Chapter 14
Services in the Workplace

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Introduction

It has been said that in the course of our lives, we spend more time working than doing any other activity except sleeping. Therefore, it stands to reason that the ways in which we spend that enormous amount of our time (i.e., what we do for work, how we carry out our work tasks, when and how long we work, with whom we work, the environment in which we work, and how we feel about our work) are powerful factors influencing our experience of daily living.

This chapter aims to shed light on the ways in which well-being may be affected by aspects of one's work experience, and likewise how work may be influenced by one's level of well-being. Moreover, the chapter will focus on women, as the workplace confronts them with obstacles not faced by men, resulting in a unique set of challenges that place their well-being at risk. In the course of this chapter, the variety of organizational experiences that shape women's work lives will be examined, as well as the aspects of their personal lives that interact with their work situations, the consequences of their work lives on well-being, and the variety of workplace programs and services that help women enjoy a better quality of life.

Unfortunately, not all people have satisfactory work lives. Studies indicate that the percentage of people reporting work-related stress ranges from 26 to 40% (National Institute of Occupational Safety and Health 1999). Research has identified several specific sources of workplace stress, including aspects of the job itself (i.e., is the task too complex or too monotonous?), the work role (i.e., do I know what is expected of me; is my workload too heavy?), the physical environment (i.e., is the lighting poor or the temperature uncomfortable?), and interpersonal relationships (i.e., do I get along with my supervisor and coworkers?) (Barling et al. 2005; Kahn and Byosiere 1992; National Institute of Occupational Safety and Health 1999).

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Just as aspects of the job or work environment can contribute to employees' experiences of stress, individuals themselves also play a role in the stress process. That is, a person will experience a situation as stressful depending on the individual's perception of that situation. When one appraises that a circumstance is a threat beyond her or his ability to cope (Lazarus and Folkman 1984), or it places an excessive drain on her or his personal resources (Hobfoll 1989), distress may result, and if prolonged, it may become chronic.

In addition to appraising sources of stress differently, individuals have their own unique ways of responding to stress, whether psychological, physical, or behavioral. In responding to workplace stressors, people may experience psychological symptoms including anxiety, depression, burnout, dissatisfaction, emotional exhaustion, frustration, resentment, poor self-esteem, and boredom (Buunk et al. 1998; Kahn and Byosiere 1992; National Institute of Occupational Safety and Health 1999). Physiological responses are also common, such as cardiovascular symptoms (i.e., high blood pressure, increased heart rate, and cholesterol levels), biochemical effects (i.e., elevated stress hormones such as catecholamines, corticosteroids, and uric acid), and gastrointestinal symptoms (i.e., abdominal pain, diarrhea, and ulcers; Kahn and Byosiere 1992; Lovallo 2005; National Institute of Occupational Safety and Health 1999).

People may also respond behaviorally by engaging in counterproductive acts at work (i.e., stealing, sabotage, property damage, rumors), flight from the job (i.e., absenteeism, turnover, early retirement), damage to one's work role (i.e., poor performance, work accidents, workplace alcohol/drug use), damage to one's other life roles (i.e., abuse or neglect of spouse, family, friends, neighbors), and self-damage (use and/or abuse of alcohol, drugs, cigarettes, caffeine; Bruk-Lee and Spector 2006; Kahn and Byosiere 1992; Kouvonen et al. 2007). These symptoms clearly indicate the widespread implications that the work experience has, not only on the lives of employees, but on organizational functioning as well.

The fact that such a huge portion of our lives is dedicated to working, that the workplace is full of potential stressors, and that distress can have such substantial implications on emotional, physical, and social health makes the workplace a highly appropriate setting in which to address questions of personal well-being. For the purposes of this chapter, an integrative view of health will be adopted, with the term "well-being" used to refer to the state of being that results when a person's emotional, physical, and social systems are operating at optimal levels.

Women's Work and Well-Being

The following section will briefly cover the breadth of challenges faced by women in the workplace as a result of gender inequality. (For additional material on these topics, please see Anderson (2000); Cleveland et al. (2000); Nelson and Burke (2002)).

The First Shift: Women's Experiences at Work

To fully understand people's work experiences and the implications for their well-being, we must recognize that some sources of workplace distress affect only certain groups of people. Most of us are aware of the socio-cultural factors such as sexism, ethnocentrism, homophobia, classism, and ageism that pose constant challenges to our contemporary society. Likewise, these forms of discrimination pervade the work environment, as workers and managers do not leave their personal social biases at home when they begin their workday. Prejudice can cause one workplace to feel like different worlds for different employees, depending on their own experiences within that environment. We must take this into consideration when examining the body of work research, which has primarily been based on studies of middle class white males. Because their experiences are only representative of a subset of the entire working population, it is misguided to expect that such research can yield an accurate portrayal of all people's work experiences. For example, women's life experiences, and therefore their work experiences, are qualitatively different from those of men and require a dedicated body of research (Armstrong and Armstrong 1990; Davidson and Fielden 1999).

In exploring the ways in which women experience the work role differently from men, we must consider how the work environment is different for women, resulting primarily from the pervasive belief in "gender differences." To be clear, we are not talking about sex differences, which are biological, but gender differences, which are sociocultural. In western culture, gender differences are socially constructed notions that result in the perception that inborn differences exist in the psychology and behavior of women and men, despite research findings showing that women and men show more similarities among these variables than differences (Hyde 2005). That is, women are traditionally considered to have more "feminine" qualities, including being passive, emotional, and relationally oriented, whereas men are traditionally deemed to have more "masculine" qualities, including being aggressive, rational, and individually oriented. On an individual level, these beliefs, which children learn from the time they are very young, shape (and potentially limit) the lives of both women and men in terms of their self-concepts and enactment of life roles. On a social level, they pervade every aspect of the cultural environment, public institutions, and societal practices of our world, including work organizations (Nelson and Burke 2002).

