

# Spousal Problems and Family-to-Work Conflict Among Employed US Adults

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Published online: 9 November 2017  
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**Abstract** Using data from the 2011 National Survey of Midlife Development in the United States Refreshed Sample ( $N=980$ ), this paper examines how three types of spousal problems—poor physical health, poor mental health, and behavioral disorders—are related to respondents’ family-to-work conflict (FWC) among employed adults aged 25–61. Results suggest that all three types of their spouses’ problems were related to respondents’ higher FWC, with their spouses’ poor mental health having the strongest association. These associations were not significant after controlling for respondents’ role overload, financial strain, and relationship strain. There were few variations by respondents’ gender and parental status in these associations. Relationship strain played the primary role as a mediator, which was stronger for men than women. These findings support the idea of stress proliferation, suggesting that one’s problems can be linked to a series of other stressors including one’s spouse’s FWC.

**Keywords** Family-to-work conflict · Relationship strain · Spouse demands · Stress process model

## Introduction

There has been a growing awareness that a sizable proportion of US adults experience what researchers call work-family conflict, individuals’ perceptions that their work and family responsibilities interfere with each other (Greenhaus and Beutell 1985; Voydanoff 2005a). Work-family conflict is two directional: work-to-family conflict (WFC) and family-to-work conflict (FWC). Most research has focused on WFC, leaving FWC less often investigated (Bianchi and Milkie 2010). Yet, many employed adults today have some kind of family responsibility that they have to balance with their paid work (Williams 2010). Prior research has found that FWC is related to poor mental health, missing work, and dropping out of the labor force (see Bellavia and Frone 2005 for a review). Thus, more research is needed to identify the various kinds of family demands that may foster FWC in order to better understand employed adults’ experiences of stressfulness in balancing work and family life.

Prior research has largely focused on childcare responsibilities as major family demands that may foster FWC (e.g., Stevens et al. 2007). Children’s specific conditions that indicate higher care demands, such as a chronic illness, disability, difficult disposition, or emotional or behavioral disorder, have been identified as sources of FWC (Lewis et al. 2000; Voydanoff 2005b). More recent studies have examined caregiving to family members with health problems or a disability as a source of FWC (Glavin and Peters 2015; Kim et al. 2013). Even though one’s spouse—in married or cohabiting unions—could have a variety of problems that may generate stressful conditions at home, little research has examined one’s spouse’s problems as a key source of one’s FWC. This is not surprising because US culture does not encourage an open dialogue about one’s spouse’s problems as a burden that influences one’s capacity to be a good

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worker (Corrigan et al. 2003; Williams 2010). It is important to recognize those who may be struggling in silence with balancing their work life with high family demands due to their spouses' problems.

Using data from the 2011 National Survey of Midlife Development in the United States (MIDUS) Refreshed Sample (the 2011 MIDUS-RS), the only data set (except for the 1995 MIDUS) that provides primary information relevant to the present analysis, we examined the association between respondents' reports of their spouses' problems and their own FWC among employed adults aged 25–61 who were married to or cohabiting with a partner. We examined three kinds of spousal problems: (a) poor physical health, (b) poor mental health, and (c) behavioral disorders, defined as disruptive behaviors that cause problems at work, at home and in social situations (US Department of Health and Human Services 2016). Guided by the concept of stress proliferation in the stress process model (Pearlin and Bierman 2013), we expected that their spouses' problems were related to respondents' higher FWC through proliferation of other stressors, especially strain-based stressors such as the respondents' role overload, financial strain, and relationship strain. Because individuals' vulnerability to the same stressor may vary by their social locations, we examined how the respondents' gender and parental status may moderate the association between their spouses' problems and their own FWC.

## Determinants of FWC

The concept of FWC is rooted in role theory (Bellavia and Frone 2005). It defines FWC as a form of inter-role conflict, which involves the extent to which individuals feel that it is difficult to meet expectations in their work role because their family demands and obligations negatively influence their attitudes, energies, and capacities on the job (Greenhaus and Beutell 1985). Identifying the specific family demands or stressors is needed to understand determinants of FWC (Voydanoff 2005a). Following role theory's emphasis on the importance of social roles as a source of stress, researchers have identified types of demands within specific roles, such as child demands, spouse demands, kin demands, and household demands (Voydanoff 2005a, b). Ecological and sociological perspectives, which emphasize that social roles are embedded in structural contexts of the household or the larger society, identify sources of FWC beyond specific roles, such as low household income (e.g., Grzywacz and Marks 2000; Schieman and Young 2011). In any of these theoretical approaches, researchers typically consider two types of demands. The first type is structural, time-based, or task-based demands, which focus on the amount of time or tasks, or the degree of involvement required for individuals

to fulfill certain family responsibilities. To measure these types of demands, some researchers have used the amount of time spent on child care or household chores; other researchers have used other indicators as a proxy, such as the number or age of children, children's illness, children's difficult temperament, children's emotional or behavioral disorders, or whether respondents had any caregiving responsibilities to family members (Hyde et al. 2004; Nomaguchi 2012; Stevens et al. 2007; VandenHeuvel 1997; Voydanoff 2005a, b). The second type is psychological, strain-based demands, which consist of perceptions of demands, such as feelings of being overloaded, perceived harsh treatments or low support from one's spouse, or financial strain (Grzywacz and Marks 2000; Schieman and Young 2011; Seery et al. 2008; Voydanoff 2005b).

## Spousal Problems as Family Demands Influencing Respondent's FWC

In this paper, we sought to expand understanding of spouse demands by examining three kinds of respondents' spouses' problems as a potentially important source of the respondents' FWC. First, we considered one's *spouse's poor physical health*. Past research has examined caregiving to one's spouse for a serious illness or disability as a stressor that relates to FWC (Marks 1998; Pearlin et al. 1997). Focusing on those who were living in the San Francisco Bay Area and Los Angeles County, Pearlin et al. (1997) found that caregiving for a partner who had AIDS was related to higher FWC, although the authors called it work strain. Using data from the 1992–1993 Wisconsin Longitudinal Study (WLS), when respondents were 52–53 years old, Marks (1998) found that providing care to their spouse for health problems was positively related to respondents' FWC. We extended these prior studies by using a broader definition of physical health problems than caregiving demands and a national sample of working-age US adults.

Second, we examined two other types of one's spouse's problems that have been rarely examined in the FWC literature: one's *spouse's poor mental health* and *behavioral disorders*. The term behavioral disorder is most commonly used to refer to children's or adolescents' disruptive behaviors that cause problems in school, at home, and in social situations which may manifest as inattention, hyperactivity, impulsivity, substance use, and criminal activity (US Department of Health and Human Services 2016). Although often neglected, these problems may continue into adulthood (US Public Health Service 2000). Although there has been an increase in awareness of poor mental health and behavioral disorders as medical issues, stigma against these conditions remains (Corrigan et al. 2003). When one spouse has a mental illness or behavioral disorder, it may be hard on the

other spouse who is often a sole supporter of the ill spouse while managing paid work and household responsibilities.

To understand the link between their spouses' problems and the respondents' FWC, we used a concept of *stress proliferation* from the *stress process model*. The stress process model is a dominant framework in sociological research on stress (Pearlin and Bierman 2013). Work-family research has begun to use this model to understand determinants and consequences of FWC (e.g., Glavin and Peters 2015; Schieman and Young 2011). Stress proliferation refers to the expansion of stressors within and beyond a situation where the stressfulness initially originated from (Pearlin et al. 1997). The underlying idea is that ongoing difficulties in life do not exist in an isolated manner. A stressful experience tends to produce more challenges in people's lives, creating a chain of stressors by spilling over into other domains of life (LeBlanc et al. 2015). Past research has found that stressfulness of caregiving tasks can proliferate into difficulties in the workplace (Glavin and Peters 2015; Pearlin et al. 1997). In this paper, we consider that one's spouse's problem may generate several stressful circumstances at home, which, in turn, relates to his or her experience of higher FWC. We discuss these processes in the following section.

One spouse's problems may increase the other spouse's paid work and household responsibilities. Health problems and behavioral disorders can undermine one's ability to work for pay. Prior research has found that physical health problems (Pelkowski and Berger 2004), mental illness (Ettner et al. 1997), excessive alcohol use (Berger and Leigh 1988), and illegal drug use (DeSimone 2002) were negatively related to paid work hours. In addition, poor health and behavioral disorders can hinder one's capacity to do household chores (Bair et al. 2008; Finney et al. 1991). When one spouse has a health problem or behavioral disorder, the other spouse may need to work longer hours to compensate for the lost income (O'Hara 2004; Siegel 2006) and also may need to pick up the slack in the household chores. Not everyone in this situation can increase his or her work hours, however. One spouse's cutting paid work hours may mean unexpected reduction in his or her household income (Pelkowski and Berger 2004). Prior research has shown that mental illness is related to lower earnings (Ettner et al. 1997). Heavy drinking (Barrett 2002), illegal drug use (DeSimone 2002), and incarceration history (Schwartz-Soicher et al. 2011) have a negative association with earnings. Thus, employed adults whose spouse has problems may be more likely than those whose spouse does not have problems to experience lower household economic conditions and shoulder the breadwinning responsibility.

Empirical findings have been inconsistent as to how a respondent's and his or her spouse's time spent on paid work and household chores are related to the respondent's FWC. Some studies have found that paid work hours were

positively related to FWC (Grzywacz et al. 2002; Voydanoff 2005c; Young and Schieman 2012), whereas other studies did not find the association (Dilworth 2004; Mennino et al. 2005; Nomaguchi 2012). Young and Schieman (2012) found that their spouses' paid work hours were negatively related to the respondents' FWC, although Dilworth (2004) found there was no significant association. Past research has found that there is no association between hours spent on housework and FWC (Dilworth 2004; Stevens et al. 2007). How household income is related to FWC is unclear, too. Some studies found that low income or earnings were positively related to FWC (Nomaguchi 2012; Voydanoff 2007), whereas other studies found no association (Grzywacz and Marks 2000; Grzywacz et al. 2002; Mennino et al. 2005; Schieman and Young 2011). Little research has examined how respondents' contribution to the household income relative to their spouses' is related to the respondents' FWC.

