

3-18-2024

The Wage of Wellness: The Relationship Between Socioeconomic Status, Race, and Work Recovery

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<https://doi.org/10.15760/etd.3731>

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The Wage of Wellness: The Relationship Between
Socioeconomic Status, Race, and Work Recovery

by

Emily Julia Ready

A thesis submitted in partial fulfillment of the
requirements for the degree of

Master of Science
in
Psychology

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Portland State University
2024

Abstract

A substantial share of the workforce is made up of low-income workers. Many of these workers fall below the federal poverty line and are considered low socioeconomic status (SES) and are disproportionately more likely to be racial minorities. However, this population is often neglected in the industrial-organizational psychological literature. Specifically, work recovery research has not considered the unique life circumstances of this particular group in the development of the research questions, theoretical framework, or practical implications in relation to this phenomenon. The purpose of this current study is to understand the relationship between socioeconomic status, race, and work recovery experiences (detachment, relaxation, mastery, control). I conducted a mixed-methodology to address the hypothesized group differences. The hypotheses were partially supported. Results showed that SES was positively related to recovery opportunities. Additionally, recovery opportunities mediated the relationship between SES and recovery experiences, such that those with higher levels of SES were more likely to have opportunities to recover, thus being able to engage in work recovery. However, race did not moderate any relationship between SES and recovery experiences. Additional findings supported the expansion of the JD-R framework to understand the role of SES and the recovery process through the lens of resources and demands. Finally, qualitative analyses demonstrated novel thematic forms of recovery activities that vary based on SES. The findings from this study will extend the current theory and inform the applied practices and future recommendations related to work recovery.

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Chapter I: Introduction

The Wage of Wellness: The Relationship Between Socioeconomic Status, Race, and Work Recovery

Large-scale inequality in socioeconomic status (SES) has contributed to several negative health-related outcomes. SES is determined by a combination of one's income, educational attainment, financial security, and social status (APA, 2010). These differences in levels of SES are also predictive of future life and health outcomes for individuals. Specifically, those with low SES often have less access to adequate education, poor physical health (e.g., higher rates of disease and mortality), negative psychological health outcomes (e.g., higher rates of depression, anxiety, and attempted suicide), and lower familial well-being (APA, 2010). Additionally, those who have low SES and also have racially minoritized identities are at an increased risk of experiencing many of these negative outcomes and barriers. One of the primary factors that is predictive of low SES is income inequality. Income inequality refers to the uneven distribution of wealth between groups of people. Although it may be believed that there is a normal distribution of wealth in the United States (i.e., the majority of individuals falling in the middle class with even amounts of individuals on the low and high income levels), that is not the reality of our economic class system. The majority of the United States population falls within the low and middle income brackets (Statista, 2023).

Based on the latest data from the United States Bureau of Labor Statistics (USBLS), approximately 6.3 million workers are considered the "working-poor" (USBLS, May 2022). Importantly, we must note that people of color are also

disproportionately more likely to fall within this worker population. Specifically, Hispanic and Black population rates for the working-poor were 7.4% and 6.7% in comparison to only 3.4% of the White population (UBLS, 2022). However, this group of workers is often neglected in participatory research within the industrial-organizational literature. Therefore, our research may be isolated by samples that contain mostly White participants in white-collar jobs (Baker, 2020). For example, within work recovery research, there is still a gap in the understanding of how sociocultural differences may relate to employees' recovery practices. In a recent review of the work recovery literature, Sonnentag and colleagues (2022) encouraged future researchers to consider the groups of workers with constraints due to socioeconomic status that may have limited access to work recovery opportunities. Work recovery refers to the process of replenishing resources during non-work time. Researchers have produced numerous studies identifying the benefits of work recovery as well as the detrimental effects of neglecting this practice. Engaging in recovery is related to increased well-being and productivity for employees, as well as many other positive health-related outcomes (Sonnentag & Fritz, 2015).

In general, workers who have high demands and fail to experience proper work recovery are at higher risk of experiencing strain and additional long-term poor health outcomes (Sonnentag & Fritz, 2015). Experiencing strain can predict cardiovascular disease, compromised immunity, and poor mental health (Ganster & Rosen, 2013). The interventions that are recommended by the field, implemented within organizations, and disseminated to workers may have a direct influence on these serious health outcomes for

employees. Therefore, as researchers continue to examine work recovery in relation to employee health outcomes, it is necessary to consider that there are adverse health impacts for those who are already in a position of social inequity (e.g., low SES and racially minoritized workers) and research designs and recommendations should be adjusted accordingly to accurately represent and support these populations.

Ensuring employee well-being not only has pertinent value on workers' job and life satisfaction but also on the success of organizations. For example, organizations with higher levels of employee well-being are likely to have higher productivity and more profitable outcomes (Isham et al., 2021). Theoretical models have been developed to understand how the process of recovery is related to organizational and employee outcomes, especially in the occupational health field (e.g., Job Demands-Resources; JD-R; Bakker & Demerouti, 2007). There are four main identified categories of *recovery experiences*, which encapsulate the different ways of engaging in the recovery process (e.g., detachment, detachment, mastery, relaxation, and control; Sonnentag & Fritz, 2007). Additionally, there are evidence-based practical applications for facilitating recovery experiences, which have been contextualized as *recovery activities* (e.g., taking vacations and exercising).

