end up being a significant predictor, it may be a factor in this result.
Kossek, Colquitt, and Noe (2001) found that a climate of sharing family concerns in the workplace had a positive relationship to an employee’s well-being and perceptions of high work performance. In the last model; however, this may be because workplace culture, in relation to availability and utilization of flexible work arrangements, stands alone. Other studies (Allen, 2001; Thompson, Beauvais, & Lyness (1999) have demonstrated that relationships between work family conflict and perceptions of a family-friendly workplace culture were significant in the absence of benefit availability.

Accessibility of Workplace Supports and Mental Health Stigma

While this study did not directly measure mental health stigma in the workplace, results suggest that stigma may be a factor in accessing flexibility for mental health reasons. Sixty-two percent of the study respondents indicated that they were not knowledgeable about children’s mental health. Research indicates that knowledge of and exposure to stigmatized populations are the strongest means of reducing stigma (Couture & Penn, 2003). Further, 61% of respondents indicated that employees would be not likely to be granted flexibility to care for their children being expelled from school, with 60% of respondents reporting that employees would be not likely to be granted flexibility to care for their children acting out at school. The Surgeon General’s Report on Mental Health (1999) states that children with mental health disorders experience functional impairments in major life domains including school; for example suspension or expulsion. Given that crises at school are not uncommon with children with mental health disorders; it is likely that parents will be
disrupted at work and may need to leave to pick up the child from school. These results suggest the need for further information in the workplace about how caring for a child with a mental health disorder may impact a parent’s work and further, what types of supports this parent will need.

Study Limitations

There are several limitations to this dissertation study that deserve discussion. First, collaborating with WorldatWork provided a useful opportunity to survey HR professionals but it also had sampling limitations. WorldatWork membership is affiliated with Fortune 1,000 companies; therefore, HR professionals working in other types of settings are not included in this sample. The sample may also not be representative of the entirety of HR professionals across specific industrial classifications; particular industries may be over or underrepresented among the membership of WorldatWork. On a final sampling issue, many organizations are devolving HR responsibilities to line managers (Cunningham & Hyman, 1999), or outsourcing HR responsibilities to consultant firms; HR professionals in these capacities may not be represented in the sample. Taken together, these aspects of the survey population limit the generalizeability of the research findings. Secondly, it is also important to note that workplace culture was measured based on the individual perceptions of the HR representative; therefore, the results pertaining to workplace culture must be interpreted with caution.
Future Research

Kossek (2005) cites the traditional value of "face time" among managers as a major impediment to utilization of FWA and other family-friendly workplace supports (p. 109). Research results suggest that having a formal policy on FWA is related to both availability and utilization, although this was not the case for informal FWA. Yet, adopting a formal policy at the organizational level may be a pathway to protect employees from managerial discretion when they have biased attitudes towards traditional models of work. Further research is needed to tease out the relationship between availability and utilization of formal and informal flexible work arrangements. Because formal policy was the strongest predictor of formal FWA and utilization, but not informal arrangements, further research is needed to examine the role of policy in accessing and using flexible work arrangements. If further research confirms that policy is one means to utilization, it will likely be a vital component of workplace interventions to improve use of flexible work arrangements.

Another significant implication of this research relates to the low availability of flexible work arrangements for hourly-wage employees. Flexible work schedules are an important means for employees to manage conflicting work and family responsibilities. This is particularly important because people occupying hourly-wage jobs tend to be from more vulnerable populations, including single mothers from low-income households (Lambert & Henley, 2007). Having access to flexible work arrangements
may be more important for this population because they may not have a partner to assist with care responsibilities when their child is sick.

The results of the current study confounded the role of workplace culture in accessing and utilizing supports. While workplace culture was the strongest predictor of the likelihood of flexible work arrangements for dependent care, mental health, and workplace support for dependent care, it did not demonstrate a direct relationship to availability and utilization of flexible work arrangements. More research is needed to ascertain the specific role of family-friendly workplace culture in utilization of supports.

In addition, results also suggest the importance of including information about children's mental health into training curriculum for HR professionals. A study conducted by Massachusetts General Hospital estimated that in any given company, about 9% of employees are simultaneously working and caring for children with special needs (Center for Child & Adolescent Health Policy, 2004). Given the stigmatization of mental health in United States culture and a general lack of knowledge and information related to children's mental health in the public, it is important for HR professionals to get training on how to respond to parents who are struggling with work disruptions because of the care needs of their child. Providing this knowledge to HR professionals may prohibit employed caregivers from being fired or quitting work to avoid termination of employment. A context of changes in the public welfare system—including more stringent work requirements—makes reducing mental health stigma in the workplace an important pathway to protecting workers
from being terminated because of work disruptions related to the unpredictable care needs of their child with mental health needs.

