"Trajectories of multiple work and family roles and their effects on mortality"

# **Topic to be Studied**

Core social roles throughout the life course are tied to work and family, i.e., worker, parent, spouse, and caregiver. A great deal of literature has examined the effects of individual work and family roles on health. The "multiple role" literature examines how the cumulative number of these work and family roles, as well as other roles, affects health and well-being. Most have found that a greater number of roles enhances well-being, in terms of mental health and depressive symptoms (Thoits 1983, Thoits 1986, Menaghan 1989, Adelmann 1994, Hong and Seltzer 1995, Hao 2008), self-rated health (Moen, Dempster-McClain, and Williams 1992, Janzen and Muhajarine 2003, Rozario, Morrow-Howell, and Hinterlong 2004), and longevity (Moen, Dempster-McClain, and Williams 1989, Rushing, Ritter, and Burton 1992), with one study finding that multiple roles did not significantly predict mortality in women (Martikainen 1995). However, the research supporting the beneficial impact of multiple work and family roles on health is limited by cross-sectional or short-term longitudinal data (with the exception of Moen et al.), restricted samples (often older adults and caregivers), and the exclusion of characteristics of these roles that make them more or less demanding, rewarding, or important in the individual life course.

## **Theoretical Focus**

Role theory influenced two theories concerning the effect of multiple roles on health. They invoke key components of role theory—rewards and demands—each arguing that the effects of one outweigh the other. Goode (1960), in his now classic statement of *role strain theory*, argues that multiple social roles are problematic because of conflicting and/or overwhelming duties and obligations. Multiple roles require management of time and energy,

which can lead to distress. The stress involved may be strain or overload within one role, or conflict between competing demands of different roles.

In the classic statement of *role accumulation (enhancement) theory*, Sieber (1974) argues that the benefits of social roles outweigh the negative effects of role strain and overload, so that multiple social roles provide a net positive impact on well-being. Multiple roles provide social support, privileges and resources through an extended social network.

Role strain theory predicts that occupying more social roles harms health, while role enhancement theory predicts that occupying more roles benefits health. However, the effects of work and family roles on individual health and longevity are contingent on more than mere social role occupancy. Theoretical and empirical literatures suggest that the stress process mediates the effect of social roles on health, and that roles vary in levels of rewards and demands. Further, identity theory predicts that salience and pervasiveness of roles affect distress outcomes (George 1980, George 2001). Finally, the life course perspective argues that a complete analysis of the effect of social structure on individual lives must consider stability and change over time, timing in the life course, and age, cohort, and period effects (Elder 1974, Elder, Johnson, and Crosnoe 2003). To move beyond the limitations of the existing empirical literature on the structural effects of multiple work and family roles, it is important to consider the inclusion and integration of these three major theoretical perspectives in the study of social roles and health. Most importantly, we must consider how these factors influence social role trajectories and health outcomes within the individual life course.

This study contributes to the literature on occupancy of multiple work and family roles and health by examining role trajectories and role characteristics over 15 years among adults in a

wide age range. I will answer the following questions: (1) Do trajectories of multiple work and family roles affect mortality? (2) Do role correlates affect this relationship?

## Data

I analyze data from the Americans' Changing Lives Survey. The sampling frame consists of a multi-stage stratified area probability sample of Americans age 25 and older, with an oversample of Blacks and adults age 60 and older. The initial size is 3,617 respondents. The data span 15.5 years, with face-to-face or telephone interviews at four waves: 1986, 1989, 1994, and 2001/2. More detail on the ACL sample can be found in House, Lantz, and Herd (2005). Sample attrition over the 15-year survey period was significant. At Wave II (1989), 171 respondents had died; at Wave III (1994), 526 respondents had died; and at Wave IV (2001/2), 1,034 respondents had died.

#### Measures

My independent variables consist of one work role (worker) and three family roles (parent, spouse, and caregiver). I sum these dichotomous role occupancies to create a measure of number of social roles held at each wave, ranging from zero to four (zero to three in Wave IV due to data unavailability). I then create measures of trajectories of multiple social role occupancy over the first three waves, including stable high, stable low, increasing, and decreasing. My dependent variable is year of death through 2005 via the National Death Index. Year of death informs a duration variable for survival analysis.

Role demands include an ordinal measure of how often the respondent is upset or bothered by being a spouse, parent, or worker, and how stressful providing care is. Role rewards include an ordinal measure of satisfaction with being a spouse, parent, or worker. Role salience is a dichotomous measure of whether the respondent identifies being a spouse, parent, or

worker as an important source of satisfaction in life. Role pervasiveness is a logged measure of hours spent parenting, working, or caregiving per year.

Age group, or stage in the life course, is another important factor that may affect the relationship between trajectories of work and family roles and mortality. Finally, I control for a number of factors that affect mortality: gender, race, education, logged family income, religious participation, functional impairment, and number of chronic conditions.

## Analyses

For mortality analyses, I will use the mean trajectory of social role occupancy generated by LGCA as an independent variable in survival analysis predicting time until death. I will compare these results with those using a simple static measure of social role occupancy to determine the value added by the approach in terms of effect size and explained variance. I will then include role characteristics in the analyses and examine how additive and interactive effects of these variables change the effect of multiple work and family roles on longevity.

# **Expected Findings**

In line with the role accumulation/enhancement perspective, I expect to find that stably high or increasing trajectories of work and family role occupancy will be associated with delayed mortality, while stably low or decreasing trajectories of work and family role occupancy will be associated with earlier mortality. However, I expect to find significant additive and interactive effects of role characteristics, indicating that the effect of multiple roles on mortality varies by levels of demands, rewards, salience, and time use associated with those roles.

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