Researchers have extended this area of the field to identify the factors that may contribute to one's ability or level of work recovery (e.g., motivation, demands, resources, and recovery opportunities). However, the focus on individual and subgroup differences in work recovery is a necessary future direction in the field. Given that the established theoretical models have stressed the importance of resources in the work

recovery process, this could mean that there are differences in outcomes in work recovery for groups of people who have historically had fewer resources. Additionally, it is likely that the recommended activities for promoting recovery are not feasible based on the systemic barriers that low SES and racially minoritized individuals face. In this thesis, I aim to contribute to the literature on organizational science, diversity, and occupational health by examining the relationship between SES, race, and work recovery outcomes.

Theoretical Contributions

This study contributes to the current theoretical framework in three ways. First, the results of this study will extend occupational health theoretical models by utilizing an intersectional lens to understand additional individual differences that relate to the recovery process. Specifically, this study focuses on socioeconomic status and racial identity in relation to recovery experiences to establish potential boundary conditions of the JD-R model and the current work recovery literature. This is also a necessary direction for the future of diversity literature to understand the unique experiences held by those with intersecting marginalized identities when testing and refining theories. The recovery experiences that are widely utilized by researchers may not be applicable to the majority of the working population. This study will give further insight into who those established theoretical models apply to, and how to extend the models to understand these experiences for other groups of workers.

Second, this study will extend the current theoretical framework related to work recovery by utilizing a combination of occupational health theory and diversity theory. Using the JD-R model (Bakker & Demerouti, 2007) in conjunction with minority stress

theory (MST; Meyer, 1995) will inform the relationship between diversity issues and health-related processes for workers. The unique stressors and strain experienced by minoritized individuals as described in MST can be applied to the theoretical model of JD-R by conceptualizing these experiences as demands. The combination of these theories provides the necessary framework for understanding how these processes may play out for groups of individuals with these life circumstances.

Third and finally, the findings of this study will contribute to the further conceptualization of the recovery process, which will include the behaviors and activities that facilitate the recovery experience. The current understanding of effective recovery activities is likely not generalizable to low SES populations given the barriers and demands faced by these individuals (e.g., the financial restrictions of taking time off of work). Therefore, this study will utilize previously developed quantitative measures to examine the limitations of the current operationalization of work recovery along with qualitative data to explore how certain populations engage in this process. The behaviors described by participants in the qualitative questionnaire will provide novel examples of recovery activities that will expand the work recovery literature and allow researchers to give inclusive recommendations for workers. Overall, the findings from this study will allow for a more comprehensive understanding of how the process of work recovery is influenced. By contributing to the recovery literature, this research can bring awareness to issues that have yet to be understood and provide future directions for intervention-based solutions. In the sections that follow, I will develop my theoretical rationale,

describe my intended methodology, and discuss the potential implications of my proposed work.

Theoretical Rationale for Identity-Related Work Recovery Experiences

The JD-R Model

The JD-R model (Bakker & Demerouti, 2007) theorizes that the presence of job resources acts as buffers for the effects of job demands. Job resources include any supportive physical, social, or organizational job aspects (e.g., feedback, social support), whereas job demands are more generally the negative aspects of one's job that have the potential to cause strain (e.g., heavy workload, emotional labor). Job demands can also take on two different forms: challenge demands and hindrance demands. Challenge demands can refer to stressors like workload, which can be overcome through employees' exerted effort and skills (LePine et al., 2005). This form of demand can actually have positive effects on employees (e.g., psychological empowerment, decreased likelihood of poor health outcomes) often from the sense of achievement employees feel from these demands (Kim & Beehr, 2018). Conversely, hindrance demands harm employees' progress toward achieving goals and can diminish motivation (e.g., interpersonal conflict and role ambiguity; Webster et al., 2011). These demands can have detrimental effects on employees, such as decreasing organizational-based self-esteem and worsening engagement and health (Kim & Beehr, 2018).

The interaction between job demands and resources influences employees' levels of strain and motivation, which can ultimately impact employees' health outcomes and different organizational outcomes (e.g., performance). In addition to job demands, life

demands also play a role in the process described in the JD-R model. Specifically, issues such as family demands (e.g., parenting, work-family conflict), financial demands, and psychological distress are additional stressors outside of the workplace that can impact employee strain (Gauche et al., 2017). Similarly, personal resources outside of work have also been shown to strengthen the relationship between job resources and health outcomes (e.g., family caretaking, stable housing, and financial support; Xanthopoulou et al., 2007). However, researchers have yet to establish what factors may be predictors of personal resources within the JD-R model.