The persistent belief in gender differences unfortunately gives rise to stereotyping and discrimination. Both women and men are confronted daily with socially prescribed expectations (about their abilities, preferences, behavior, appearance, strengths, and weaknesses), which may or may not have a basis in reality. In the workplace, this has led to such problems as occupational gender segregation, or the phenomenon that women and men, because they are "different," are predisposed to work in different types of jobs. For example, we do not often see male elementary school teachers or female plumbers. However, this may be due less to individual choice and more to the social forces that dictate which educational opportunities,

career paths, and job prospects are designated as "appropriate" and openly available, depending on one's social classification as "woman" or "man" (Anderson 2000). Unfortunately this has relegated a large population of women to "pink collar" jobs, which involve a high degree of emotional labor or caregiving (i.e., daycare worker, health aid, and administrative assistant; Cleveland et al. 2000; Guy and Newman 2004). These traditionally "female" positions are oftentimes associated with adverse outcomes, such as burnout (Morris and Feldman 1997). Moreover, they require less training, are low-status, and have low levels of pay. A telling illustration of this is that while women comprise 74% of all employees in the healthcare industry, they have the least status and pay in the field; the most highly paid and prominent physicians and medical administrators are men (Anderson 2000).

Because of enduring notions that there is a certain "place" for women in organizations, they have been limited in career opportunities. Many women have found it difficult to enter male-dominated professions, and oftentimes they have been driven out of such environments by the daunting level of hostility and social isolation encountered once there. Sexual harassment is perhaps the most widely discussed form of gender discrimination and is defined by behavior that denigrates a person (usually a woman) based on her gender. In a sociocultural system with an inherent gender hierarchy, harassers (usually men) seek to preserve or enhance their own social and economic gender-based status. Therefore, sexual harassment is motivated by power rather than sexual desire (Berdahl 2007) and is characterized by behavior that is uninvited, unreciprocated, one-sided, and imposed (Rubenstein 1989, 1992). Two forms of sexual harassment have been identified: quid pro quo and hostile environment (Fitzgerald et al. 1988). Quid pro quo workplace harassment is explicit sexual coercion, where the harasser is an agent of the employer (often a supervisor) who asserts her or his authority (i.e., to hire, fire, discipline, or promote) in exchange for sexual favors from a subordinate. The employee may be asked either directly or indirectly to submit to a sexual advance as a condition of getting or keeping some tangible job benefit controlled by the harasser. Hostile environment harassment is the more common, and often more subtle, form of sexual harassment and may occur even if the harassing behavior is not directed or targeted at the complainant. A hostile working environment is one in which the harasser (e.g., a supervisor or coworker) does or says things that make the victim feel uncomfortable because of her or his gender. These unwelcome words or actions of a sexual nature thereby create an intimidating and offensive atmosphere.

Whether quid pro quo or hostile environment, sexual harassment is not without its consequences. Many studies have demonstrated the relationship between frequency of sexual harassment and morale-related job outcomes such as job satisfaction (Fitzgerald et al. 1997) and organizational commitment (Schneider et al. 1997). These relationships between sexual harassment and job-related outcomes persist even when general job stress and negative affectivity are statistically controlled (Glomb et al. 1999). Further, the long-term effects of sexual harassment on job satisfaction have been found with 2-year lagged data (Glomb et al. 1999; Munson et al. 2000). In addition to the consequences associated with lower morale, sexual harassment poses financial costs related to litigation and decreases in productivity.

Sexual harassment can also be damaging to a victim's well-being: psychological symptoms include anger and fear as well as more severe emotional problems such as depressive disorder, anxiety disorder, and posttraumatic stress disorder, while physical symptoms include headache, insomnia, gastrointestinal difficulty, and decreased appetite (Willness et al. 2007).

Gender differences can also result in restricted access to positions that garner both power and authority. For example, the old stereotype that women lack the strength and rationality required of a good leader has historically kept women from rising above the "glass ceiling" to the senior-most levels in organizations, from private industry to the military and to the world of politics. This invisible and often unacknowledged barrier has been kept in place within the work environment by biased recruiting, selection, and promotion practices, as well as the unavailability of formal and informal networking and mentoring opportunities that grant men the advantage of social and informational resources that help them get ahead (i.e., the "old boys network"; Cleveland et al. 2000; Nelson and Burke 2002). This explains why women comprise 46% of the workforce (Toossi 2005) in Fortune 500 companies but hold only 16% of corporate officer positions, 12% of board seats, and 6% of the top-paying positions (Catalyst 2006a, b). This parallels the situation of women leaders in government, where women make up 51% of the US population (Spraggins 2005) and exceed the number of men voting in recent elections (Center for American Woman and Politics 2005) but hold only 16% of seats in the US Congress and 24% of statewide elective executive offices (Center for American Woman and Politics 2007). Women also have to contend with inequality in pay; they still earn only 77 cents for each dollar men earn, even when they have the same education level and are doing the same work (DeNavas-Walt et al. 2007).

Another challenge many women may face is on the other side of the shattered glass ceiling. That is, once some trailblazing women are granted access to senior positions, especially in organizations that have never had the experience of a female leader, they often contend with the difficulties of tokenism. Tokenism is the placement of a member from an underrepresented group (e.g., a woman or African American) within the work setting, the act being a symbolic gesture toward compliance with nondiscrimination policies rather than a genuine manifestation of an inclusive workplace (Anderson 2000). Given the inauthenticity of this practice, it is not surprising that such "token" women in male-dominated positions or environments often encounter marginalization and social isolation as well as an undermining of their authority. Their work lives may also be infused with stereotype threat, the anxiety that one feels when placed in a situation where they risk confirming negative stereotypes about them based on their membership in a particular demographic group (Bergeron et al. 2006; Brown and Pinel 2003; Steele 1997). This can result in women having to overcompensate by working harder and longer or being held to a higher standard of performance than males in the same position simply to prove they are capable and to dispel negative stereotypes (Anderson 2000; Goldenhar and Sweeney 1996; Spencer et al. 1999). Not surprisingly, women in these situations often experience poorer psychological and physical health, as well as adverse work outcomes (Bond et al. 2004; Goldenhar et al. 1998; Klonoff et al. 2000; Messing 2000).