Further research is needed to understand the experience of courtesy stigma in the workplace. The current study provides preliminary evidence of the potential impact of courtesy stigma on employees’ access to and utilization of flexible work arrangements. Not only does this have implications for interventions, but more importantly, stigma has been shown to have a role in discrimination (Link & Phelan, 2001). Research aimed at understanding courtesy stigma associated with caring for a child with a mental health disorder in the workplace will likely be needed to target efforts at reducing stereotyping and discrimination against employed family members who are caring for children with mental health difficulties or other family members with special needs.

Implications for Social Work

This research has implications for education and practice within the social work profession. The contributions of social work research to the field of work and family studies has recently been reviewed (Pitt-Catsouphes & Swanberg, 2006). While there are social work scholars contributing to work and family research, inclusion is neglected within the social work curriculum, limiting the potential for family interventions that aim to improve work experiences, family life, and work-life integration. It is imperative that content on the work and family interface be included in social work education, as the domains of work and family encompass a majority of time where lives are lived.
A driving force in the field of social work is “enhancing human well-being” through serving vulnerable populations and drawing attention to “environmental forces that create, contribute to, and address problems in living” (National Association of Social Workers, 1999). The current study addresses this mandate in three ways. First, findings draw attention to disparities in the workplace between salaried and hourly-wage employees in accessing flexible work arrangements. This information is important for social workers who are advocating for worker’s rights. Secondly HR perceptions about workers with dependent care responsibilities are illuminated, particularly employed parents or family members who are caring for children affected by mental health disabilities in the workplace. Social workers should have an important role in providing expertise and information about mental health, including children’s mental health to HR professionals and other workplace representatives. Reduction of mental health stigma in the workplace is needed. Thirdly, it contributes to the formation of interventions in the workplace that attempt to make flexible work arrangements more accessible and useable by demonstrating relationships between flexible work arrangement policies and their implementation. Through informing social work interventions, results will contribute to enhancing the community integration of working families and those navigating the demands of work and care for children with mental health needs.
References


Scottsdale, AZ: WorldatWork.
Dear Member:

WorldatWork is partnering with the Regional Research Institute for Human Services to gather information about the state of flexible work arrangements and dependent care issues. Results of the survey will provide a current perspective on common human resource policies and practices for managing flexibility and supporting workers with dependent care responsibilities.

You have been selected to participate in the survey as part of a random sample of members. This survey should take no more than 15 minutes to complete. Participants will receive an advanced copy of the results via e-mail.

Please use the link below to access and complete the survey by September 30, 2006. The information you share will be kept strictly confidential and will only be reported in aggregate.

Click below to begin the survey.
[link placed here]

Thank you in advance for your participation. If you have any questions about the survey, please contact me.

Ryan Johnson
Director, Public Affairs and Research
WorldatWork
14040 N. Northsight Blvd.
Scottsdale, AZ 85260
480/905-5986
surveypanel@worldatwork.org
APPENDIX B: Work-Life Flexibility and Dependent Care Survey

Work-Life Flexibility and Dependent Care Survey

WorldatWork, the Alliance for Work-Life Progress (AWLP) and the Regional Research Institute for Human Services at Portland State University are jointly conducting a survey to identify trends in work-life policies and practices. The results of the survey will provide information about how employers and HR professionals respond to employee flexibility and dependent care needs, which will help you put your organization into context.

"Flexible work arrangements" refers to choices about the time and/or location that work is conducted. For example, altering starting and quitting times or working from home are both considered flexible work arrangements. For the purposes of this survey, a "formal" flexible work arrangement is written into organizational policy and the employee and supervisor must follow organizational procedure. "Informal" flexible arrangements are based on supervisory discretion, are often undocumented, and therefore, impact is not readily measurable.

1. Based on the definition above, does your organization have a formal policy about flexible scheduling, an informal occurrence of flexible scheduling based on supervisor discretion, or neither?

- Formal policy (or policies) about flexible scheduling covering some or all employees
- No formal policy, but informal flexible scheduling occurs at supervisor discretion
- Neither a formal policy nor an informal practice of flexible scheduling exists

2. If your organization has a formal policy on flexibility, how long ago was it created?

- No formal policy
- Less than one year
- Between one and five years
- Between six and 10 years
- More than 10 years
- Don't know how long the policy has been in place
3. Which of the following flexible work arrangements is available in your organization? (Check all that apply.)