The weak associations between time allocation or household income and FWC are not surprising. Stress researchers have noted that the actual amount of paid work or household chores is not always a direct indicator of a stressor (Pearlin and Bierman 2013; Schieman and Young 2011). Rather, as Pearlin et al. (1997) noted, the intensity of a stressor tends to be better measured by asking individuals how they *feel* about what they do rather than asking them how many hours they spend on it. Past empirical research has suggested support for this argument. Voydanoff (2005c) found that strain-based demands were stronger predictors of FWC than time- or task-based demands. Similarly, Schieman and Young (2011) found that perceptions of economic conditions were a stronger predictor of FWC than household income. Following these arguments and prior findings, we focus on three measures of strain-based stressors as mediators of the link between respondents' spouses' problems and FWC: role overload, financial strain, and relationship strain.

*Role overload* involves the extent to which individuals feel as if demands on energy and stamina exceed their capacity (Pearlin and Bierman 2013). Their spouses' poor physical health, poor mental health, and behavioral disorders may increase the respondents' role overload, as past evidence suggests that increases in paid work or housework hours may lead to perceived role overload (Hecht 2001; Shultz et al. 2010). In their study of AIDS caregivers, Pearlin et al. (1997) found that increases in caregiving demands were related to more role overload. Pearlin et al. found no association between increases in role overload and increases in FWC. In contrast, using data from the 1995 MIDUS, Voydanoff (2005b) found that role overload, although she called it household demands, was a strong predictor of FWC.

*Financial strain*, also called economic hardship, is generally defined as individuals' perceptions of the difficulties in paying bills and acquiring basic necessities (Schieman and Young 2011). This concept involves the extent to which

individuals feel as if their household economic conditions did not achieve their expected level. Because health care is very expensive in US, adults whose family members have health problems often worry about their economic situation (McCarthy 2016). As medical expenses increase unexpectedly, financial burdens can place a major strain upon families (Amir et al. 2012). In addition, addicted spouses may spend a substantial amount of money on alcohol or drugs that couples cannot afford (Orford et al. 2010). Thus we expected that all three types of spouses' problems—physical illness, mental illness, and behavioral disorders—would be related to respondents' higher financial strain. Prior research has found that financial strain is positively related to FWC (Schieman and Young 2011).

Finally, we consider *relationship strain*. The literature of marital relationships has suggested that a spouse's illnesses can have negative associations with relationship quality (Yorgason et al. 2008). The ill spouse's lack of participation in household chores may foster the other spouse's feelings of unfairness or dissatisfaction, which is positively related to the other spouse's FWC (Stevens et al. 2007). Yet some studies, which focused on cancer patients and their spouses, found little effect of one spouse's illness on the other spouse's perception of relationship quality (Kuijjer et al. 2001). Other research has shown that substance abuse (Cranford et al. 2011; Zavala and Spohn 2010), mental health issues (Whisman et al. 2004), or problems with the law (Turney 2015) were related to poor relationship quality measured as relationship satisfaction, supportiveness, and physical or emotional abuse. Prior research has shown that relationship strain is positively related to FWC (Grzywacz and Marks 2000; Voydanoff 2005b).

### Variations by Gender and Parental Status

The stress process model contends that an individual's vulnerability to the same level of stressor may vary depending on his or her location in stratified social statuses (Pearlin and Bierman 2013). We consider two distinct social statuses that might moderate the association between their spouses' problems and respondents' FWC: the respondents' gender and parental status. Caregiving is considered "women's work" in the US and men were less likely than women to expect to take on caregiving roles (Williams 2010). Having a spouse who needs care or cannot perform household tasks may be more likely to be perceived as burdensome by men than women and thus may create more stress for men than women (Zarit et al. 1986). Consistent with this view, Yorgason et al. (2008) found that a wife's disability was related to her husband's perception of lower marital quality, whereas a husband's disability was not related to his wife's perception of marital quality. Similarly, Marks (1998) found that the link between caregiving to a spouse and FWC was greater for

men than women. In contrast, among spouse caregivers in the 2004 National Long-Term Care Survey, Lin et al. (2012) found that wives were more likely than husbands to report negative experiences of caregiving. With regard to variation by parental status, the association between their spouses' problems and respondents' FWC may be greater for those with children, especially younger ones. Children may require adults to make additional efforts to adjust to their spouses' problems, including explaining their spouses' problems to their children (Semple and McCance 2010). Lastly, the relationship between their spouses' problems and respondents' FWC may be stronger for fathers with young children than mothers or adults without children living in the household, because of unexpected double-burdens of care for both their spouse and children.

The stress process model also suggests that the degree to which proliferation of stressors may occur would vary by social locations, including gender and parental status (Pearlin and Bierman 2013). Because little prior research has examined one's spouse's problems as predictors of one's FWC, it is difficult to make specific predictions. Still, we explored whether the primary mediation factors differed by gender and parental status.

### The Present Study

On the basis of the foregoing discussion, we stated the following six hypotheses:

**Hypothesis 1** Respondents' reports of their spouses' problems are positively related to their own FWC.

**Hypothesis 2** The association between their spouses' problems and respondents' FWC is mediated modestly by structural, time- or task-based demands, such as the respondents' and their spouses' time allocation, household income, and share of the breadwinning responsibility.

**Hypothesis 3** The association between their spouses' problems and respondents' FWC is mediated by strain-based demands including role overload, financial strain, and relationship strain.

**Hypothesis 4** The association between their spouses' problems and respondents' FWC is greater for men than women.

**Hypothesis 5** The relationship between their spouses' problems and respondents' FWC is greater for parents with young children compared to those without children.

**Hypothesis 6** The relationship between their spouses' problems and respondents' FWC is greater for fathers with young children compared to mothers or men and women without young children.

All multivariate analyses controlled for respondents' characteristics that may be related to both their spouses' problems and the respondents' FWC. Prior research has found that older age is positively related to poor physical health (Conn 2011), but negatively related to FWC (Hill et al. 2014). Researchers have also found racial-ethnic differences in prevalence of health problems and behavioral disorders (Caetano et al. 2012; Williams and Sternthal 2010) as well as levels of FWC (Grzywacz and Marks 2000). Prior work has found that cohabiting adults are more likely than married adults to have health problems and behavioral disorders (Brown et al. 2005), but are less likely to report FWC (McGinnity and Whelan 2009). Researchers also have found that education is negatively related to poor physical health (Ross and Wu 1995), but positively related to FWC (Minnotte et al. 2015). As past work suggested, respondents whose spouse has problems may have poor physical or mental health themselves (Evangelista et al. 2002; Marks 1998) and respondents with poor mental health may evaluate both their spouse's health and their FWC negatively. Thus, we controlled for respondents' physical and mental health. The MIDUS did not have information about respondents' behavioral disorders.

Because we used cross-sectional data, we did not aim to address causal directions of these associations. Although we controlled for respondents' mental health to reduce the possibility that their poor mental health might have influenced their perceptions of their spouses' problems or their own FWC, the causal order might have been the opposite from what we discussed. For example, some research has suggested that financial strain and relationship strain could lead to poor mental health and behavioral disorders (e.g., Fairbairn and Testa 2017; Gudmunson et al. 2007; Mavandadi et al. 2014). We discuss these limitations in the "Discussion" section.

## Method

### Data

Data for the present analyses were drawn from the 2011 MIDUS-RS. The MIDUS, a longitudinal study of a nationally representative sample of non-institutionalized English-speaking adults aged 25 to 74 residing within the contiguous US, was conducted by the MacArthur Foundation Research Network on Successful Midlife Development (Ryff et al. 2016). The first, second, and third waves were collected in

1995–1996, 2002–2006, and 2011–2014 respectively. In the third wave, in addition to a follow-up to the 1995–1996 study (the 1995 MIDUS), a "refreshed" sample (the 2011 MIDUS-RS) of US adults with matching criteria to the 1995 MIDUS was collected. In the 2011 MIDUS-RS, respondents were first interviewed through either landline or mobile phone interviews and later were sent a self-administered questionnaire (SAQ) to complete. The 2011 MIDUS-RS was the best dataset with a nationally representative sample of US adults that provided information about a wide range of respondents' spouses' problems and question items that could be used to construct a FWC scale for respondents. Although the first two waves of MIDUS had similar information about spousal problems and FWC, we were unable to use the longitudinal data of the 1995 MIDUS for a few reasons. First, the interval between the first and the second waves was approximately nine years, which is too long to examine the associations between spousal problems in the first wave and respondents' FWC in the second wave. Second, a substantial proportion of respondents in the analytical sample in the first wave were not in the second wave due to retirement or unemployment (24.7%) or relationship dissolution (17.3%).

For this paper, of the 3343 respondents in the 2011 MIDUS-RS, we first selected 2476 respondents who were married to or cohabiting with a partner. Next, following prior research (Grzywacz and Marks 2000), we included those under the age of 62 only ( $n = 1825$ ). Then we selected those who were working for pay ( $n = 1434$ ). Lastly, we restricted the sample to those who answered the SAQ, which resulted in the final sample of  $N = 980$ . Using Heckman's (1979) method, we evaluated possible bias from selecting respondents with a completed SAQ. Those included in our analytical sample were more likely to be older and have higher levels of education, and were less likely to be Hispanic. We then estimated the probability of being selected into the analytical sample ( $\lambda$ ) and included it in our regression models. We found that  $\lambda$  had no significant effects in our models nor did it alter any patterns of findings discussed below, which suggests that our results were not biased by our sample restriction.