As detailed in this section, the many ways in which gender discrimination manifests in the workplace (i.e., occupational segregation, sexual harassment, unequal pay, and the glass ceiling) not only illustrate how the workplace is more challenging for women than for men, but also point to the variety of work-related situations for which women are at risk for adverse impact. On a micro level, workplace discrimination threatens women's mental and physical health and damages work attitudes and performance. On a macro level, these discriminatory practices are first cousins of the more severe socioeconomic inequalities that relegate women from around the globe to conditions of poverty, violence, exploitation, and servitude. Yet our culture often does not witness the full extent of desperation facing some global women, often conceiving of their situations as irrelevant to our "civilized" way of life. However, the continuation of workplace practices, such as limiting women to low-wage, low-skill, low-status, emotionally burdensome jobs, emerges from and reproduces the same powerful system of injustice that spans history and geography, ensuring that women everywhere, at various levels of severity, remain perpetual victims of disempowerment, demoralization, and subjugation.

On a positive note, this also means that the workplace has a particularly influential role to play in transforming the existing socioeconomic system by instituting corrective action and policies that deliberately champion social justice regarding gender. If organizations were to engage in such an endeavor with the same effort and fervor with which they drive toward business results, the implications would most certainly be dramatic and far-reaching. As we shall see later in this chapter, some companies have begun to take such steps.

The Second Shift: Women's "Other" Work

In addition to the difficulties that manifest in the workplace because of gender discrimination, we must also consider that women and men can experience the workplace differently based on its design alone. It must be pointed out that the structure of today's workplace, originated during the industrial revolution, was created by men for a primarily male employee population that spent its workday engaged in repetitive physical tasks or operating mechanized equipment, while most of their wives stayed home with domestic and family-care responsibilities (Coontz 2001). Even though the world of work has evolved dramatically since that time, with women now constituting almost half of the workforce, dual-earner couples becoming the norm, and the nature of work being transformed by technology, this antiquated design remains the foundation for operating the contemporary workplace. As a result, this system poses difficulties for one group of employees whose needs were not considered when it was instituted: women. The workplace would have an entirely different configuration had it been designed by women with the intention of accommodating women's needs and lifestyles.

If women were to design the contemporary workplace "in their image," a major difference one might notice immediately would be a revised conceptualization of

what "work" means. To most women, "work" is quantified by the entire range of work experiences in which they engage on a day-to-day basis, including both paid and unpaid work (i.e., housework and family carework). It has recently been acknowledged that the traditional conceptualization of work as a paid activity is based mainly on the previously mentioned outdated studies on working men, the findings of which cannot be assumed as thoroughly relevant to women (Tancred 1995; Thomas 1995). This bias toward the male perspective may also explain why unpaid labor, as "women's work," was a disregarded topic in early research on work. Its association with women, disempowered socially and economically throughout history, rendered domestic work invisible, as it was uncompensated, low-status, unacknowledged, with little opportunity for self-improvement (Doyal 1999): in essence, not "real" work. Yet, despite unpaid labor's clearly unappealing qualities, the misconceived male-centered perspective perpetuated the notion that women were naturally inclined toward housework and family carework, and moreover, that it was actually pleasurable and healthy for them to engage in such domestic activities (Doyal 1999; Lloyd 1999). More recent research over the past several decades has fortunately taken into account the perspectives of women in explaining their own work experiences, dispelling misconceptions, and now regarding the partitioning of paid and unpaid work as "artificial" (Hunt and Annandale 1993; Popay et al. 1993).

One of the main reasons why it is vital to consider women's unpaid work experiences is that they are a prominent feature in the lives of most women in a way that they are not for most men. This is a curious situation given that the twentieth century saw a dissolution of the tradition where the sexes inhabited "separate spheres," with men ruling the public domain of economics and politics in the work role, while women were relegated almost exclusively to the private domain and the home role, with its associated homemaking and family caretaking responsibilities. Despite the fact that the women have long since embraced the responsibility of the worker and financial provider roles and that men's roles have evolved to afford them more involvement with traditionally "female" activities such as housework and family nurturing, the tide has not quite turned. A preponderance of the research evidence shows that traditionally prescribed gender roles are still fairly intact on the home front. While women have adopted the market work role, there has not been a concomitant shedding of the traditional domestic role, and while men have maintained the work role, they have not yet fully adopted the home role, leaving working women in a situation where they carry a double workload, referred to in research as the "second shift" phenomenon (Hochschild 1989).

Women's double workload is exemplified in the vast body of research on the division of household labor which shows overwhelmingly that women spend more time in household chores and taking care of family than men. To illustrate, Robinson and Godbey (1997) found that from 1965 to 1985, even though there was a considerable decrease in the number of hours American women spent weekly on housework (from 24 to 16 hours) and an increase in the number of hours men spent weekly in housework (from 2 to 4 hours), women were still working 12 more hours per week than men; more recent research supports this (Coltrane 2000). Several studies have concluded that this inequitable division of household labor holds

true regardless of the number of hours women spend in paid work (Kamo 1991; Shelton and John 1996). Marriage exacerbates the situation, with housework hours increasing substantially for women and decreasing for men when they marry (Gupta 1999; Waite and Gallagher 2000); the gap widens further still when couples become parents (Cowan and Cowan 1992; Johnson and Huston 1998; MacDermid et al. 1990; Shelton 1992). These disparities have been found among couples despite wives' education level or employment status (Hoffman 1978) and notwithstanding the couples' preparenthood division of household labor or beliefs about sex roles (Cowan et al. 1978; Stafford et al. 1977).