<table>
<thead>
<tr>
<th>Flexible Work Arrangement</th>
<th>Yes, Salaried Employees</th>
<th>Yes, Hourly Employees</th>
<th>Not available in my organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Formal</td>
<td>Informal</td>
<td>Formal</td>
</tr>
<tr>
<td>&quot;Flextime:&quot; Employees can select long-term starting and stopping times within a range of hours surrounding core-operating hours.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Daily Flextime:&quot; Employees can adjust their starting and stopping times (within a range of hours) on a DAILY basis, surrounding core-operating hours.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Compressed Workweek:&quot; Employees can complete total weekly work hours over fewer days, for example working a 40-hour workweek in four days.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Telecommute:&quot; Employees periodically can perform their regular duties from home.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Telework:&quot; Employees can work from home on a full-time basis, rarely or never visiting a worksite.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Part-Time Work Schedules:&quot; Employees can shift from full-time to part-time work.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Job Share:&quot; Two employees can share the same job and pro-rated benefits.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Which of the following types of employees have access to and/or use flexible work arrangements in your organization? (Check all that apply.)

<table>
<thead>
<tr>
<th>Category</th>
<th>Flexible work arrangement(s) are accessible</th>
<th>Flexible work arrangement(s) are used by more than 50% of employees in this category</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerical/Administrative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managerial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sales/Customer Service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Does your organization have a culture in which most supervisors are generally supportive of employees taking time during the workday for routine personal or family issues, such as a short appointment or personal phone calls?

- Yes
- No
- Highly dependent upon the unit or the supervisor

6. From your perspective, what is the primary reason employees do not use flexible work arrangements? (Choose one best answer).

- Employees don't know about flexible work arrangements
- Even though the organization offers them, the culture doesn't encourage the use of flexible work arrangements
- Flexible work arrangements do not meet employee needs
- Don't know
- Not Applicable
- Other (please specify)
7. Which of the following are ways that employees may request a flexible work arrangement in your organization? (Check all that apply).

- Verbally contact human resources
- Verbally contact work-life department or specialist
- Verbally contact immediate supervisor
- Verbally contact coworkers
- Complete standardized paperwork
- File a request form on-line
- E-mail the HR department
- E-mail work-life department or specialist
- E-mail direct supervisor

- Other (please specify) _________________

8. Where does primary responsibility for policies and practices related to flexible work arrangements reside in your organization?

- HR department
- Work-life department or practitioner
- Decentralized and mostly determined at the line or supervisor level
- Another area or department (please specify)

9. Can employee disclosure of personal circumstances help in their obtaining approval for a flexible scheduling request?

- Yes, it can help the decision making process when the circumstances for the request are known.
- No, voluntary employee disclosure of personal circumstances has no bearing on the decision.
- No, and we ask that employees not disclose personal circumstances surrounding a request because of potential privacy/legal issues.
10. In your organization, how much weight is given to the following factors when the average employee's proposal for a flexible work arrangement is being evaluated?

<table>
<thead>
<tr>
<th>Factor</th>
<th>A Little or No Weight</th>
<th>Some Weight</th>
<th>Significant Weight</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of time employee needs the arrangement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason for request</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impact on coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee's ability to continue to meet job responsibilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impact on customers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor's recommendation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee's past job performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee's job duties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee retention</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. The following are some reasons employees give when requesting a flexible work arrangement. Please rate how likely approval would be granted in your organization for each reason. (For each item, mark the response that best represents your actual experience.)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Not Likely at All</th>
<th>Unlikely</th>
<th>Neither Likely nor Unlikely</th>
<th>Likely</th>
<th>Very Likely to Grant Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term child-care difficulties</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Short-term child illness</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Family member with health issues</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Terminal illness of family member</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>On-going chronic health condition of employee</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Child with on-going chronic health condition</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Elderly parent needing care</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Event Description</td>
<td>Not Likely at All</td>
<td>Unlikely</td>
<td>Neither Likely nor Unlikely</td>
<td>Likely</td>
<td>Very Likely to Grant Request</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>-------------------</td>
<td>----------</td>
<td>-----------------------------</td>
<td>--------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Child acting out at school</td>
<td>O</td>
<td>O</td>
<td></td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Training for a marathon</td>
<td>O</td>
<td>O</td>
<td></td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Child therapy appointment</td>
<td>O</td>
<td>O</td>
<td></td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Physical therapy for employee injury</td>
<td>O</td>
<td>O</td>
<td></td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Child expelled from school</td>
<td>O</td>
<td>O</td>
<td></td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Drug or alcohol treatment for self</td>
<td>O</td>
<td>O</td>
<td></td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Drug or alcohol treatment for family member</td>
<td>O</td>
<td>O</td>
<td></td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Care for sick animal</td>
<td>O</td>
<td>O</td>
<td></td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Child with a disability needing care</td>
<td>O</td>
<td>O</td>
<td></td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Mental health treatment for self</td>
<td>O</td>
<td>O</td>
<td></td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Mental health treatment for family member</td>
<td>O</td>
<td>O</td>
<td></td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Self-development (courses, education, lessons, etc.)</td>
<td>O</td>
<td>O</td>
<td></td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
12. From the perspective of your organizational leadership, how strong are the following business reasons for allowing employees to have flexible work schedules?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Very Weak</th>
<th>Weak</th>
<th>Neither Strong nor Weak</th>
<th>Strong</th>
<th>Very Strong</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improves employee retention</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Improves employee productivity</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Improves employee job satisfaction</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Decreases employee stress</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Decreases employee mental health problems</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Improves employee commitment</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Improves quality of life for employees and their families</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Improves recruitment of a diverse workforce</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Improves employee engagement</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Improves employee work-life balance</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Improves employee morale</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Decreases employee absenteeism</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Improves the perception of fairness among all employees</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Increases the public image of being an employer of choice</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Increases social responsibility</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