## Measures

### Dependent Variable

Respondents' FWC was measured as the mean of four-items. Respondents were asked how often they experienced the following in the past year: (a) "responsibilities at home reduce the effort you can devote to your job, (b) personal or family worries and problems distract you when you are at work, (c) activities and chores at home prevent you from getting the amount of sleep you need to do your job well, and (d) stress

at home makes you irritable at work (1 = *never*, 2 = *rarely*, 3 = *sometimes*, 4 = *most of the time*, and 5 = *all of the time*)." This scale has been used by other studies (Grzywacz and Marks 2000; Voydanoff 2005a). Internal consistency measured by Cronbach's alpha was  $\alpha = 0.76$ , which was within the conventional standards of reliability (Tavakol and Dennick 2011).

### Independent Variables

Three types of spousal problems were examined. Respondents' spouses' *poor physical health* was measured by the question, "In general, would you say your spouse's physical health is 1 = *excellent*, 2 = *very good*, 3 = *good*, 4 = *fair*, or 5 = *poor*?" Similarly, respondents' spouses' *poor mental health* was measured by the question, "Would you say your spouse's mental or emotional health is 1 = *excellent*, 2 = *very good*, 3 = *good*, 4 = *fair*, or 5 = *poor*?" Respondents' spouses' *behavioral disorders* were measured as a sum of six dichotomous variables which indicated whether a certain type of problem had happened to their spouse or partner in the previous 12 months (0 = *no*, and 1 = *yes*), including: (a) alcohol or substance problems, (b) financial problems (e.g., heavy debts), (c) problems at school or at work (e.g., failing grades, poor job performance), (d) difficulty finding or keeping a job, (e) legal problems (e.g., involved in law suits, police charges, traffic violations), and (f) difficulty getting along with others ( $\alpha = 0.53$ ) (range = 0–6). The alpha level was below the conventional standard level of reliability (between 0.70 and 0.90), thus we were cautious when interpreting findings for behavioral disorders. Still, these question items provided a rare opportunity of examining the association between one's spouse's behavioral disorders and his or her FWC with a nationally representative sample.

### Mediating Variables

Four indicators of time-based demands were included. *Respondent's weekly work hours* was measured as the number of hours of paid work at the respondent's main job and any other jobs in a typical week. *Respondent's weekly housework hours* was measured as the number of hours spent on household chores in a typical week. *Spouse's weekly work hours* was measured as spouse's hours of paid work at their main job and any other jobs in an average week. *Spouse's weekly housework hours* was measured as typical hours spent on household chores. For respondents' and their spouses' work hours and housework, extreme cases were recoded into the 95th percentile by gender (Bianchi et al. 2000). In addition, household economic conditions and the respondent's breadwinning responsibilities were included. *Household income* was measured using the total annual income of all those residing within the household in the previous year.

*Respondent's share of household income* was measured as respondents' income relative to their spouses' income earned over the past 12 months. As in Britt and Huston (2012), values were separated into three distinct categories including (a) < 40%, (b) 40–60%, and (c) > 60%.

Our primary mediating measures were four strain-based stressors that respondents reported. *Role overload* was measured as the mean of the four items ( $\alpha = 0.69$ ) which asked respondents, "How often has each of the following occurred at home in the past year? (a) you have too many demands made on you, (b) you control the amount of time you spend on tasks (reverse coded), (c) you have enough time to get everything done (reverse coded), or (d) you have a lot of interruptions (1 = *never*, 2 = *rarely*, 3 = *sometimes*, 4 = *most of the time*, and 5 = *all of the time*)." *Financial strain* was measured using the following question: "How difficult is it for you (and your family) to pay your monthly bills (1 = *not at all difficult*, 2 = *not very difficult*, 3 = *somewhat difficult*, and 4 = *very difficult*)?" *Relationship strain* was measured by two indicators. *Perceived relationship strain* was measured as the mean of four questions ( $\alpha = 0.81$ ). Respondents were asked how often their spouse (a) makes too many demands on them, (b) criticizes them, (c) lets them down when they were counting on him/her, and (d) gets on their nerves in the past year (1 = *not at all*, 2 = *a little*, 3 = *some*, and 4 = *and a lot*). *Perceived housework unfairness* was measured by the question: "How fair do you think your arrangement of household chores is to you (1 = *very fair*, 2 = *somewhat fair*, 3 = *somewhat unfair*, and 4 = *very unfair*)?"

### Moderating Variables

The respondent's *gender* was measured as a dichotomous variable (0 = men, 1 = women). *Parental status* was measured by four dummy variables indicating the age of youngest child living in the household including (a) no child (reference), (b) child under age 6, (c) child aged 6 to 17, and (d) child aged 18 or above.

### Control Variables

*Respondent's age* was measured in years. *Race and ethnicity* was measured as four dichotomous variables including White (reference), Black, Hispanic, and Other race. *Union status* was measured as a dichotomous variable (1 = *cohabiting*, and 0 = *married*) and was labeled as *cohabitation* in analyses. We included *the number of children in the household* as a control because it was related to the age of youngest child living in the household. *Education* was measured as an ordered variable (1 = *no school or some grade school*, 2 = *eighth grade or junior high school*, 3 = *some high school, no diploma or GED*, 4 = *GED*, 5 = *graduated from high school*, 6 = *1–2 years of college, no degree yet*, 7 = 3

or more years of college, no degree yet, 8 = graduated from 2-year college or vocational school, or associates degree, 9 = graduated from a 4- or 5-year college, or bachelor's degree, 10 = some graduate school, 11 = Master's degree, and 12 = Ph.D., Ed.D., M.D., D.D.S, L.L.B., L.L.D, J.D. or other professional degree). Respondent's poor physical health was measured by the question, "In general, would you say your physical health is 1 = excellent, 2 = very good, 3 = good, 4 = fair, or 5 = poor?" Similarly, respondent's poor mental health was measured by the question, "Would you say your mental or emotional health is 1 = excellent, 2 = very good, 3 = good, 4 = fair, or 5 = poor?"

### Analytic Approach

We first examined bivariate associations between their spouses' problems and respondents' FWC as well as mediator variables, using ordinary least squares (OLS) regression models or, for respondents' share of household income only, a multinomial logistic (ML) regression model. Then we conducted multivariate analyses using OLS to examine whether the problem of one's spouse were related to one's own FWC controlling for other variables. We also explored ordered logistic regression models and found very similar patterns of results (not shown). We presented results using OLS regressions. DeMaris (2004) suggests OLS models over ordered logistic regressions when dependent variables have five or more categories. Many prior studies used OLS regression models (e.g., Glavin and Peters 2015; Grzywacz and Marks 2000; Marks 1998; Pearlin et al. 1997). We presented six models for each spousal problem. Model 1 examined the association between their spouses' problems and respondents' FWC with controls. Model 2 added time allocation variables, household income, and respondents' share of household income. Model 3 added strain-based stressors, which were role overload, financial strain, and relationship strain, to Model 2 to examine whether these factors mediate the association between their spouses' problems and the respondents' FWC net of time respondents and their spouse spent on paid work and housework as well as household income and respondents' relative contribution to household income. To examine variation by gender, Model 4 included interactions between respondents' gender and their spouses' problems on respondents' FWC. To examine variations by parental status, Model 5 included interaction terms between respondents' parental status and their spouses' problems. Model 6 added a three-way interaction term among respondents' gender, their parental status, and their spouses' problems.

The mediation effect was examined using Sobel tests (MacKinnon et al. 2002). Sobel tests evaluate the effects of a mediating variable (MV) on the relationship between the independent variable (IV) and the dependent variable (DV).

First, there must be significant associations between the IV and the DV, between the IV and the MV, and between the MV and the DV. Then, the effect of a mediating variable is  $\tau - \tau'$  divided by  $\tau$ , where  $\tau$  is the IV coefficient in the relationship between the IV and the DV and  $\tau'$  is the IV coefficient in the relationship between the IV and the DV controlling for the effect of the MV. If the IV coefficient  $\tau'$  in the model including the MV did not differ significantly from zero, the association between the IV and DV is completely mediated by the MV. As MacKinnon et al. (2002) showed,  $\tau - \tau'$  is analogous to  $\alpha\beta$ , where  $\alpha$  represents the IV coefficient in the relationship between the IV and the MV,  $\beta$  represents the IV coefficient in the relationship between the MV and the DV. The Sobel test statistic ( $z$ ) is calculated as  $\alpha\beta$  divided by  $\sqrt{\alpha^2\sigma_\beta^2 + \beta^2\sigma_\alpha^2}$  where  $\sigma_\beta^2$  represents variance of  $\beta$  and  $\sigma_\alpha^2$  represents variance of  $\alpha$ . By comparing the Sobel test statistics, we examined whether a specific MV in the present analysis would appear to play a key role in mediating the link between the IV (respondents' spouses' problems) and the DV (respondents' FWC).

Some variables had a small percentage of missing cases. Missing data were handled using multivariate imputation by chained equations (MICE), using the *Stata* command *ice* (Royston 2006). MICE estimates missing data conditionally upon information from DV and IV (White et al. 2011). Estimations of missing data are distribution-specific (e.g., ordinal variables were modeled using logistic regression equations) and are constrained within the original values. Following Harel (2009), we calculated  $R^2$  by transforming the  $R^2$  values from each of the five imputed data sets into standard ( $z$ ) scores, averaging these five  $z$ -scores, and transforming the averaged  $z$ -score into a  $R^2$  value. All analyses used the weight variable provided by the 2011 MIDUS-RS to adjust for the sampling design and probability of selection into the 2011 MIDUS-RS including education, age, and race.