The unbalanced allocation of housework and family time and effort among the sexes is thought to be associated with the division of labor becoming increasingly more divided along traditional gender lines with the inception of marriage (South and Spitze 1994) and subsequently parenthood (Belsky et al. 1983; Cowan et al. 1978; Grossman et al. 1980). These life events seem to have a polarizing effect on women and men in terms of their participation in the home. Several studies have shown that many household and family-related tasks are characterized by gender (Coltrane 2000), not unlike the aforementioned occupational segregation in the workplace. Tasks such as cooking, cleaning, shopping, and laundry are frequently typed as "female" tasks (Antill et al. 1996; Blair and Lichter 1991; Orbuch and Eyster 1997; Presser 1994; Sanchez and Kane 1996; Starrels 1994), whereas home repair, yard work, and car maintenance are frequently typed as "male" tasks (Blair and Lichter 1991; Shelton 1992). In parenthood, husbands provide care for family by engaging in more "male" tasks (i.e., exterior home maintenance, finances), while wives engage in more "female" tasks (i.e., changing diapers, feeding; Cowan et al. 1978; Feldman et al. 1981; LaRossa and LaRossa 1981).

Studies have also noted that the nature of tasks typed as "female" and "male" is qualitatively different (Coltrane 2000). "Female" typed tasks are more time-consuming, require performance on an everyday basis, and are less optional than "male" typed tasks, which occur less routinely and more at one's own discretion. Moreover, "female" tasks have been characterized as unpleasant in comparison to "male" tasks (DeVault 1991; Robinson and Milkie 1997, 1998). Other distinctions are evident in the way the different genders enact home-work. For example, women are often considered "household managers" who initiates, delegates, oversees, and is ultimately accountable for home and family related tasks, whereas men play the more casual role of "helper" or "assistant" to their partners (Blain 1994; Coltrane 1996; Gunter and Gunter 1990; Hawkins et al. 1994; Mederer 1993; West and Fenstermaker 1993). Moreover, women are more likely to do behind-the-scenes work or family "shadow" work, such as making, scheduling, and coordinating medical appointments, childcare, holiday gatherings, and family meals (DeVault 1991; Hochschild 1989; Thompson and Walker 1989).

In addition to the social expectations that saddle women with qualitatively different, more onerous tasks than men, women have themselves been socialized to enact home-related work with an ethic of care (Gilligan 1982; Kroska 2003). That is, just as women's thoughts, feelings, and behaviors have been instilled with a pervasive sense of providing care for loved ones, so too do household and family tasks take

on a relational and personalized meaning, rather than being strictly defined by the task alone. This can exacerbate women's workload by adding a dimension of emotional labor to tasks, influencing their self-concepts by pairing hard work with being a "good mother," and placing women at risk of sacrificing their own needs to show care for others (Henderson and Bialeschki 1991; Wearing 1984).

These differences in women's and men's roles in home-work and carework have been found to have detrimental effects for women. Research from several western, developed countries has found that the inequitable division of household labor is associated with depression and anxiety in women (Barnett and Shen 1997; Dennerstein et al. 1993; Desjarlais et al. 1995; Glass and Fujimoto 1994; Golding 1990; Larson et al. 1994). This may be related to the low-status nature of domestic work; many women report the perception that the care they provide is neither reciprocated nor appreciated and that they lack emotional and social support in carrying it out (Romito 1990). Similarly, as unpaid caregivers, women who provide care for elders or disabled people report decreased mental and physical health, financial concerns, and stress arising from their cumulative (i.e., work and home) workload, as well as exhaustion and depression resulting from feeling overwhelmed and undervalued in their work (Lloyd 1999).

The Intersection of Paid and Unpaid Work

It should be clear by now that the nature of women's and men's experiences of work and home life are very different and that these experiences have implications for personal well-being. Not surprisingly, research confirms that women and men do differ in their experiences of mental and physical health. For instance, women have more mental health concerns than men (Nelson and Burke 2002), reporting more psychophysiological symptoms including nervousness, increased heart rate, dizziness, nightmares, trembling, lack of motivation (Nelson and Burke 2002) and somatic symptoms associated with stress (i.e., headaches, backaches, insomnia, hypertension, and gastrointestinal problems). Also, women, when compared to men, use medical services more frequently, have more acute and chronic conditions, are issued more prescriptions, are more likely to abuse prescription medication, and are more prone to eating disorders (Anderson 2000; Nelson and Burke 2002). It is difficult to pinpoint the precise origins of women's and men's differences in well-being, given the variety of dissimilar life experiences that may act as contributing factors. Moreover, although research shows that the work and home domains can each have a particular impact on women's experiences of psychological and physical health, it shows that the interaction of work and home circumstances is a highly influential determinant in women's experiences of well-being.

The recent attention paid to the unique nature of women's dual workload (paid employment plus the "second shift") is both timely and needed because of the ways that it can manifest in stress. For instance, the cumulative responsibilities of work and home can lead women to role overload, which is the feeling of being overwhelmed

by the amount of role responsibilities one has to accomplish (Daly 1996; Schor 1991; Ivancevich and Matteson 1980; Mattingly and Bianchi 2003; Reeves and Szafran 1996). Role overload is a potential stressor, since distress may manifest whenever people perceive that their personal resources (such as physical energy or mental attention) are drained or depleted (Hobfoll 1989). Not surprisingly, the resource drain posed by a heavy cumulative workload places many women at risk for role overload, which has been found to be associated with adverse behavioral, psychological, and physiological outcomes (Cartwright and Cooper 1997; Jex and Beehr 1991; Spector et al. 1988). Moreover, many women are so busy with their roles that they feel constantly pressed for time, an especially scarce resource; the stress of this "time-squeeze" can result in poorer mental health, physical health symptoms, and decreased life satisfaction (Hochschild 1989, 1997; LaRossa and LaRossa 1981; Leete and Schor 1994; Lehto 1998; Robinson and Godbey 1997; Schor 1991: Zuzanek 1998).