In the context of work recovery, job demands and job resources predict employees' recovery experiences, thus leading to different work and health outcomes (Kinnunen et al., 2011). Specifically, researchers have tested the impact of recovery experiences within the JD-R model to understand how the specific mechanisms of recovery facilitation may be influenced by the amount of resources and demands one has. Higher levels of job resources positively influence one's ability to have higher levels of relaxation, mastery, and control. Additionally, higher levels of demands are likely to negatively impact one's ability to effectively detach from work. Using this model with work recovery experiences as a mediating role can paint a more comprehensive picture of how workers' levels of resources and demands can be linked to their health and work outcomes.

When using this model to understand the experiences of workers, it is important to note that underprivileged groups of people (e.g., low SES individuals, and racial minorities) have additional hindrance demands due to systemic inequities. Having lower

SES is related to both social and environmental conditions that contribute to the burden of chronic stress (e.g., crowding, crime, noise pollution, and discrimination; Baum et al., 1999). These individuals also may not have access to the necessary resources that can buffer their demands (APA, 2010), thus their experiences of negative health outcomes, motivation to work, and work recovery experiences may be significantly different from other populations. Therefore, the current JD-R model may be insufficient on its own as it does not effectively capture employees' differential experiences of stress, discrimination, and work-life conflict that can potentially hinder recovery.

Minority Stress Theory (MST)

Given that systemic inequities can result in different life experiences and hindrance stressors, it is necessary to understand how these may play a role in recovery outcomes. MST (Meyer, 1995) highlights how individuals with marginalized identities often experience identity stigmatization, experiences of discrimination, and work-life conflict at higher rates than their non-marginalized counterparts. This experience of chronic psychosocial stress leads to strain and other negative health outcomes more acutely than in groups with more social power and privilege, thus likely negatively impacting marginalized individuals' rates of effective recovery from work. The minority stress framework can also be utilized to conceptualize how there may be different experiences of stress based on intersectional identities. Specifically, those with multiple marginalized statuses might be subject to exacerbated identity-related stressors at work and during their nonwork time (i.e., additional stigmas, discrimination, and self-stigma) compared to those with fewer marginalized statuses, leading to different negative

outcomes for these particularly stigmatized group members (Salter et al., 2020). The additional stressors and stigmas associated with having low SES and a racial/ethnic minoritized identity are examples of unique demands that these individuals will face inside and outside of the workplace, which will result in different health outcomes based on both the JD-R model and MST.

SES and Recovery Experience

Although researchers have begun to identify antecedents of work recovery (e.g., work context, work-life conflict; Chawla et al., 2020), they have neglected to examine the impact of identity and life circumstances on work recovery experiences. The different forms of recovery experiences (i.e., detachment, relaxation, mastery, and control) are likely only feasible for those who have not been encumbered by systemic oppression based on the specific activities and behaviors that are described to facilitate these recovery experiences. This study addresses this gap in the literature by addressing how SES and racial identity relate to recovery outcomes.

Some researchers have begun to acknowledge that recovery opportunities mediate the recovery outcomes for employees. *Recovery opportunities* have been defined as the possibility to engage in situations that facilitate the psychological experience of recovery (e.g., not working too many hours allows more time for leisure activities; Rodriguez-Muñoz et al., 2012). Job demands and job resources are both predictors as well as outcomes for recovery opportunities (Rodriguez-Muñoz et al., 2012). Based on the higher levels of demands and lower levels of resources of low SES individuals, it could be argued these barriers influence the opportunity for recovery, which relates to

differences in recovery experiences. Thus, in the current study, I posed the following hypotheses:

Hypothesis 1: Participants' level of self-reported SES will be positively related to the different recovery experiences (H1a: mastery, H1b: control, H1c: relaxation, H1d: detachment).

Hypothesis 2: There will be an indirect effect of the level of recovery opportunities in the relationship between the level of self-reported SES and the different recovery experiences (H2a: mastery, H2b: control, H2c: relaxation, H2d: detachment).

SES, Race, and Recovery Experiences

As it has been established that one's level of SES can lead to differential outcomes, it is necessary to also understand the intersecting identities that result in different (and often more negative) outcomes for individuals. Specifically, the intersection of race and SES is an important distinction. Those with racial/ethnic minoritized identities are disproportionately more likely to fall within a lower SES (APA, 2010). Furthermore, those with multiple marginalized identities often have different experiences and stressors (e.g., discrimination, health disparities) in comparison to only holding one identity tied to social inequities (Meyer, 1995; Salter et al., 2020). Specifically, racial and ethnic minority groups experience higher rates of poor health and health conditions (e.g., diabetes, hypertension, obesity, asthma, heart disease, and cancer) when compared to their White counterparts (CDC, 2022). These disparities are even stronger when considering socioeconomic factors (CDC, 2022).