### Results

Descriptive statistics for all variables were presented in Table 1. The mean age was 44.05 years old. A majority of respondents (84.2%) had children living in the household. About 8% were cohabiting. A majority were non-Hispanic White (85.7%). The mean education level was "some college." The mean score for FWC was 2.23 (ranging 1–5). The mean spouse's poor physical health score was 2.36 (ranging 1–5) and the mean spouse's poor mental health score was 2.21 (ranging 1–5), whereas the mean spouse's behavioral disorder score was 0.43 (ranging 0–6). About one in seven respondents (14.2%) reported their spouse having fair or poor physical health, one in nine (11.7%) reported their

**Table 1** Weighted descriptive statistics of variables ( $N=980$ )

	Mean or proportion	SD	Range	$\alpha$
Respondent's family-to-work conflict (FWC)	2.225	0.715	1–5	0.760
Spouse's problems				
Poor physical health	2.355	1.177	1–5	
Poor mental health	2.208	1.170	1–5	
Behavioral disorders	0.430	0.973	0–6	0.529
Mediator variables				
Time allocation				
Respondent's weekly paid work hours	41.063	13.798	0–65	
Respondent's weekly housework hours	10.510	7.546	0–30	
Spouse's weekly paid work hours	32.466	22.546	0–70	
Spouse's weekly housework hours	11.140	10.745	0–40	
Household income (in thousands)	106.826	69.082	0–300	
Respondent's income contribution				
< 40%	0.273		0–1	
40–60%	0.302		0–1	
> 60%	0.425		0–1	
Strain-based stressors				
Respondent's role overload	2.741	0.780	1–5	0.680
Respondent's financial strain	2.156	1.015	1–4	
Respondent's relationship strain	2.115	0.762	1–4	0.800
Respondent's sense of unfairness in housework	1.699	0.937	1–4	
Moderator variables				
Respondent's gender (1 = women)	0.443	0.559	0–1	
Age of the youngest child in the household				
No child	0.158		0–1	
Ages 0–5	0.233		0–1	
Ages 6–17	0.305		0–1	
Age 18 or older	0.304		0–1	
Control variables				
Respondent's age	44.046	11.127	25–61	
Number of children in household	0.056	1.616	0–9	
Marital status (1 = cohabitation)	0.078	0.312	0–1	
Respondent's race/ethnicity				
Non-Hispanic White	0.857		0–1	
Non-Hispanic Black	0.054		0–1	
Hispanic	0.042		0–1	
Non-Hispanic Other	0.047		0–1	
Respondent's education	7.675	2.984	1–12	
Respondent's poor physical health	2.218	1.067	1–5	
Respondent's poor mental health	2.134	1.040	1–5	

spouse having fair or poor mental health (not shown), and over a quarter (27.5%) reported their spouse having at least one type of behavioral disorders (not shown).

Table 2 presents OLS or ML regression coefficients for the associations between respondents' spouses' problems and potential mediator variables as well as respondents' FWC without including control or other mediating variables. All types of respondents' spouses' problems were negatively related to spouses' hours spent on paid work and household

income. Apart from spouse's behavioral disorders and their housework, respondents' spouses' problems were not related to other time-based stressors. Respondents whose spouse had poor mental health were less likely to depend on their spouses' contribution to household income. All three types of respondents' spouses' problems were related to higher levels of all four strain-based stressors that respondents experienced—role overload, financial strain, relationship strain, and unfairness in division of labor—except that their



**Table 2** Ordinary-least-squares (OLS) or multinomial regressions models for the bivariate association between spousal problems, potential mediating variables, and respondents’ FWC

	Time-based stressors							
	Respondent’s work hours		Respondent’s housework		Spouse’s work hours		Spouse’s housework	
	b	SE	b	SE	b	SE	b	SE
Spouse’s poor physical health	−0.097	0.483	0.459	0.255	−2.555	0.794***	−0.630	0.366
Spouse’s poor mental health	0.397	0.492	0.329	0.271	−2.722	0.717***	−0.373	0.364
Spouse’s behavioral disorders	−1.042	0.587	0.400	0.302	−3.647	0.937***	−0.919	0.393*
	Household economic conditions							
	Household income				Respondent’s share of household income <sup>a</sup>			
	(Reference: 40–60%)							
	> 40%				< 60%			
	b	SE	b	SE	b	SE	b	SE
Spouse’s poor physical health	−9.155	2.164***	−0.007	0.103	0.164	0.097		
Spouse’s poor mental health	−9.455	2.232***	−0.324	0.109**	0.098	0.106		
Spouse’s behavioral disorders	−17.155	2.262***	−0.116	0.139	0.018	0.132		
	Strain-based stressors							
	Role overload		Financial strain		Relationship strain		Housework unfair	
	b	SE	b	SE	b	SE	b	SE
	Spouse’s poor physical health	0.093	0.025***	0.209	0.033***	0.193	0.027***	0.092
Spouse’s poor mental health	0.195	0.026***	0.219	0.033***	0.320	0.024***	0.164	0.032***
Spouse’s behavioral disorders	0.158	0.030***	0.452	0.037***	0.290	0.033***	0.083	0.043
	Respondent’s FWC							
	b	SE						
	Spouse’s poor physical health	0.099	0.023***					
Spouse’s poor mental health	0.161	0.024***						
Spouse’s behavioral disorders	0.129	0.027***						

\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$

<sup>a</sup>Multinomial regression models were used for respondents’ share of household income. For other variables, OLS regression models were used

spouses’ behavioral disorders were not related to respondents’ perceptions of unfairness in division of labor.

All three types of respondents’ spouses’ problems were related to higher levels of respondents’ FWC at the bivariate level. The effect size of their spouses’ poor physical health on respondents’ FWC was 0.14 (i.e., 0.099/0.715), small but not negligible according to Cohen (1988). This means that, on average, each unit increase in respondents’ spouses’ poor physical health was related to an increase in respondents’ FWC by 0.14 standard deviations. For respondents’ spouses’ mental health, the effect size was medium (0.23). On average, each unit increase in their spouses’ poor mental health was related to an increase in respondents’ FWC by 0.23 standard deviations. Finally, the effect size for respondents’ spouses’ behavioral disorders was small to medium in size (0.18). Thus, each unit increase in their spouses’ behavioral

disorders, on average, was related to an increase in respondents’ FWC by 0.18 standard deviations.

**Spouse’s Physical Health and Respondent’s FWC**

Turning to multivariate analyses, first we examined the association between their spouses’ poor physical health and respondents’ FWC (Table 3). Respondents’ spouses’ poor physical health was positively associated with their own FWC, after including control variables in the model (Model 1). Including respondents’ and their spouses’ hours spent in paid work and housework, household income, and respondents’ share of household income in the model (Model 2) added very little to the reduction of the coefficient for spouses’ poor physical health (about 15% altogether). When strain-based stressors were controlled for in Model

**Table 3** OLS regression models predicting the association between spouse's physical health problems and family-to-work conflict (N = 980)

	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6	
	b	SE	b	SE	b	SE	b	SE	b	SE	b	SE
Spouse's poor physical health	0.083	0.024***	0.071	0.023**	0.023	0.022	0.029	0.028	0.029	0.048	0.107	0.068
× women <sup>a</sup>							-0.014	0.038			-0.140	0.091
× parenthood <sup>a</sup>												
Children 0–5									0.043	0.063	-0.058	0.088
Children 6–17									-0.023	0.057	-0.071	0.081
Adult children									-0.023	0.056	-0.125	0.077
× women × parenthood <sup>a</sup>												
Children 0–5											0.222	0.132
Children 6–17											0.074	0.109
Adult children											0.188	0.108
Time allocation												
R weekly paid work hours	0.004	0.002	0.004	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.002
R weekly housework hours	0.012	0.004**	0.012	0.004**	0.005	0.004	0.005	0.004	0.005	0.004	0.005	0.004
S weekly paid work hours	0.000	0.001	0.000	0.001	-0.000	0.001	0.000	0.001	0.000	0.001	0.000	0.001
S weekly housework hours	-0.002	0.003	-0.002	0.003	0.000	0.003	0.000	0.003	0.000	0.003	0.000	0.003
Household economic conditions												
Household income	0.000	0.000	0.000	0.000	0.001	0.000	0.001	0.000	0.001	0.000	0.000	0.000
R share of income <sup>a</sup>												
< 40%	-0.042	0.064	-0.042	0.064	-0.034	0.055	-0.035	0.055	-0.033	0.055	-0.035	0.055
> 60%	0.112	0.060	0.112	0.060	0.087	0.055	0.087	0.055	0.086	0.055	0.088	0.055
Strain-based stressors												
Role overload					0.316	0.038***	0.316	0.038***	0.316	0.038***	0.320	0.038***
Financial strain					0.027	0.026	0.027	0.026	0.028	0.026	0.029	0.026
Relationship strain												
Perceived relationship strain					0.122	0.041**	0.122	0.041**	0.120	0.042**	0.118	0.041**
Housework unfairness					0.035	0.027	0.036	0.027	0.037	0.027	0.030	0.027
Control variables												
Women <sup>a</sup>	0.057	0.041	0.104	0.055	0.055	0.052	0.088	0.102	0.057	0.051	0.308	0.262
× parenthood <sup>a</sup>												
Children 0–5											-0.445	0.343
Children 6–17											-0.160	0.309
Adult children											-0.269	0.307
Parental status <sup>a</sup>												
Children 0–5	0.219	0.090*	0.208	0.089*	0.119	0.081	0.120	0.081	0.023	0.166	0.239	0.235
Children 6–17	0.033	0.086	0.024	0.084	0.005	0.077	0.005	0.077	0.055	0.158	0.176	0.223
Adult children	-0.107	0.089	-0.118	0.089	-0.010	0.084	-0.010	0.084	0.044	0.172	0.215	0.233