Distress can also arise when one feels pressured by work–family conflict. Work–family conflict is the experience of tension because the demands of one life domain are incompatible with demands of another life domain (Greenhaus and Beutell 1985). That is, the demands of work can interfere with family ("work-to-family conflict") and the demands of family can interfere with work ("family-to-work conflict"). Work–family conflict acts as a stressor especially for women, who are often pressured by the demands of multiple, simultaneously competing roles. Work–family conflict has been associated with poorer work outcomes (e.g., absenteeism, turnover, job satisfaction) and poorer personal outcomes (e.g., life and family satisfaction; Aryee 1992; Bedeian et al. 1988; Parasuraman et al. 1992; Perrewé et al. 1999; Rice et al. 1992; Thomas and Ganster 1995). In addition, it has been associated with emotional and physical difficulties including greater incidence of depression, anxiety, hostility, substance dependence disorders, physical health complaints, and hypertension (Beatty 1996; Frone 2000; Frone et al. 1993, 1996, 1997a).

As indicated, the stressors of role overload, time squeeze, and work–family conflict can adversely affect emotional and physical well-being (Frone et al. 1997a, b; Hobfoll 1989). Moreover, if such stressors persist for an extended period of time, as may be the case when one experiences work–family conflict while raising children over many years, chronic stress can result (Ivancevich and Matteson 1980). The reason this occurs is that if a person is unable to eliminate a perceived stressor, or does not have the opportunity to recover from exposure to the stressor, her or his psychobiological systems remain in a prolonged state of arousal; over time this causes physical and psychological wear and tear (Meijman and Mulder 1998; Sluiter et al. 1999; Ursin 1980). Opportunities for recovery (i.e., by ceasing exposure to role demands) are therefore essential for women in alleviating the pressure they feel from their double work duty, helping to restore well-being and preventing chronic conditions. Ironically, the same conditions that give rise to women's need for recovery also prevent it from taking place. That is, because of their great number of responsibilities and lack of personal free time (Bittman and Wajcman 2000; Henderson and Bialeschki 1991; Hochschild 1989; Searle and Jackson 1985; Shaw 1985, 1994; Shelton 1992), recovery opportunities for women are rare, placing them at increased risk of stress-related effects.

Even on those infrequent occasions when women can find time for relaxation, because of a perpetual awareness of their role-based obligations, they do not often experience true leisure as it is defined by unrestricted freedom and psychological disengagement (Bella 1990; Kelly and Godbey 1992). Rather, their leisure is more likely than men's to be combined with constraining activities such as looking after children and is more likely to be interrupted by family (Bittman and Wajcman 2000). This situation is exacerbated by the influence of social prescriptions dictating what it means to be a good mother, wife, homemaker: always making oneself accessible to family and sacrificing one's own needs to care for loved ones (Blair and Lichter 1991; Brown et al. 2000; Henderson et al. 1989; Wearing 1984). Unfortunately, this can give rise to feelings of emotional discomfort, guilt, or preoccupation when women are attempting to find the self-gratification, relaxation, and personal freedom that unfettered leisure time away from their obligations can grant them (Harrington and Dawson 1995; Henderson and Bialeschki 1991; Wearing 1990).

As well as allowing women recovery from their constant work roles, having personal free time also allows women to engage in activities that actively promote good physical, mental, and social health (Bianchi et al. 2000; Hochschild 1989; Nock and Kingston 1988). Research has shown that women with insufficient personal free time have inadequate opportunities for physical and mental health care, recreation, exercise, maintaining a healthy diet, social interaction, and quality time with their significant other (Gjerdingen et al. 2000; LaRossa and LaRossa 1981; McMurray 1999; Smith 1995). In fact, some studies have identified a relationship between women's heavy role responsibilities and riskier health behaviors, including substance use/abuse (i.e., tranquilizers, alcohol, and cigarettes), lack of physical exercise, and poor diet (Doyal 1999). By having some personal space outside of their cumulative roles (i.e., worker, mother, and wife), women may have the freedom and control to experience the fulfillment offered by self-care, self-expression, and self-improvement (Bianchi 2000).

As detailed in this section, the interaction between women's work and family roles, and the simultaneous demands it puts on their time and energy, can strongly impact their psychological and physical health. Looking at these difficulties faced by women since they made their historic migration out of the home and into the workplace, one might wonder if it was worth the resulting struggle, stress, and health effects. But it must be acknowledged that women enjoy a far better quality of life than was previously available to them when the only place for them was "the home." In spite of any difficulties arising from the dual demands of the work and home roles, paid work has been found to be a protective factor in terms of women's mental health (Arber and Lahelma 1993; Bromberger and Matthews 1994; Glass and Fujimoto 1994). Studies have shown that women who do paid work experience better health than those who do full-time unpaid work, and women in higher-status jobs (i.e., professional work) experience better health than women who have lower-status jobs (i.e., manual work; Arber 1991; Arber et al. 1985; Popay et al. 1993). Some research suggests that this can be explained by paid work offering a change of setting and social interaction (Jahoda 1982; Warr 1982), as social support is associated with a lower risk of depression and anxiety (Brown and Harris 1978, 1989).

Likewise the financial and social independence afforded by paid work (especially fairly paid, higher-status work), as well as a sense of purpose and control over one's life, cannot be underestimated in their ability to enhance quality of life, as men have always known.

Given that women are not only in the workplace to stay, but that it is beneficial for them to do so under the right conditions, we will next focus on some opportunities for employers to optimize women's experiences of well-being. Organizations can create an inclusive work environment, rectify long-standing discriminatory employment practices, maintain equal gender representation among jobs at all levels of pay and prestige, advocate the use of workplace social support, acknowledge and alleviate women's cumulative workload, redesign work to allow more flexibility and control, attend to women's mental and physical health concerns, and support their opportunities for relaxing leisure and active recreation. Some pioneering organizations have made a commitment to addressing these particular challenges in their workplaces by developing and encouraging the use of innovative policies, programs, and services. In the following section, the many efforts employers have made shall be detailed.