Additionally, “low-skill” jobs are disproportionately taken on by Black, Indigenous, and People of Color (BIPOC) and low SES individuals (Kalleberg & Vallas, 2018; Reid & Schenker, 2016). Researchers have shown that unskilled workers (i.e., low-wage workers), shift workers, and workers in precarious employment have a higher risk of experiencing stress and overall increased health issues (Bøggild & Knutsson, 1999; Schabracq & Cooper, 2000; Schneider & Harknett, 2019). In sum, experiencing the effects of systemic and systematic racism in addition to the barriers related to having low SES will likely hinder these employees’ access to recovery opportunities due to their unique sets of demands. Additionally, a lack of recovery opportunities for these individuals would also have an adverse effect on their overall level of recovery experiences. Therefore, I hypothesized the following:

Hypothesis 3: There will be an indirect effect of the level of recovery opportunities in the relationship between the level of self-reported SES and the different recovery experiences (H3a: mastery, H3b: control, H3c: relaxation, H3d: detachment).

Recovery Activities

In addition to understanding how recovery opportunities and general recovery experiences are related to SES and other identity characteristics, it is necessary to understand how there may be differences in the activities one may partake in to promote recovery. There has been substantial support for the use of specific recovery activities in the promotion of recovery and well-being. For example, researchers have recommended employees partake in regular physical exercise during nonwork time, spend time in

nature, get high-quality sleep, and take vacations as a form of proper work recovery (Calderwood et al., 2021; Fransson et al., 2012; Litwiller et al., 2017; Lounsbury & Hoopes, 1986; Sonnentag, 2018). However, there are certain work contexts and life dynamics where employees experience differential accessibility or effectiveness of these recommended recovery activities. For example, shift workers, gig economy employees, and those in precarious high-risk occupations (which are often jobs held by those with marginalized identities; Kalleberg & Vallas, 2018; Reid & Schenker, 2016) are more likely to have poor sleep hygiene (Dugan et al., 2022; Shriane et al., 2020), thus impacting their ability to effectively recover from work.

Moreover, workers from underprivileged backgrounds and identities (e.g., low SES and/or BIPOC individuals) may be less likely to have opportunities to engage in these specific recovery activities based on their increased demands and limited resources. Activities such as spending time on physical exercise regimens, taking time off of work to go on vacation, having access to nature, and keeping uninterrupted sleep schedules have significant accessibility issues. Workers from underprivileged backgrounds are going to be less likely to have access to these opportunities due to barriers such as financial constraints, gentrification, zoning, housing discrimination, and stigma-related stressors that impede sleep (Gump & Matthews, 2000; Mezick et al., 2008; Rothwell & Massey, 2010; Schnake-Mahl et al., 2020; Smith et al., 2020). Therefore, new data is needed to develop inclusive recommendations by identifying the specific behaviors and activities that can facilitate recovery experiences for marginalized groups. In the current study, I utilized a qualitative approach to address the following research question:

Research Question: What are the specific activities and behaviors individuals from marginalized backgrounds (low SES, racial/ethnic minorities) engage in to promote the process of work recovery?

Chapter II: Method

Participants

For the current study, I utilized CloudResearch, an online tool that allows researchers to tailor their sample recruitment strategy on MTurk, to improve data quality. Participants were compensated with \$4.18 at the end of the survey, based on CloudResearch's Panel Pricing. Participants were only able to take part in the study if they were currently employed in the United States and working over 20 hours a week. CloudResearch recruited 1,563 participants while the survey was published online. I removed participants from the final sample based on those who failed the attention checks, did not fill out the work recovery experiences and motivation surveys, wrote incoherent sentences or gibberish in the open responses (to weed out potential bots), wrote impossible amounts for the number of dependents or number of jobs, and who do not work (e.g., retired, unable to work, unemployed). The final sample size was 617 participants.

For the demographic makeup of the sample, we collected data on race, gender, age, and the SES indicators. The sample was 71% White, 13% Black, 5% Asian or Pacific Islander, 5% mixed race, 4% Hispanic, and 2% other. For gender, the sample was 56% women, 43% men, and 1% other. The average age of participants was 48 years old. The median income was \$65,000 a year. For education level, a large portion of participants (43%) graduated from college, 19% started college, 14% received a high school diploma or GED, 12% received a Masters degree, 3% had a PhD, and 9% reported

other. Half of the participants did not have any dependents, 24% had one dependent, and the remaining 26% had at least more than one.

Procedure

After consenting, participants completed an online survey. First, participants were asked to complete the demographic questionnaire to gather identity-related characteristics and indicators that relate to socioeconomic status. Then, participants were asked to complete the recovery experience questionnaire and the recovery opportunities measure. Finally, participants were asked to provide answers to open-ended questions related to their recovery activities.

Measures

SES Self-Report Measure

For self-reporting socioeconomic status, participants were given relevant information related to factors to consider when determining their SES (e.g., education level, income, household size). Specifically, participants were asked to read over highlighted sections that explained how each facet was related to levels of SES. For example, the education facet included information about what levels of education may relate to higher levels of SES (e.g., completing graduate school). However, the participants were asked to think about these facets as a whole in relation to their perceptions of their SES. Finally, they were asked to select whether they identify as low SES, low-middle SES, middle SES, high-middle SES, or high SES.

