



INDIVIDUAL PRESENTATION PROPOSAL
2004 APA Annual Convention

Proposal ID: ind22860

1. Title of presentation: Work Cohesion/Family Cohesion: A Predictive Model of Employee Health

First index term: 69 Work/Employment/Careers

Second index term: 17.3 family

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4. Accommodation request: None

5. Preferred mode of presentation: Poster Session

6. Special equipment will be used in presentation: None

7. Summary to be posted on the APA Web site: Yes

8. Division to submit this proposal: 43 - Family Psychology

Work Cohesion/Family Cohesion: A Predictive Model of Employee Health

Different areas of research suggest that healthy social functioning in three different spheres of adult life have an impact on health risks, substance abuse and addiction. These are healthy cohesion in the family environment, trust and interdependence in one's work group, and the capacity to balance the stresses of both family and work pressures. First, researchers have used the Beavers System Model of Family Functioning (Beavers and Hampson, 1990) to show that alcoholism is more prevalent in chaotic (non-cohesive) and enmeshed (overly cohesive) families than in cohesive or "competent" systems. Second, Bennett & Lehman (1998) discovered that employees who report working in non-cohesive groups were at higher risk for problem drinking as well as health concerns. Finally, Frone and colleagues (Frone, 2003) have found that work-to-family and family-to-work conflict is associated with psychological distress, self-reported poor physical health, and heavy alcohol use. A common or underlying theme of each of these areas of research points to the importance of employee's participating in and belonging to social groups that support individual identity and provide a buffer against stress and unhealthy life-styles.

Accordingly, we have developed a model that integrates this literature and views employee health as a function of three social forces: 1) the relative health and competence of the home environment and familial bonding, 2) the relative health and cohesiveness of one's work group, and 3) the work-family interface and employee ability to negotiate between these two environments to avoid spillover and conflict from either work-to-family or family-to-work. This presentation goes beyond simply assessing employee ability to "balance" work and family pressures by examining the independent resources of work and family as well as dynamic relationships employees draw on in their efforts to maintain health. This presentation first provides an overview of this "Work Cohesiveness / Family Cohesiveness" model. Then we present a preliminary analysis of the independent contributions of (1) family, (2) work, and (3) work-family interface to two outcomes: physical health and alcohol use/misuse.

781 employees of small businesses (< 500 employees) in industries with higher than average substance abuse prevalence (construction, transportation, service/hospitality; SAMHSA, 1999) completed surveys addressing work climate, family functioning, work-family interface, personal health, and alcohol use. Separate MANOVAs were conducted to examine the influence of family functioning (non-cohesive/chaotic, healthy, overly-cohesive/enmeshed), work-family conflict, family-work conflict, and work group cohesiveness on reported frequency of physical health symptoms over the last six months (e.g., nausea, depression, headaches, difficulty sleeping) and alcohol use/misuse (frequent drinking, alcohol use to intoxication, drinking problems, drinking at work, and problem drinking at work).

In regard to physical health symptoms, our results indicate that work-family conflict had the greatest influence, $F = 12.47$, Wilk's Lambda = .875, $p < .0001$, with those reporting high work-family conflict reporting greater frequencies of health problems. Family functioning had the second greatest influence, $F = 10.15$, Wilk's Lambda = .972, $p < .0001$, with those reporting a chaotic style reporting a greater frequency of health problems than those reporting an enmeshed style.

Family-work conflict had the third greatest impact, $F = 3.81$, Wilk's Lambda = .958, $p < .002$, with those reporting high family-work conflict reporting a greater frequency of health problems. Finally, work group cohesiveness had the fourth greatest influence, $F = 2.40$, Wilk's Lambda = .973, $p < .015$, with employees with higher levels of group cohesiveness reporting fewer health problems.

In regard to alcohol use/misuse, although our results indicated significance at the univariate level, we did not find significance at the multivariate level. Work-group cohesiveness approached significance, $F = 2.04$, Wilk's Lambda = .988, $p = .07$, with employees in highly cohesive work

groups reporting less problem drinking than those in less cohesive work groups.

To our knowledge, these results represent the first time that the relative contributions of work, family, and work-family factors have been examined within an adult working population, particularly among small business employees working in high-risk settings. We are currently assessing the effects of a health promotion program on the outcomes reported here (physical health and alcohol use). Our final set of results will show the degree to which the “Work Cohesion/Family Cohesion” model (and each of its elements) moderate the effect of workplace health promotion. Our preliminary set of results suggest a possible pathway for building employee strengths in helping to manage their health. At greatest risk are workers who bring work pressures home to a family environment that is itself chaotic and lacking in cohesion. Workplace programming may benefit from identifying this particular subgroup as having the most to benefit from stress management seminars.