Workplace Services, Benefits, and Policies

The progressive companies that have recognized they can be instrumental in making work a more optimal experience for women, and indeed all employees, have engaged in a radical rethinking of the way work is conceptualized and structured. On their part, this required an initial acknowledgment that the original model for today's workplace is obsolete, based on a system that emerged with the first industrial sites in the late eighteenth and early nineteenth century. This outdated system, which has not evolved in step with a rapidly changing world, has been faulted for not being responsive to the dramatic social and technological shifts that make the world a very different place than it was even 30 years ago.

To be clear, let us engage in a brief, but concentrated, review of some of these changes. Today there are more women in the workplace than ever before (46% of the workforce are women; Toossi 2005), and their level of education has shown a remarkable improvement, from 18% college-educated (4 or more years) to 30% over the past 25 years (DiNatale and Boraas 2002). The age of first marriage and parenthood has increased, marriage rates are down, divorce rates are up, people are having fewer children, and dual-income couples have replaced the provider husband and stay-at-home mother duo. Family configurations have changed, too, as a result of more couples cohabitating, more families being headed by single mothers or fathers, lesbian and gay couples marrying and adopting children, remarriages creating blended families, and grandparents raising grandchildren. Technological advances and globalization have made the world a much smaller place, with geographic mobility becoming commonplace and long commutes and business travel

a way of life. This has unfortunately resulted in families living farther distances from one another, having less time to spend together, and being less able to help one another. Economic and political changes have created a shrinking middle class, where the world's wealth has become more concentrated among the privileged few, while more people fall into poverty with fewer social services to assist them. A growing number of working families have also been affected by the lack of access to affordable healthcare and housing, the inability to financially provide for families even with two incomes, the high rate of poverty among women and children, the prohibitive cost of a college education, and the increasingly serious need to plan ahead for one's retirement.

Socially responsible organizations recognize that they are in a unique position to ameliorate some of these concerns facing their employees. Moreover, in the interest of self-preservation, insightful companies recognize that what harms their employees, harms the organization. That is, because the aforementioned realities provide the backdrop for the world workers are living in, and employees bring their whole selves and collective experiences with them to their jobs, employees' personal difficulties translate into a matter of concern for employers. Some businesses now pay serious attention to the research suggesting that not only women, but an increasing number of men, as well as members of Generations X and Y, place the greatest value on their personal and family lives, which they are unwilling to sacrifice for work (Families and Work Institute 2004). Among the business community, there is consensus that companies responsive to the personal needs of their employees are more attractive to and gain the commitment of the most creative and talented job candidates on the market, thereby having a leg up on the "war for talent" (Donlon 1999; McCracken 2000). By offering comprehensive programs and services to assist employees and their families with the range of concerns that affect them, as well as instituting progressive new modes of working that create a tailored fit between employees' work and personal lives, organizations can have happier, healthier workforces and more smoothly running, successful businesses.

There is an abundance of benefits, programs, and services that organizations utilize to meet the health and personal needs of their employees. The following section elaborates on the variety of approaches organizations are taking to meet these needs, whether by directly addressing the emotional and physical health concerns of employees, alleviating the burden of the dual workload, ensuring that women are treated equally in the workplace, or providing them access to satisfying jobs that provide a comfortable life for themselves and their families. Although it is difficult to quantify the prevalence of specific interventions across organizations, we do know that such practices have been instituted and are currently being utilized. It should also be noted that no one company offers the full range of policies and benefits discussed below, but some companies have a menu of services that features a variety of them. For more information about women-friendly companies and the specific services they offer, refer to *Working Mother* magazine, which annually publishes a list of the "100 Best Companies for Working Mothers."

Addressing Emotional and Physical Health Concerns

Probably the first solution one thinks of, in terms of how employers can address the well-being concerns of their workers, is the provision of health insurance. Given that health insurance in the USA is not provided universally through federal or state governments, and that the cost is often prohibitive for families to afford on their own, employer-sponsored health insurance plans are an integral part of the health-care delivery system. However, even when medical and mental health benefits are provided through one's employer, oftentimes there are restrictions on who and what services are covered, as well as which employees are eligible to receive coverage. One way some employers have remedied this problem is through the provision of affordable, comprehensive health benefits to all employees, regardless of how many hours one works. It is particularly advantageous for women, who are more likely to work part-time, to have access to full medical, mental health, dental, and retirement benefits without being forced into working full-time, especially when it may be to the detriment of self and family to do so. It also alleviates concerns when benefits are extended to domestic partners, as they are to spouses or children. Likewise, employers can pay special attention to providing comprehensive coverage for mental health and substance abuse treatment, which is not always adequate enough to meet the needs of those who have long-term emotional difficulties. Furthermore, employers can use their influence to be instrumental in supporting legislation for mental health parity, which requires health insurance plans to provide the same annual and lifetime dollar limits for mental health benefits as they do for medical benefits.

Employee Assistance Programs

A very popular workplace service for addressing employees' mental health needs is the employee assistance program (EAP); 67% of human resources (HR) professionals report having an EAP (Employee Assistance Professionals Association 2002). EAPs are viewed as being part of a comprehensive employee benefits package and also as part of the larger mental health delivery system. In short, EAPs are a free service designed to assist employees and their families in resolving personal difficulties, while maintaining their confidentiality. Originating after World War II in the USA as occupational alcoholism programs, in more recent years, EAPs have expanded to address a broad range of personal concerns, including emotional problems, stress, substance use/abuse, and marital or family difficulties (Employee Assistance Professionals Association 2003). Additionally, most EAPs offer referrals to legal and financial consultation services.