Recovery Experience Questionnaire (REQ)

This measure was utilized to analyze the recovery experiences outlined by Sonnentag and Fritz (2007; see Appendix B). This questionnaire was meant to measure whether one is engaging in the psychological process of recovery, based on the definitions of each type of recovery experience (i.e., detachment, relaxation, mastery, control). Participants were asked to indicate the extent to which they agreed with each of the 16 items from the REQ. Each subscale had an adequate internal reliability (detachment: $\alpha = .88$, relaxation: $\alpha = .93$, mastery: $\alpha = .93$, control: $\alpha = .85$). An example item includes, “*During time after work, I kick back and relax.*” Each item was measured on a 7-point Likert scale (1 = “do not agree”, 7 = “very strongly agree”).

Recovery Opportunities Measure

Participants’ access to recovery experiences was measured using a modified version of Recovery Opportunities Measure (Rodriguez-Muñoz et al., 2012; see Appendix C). This five-item scale was used to assess participants’ access to resources that will allow them to recover from their work and life demands. Two items were modified to reflect a positive recovery opportunity rather than a lack of opportunity, to avoid including reverse-scored items (items 1 and 4). Each item was measured on a 7-point Likert scale (1 = “do not agree”, 7 = “very strongly agree”). An example item includes, “When I come home from work I am able to recover from the rigors of the day.” This scale demonstrated adequate internal reliability (Cronbach’s $\alpha = .89$).

Recovery Activities Open Response

Participants were asked open-response questions at the end of the survey to gather data on the forms of recovery activities they perform (e.g., “What are some activities or

actions you take that help you unwind after a work day?"; see Appendix A). These qualitative questions were adapted from previous quantitative measurement tools (e.g., Sonnentag & Fritz, 2007). Participants had a minimum requirement of providing at least three-word responses to these questions in order to gather rich data. This data was coded for similarities among the responses to determine themes and relate the themes to participant identity characteristics.

Chapter III: Results

Quantitative Analyses

Based on previous research that has been conducted on socioeconomics (Harris et al., 2011; Pajic et al., 2021; Senn et al., 2014), I used a self-selection approach for collecting data to reflect one's SES level. However, I collected data on the different indicators that contribute to the calculation of one's SES (i.e., income, educational level, number of dependents), as well as self-report data on the perception of one's own SES level. Each of the individual SES objective indicators (income, education, dependents) were significantly correlated with the self-reported SES level (see Table 1).

Hypothesis 1 was partially supported. I ran simple linear regressions to test the direct relationships between participants' self-report score of SES and the four forms of recovery experiences (mastery, relaxation, detachment, control). The only significant direct effects were for mastery, $\beta = .278, p < .001$, and control, $\beta = .124, p = .043$. Relaxation, $\beta = .116, p = .085$, and detachment, $\beta = -.125, p = .070$, were not directly related to level of SES.

To test Hypothesis 2, I used the PROCESS Macro (Model 4) to examine an indirect effect of recovery opportunities on the relationship between subjective SES scores and the different work recovery experiences. This hypothesis was fully supported. I tested the mediation for each form of recovery experience (mastery, relaxation, detachment, and control). I found that there were significant indirect effects of recovery opportunities on the relationships between self-reported SES scores and mastery experiences, $\beta = .123, 95\% \text{ CI } [.053, .195]$, relaxation, $\beta = .180, 95\% \text{ CI } [.084, .284]$,

detachment, $\beta = .125$, 95% CI [.055, .200], and control, $\beta = .156$, 95% CI [.068, .241] (see Table 3). None of the objective indicators of SES demonstrated significant indirect effects.

Hypotheses 3 indicated that there would be a conditional indirect effect of race in the relations between SES, recovery opportunities, and recovery experiences. I tested these hypotheses using the PROCESS Macro (Model 7) with racial identity on the “a” path. This hypothesis was not supported for self-reported SES, $\beta = .064$, $SE = .130$, $p = .652$, 95% CI [-.098, .307]. Additionally, race was not correlated to any of the SES indicators or the SES self-report measure.

Qualitative Analysis

The qualitative survey questions were coded and analyzed based on the proposed research question. Specifically, the coding process will target whether there are differences in the types of work recovery activities people report based on identity (SES and race) that inform the quantitative scores on the REQ (e.g., what specific behaviors are facilitating the psychological experience of relaxation). The coding techniques used in the current study will be based on the best practices within the field of organizational sciences (Charmaz, 2014). During the coding process, I based the codes on the new, emerging data while also comparing the data to the previous literature and theories, as well as the previously coded surveys. This method is useful for developing theory related to the emerging phenomena (Kreiner, 2015). The initial rounds of coding were used to establish first-order codes. Based on the first-order codes, I was then able to establish second-order themes (Charmaz, 2014; Gioia, 2013).