**Table 3** (continued)

	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6	
	b	SE	b	SE	b	SE	b	SE	b	SE	b	SE
Number of children in HH	0.052	0.020**	0.047	0.020*	0.024	0.020	0.024	0.020	0.025	0.020	0.020	0.020
Age	-0.001	0.003	-0.001	0.003	-0.001	0.003	-0.001	0.003	-0.001	0.003	-0.001	0.003
Cohabitation <sup>a</sup>	0.017	0.098	0.039	0.094	0.036	0.082	0.037	0.082	0.031	0.081	0.038	0.080
Race/ethnicity <sup>a</sup>												
Non-Hispanic Black	-0.258	0.094**	-0.244	0.086**	-0.174	0.092	-0.175	0.093	-0.169	0.093	-0.177	0.093
Hispanic	-0.131	0.112	-0.141	0.114	-0.016	0.103	-0.017	0.103	-0.014	0.103	-0.024	0.103
Non-Hispanic other	-0.136	0.073	-0.114	0.072	-0.109	0.067	-0.110	0.067	-0.106	0.066	-0.100	0.068
Education	0.021	0.010*	0.013	0.010	0.008	0.010	0.008	0.010	0.008	0.010	0.010	0.010
Physical health problems	0.031	0.028	0.034	0.028	0.022	0.026	0.022	0.026	0.021	0.026	0.018	0.025
Emotional health problems	0.111	0.029***	0.114	0.029***	0.061	0.029*	0.061	0.029*	0.061	0.029*	0.063	0.029*
Intercept	1.492	0.195***	1.209	0.241***	0.418	0.235	0.400	0.237	0.407	0.254	0.258	0.281
R <sup>2</sup>	0.138***		0.161***		0.300***		0.300***		0.302***		0.310***	

R respondents, S spouses, and HH household

Data are weighted

\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$

<sup>a</sup>Omitted reference categories include: 40–60%, men, no children, spouse's poor physical health × no children, spouse's poor physical health × women × no children, marriage, and Non-Hispanic White

3, the coefficient for the effects of spouses' poor physical health on respondents' FWC was reduced by 73% from the first model. Role overload and relationship strain were both positively related to FWC. Supplemental analyses (not shown) suggested that financial strain was related to higher FWC when the model did not control for relationship strain. Sobel tests showed that, in Model 3, the link between their spouses' poor physical health and respondents' FWC was largely mediated by relationship strain (34.5%;  $z = 2.39$ ,  $p < 0.05$ ). Role overload and financial strain failed to meet the conditions for mediation. Supplemental analyses (not shown) suggested that role overload and financial strain met the conditions for mediation when relationship strain was not in the model. Models 4–6 evaluated the interaction between respondents' gender and their spouses' physical health, the interaction between respondents' parental status and their spouses' physical health, and the three-way interaction among respondents' gender, their parental status, and their spouses' physical health respectively. These interactions were not significant. We also examined whether the mediation factor differed by gender and parental status by conducting Sobel tests for men and women separately as well as for the four groups of parental status separately (data not shown). We found that the mediating role of relationship strain was significant for men (37.5%;  $z = 2.10$ ,  $p < 0.05$ ) but not for women ( $z = 1.36$ ,  $p > 0.05$ ), largely because the link between relationship strain and FWC was significant for men but not for women. There were no significant differences in the role of relationship strain as a mediator by parental status.

### Spouse's Mental Health and Respondents' FWC

Next, the relationship between their spouses' poor mental health and respondents' FWC was assessed (Table 4). With control variables, respondents' spouses' poor mental health was significantly associated with their own FWC (Model 1). Adding respondents' and their spouses' time allocation variables and household income and respondents' share of household income to Model 1 (Model 2) reduced the magnitude of the coefficient for respondents' spouses' poor mental health modestly (about 10% altogether). When indicators of strain-based stressors were included in Model 3, the size of the coefficient for spouses' poor mental health was 82% lower from the first model and was no longer significant. Sobel tests within this model suggested that the association between their spouses' poor mental health and respondents' FWC was largely mediated by relationship strain (56.8%;  $z = 2.46$ ,  $p < 0.05$ ). Role overload also met the mediation conditions (46.8%;  $z = 2.09$ ,  $p < 0.05$ ). Supplemental analyses (not shown) suggested that financial strain met the conditions for mediation when relationship strain was not included in the model. There were no significant variations in these

associations by gender and/or parental status (Models 4–6). We conducted supplemental analyses similar to those we did for respondents' spouses' poor physical health and calculated Sobel tests by gender and parental status separately (not shown). We found that, again, the mediating role of relationship strain was significant for men (70.5%;  $z = 2.14$ ,  $p < 0.05$ ) but not for women ( $z = 1.47$ ,  $p > 0.05$ ). Role overload met the mediation conditions for those without children in the household (50.6%;  $z = 2.15$ ,  $p < 0.05$ ) but not for those in the other three categories of parental status, largely because respondents' spouses' poor mental health was only related to higher role overload for households without children.

### Spouse's Behavioral Disorders and Respondent's FWC

Finally, we examined the association between their spouses' behavioral disorders and respondents' FWC (Table 5). With control variables, their spouse's behavioral disorders scale was significantly associated with respondents' FWC (Model 1). Adding respondents' and their spouses' hours spent in paid work and housework, household income, and respondents' share of household income reduced the coefficient for respondents' spouses' behavioral disorders about 10% (Model 2). When indicators of strain-based demands were included in Model 3, the size of the coefficient for spouses' behavioral disorders was 94% lower from Model 1 and no longer significant. Sobel tests suggested that the association between their spouses' behavioral disorders and respondents' FWC was largely mediated by relationship strain (67.5%;  $z = 2.50$ ,  $p < 0.05$ ). Except for the three-way interaction (Model 6), there were no significant variations in these associations by gender and/or parental status (Models 4 and 5). The association between their spouses' behavioral disorders and respondents' FWC appears to be stronger for women who were in households with children aged 0–5 than for other groups. This finding was inconsistent with our hypothesis. Supplemental analyses (not shown) suggested that the mediating role of relationship strain was significant for men (32.4%;  $z = 1.96$ ,  $p < 0.05$ ) but not for women ( $z = 1.69$ ,  $p > 0.05$ ), whereas there were no significant differences in the role of relationship strain as a mediator by the categories of parental status.

### Post Hoc Analyses

To assess robustness of the findings, we conducted series of supplemental analyses (not shown). First, we included the three aspects of respondents' spouses' problems—poor physical health, poor mental health, and behavioral disorders—in the same model. Only respondents' spouses' poor mental health was related to respondents' FWC. The significant association disappeared when strain-based demands

**Table 4** OLS regression models predicting the association between spouse’s mental health problems and family-to-work conflict (N = 980)

	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6	
	b	SE	b	SE	b	SE	b	SE	b	SE	b	SE
Spouse’s poor mental health	0.118	0.023***	0.110	0.023***	0.020	0.022	0.031	0.028	-0.035	0.044	0.035	0.056
× women <sup>a</sup>							-0.025	0.039			-0.127	0.079
× parenthood <sup>a</sup>												
Children 0–5									0.109	0.056	0.023	0.078
Children 6–17									0.022	0.055	-0.040	0.073
Adult children									0.077	0.055	-0.006	0.079
× women × parenthood <sup>a</sup>												
Children 0–5											0.171	0.110
Children 6–17											0.092	0.110
Adult children											0.139	0.107
Time allocation												
R weekly paid work hours	0.004	0.002	0.004	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.002
R weekly housework hours	0.011	0.004*	0.011	0.004*	0.005	0.004	0.006	0.004	0.006	0.004	0.006	0.004
S weekly paid work hours	0.001	0.001	0.001	0.001	0.000	0.001	0.000	0.001	0.000	0.001	0.000	0.001
S weekly housework hours	-0.001	0.003	-0.001	0.003	-0.001	0.003	-0.001	0.003	-0.001	0.003	-0.001	0.003
Household economic conditions												
Household income	0.001	0.000	0.001	0.000	0.001	0.000	0.001	0.000	0.001	0.000	0.001	0.000
R share of income <sup>a</sup>												
< 40%	-0.014	0.063	-0.014	0.063	-0.030	0.055	-0.032	0.055	-0.030	0.054	-0.036	0.054
> 60%	0.114	0.059	0.114	0.059	0.090	0.055	0.088	0.054	0.084	0.054	0.083	0.055
Strain-based stressors												
Role overload					0.315	0.039***	0.314	0.038***	0.317	0.039***	0.318	0.038***
Financial strain					0.027	0.026	0.029	0.026	0.029	0.026	0.028	0.026
Relationship strain												
Perceived relationship strain					0.116	0.044**	0.116	0.044**	0.116	0.044**	0.115	0.044**
Housework unfairness					0.034	0.027	0.035	0.027	0.038	0.027	0.037	0.026
Control variables												
Women <sup>a</sup>	0.066	0.040	0.108	0.054*	0.054	0.051	0.111	0.094	0.050	0.052	0.245	0.209
× parenthood <sup>a</sup>												
Children 0–5											-0.292	0.282
Children 6–17											-0.181	0.275
Adult children											-0.121	0.257
Parental status <sup>a</sup>												
Children 0–5	0.190	0.087*	0.183	0.087*	0.111	0.081	0.110	0.081	-0.134	0.146	0.024	0.201
Children 6–17	0.014	0.085	0.006	0.083	0.000	0.077	-0.001	0.077	-0.045	0.139	0.086	0.184
Adult children	-0.099	0.088	-0.112	0.088	-0.012	0.084	-0.010	0.084	-0.181	0.144	-0.079	0.190

Table 4 (continued)

	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6	
	b	SE	b	SE	b	SE	b	SE	b	SE	b	SE
Number of children in HH	0.050	0.020*	0.044	0.020*	0.024	0.020	0.024	0.020	0.025	0.020	0.021	0.020
Age	-0.001	0.003	-0.001	0.003	-0.001	0.003	-0.001	0.003	-0.001	0.003	-0.001	0.003
Cohabitation <sup>a</sup>	-0.011	0.098	0.013	0.094	0.034	0.083	0.033	0.083	0.024	0.082	0.034	0.081
Race/ethnicity <sup>a</sup>												
Non-Hispanic Black	-0.226	0.104*	-0.214	0.095*	-0.167	0.093	-0.169	0.094	-0.172	0.094	-0.179	0.097
Hispanic	-0.132	0.116	-0.140	0.117	-0.018	0.104	-0.020	0.103	-0.013	0.104	-0.022	0.103
Non-Hispanic other	-0.116	0.070	-0.094	0.071	-0.106	0.067	-0.107	0.067	-0.106	0.066	-0.102	0.067
Education	0.017	0.009	0.009	0.010	0.007	0.010	0.008	0.010	0.007	0.010	0.008	0.010
Physical health problems	0.035	0.028	0.038	0.028	0.024	0.026	0.024	0.026	0.029	0.026	0.029	0.025
Emotional health problems	0.095	0.029***	0.100	0.029***	0.061	0.029*	0.060	0.029*	0.057	0.029*	0.058	0.028*
Intercept	1.480	0.192***	1.171	0.240***	0.438	0.231	0.412	0.231	0.558	0.242*	0.443	0.247
R <sup>2</sup>	0.155***		0.177***		0.300***		0.300***		0.304***		0.310***	