13. Are there any significant challenges or notable successes your organization has experienced during the past 12 months with regard to flexible work arrangements? (Please specify.)

14. Does your organization regularly survey employees about their work-family needs?

○ Yes
○ No (Skip to Question 15.)
14a. If yes, what type of information does your organization collect? (Please specify.)

15. What is the single best resource for information regarding employees' dependent care issues? (Check one response only.)
   - HR professional organization
   - EAP providers
   - Child and eldercare resource & referral service (national or local)
   - Parent/employee advisory group
   - Colleagues
   - World wide web/Internet
   - Continuing education
   - Professional training
   - Personal experience
   - Not applicable
   - Other (please specify)
16. Please rate your personal level of knowledge about the following topics related to dependent care:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Very Little or Almost No Knowledge</th>
<th>Not Much Knowledge</th>
<th>Neither Knowledge-able nor Uninformed</th>
<th>Somewhat Knowledge-able</th>
<th>Very Knowledge-able</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child development, birth to 12</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Adolescent development, 13-21</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Parenting</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Eldercare responsibilities</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Adult disabilities</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Child disabilities</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Adult mental health</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Children's mental health</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

17. Please rate your level of familiarity with resources in your community addressing the following work-life issues of employees:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Very Unfamiliar</th>
<th>Unfamiliar</th>
<th>Neither Familiar nor Unfamiliar</th>
<th>Familiar</th>
<th>Very Familiar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee stress management</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Child care</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Parenting</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Work-life integration</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Health care</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Adult mental health care</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Drug and alcohol treatment</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Children's mental health care</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Eldercare</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>
18. For each of the topics below, please indicate whether your organization has offered any training during the last 24 months.

<table>
<thead>
<tr>
<th>Training topic</th>
<th>Yes</th>
<th>No</th>
<th>Currently Considering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training for HR professionals on managing flexible work arrangements</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Training for HR professionals on managing work-life issues of employees</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Training for employee supervisors on managing flexible work arrangements</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Training for employee supervisors on managing work-life issues of employees</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

19. For each statement below, please indicate the extent to which you agree or disagree, when you think about the organization you work for:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is an unwritten rule at my place of employment that you can't take care of family needs on company time.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>At my place of employment, employees who put their family or personal needs ahead of their job are not looked on favorably.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>If you have a problem managing your work and family responsibilities, the attitude at my place of employment is, &quot;You made your bed, now lie in it.&quot;</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>At my place of employment, employees have to choose between advancing in their jobs or devoting attention to their family or personal lives.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>In this organization, parents are encouraged to take time off work to care for their children with ongoing health issues.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>In this organization, employees are reluctant to ask for flexible work arrangements.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Statement</td>
<td>Strongly Disagree</td>
<td>Disagree Somewhat</td>
<td>Agree Somewhat</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>------------------</td>
<td>-------------------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>In this organization it is okay for parents to receive phone calls at</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>work regarding their children with on-going emotional or behavioral</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>challenges.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisors in this organization are supportive of the needs of</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>employees who have children with disabilities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coworkers in this organization are not supportive of parents of</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>children with emotional or behavioral challenges.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20. Are there any additional comments you would like to make about the status of work-life flexibility or dependent care at your organization?