After analyzing the codes that showed up the most in the data for activities that they partake in to promote recovery, activities such as watching television, reading, spending time with family, walking, and using their phone as entertainment were the most common examples of activities that the participants reported overall. However, based on my research question, I wanted to understand if there were differences in the types of activities that individuals are partaking in to recover from work based on their self-reported SES. By comparing those who were categorized as having low SES to those with high SES, there were differences in the most common codes among these two groups. Those with low SES reported activities such as watching television, reading, drinking alcohol, spending time with their family, playing video games, listening to music, taking a hot shower, using their phone for entertainment, and lastly reporting that there was no time to relax. When examining the codes with an intersectional lens to understand the interaction of race and SES, the trends in the codes remained similar to those with low SES. Those who identified as BIPOC and lower SES also spent their time after work listening to music, taking a shower, playing video games, watching television, reading, and spending time with family. There were more codes in this group that related to taking care of dependents (e.g., children, older parents). However, the individuals in the high SES group had some differences and similarities in the common activities they reported, such as taking walks outside, watching television, shopping, reading, exercising, and trying meditation to relax.

Based on these data, the overarching themes that may be related to differences in socioeconomic backgrounds are activities that can be categorized as distraction-

promoting behaviors or enrichment-promoting behaviors (see Table 4). For example, drinking alcohol, playing video games, and watching television may be beneficial for short-term distraction from daily stressors, and likely require little resources to engage in these activities. However, those who categorized themselves as having higher SES were more likely to report having access to performing activities that are enriching and effortful (e.g., exercise, meditation, taking walks in nature). This may imply that this group has more resources to expend at the end of the workday, in line with current theory. The implications of these findings are further discussed.

Chapter IV: Discussion

The purpose of this study was to understand how people may differ in work recovery experiences in relation to their circumstances based on their SES and race. Previous research has detailed the significant differences in life experiences and opportunities based on individuals' SES and racial identity. However, industrial-organizational psychology research has often neglected to consider the intersection of these identities in the development of new research, theories, and interventions. The current theoretical framework related to the work recovery process is insufficient. Specifically, there was a need to gain more understanding of the potential differences in employees' recovery experiences based on their sociocultural backgrounds. It has only been separately understood that social status and identity are related to demands and resources and that demands and resources are related to recovery opportunities and experiences. This study addresses the boundary conditions of the current JD-R model and work recovery literature while bridging the theoretical gap between these processes and diversity-related phenomena.

Theoretical Implications

The findings suggested by the current study extend the current recovery literature and have implications for extending the current theoretical framework. The present study examined individual differences related to different recovery opportunities and experiences. Specifically, the results provided an understanding of how identity may predict different outcomes of work recovery on the basis of different groups having unique demands and resources that influence this process. There are three key theoretical

contributions to this study. First, the results of this study establish boundary conditions of the JD-R model and the current work recovery literature by utilizing an intersectional diversity lens to understand how individual differences (SES) relate to differences in the previously established recovery process. Second, this study utilized a combination of occupational health theory (JD-R) and diversity theory (MST), which informed the relationship between diversity issues and health-related processes for workers. Finally, the current study gave insight into the specific behaviors and activities performed by marginalized groups, which can be used for future operationalization of recovery experiences. I utilized a mixed methods approach to provide novel examples of recovery activities that expand the current understanding of the work recovery process and can allow researchers to give inclusive recommendations for workers.

Specifically, the results of this study demonstrated that having higher levels of social power (i.e., higher socioeconomic status) is related to having more access to recovery opportunities. This serves as additional context for the JD-R model and the process of work recovery. The JD-R model thus far has not included the socioeconomic climate as a contextual variable that would influence one's amount of resources (i.e., recovery opportunities), leading to an effect on their health and work outcomes (e.g., recovery experience). Therefore, this study provides the necessary data to support the notion that there is a significant indirect effect of SES on recovery experiences based on the amount of opportunities one has available to them. These novel findings should be utilized for the future of recovery research, as it shows that we must consider the social context when examining these processes. Additionally, these data provide the foundation

for further investigation on the relationships between employee SES and recovery or other related health outcomes.

However, it was unexpected to find that the only forms of recovery experiences that were directly related to the levels of SES were mastery and control. By viewing these results in the context of the theory and the mediating role of recovery opportunities, there seems to be a plausible explanation. In comparison to the other forms of recovery experiences (e.g., detachment and relaxation), mastery and control may require more resources and effort. Mastery would require engaging in a separate effortful activity outside of work hours, which may also include additional expenses (e.g., equipment or lessons). Additionally, having control over your time after work assumes that you have the resources to take care of the rest of your basic needs in addition to your health promoting recovery time. Based on the responses from the lower SES group and our understanding of the financial constraints associated with the lower levels of SES, it does make sense that out of all of the recovery experiences, those with lower SES would be less likely to engage in mastery and control in comparison to those with more resources.