R respondents, S spouses, and HH household

Data are weighted

\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$

<sup>a</sup>Omitted reference categories include: 40–60%, men, no children, spouse's poor mental health × no children, spouse's poor mental health × women × no children, marriage, and Non-Hispanic White

**Table 5** OLS regression models predicting the association between spouse’s behavioral disorders and family-to-work conflict (N = 980)

	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6	
	b	SE	b	SE	b	SE	b	SE	b	SE	b	SE
Spouse’s behavioral disorders	0.093	0.029**	0.092	0.032**	0.010	0.033	0.070	0.054	-0.036	0.059	0.203	0.144
× women <sup>a</sup>							-0.099	0.055			-0.297	0.157
× parenthood <sup>a</sup>												
Children 0–5									0.095	0.077	-0.182	0.166
Children 6–17									0.050	0.073	-0.126	0.159
Adult children									0.041	0.072	-0.244	0.186
× women × parenthood <sup>a</sup>												
Children 0–5											0.379	0.191*
Children 6–17											0.142	0.185
Adult children											0.334	0.198
Time allocation												
R weekly paid work hours			0.004	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.001	0.002
R weekly housework hours			0.012	0.005**	0.006	0.004	0.006	0.004	0.006	0.004	0.006	0.004
S weekly paid work hours			0.001	0.002	0.000	0.001	0.000	0.001	0.000	0.001	0.000	0.001
S weekly housework hours			-0.003	0.003	-0.001	0.003	-0.001	0.003	-0.001	0.003	-0.000	0.003
Household economic conditions												
Household income			0.001	0.000	0.001	0.000	0.001	0.000	0.001	0.000	0.001	0.000
R share of income <sup>a</sup>												
< 40%			-0.031	0.063	-0.033	0.055	-0.035	0.055	-0.035	0.055	-0.042	0.054
> 60%			0.124	0.060*	0.091	0.054	0.091	0.054	0.088	0.055	0.080	0.055
Strain-based stressors												
Role overload					0.317	0.039***	0.319	0.039***	0.321	0.039***	0.320	0.039***
Financial strain					0.026	0.027	0.026	0.027	0.026	0.028	0.028	0.027
Relationship strain												
Perceived relationship strain					0.125	0.044**	0.126	0.044**	0.126	0.044**	0.123	0.044**
Housework unfairness					0.037	0.027	0.034	0.027	0.037	0.027	0.031	0.026
Control variables												
Women <sup>a</sup>	0.034	0.042	0.076	0.056	0.051	0.053	0.094	0.054	0.053	0.053	0.103	0.108
× parenthood <sup>a</sup>												
Children 0–5											-0.106	0.146
Children 6–17											-0.033	0.135
Adult children											0.049	0.130
Parental status <sup>a</sup>												
Children 0–5	0.211	0.089*	0.205	0.089*	0.114	0.081	0.104	0.080	0.070	0.083	0.136	0.107
Children 6–17	0.015	0.085	0.005	0.083	0.001	0.077	-0.013	0.076	-0.025	0.081	0.019	0.099
Adult children	-0.118	0.088	-0.129	0.088	-0.014	0.084	-0.015	0.083	-0.032	0.089	-0.031	0.104

Table 5 (continued)

	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6	
	b	SE	b	SE	b	SE	b	SE	b	SE	b	SE
Number of children in HH	0.055	0.020**	0.049	0.020*	0.025	0.020	0.025	0.020	0.025	0.020	0.020	0.019
Age	0.000	0.003	0.000	0.003	-0.000	0.003	-0.001	0.003	-0.001	0.003	-0.001	0.003
Cohabitation <sup>a</sup>	-0.002	0.100	0.020	0.095	0.037	0.084	0.028	0.084	0.031	0.086	0.002	0.084
Race/ethnicity <sup>a</sup>												
Non-Hispanic Black	-0.258	0.099**	-0.244	0.090**	-0.172	0.093	-0.183	0.095	-0.174	0.094	-0.185	0.097
Hispanic	-0.116	0.111	-0.125	0.113	-0.015	0.103	-0.021	0.104	-0.018	0.102	-0.010	0.105
Non-Hispanic other	-0.131	0.072	-0.105	0.072	-0.109	0.067	-0.109	0.067	-0.113	0.067	-0.107	0.067
Education	0.018	0.010	0.010	0.010	0.007	0.010	0.008	0.010	0.007	0.010	0.009	0.010
Physical health problems	0.042	0.028	0.044	0.028	0.025	0.026	0.026	0.026	0.026	0.026	0.027	0.025
Emotional health problems	0.108	0.030***	0.111	0.029***	0.063	0.029*	0.061	0.029*	0.062	0.029*	0.062	0.029*
Intercept	1.600	0.185***	1.263	0.229***	0.442	0.231	0.432	0.230	0.473	0.228*	0.436	0.227
R <sup>2</sup>	0.136***		0.162***		0.299***		0.303***		0.301***		0.313***	

R respondents, S spouses, and HH household

Data are weighted

\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$

<sup>a</sup>Omitted reference categories include: 40–60%, men, no children, spouse’s behavioral disorders × no children, spouse’s behavioral disorders × women × no children marriage, and Non-Hispanic White



were included in the model. Sobel tests suggested that the association between their spouses' poor mental health and respondents' FWC was mediated by relationship strain (69.5%;  $z = 2.33$ ,  $p < 0.05$ ) with no gender/parental status differences. Second, we subdivided respondents' spouses' behavioral disorders into (a) poor economic ability (i.e., financial problems, problems at school or work, difficulty finding or keeping a job;  $\alpha = 0.49$ ) and (b) non-economic difficulties (i.e., alcohol or substances problems, legal problems, difficulty getting along with others;  $\alpha = 0.33$ ). We found that both types of their spouses' behavioral disorders were positively related to respondents' FWC when examined separately (not shown) but only poor economic ability was positively associated with respondents' FWC when both indicators were modeled together. The association was, again, mediated by relationship strain (54.1%;  $z = 2.34$ ,  $p < 0.05$ ) with no gender/parental status differences. Third, we created a scale of spouse's problems by summing standardized versions of physical health, mental health, and behavioral disorders and examined the same models discussed above. We found patterns of results that were similar to those found for respondents' spouses' mental health, including findings for mediation with relationship strain (49.1%;  $z = 2.40$ ,  $p < 0.05$ ) with no gender/parental status differences.

## Discussion

Using a nationally representative sample of employed married or cohabiting adults, this paper examined the associations between three types of respondents' spouses' problems—poor physical health, poor mental health, and behavioral disorders—and respondents' FWC. Drawing from the concept of stress proliferation in the stress process model (Pearlin and Bierman 2013), we conceptualized that these associations would be mainly mediated by strain-based stressors, including role overload, financial strain, and relationship strain. Further, we examined whether these associations might vary by respondents' gender and parental status. We have several key findings.

We found that all three types of their spouses' problems were positively related to respondents' FWC. These findings expand prior research that found caregiving to an ill spouse was related to higher FWC among employed adults in particular groups, such as AIDS caregivers in San Francisco and Los Angeles or adults in their early 50s who were in the WLS (Marks 1998; Pearlin et al. 1997). In supplemental analyses, we found that their spouses' mental health problems, which are rarely discussed in prior research on work-family conflict, have the strongest association with respondents' FWC among the three types of spousal problems we examined. Future research is warranted to investigate the

prevalence of having a spouse who has mental health problems among working-age US adults. One's spouse's behavioral disorders, another set of potential family demands that have been ignored in work-family research, too, warrant future research. In our sample, we found that more than one-quarter of respondents reported that their spouses had at least one of the six symptoms of behavioral disorders in the past 12 months. It is important to pay more attention to implications of having a spouse who has symptoms of behavioral disorders for employed adults' ability to maintain their work-family balance.

Our findings suggest that the association between one's spouse's problems and one's FWC is largely mediated by one's perceptions of relationship strain. The three strain-based stressors, role overload, financial strain, and relationship strain, were closely related to one another. Each stressor by itself reduced the magnitude of the association between spousal problems and respondents' FWC. Yet, when all of these three variables were in the model, relationship strain appeared to be the strongest mediator for the association between their spouses' problems and respondents' FWC. It is noteworthy that role overload was the strongest *predictor* of FWC among the three strains, but relationship strain was the strongest *mediator* for the link between their spouses' problems and respondents' FWC. These results suggest the importance of assessing mediation using statistical tests. All in all, these findings suggest that understanding what would buffer the link between spousal problems and relationship strain may be the key to diminish the stress proliferation process from respondents' spouses' problems to their own FWC.

Contrary to our predictions, the association between their spouses' problems and respondents' FWC varied little by respondents' gender and parental status. We expected that this relationship would be greater for men than women, and especially for fathers with minor children, as men are less likely than women to expect to shoulder family responsibilities and thus may be more vulnerable to stressful circumstances caused by their spouses' problems. Our hypothesis was not supported. Instead, we found that the association between their spouses' behavioral problems and respondents' FWC was greater for women living with children aged 0–5 than men or women in other parental status categories. We suggest that having a spouse who has behavioral disorders may be more stressful when there are younger children in the household. More research is needed to interpret why this is especially the case for mothers than fathers.