The core service of an EAP is some combination of professional assessment and short-term counseling or referral; EAPs are not intended for long-term treatment. Typically, the first EAP session involves an evaluation by a mental health professional. At the end of the evaluation, the counselor makes a recommendation to

commence a short series of counseling sessions or offers a mental health referral, as is the case when clients have a long history of emotional difficulty or exhibit more severe symptoms. EAP cases in which brief counseling has been recommended typically last three to five sessions and have a solution-focused orientation. Specific client goals are set, usually in the second session; the subsequent sessions are used to help align the client's cognitions and behaviors with her or his identified goals. Although there is no standard qualification for EAP counselors, they are trained mental health professionals (e.g., licensed psychologist, clinical social worker, or professional counselor). Additionally, there is a professional certification (i.e., Certified Employee Assistance Professional or "CEAP") that may be obtained, but it is not required for practice.

EAPs have two main modes of service delivery. The original internal EAP model, rarely used in today's workplace, is based in-house, where the EAP consultant works exclusively for one organization and is a salaried employee of the organization. There usually is less formality regarding the number of sessions a client may receive, and often there is more visibility of EAP services to employees with this onsite model, which can be a concern to employees who want to maintain their privacy in utilizing EAP services. Another model that has increasingly grown popular is the external EAP which is based outside the organization (often a private EAP firm or community mental health center). These EAPs are much larger than internal EAPs, employing a full staff of EAP professionals and providing services for several organizations. Companies may either contract with the EAP for a negotiated number of sessions per employee per annum (e.g., $20 for three to four sessions per employee) or may operate on a fee-for-service basis, with a set charge for each session. Although most EAPs still offer services through conventional face-to-face sessions, some EAPs now offer telephone or internet-based counseling services and operate on a 24/7 basis to increase accessibility—important developments in the new global economy with a continuous workforce. Some EAPs offer support groups, workshops, and seminars on a variety of relevant topics (e.g., stress management, substance abuse, bereavement, domestic violence, time management) or assistance with professional development, through career counseling and executive coaching.

As well as helping employees and their families who voluntarily use the service to resolve personal difficulties, EAPs can be used as an organizational tool for consulting with managers on how to address employee emotional and behavioral issues that cause breakdowns in work performance, health, or organizational functioning (Employee Assistance Professionals Association 2003). For example, individuals classified as "heavy drinkers" comprise 12% of the workforce; 47% of industrial injuries and 40% of workplace deaths are linked to alcohol consumption (Atkinson 2001). Moreover, almost 14 million Americans use illegal drugs; as workers, they are four times more likely to be involved in an accident at work and five times more likely to file for workers' compensation benefits than nonusers (Nighswonger 2000). Therefore, EAPs can be instrumental in helping employees who have been referred because of alcohol and drug problems, an especially serious issue when they have safety sensitive jobs. Another difficulty that EAPs can assist with, which

has gained increasing media attention, is domestic violence that spills over into the workplace, posing a risk not only to the targeted employee, but often resulting in a breach of security and a threat to the safety of other workers. This is particularly relevant for women, who are disproportionately affected by such violence.

EAPs are also useful in addressing organizational level concerns that affect employee well-being, including significant workplace change (i.e., organizational restructuring and downsizing) or traumatic workplace events (i.e., accidents, death, crime, and natural disasters), by offering management consultation, employee counseling, and critical incident stress debriefings (CISDs). For companies making positive changes in their work environments through the institution of new workplace policies (e.g., anti-harassment or discrimination, substance abuse/drug testing, zero tolerance for workplace violence), EAPs can provide relevant organizational consultation and manager/employee training.

As may be surmised, EAPs are highly useful to women for many reasons, and it is no surprise that women use EAPs more often than men (Blum and Roman 1992). One reason for this may be because women report mental health concerns more often than men and are more likely to seek help and social support. EAP counseling, support groups, and seminars can help women identify the sources of stress in their lives and develop strategies for coping with stressors (e.g., workplace discrimination, relationship issues, or work–family conflict). EAPs can provide psychoeducation to teach women how to set more reasonable expectations of themselves regarding their life roles and also provide strategies to decrease risk of overload (e.g., reducing workload, managing time, prioritizing responsibilities, asking for help, and delegating to others). In addition, EAPs can educate women on the need to communicate with their spouses and create a dialogue for sharing responsibility, or the need for them to take care of themselves as well as they do their families (e.g., through relaxation, social support, exercise, nutrition). Moreover, EAPs can provide women a safe forum for addressing alcohol or drug abuse, often considered more of a "man's problem."

Because EAPs are positioned to be highly accessible to workers, as evidenced by the newer 24/7, internet and telephonic models, they can be particularly helpful for women, given that they have scarce free time due to their cumulative workload. Additionally, because EAPs are free and available to employees' family members and women are more frequently the identified family caregivers, this service can be a valuable and trusted resource for helping them to find help for loved ones.

Some women also find EAPs a safe place to talk about encounters with work-related discrimination. Not only can EAPs offer social support and assistance in identifying emotional and active strategies for coping with discrimination, but for women who are uncomfortable with directly reporting discrimination to their employers, EAPs can provide an alternative place to address such concerns. EAPs can even assist women who need assistance in reporting; since counselors are often familiar with the workplace cultures and HR professionals of the organizations they provide services for, they can be instrumental in creating direct links between victimized employees and sources of help within the organization itself.

Health Promotion and Wellness Programs

In addition to directly addressing the mental health needs of employees, some employers offer health promotion and wellness programs to help employees with the physical health problems that sometimes give rise to, or result from, stress and poor emotional well-being. These programs may include onsite health screenings (i.e., hypertension, pulmonary functioning, cholesterol, diabetes, bone density, and cancer), immunizations (e.g., flu shots), consultation with a health or nutrition coach, or a 24-hour healthline staffed by registered nurses. Some offer smoking cessation or weight management programs (such as onsite Weight Watchers or "getting your body back" programs for new mothers). Other services can include discounts or reimbursement for membership at offsite health clubs. Alternatively, some companies have an onsite fitness or recreation center, which can include a range of amenities, including gym equipment, game courts, jogging tracks, rock-climbing walls, swimming pools, or whirlpools; some centers even offer free childcare. Some workplace campuses feature walking/running trails, bike paths, and sports fields. Other companies offer healthful and affordable cafeteria choices and ready-made take-home dinners, so that employees can have a convenient way to eat healthy at work and home.