Additionally, the qualitative findings of the current study shed light on some of the additional activities that individuals take part in to promote their recovery from work, and how there may be differences in these behaviors based on identities and backgrounds. It was hypothesized that there would be differences in the different types of recovery activities between those who have lower SES and those who have higher levels of SES based on the fact that those with high SES have more access to resources that can provide them with recovery-promoting experiences (e.g., gym memberships, access to nature,

access to additional caregivers). There were differences in the overall themes of the codes between the SES levels, such that those with higher SES were more likely to list health-promoting behaviors and those with lower SES described distraction-promoting behaviors.

It is important to note that these findings may also inform the quantitative results as well. Specifically, as suggested by the thematic coding, not all of the recovery activities that were listed are necessarily going to promote healthy work recovery. In order to facilitate proper work recovery, you are meant to allow yourself to return to your pre-stressor baseline, which should lead to longer-term positive health outcomes. However, it has not been shown that behaviors such as drinking alcohol, scrolling on your phone, and watching television necessarily help promote these positive outcomes. This begs the question: are these activities actually related to work recovery? If the participants believe that these activities are allowing them to feel more detached from their work, more relaxed, and more control of their nonwork time, perhaps it is a form of work recovery. I believe that there is still a need for additional research to solidify what constitutes proper work recovery.

Practical Implications

The current study has direct implications for practitioners in the field as well. Based on the research questions for the current study, the results show potential differences in levels of resources for employees, thus impacting their work recovery experiences and work motivation. In order to promote employee well-being and reduce potential strain, practitioners can focus on ways to increase recovery opportunities and

diminish job demands, specifically in industries where there are lower SES populations. Practitioners can use evidence-based interventions within organizations that are meant to enhance resources for employees. For example, researchers have developed interventions targeted toward job resource building and even personal resource building (Knight et al., 2017). The results of this study indicate that organizational leaders should also consider the demographics and life circumstances of their employees and additional benefits they can provide to support their needs (e.g., access to healthcare, childcare, exercise). At the core of this research, it is clear that this leads to further justification for increasing pay for employees. The main facet of determining one's SES is income, which may be one of the most important resources for employees. Supporting employees through higher wages will allow them to have more opportunities for health-promoting activities outside of work, which ultimately influences their performance while they are at work.

Limitations and Future Directions

Although this study was conducted thoughtfully and thoroughly, it does not go without limitations. First, it is possible that the self-report measure is not a completely accurate representation of one's true SES. Though, in the current study, this measure was significantly related to the objective indicators. Future researchers should be considerate in the decisions for measuring SES, as it is a complex identity to capture in research. Additionally, more research should be done to develop a universal measurement tool for SES within the United States. As a second limitation, the study's methodology uses a cross-sectional approach and a mediational model, which makes it often difficult to draw conclusions on the order of effect since all data are collected at the same time. With that

said, the mediational model has strong theoretical backing to support the directionality of my hypotheses. Recovery opportunity is a significant predictor of recovery experiences, therefore the significant indirect effect of recovery opportunity on the relationship between SES and recovery experiences likely holds true. Although it was unexpected that the only direct effects of SES were related to mastery and control, the qualitative data provides some potential explanation. Based on the recovery activity qualitative data, it is likely that the activities that low SES individuals take part in fall within the other categories of recovery experiences (e.g., detachment, relaxation), which is in line with their overall theme of distracting, relaxing activities. However, learning new things and seeking out new opportunities (i.e., mastery behaviors), as well as having control over your time is more in line with the ambitious nature of the recovery activities that were described by the higher SES participants (e.g., going on a walk in nature, going to a yoga class). As demonstrated by the mediational model, this difference in experiences between levels of SES is likely due to the amount of opportunity one is granted to participate in these kinds of activities. Future researchers should further explore this connection between SES, resources, and outcomes related to recovery.

Lastly, there were limitations in the findings regarding the intersection of SES and race. Although there were parameters in place for recruiting a diverse sample of participants through CloudResearch, there was still a lack of adequate diversity across race within the sample. The small sample of BIPOC individuals in the sample likely contributed to a lack of findings for the current study. Future researchers should be mindful of recruitment strategies when focusing on marginalized populations in research.

The experiences of marginalized groups can be greatly misinterpreted through research because they are hardly ever reached through recruitment. Moving forward in the future of diversity research, there should be more efforts toward proper recruitment for diverse populations. It is also important to note that although this study is focusing on socioeconomic and racial identities, there may be other marginalized identities that could intersect and create additional, unique experiences (e.g., disability, age). Based on the tenets of MST, it is likely that other stigmatized populations will have similar results based on the findings of the current study. Thus, adding additional identities to the current study would likely only be providing relatively small incremental theoretical insights.