More robust gender differences were found in mediation variables. Relationship strain appeared to play a stronger role for men than women in mediating the link between their spouses' problems and their own FWC. This was largely because the association between relationship strain and FWC was stronger for men than for women,

which is inconsistent with prior research which suggests that the association between family conflict and FWC is stronger for women than men (Duxbury and Higgins 1991) or other research which suggests no gender differences in the association between spousal disagreement and FWC (Grzywacz and Marks 2000). Prior research has examined gender differences in levels of FWC and predictors of FWC (e.g., Grzywacz and Marks 2000), as we did in the present analysis. The present findings found gender differences in mediators, suggesting that more research is warranted to investigate gender differences in the mechanisms through which particular family demands are linked to FWC.

The present analysis has limitations that future research should address. First, measures of spousal problems should be improved. Future research should utilize measures that can capture the magnitude of the problems of one spouse and the degree of caregiving demands placed on the other spouse. In particular, the behavioral disorders scale we used has a weak internal reliability and thus warrants future improvement. Second, we used the concept of stress proliferation from the stress process model to conceptualize the association between their spouses' problems and respondents' FWC. Yet, because our data are cross-sectional, we were unable to empirically identify which stressor was the initial stressor. It is possible that relationship strain is the initial stressor: Spouses who are less satisfied about the quality of their relationship may see their spouses negatively and report that their spouses have problems. In addition, the observed associations among respondents' perceptions of their spouses having problems, relationship strain, and FWC may be all shaped by a third variable that was not controlled for in the analysis, such as personality. Longitudinal data would allow researchers to identify the causal chain of stressors in the stress proliferation process and to eliminate omitted variable biases. Finally, as the stress process model emphasizes (Pearlin and Bierman 2013), future research should investigate how differences in financial, social, or psychological resources may buffer stress proliferation across spousal problems, relationship quality, and respondents' FWC.

This study documents associations between one spouse's problems, including physical health, mental health, and behavioral disorders, and the other spouse's FWC, with one's spouse's mental health problems having the strongest association. These findings are important given that mental health problems as well as behavioral disorders tend to be neglected in policy discussions. Relationship strain is central as a mediating factor, especially when a man has a wife with problems. These findings suggest a merit of further investigation of their spouses problems as an important source of family responsibilities that employed adults may have and gender differences in the

mechanisms through which one's spouse's problems are linked to stressfulness in balancing work and family life.

**Acknowledgements** This research is supported by the Center for Family and Demographic Research, Bowling Green State University, which has core funding from the Eunice Kennedy Shriver National Institute of Child Health & Human Development (P2CHD050959). We thank Wendy Manning, I-Fen Lin, and Al DeMaris for their helpful comments. An earlier version of this study was presented at the 2015 Annual Meeting of the Population Association of America.

## References

- Amir, Z., Wilson, K., Hennings, J., & Young, A. (2012). The meaning of cancer: implications for family finances and consequent impact on lifestyle, activities, roles and relationships. *Psycho-Oncology*, 21(11), 1167–1174. doi:10.1002/pon.2021.
- Bair, M. J., Wu, J., Damush, T. M., Sutherland, J. M., & Kroenke, K. (2008). Association of depression and anxiety alone and in combination with chronic musculoskeletal pain in primary care patients. *Psychosomatic Medicine*, 70(8), 890–897. doi:10.1097/PSY.0b013e318185c510.
- Barrett, G. F. (2002). The effect of alcohol consumption on earnings. *Economic Record*, 78(240), 79–96. doi:10.1111/1475-4932.00041.
- Bellavia, G. M., & Frone, M. R. (2005). Work-family conflict. In J. Barling, E. K. Kelloway & M. R. Frone (Eds.), *Handbook of work stress* (pp. 113–147). Thousand Oaks: Sage.
- Berger, M. C., & Leigh, J. P. (1988). The effect of alcohol use on wages. *Applied Economics*, 20(10), 1343–1351. doi:10.1080/00036848800000105.
- Bianchi, S. M., & Milkie, M. A. (2010). Work and family research in the first decade of the 21st century. *Journal of Marriage and Family*, 72(3), 705–725. doi:10.1111/j.1741-3737.2010.00726.x.
- Bianchi, S. M., Milkie, M. A., Sayer, L. C., & Robinson, J. P. (2000). Is anyone doing the housework? Trends in the gender division of household labor. *Social Forces*, 79(1), 191–228. doi:10.1093/sf/79.1.191.
- Britt, S. L., & Huston, S. J. (2012). The role of money arguments in marriage. *Journal of Family and Economic Issues*, 33(4), 464–476. doi:10.1007/s10834-012-9304-5.
- Brown, S. L., Bulanda, J. R., & Lee, G. R. (2005). The significance of nonmarital cohabitation: Marital status and mental health benefits among middle-aged and older adults. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 60(1), S21–S29. doi:10.1093/geronb/60.1.S21.
- Caetano, R., Vaeth, P. A., & Rodriguez, L. A. (2012). The Hispanic Americans baseline alcohol survey (HABLAS) acculturation, birthplace and alcohol-related social problems across Hispanic national groups. *Hispanic Journal of Behavioral Sciences*, 34(1), 95–117. doi:10.1177/0739986311424040.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale: Erlbaum.
- Conn, P. M. (Ed.). (2011). *Handbook of models for human aging*. Burlington: Elsevier Academic Press.
- Corrigan, P., Markowitz, F. E., Watson, A., Rowan, D., & Kubiak, M. A. (2003). An attribution model of public discrimination towards persons with mental illness. *Journal of Health and Social Behavior*, 44(2), 162–179. doi:10.2307/1519806.
- Cranford, J. A., Floyd, F. J., Schulenberg, J. E., & Zucker, R. A. (2011). Husbands' and wives' alcohol use disorders and marital interactions as longitudinal predictors of marital adjustment. *Journal of Abnormal Psychology*, 120(1), 210–222. doi:10.1037/a0021349.

- DeMaris, A. (2004). *Regression with social data: Modeling continuous and limited response variables*. Wiley Series in Probability and Statistics: Wiley-IEEE.
- DeSimone, J. (2002). Illegal drug use and employment. *Journal of Labor Economics*, 20(4), 952–977. doi:10.1086/342893.
- Dilworth, J. E. L. (2004). Predictors of negative spillover from family to work. *Journal of Family Issues*, 25(2), 241–261. doi:10.1177/0192513X03257406.
- Duxbury, L. E., & Higgins, C. A. (1991). Gender differences in work-family conflict. *Journal of Applied Psychology*, 76(1), 60–74. doi:10.1037/0021-9010.76.1.60.
- Ettner, S. L., Frank, R. G., & Kessler, R. C. (1997). The impact of psychiatric disorders on labor market outcomes. *Industrial & Labor Relations Review*, 51(1), 64–81. doi:10.1177/001979399705100105.
- Evangelista, L. S., Dracup, K., Doering, L., Westlake, C., Fonarow, G. C., & Hamilton, M. (2002). Emotional well-being of heart failure patients and their caregivers. *Journal of Cardiac Failure*, 8(5), 300–305. doi:10.1054/jcaf.2002.128005.
- Fairbairn, C. E., & Testa, M. (2017). Relationship quality and alcohol-related social reinforcement during couples interaction. *Clinical Psychological Science*, 5(1), 74–84. doi:10.1177/2167702616649365.
- Finney, J. W., Moos, R. H., & Brennan, P. L. (1991). The drinking problems index: A measure to assess alcohol-related problems among older adults. *Journal of Substance Abuse*, 3(4), 395–404. doi:10.1016/S0899-3289(10)80021-5.
- Glavin, P., & Peters, A. (2015). The costs of caring: Caregiver strain and work-family conflict among Canadian workers. *Journal of Family and Economic Issues*, 36(1), 5–20. doi:10.1007/s10834-014-9423-2.
- Greenhaus, J. H., & Beutell, N. J. (1985). Sources of conflict between work and family roles. *Academy of Management Review*, 10(1), 76–88. doi:10.5465/AMR.1985.4277352.
- Grzywacz, J. G., Almeida, D. M., & McDonald, D. A. (2002). Work-family spillover and daily reports of work and family stress in the adult labor force. *Family Relations*, 51(1), 28–36. doi:10.1111/j.1741-3729.2002.00028.x.
- Grzywacz, J. G., & Marks, N. F. (2000). Family, work, work-family spillover, and problem drinking during midlife. *Journal of Marriage and the Family*, 62(2), 336–348. doi:10.1111/j.1741-3737.2000.00336.x.
- Gudmunson, C. G., Beutler, I. F., Israelsen, C. L., McCoy, J. K., & Hill, E. J. (2007). Linking financial strain to marital instability: Examining the roles of emotional distress and marital interaction. *Journal of Family and Economic Issues*, 28(3), 357–376. doi:10.1007/s10834-007-9074-7.
- Harel, O. (2009). The estimation of  $R^2$  and adjusted  $R^2$  in incomplete data sets using multiple imputation. *Journal of Applied Statistics*, 36(10), 1109–1118. doi:10.1080/02664760802553000.
- Hecht, L. M. (2001). Role conflict and role overload: Different concepts, different consequences. *Sociological Inquiry*, 71(1), 111–121. doi:10.1111/j.1475-682X.2001.tb00930.x.
- Heckman, J. (1979). Sample selection bias as a specification error. *Econometrica*, 47(1), 153–161. doi:10.2307/1912352.
- Hill, E. J., Erickson, J. J., Fellows, K. J., Martinengo, G., & Allen, S. M. (2014). Work and family over the life course: Do older workers differ? *Journal of Family and Economic Issues*, 35(1), 1–13. doi:10.1007/s10834-012-9346-8.
- Hyde, J. S., Else-Quest, N. M., Goldsmith, H. H., & Biesanz, J. C. (2004). Children's temperament and behavior problems predict their employed mothers' work functioning. *Child Development*, 75(2), 580–594. doi:10.1111/j.1467-8624.2004.00694.x.
- Kim, J., Ingersoll-Dayton, B., & Kwak, M. (2013). Balancing eldercare and employment the role of work interruptions and supportive employers. *Journal of Applied Gerontology*, 32(3), 347–369. doi:10.1177/0733464811423647.
- Kuijer, R. G., Buunk, B. P., & Ybema, J. F. (2001). Are equity concerns important in the intimate relationship when one partner of a couple has cancer? *Social Psychology Quarterly*, 64(3), 267–282. doi:10.2307/3090116.
- LeBlanc, A. J., Frost, D. M., & Wight, R. G. (2015). Minority stress and stress proliferation among same-sex and other marginalized couples. *Journal of Marriage and Family*, 77(1), 40–59. doi:10.1111/jomf.12160.
- Lewis, S., Kagan, C., & Heaton, P. (2000). Dual-earner parents with disabled children family patterns for working and caring. *Journal of Family Issues*, 21(8), 1031–1060. doi:10.1177/019251300021008005.
- Lin, I. F., Fee, H. R., & Wu, H. S. (2012). Negative and positive caregiving experiences: A closer look at the intersection of gender and relationship. *Family Relations*, 61(2), 343–358. doi:10.1111/j.1741-3729.2011.00692.x.
- MacKinnon, D. P., Lockwood, C. M., Hoffman, J. M., West, S. G., & Sheets, V. (2002). A comparison of methods to test mediation and other intervening variable effects. *Psychological Methods*, 7(1), 83. doi:10.1037/1082-989X.7.1.83.
- Marks, N. F. (1998). Does it hurt to care? Caregiving, work-family conflict, and midlife well-being. *Journal of Marriage and the Family*, 60(4), 951–966. doi:10.2307/353637.
- Mavandadi, S., Dobkin, R., Mamikonyan, E., Sayers, S., Have, Ten, T., & Weintraub, D. (2014). Benefit finding and relationship quality in Parkinson's disease: A pilot dyadic analysis of husbands and wives. *Journal of Family Psychology*, 28(5), 728–734. doi:10.1037/a0037847.
- McCarthy, J. (2016). Americans' financial worries edge up in 2016. *Gallup*. Retrieved May 10, 2017, from <http://www.gallup.com/poll/191174/americans-financial-worries-edge-2016.aspx>.
- McGinnity, F., & Whelan, C. T. (2009). Comparing work-life conflict in Europe: Evidence from the European social survey. *Social Indicators Research*, 93(3), 433–444. doi:10.1007/s11205-008-9437-y.
- Mennino, S. F., Rubin, B. A., & Brayfield, A. (2005). Home-to-job and job-to-home spillover: The impact of company policies and workplace culture. *The Sociological Quarterly*, 46(1), 107–135. doi:10.1111/j.1533-8525.2005.00006.x.
- Minnotte, K. L., Minnotte, M. C., & Bonstrom, J. (2015). Work-family conflicts and marital satisfaction among US workers: Does stress amplification matter? *Journal of Family and Economic Issues*, 36(1), 21–33. doi:10.1007/s10834-014-9420-5.
- Nomaguchi, K. M. (2012). Marital status, gender, and home-to-job conflict among employed parents. *Journal of Family Issues*, 33(3), 271–294. doi:10.1177/0192513X11415613.
- O'Hara, B. (2004). Do mothers work to support ailing husbands? *Journal of Family and Economic Issues*, 25(2), 179–198. doi:10.1023/B:JEEI.0000023637.13355.9d.
- Orford, J., Velleman, R., Copello, A., Templeton, L., & Ibanga, A. (2010). The experiences of affected family members: A summary of two decades of qualitative research. *Drugs: Education, Prevention and Policy*, 17(sup1), 44–62. doi:10.3109/09687637.2010.514192.
- Pearlin, L. I., Aneshensel, C. S., & LeBlanc, A. J. (1997). The forms and mechanisms of stress proliferation: The case of AIDS caregivers. *Journal of Health and Social Behavior*, 38(3), 223–236. doi:10.2307/2955368.
- Pearlin, L. I., & Bierman, A. (2013). Current issues and future directions in research into the stress process. In C. S. Aneshensel, J. C. Phelan & A. Bierman (Eds.), *Handbook of the sociology of mental health* (2nd ed., pp. 325–340). Dordrecht: Springer.
- Pelkowski, J. M., & Berger, M. C. (2004). The impact of health on employment, wages, and hours worked over the life cycle. *The*

- Quarterly Review of Economics and Finance*, 44(1), 102–121. doi:10.1016/j.qref.2003.08.002.
- Ross, C. E., & Wu, C. L. (1995). The links between education and health. *American Sociological Review*, 60(5), 719–745. doi:10.2307/2096319.
- Royston, P. (2006). ICE: Stata module for multiple imputation of missing values. *Statistical Software Components S446602*, Boston College Department of Economics.
- Ryff, C., Almeida, D., Binkley, N., Carr, D., Coe, C., Davidson, R., et al. (2016). National Survey of Midlife Development in the United States (MIDUS Refresher), 2011–2014. ICPSR36532-v2. Ann Arbor, MI: Inter-university Consortium for Political and Social Research. doi:10.3886/ICPSR36532.v2.
- Schieman, S., & Young, M. (2011). Economic hardship and family-to-work conflict: The importance of gender and work conditions. *Journal of Family and Economic Issues*, 32(1), 46–61. doi:10.1007/s10834-010-9206-3.
- Schwartz-Soicher, O., Geller, A., & Garfinkel, I. (2011). The effect of paternal incarceration on material hardship. *The Social Service Review*, 85(3), 447–473. doi:10.1086/661925.
- Seery, B. L., Corrigan, E. A., & Harpel, T. (2008). Job-related emotional labor and its relationship to work-family conflict and facilitation. *Journal of Family and Economic Issues*, 29(3), 461–477. doi:10.1007/s10834-008-9116-9.
- Simple, C. J., & McCance, T. (2010). Parents' experience of cancer who have young children: A literature review. *Cancer Nursing*, 33(2), 110–118. doi:10.1097/NCC.0b013e3181c024bb.
- Shultz, K. S., Wang, M., & Olson, D. A. (2010). Role overload and underload in relation to occupational stress and health. *Stress and Health*, 26(2), 99–111. doi:10.1002/smi.1268.
- Siegel, M. J. (2006). Measuring the effect of husband's health on wife's labor supply. *Health Economics*, 15(6), 579–601. doi:10.1002/hec.1084.
- Stevens, D. P., Minnotte, K. L., Mannon, S. E., & Kiger, G. (2007). Examining the “neglected side of the work-family interface” antecedents of positive and negative family-to-work spillover. *Journal of Family Issues*, 28(2), 242–262. doi:10.1177/0192513X06294548.
- Tavakol, M., & Dennick, R. (2011). Making sense of Cronbach's alpha. *International Journal of Medical Education*, 2, 53–55. doi:10.5116/ijme.4dfb.8dfd.
- Turney, K. (2015). Hopelessly devoted? Relationship quality during and after incarceration. *Journal of Marriage and Family*, 77(2), 480–495. doi:10.1111/jomf.12174.
- US Department of Health and Human Services. (2016). Behavioral disorders. Retrieved May 10, 2017, from <https://www.mentalhealth.gov/what-to-look-for/behavioral-disorders/index.html>.
- US Public Health Service. (2000). Report of the surgeon general's conference on children's mental health: A national action agenda. Washington, DC: Department of Health and Human Services.
- VandenHeuvel, A. (1997). Absence because of family responsibilities: An examination of explanatory factors. *Journal of Family and Economic Issues*, 18(3), 273–297. doi:10.1023/A:1024926913288.
- Voydanoff, P. (2005a). Toward a conceptualization of perceived work-family fit and balance: A demands and resources approach. *Journal of Marriage and Family*, 67(4), 822–836.
- Voydanoff, P. (2005b). The differential salience of family and community demands and resources for family-to-work conflict and facilitation. *Journal of Family and Economic Issues*, 26(3), 395–417. doi:10.1007/s10834-005-5904-7.
- Voydanoff, P. (2005c). Work demands and work-to-family and family-to-work conflict direct and indirect relationships. *Journal of Family Issues*, 26(6), 707–726. doi:10.1177/0192513X05277516.
- Voydanoff, P. (2007). *Work, family, and community: Exploring interconnections*. Mahwah, NJ: Routledge Publishing.
- Whisman, M. A., Uebelacker, L. A., & Weinstock, L. M. (2004). Psychopathology and marital satisfaction: The importance of evaluating both partners. *Journal of Consulting and Clinical Psychology*, 72(5), 830–838. doi:10.1037/0022-006X.72.5.830.
- White, I. R., Royston, P., & Wood, A. M. (2011). Multiple imputation using chained equations: Issues and guidance for practice. *Statistics in Medicine*, 30(4), 377–399. doi:10.1002/sim.4067.
- Williams, D. R., & Sternthal, M. (2010). Understanding racial-ethnic disparities in health: Sociological contributions. *Journal of Health and Social Behavior*, 51(S), S15–S27. doi:10.1177/0022146510383838.
- Williams, J. C. (2010). *Reshaping the work-family debate*. Cambridge, MA: Harvard University Press.
- Yorgason, J. B., Booth, A., & Johnson, D. (2008). Health, disability, and marital quality: Is the association different for younger versus older cohorts? *Research on Aging*, 30(6), 623–648. doi:10.1177/0164027508322570.
- Young, M., & Schieman, S. (2012). When hard times take a toll the distressing consequences of economic hardship and life events within the family-work interface. *Journal of Health and Social Behavior*, 53(1), 84–98. doi:10.1177/0022146511419204.
- Zarit, S. H., Todd, P. A., & Zarit, J. M. (1986). Subjective burden of husbands and wives as caregivers: A longitudinal study. *The Gerontologist*, 26(3), 260–266. doi:10.1093/geront/26.3.260.
- Zavala, E., & Spohn, R. E. (2010). Emotional abuse and controlling behaviors in heterosexual relationships: The role of employment and alcohol use for women and their partners. *Sociological Spectrum*, 30(5), 526–549. doi:10.1080/02732173.2010.4961.

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