The study also provides insight into additional avenues for future research. It is recommended that future researchers extend this research on the relationship between SES and other occupational health areas (e.g., work-nonwork interface, sleep, interpersonal stressors) while also taking an intersectional approach. Specifically, given the refinement of the JD-R model provided through this study, this may play a role in how other processes described in these areas of research are conceptualized if they do use JD-R as a theoretical framework. Furthermore, researchers should consider examining the constructs addressed in this study using different methodological approaches, such as multi-wave designs or longitudinal studies. For example, a multi-wave design could be used to support the order of variables in the mediational model. Additionally, longitudinal studies could be used to understand the secondary and tertiary health outcomes for these groups based on their unique set of demands and resources. This study could also serve as

foundational research for the future development and validation of new, more generalizable quantitative measurement tools to capture recovery experiences based on the qualitative data gathered from those with low SES and racial minority identities. Lastly, the data collected from the survey should also inform future scale development for addressing opportunities for recovery, additional life demands, and SES.

Conclusion

All organizations value employee productivity in order to achieve their goals. As the occupational health literature has continued to find, employees' ability to effectively do their jobs is significantly dependent on their health. This study has shown that there are in fact socioeconomic differences that create distinct barriers in work related experiences. It is clear that one's opportunity to recover from work is influenced by their SES level, thus potentially leading to future negative health outcomes and negative work experiences. There is a vital importance to continue to focus on employee health outcomes and become proactive with supportive tools and interventions to improve their physical and mental well-being, and to do so using an intersectional approach that highlights the importance of individual differences. In doing so, my aim is to contribute to a more comprehensive understanding of how individual factors interact with environmental factors to improve the work outcomes for both employees and the organizations in which they work.

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Table 1. *Correlations Among SES Variable and Indicators*

	SES (Self)	Income	Education
Income	.384**		
Education	.260**	.275**	
Dependents	.156**	.000	.062

** $p < 0.01$, * $p < .05$

Table 2. *Correlations Among Study Variables*

	SES (Self)	Detachment	Relaxation	Mastery	Control
SES (Self)					
Detachment	-.077				
Relaxation	.071	.615**			
Mastery	.143**	.220**	.425**		
Control	.070	.380**	.557**	.487**	
ROM	.160**	.443**	.678**	.456**	.631**

** $p < 0.01$

Table 3. Mediation analyses for the effects of SES on Recovery (mastery, detachment, relaxation, control) through Recovery Opportunities.

	Est.MX	Est.YM	Indirect Effects	95% Confidence Interval	
				Lower	Upper
Mastery	0.240*** (0.062)	0.516*** (0.040)	0.123* (.035)	0.053	0.195
Detachment	0.240*** (0.062)	0.522*** (0.040)	0.125* (.036)	0.055	0.198
Relaxation	0.240*** (0.062)	0.751*** (0.032)	0.180* (.051)	0.084	0.284
Control	0.240*** (0.062)	0.650*** (0.030)	0.156* (.044)	0.068	0.241

Note. Est.MX = estimates of paths from the predictors to recovery opportunities, note that by definition the Est.MX paths are the same across all DVs; Est.YM = estimates of paths from recovery opportunities to outcomes; standard errors of the estimates appear in parentheses; 1000 bootstrap samples.

* $p < .05$, ** $p < .01$, *** $p < .001$.

Table 4. *Qualitative Themes and Codes*

Theme	Mechanism	Codes
Distraction-promotion activities	Resource depletion (i.e., participating in activities that require little resources)	watching television, drinking alcohol, spending time with family, playing video games, taking a shower, using a smartphone for entertainment
Enrichment activities	Resource gain (Effort-recovery) (i.e., using additional resources and effort for recovery)	exercise, meditation, taking walks in nature, being outside, reading a book

Appendix A

Recovery Activities Questionnaire

1. What are some activities or actions you take that help you unwind after a work day?
 - a. How often do you have time for these activities?
2. What are some activities that you think would potentially help you recover from the workday, but you don't have access to?

Appendix B***Recovery Experience Questionnaire (REQ) (Sonnentag & Fritz, 2007)***

Instructions: Please rate the following items on level of agreeability (1 = “do not agree”, 7 = “very strongly agree”).

1. During time after work, I forget about work.
2. During time after work, I don't think about work at all.
3. During time after work, I distance myself from my work.
4. During time after work, I get a break from the demands of work.
5. During time after work, I kick back and relax.
6. During time after work, I do relaxing things.
7. During time after work, I use the time to relax.
8. During time after work, I take time for leisure.
9. During time after work, I learn new things.
10. During time after work, I seek out intellectual challenges.
11. During time after work, I do things that challenge me.
12. During time after work, I do something to broaden my horizons.
13. During time after work, I feel like I can decide for myself what to do.
14. During time after work, I decide my own schedule.
15. During time after work, I determine for myself how I will spend my time.
16. During time after work, I take care of things the way that I want them done.

Appendix C

Recovery Opportunities Measure (Rodriguez-Muñoz et al., 2012)

1. I have time before I have to start doing housework.
2. I have some time for myself.
3. I am able to recover from the rigors of the day.
4. I have the opportunity to dedicate attention to myself AND to my family members (e.g., partner, children).
5. I am able to talk about what happened during the day.