Health promotion and wellness programs, like EAPs, are particularly advantageous to women because of their convenience. They are accessible (located at or near work), affordable (or free), and services can frequently be scheduled during the course of the workday (e.g., before or after work, during lunch hour, or on a work break). This is crucial for women, as it has been acknowledged that some women find it easier to find self-time within the work domain than the family domain (Hochschild 1997). In other words, when women do not find time to take care of their own concerns during the course of the workday, their needs often get disregarded, because once they get home from work, they are too consumed with the demands of home and family to care for themselves. Because of women's intense time commitments at work and home and their tendency to neglect self-care when it comes to proper exercise, diet, and leisure, health promotion and wellness programs can be invaluable for them. Not only do these programs help educate women on issues relevant to their health and well-being, but they also provide effective tools for addressing such concerns; weight management, fitness programs, and ready-made healthful meals are particularly relevant to addressing the health-related concerns identified by women.

Alleviating Women's Burden of the Dual Workload

The workplace services to be discussed in the following section, although they do not provide direct mental and physical healthcare, do benefit women greatly because of the instrumental support they provide. The role of instrumental support

is an important determining factor in women's experiences regarding household labor, and therefore, the dual workload (Gerstel and Gallagher 2001; Starrels 1994). Unlike social support, which is emotionally based, instrumental support has to do with the amount of actual help one receives in carrying out households tasks. Research has revealed that instrumental support is very beneficial to women. When men share in routine housework such as cleaning, meal preparation, and laundry, their female partners report experiencing a reduced workload, a feeling of fairness in the relationship, and less depression (Coltrane 2000). Marital satisfaction is higher when married couples have a more equitable division of housework (Biernat and Wortman 1991; Erickson 1993; Orbuch and Eyster 1997; Pina and Bengtson 1993). Also, when male partners share in domestic labor, women have better emotional and physical health than when they carry the burden by themselves (Arber et al. 1985).

Lamentably, though partners are the most apropos and readily available resource for providing instrumental support, women are not always able to secure such support from their male partners. For this reason many women have compensated by finding alternate sources of help with housework and childcare, including family of origin, extended family, children, kin networks, and neighbors (Gallagher 1994; Gerstel and Gallagher 1994, 2001; Padgett 1997). Paid services have also gained in popularity among those who can afford them, with people increasingly paying for childcare, prepared meals, and house cleaning (Bergen 1991; Cohen 1998; Oropesa 1993; Presser 1994).

The services discussed in the next section fall under the umbrella of employee compensation and benefits, as well as HR policies. They are indispensable to the women who use them, as they provide access to convenient and/or affordable sources of instrumental help and grant women the control they need to effectively and efficiently manage the many demands of their lives. This can result in the direct alleviation of stress and prevent adverse impact on well-being. The provision of these benefits and services has been associated with more "family-friendly" organizations, so called because of their dedication to reducing the work–family conflict experienced when the competing worlds of work and family collide. In recent years "work–family" benefits have moved away from their exclusive focus on family and evolved into comprehensive suites of "work–life" services that address a broader range of personal needs relevant to employees' lives. To reiterate, no one company offers the full breadth of services detailed below, though some companies offer a wide range of them.

Childcare Services

When people think "work-life," the service they probably think of most often is dependent care, especially childcare, although there has been increasing focus on care for the elderly and school-age children. When women are the ones primarily responsible for the care of children, it is clear that for working mothers, childcare is

an absolute necessity, and there are a range of services employers can offer to make finding affordable, conveniently located, high-quality childcare easier for parents. Because it can be prohibitively expensive, some employers make it more affordable by offering reimbursement or subsidies for center-based or in-home childcare (e.g., at the rate of 33, 65, or even 90%). Employers may also provide pretax flexible spending accounts to pay for childcare or offer discounts at national or regional childcare chains.

For convenience, some employers offer an onsite childcare center or have a secured number of slots at company-sponsored childcare centers near the office. The close proximity of childcare is important as it cuts down on pick-up and drop-off time, making parents more accessible to children during the day (whether for a parent–child visit, or in case the child is ill). Organizations often utilize local child-care resource and referral networks, giving employees the opportunity to have a telephone conversation with a consultant who will help them identify their particular childcare needs, the range of care options (e.g., daycare centers, in-home care, family care providers, nursery schools), and help them find accredited, quality childcare. Companies can also address the gaps in childcare; for example, they can provide options for what to do when the regular daycare falls through or when children are sick and are not able (or allowed) to attend daycare. In these cases, companies can provide access to backup care or sick-child care, either in-home or center-based; some companies even allow up to 25 free days of backup care at a national childcare chain. Other services include daycare that is open 7 days a week, has extended hours, or offers occasional night time care so that parents can enjoy an adults-only evening.

In addition to just offering childcare services for preschool children, some companies go a step further by providing a full range of programs for children spanning the lifestages of birth to college. There are a variety of services for employees even in the planning stages of parenthood. For example, companies may offer reimbursement for in vitro fertilization procedures or access to adoption consultation and/or reimbursement. For pregnant employees in their third trimester, some companies offer a valet parking program. For nursing mothers, lactation programs can provide access to private workplace lactation rooms, free pumps at work, subsidies to purchase pumps for home, or 24-hour hotlines for education and support from a lactation consultant.

Parents also have particular needs regarding school-age children (Kindergarten through 12th grade). They must contend with the arrangement of care for school-age children who would otherwise spend every afternoon alone, during the time gap between when children get out of school in the afternoon and when parents return home from work in the evening. This same scenario applies to parents who leave for work earlier than their children leave for school. Because unsupervised children are at increased risk of obesity, exposure to violence through TV and videogames, loitering, sexual activity, substance abuse, and victimization (Barnett and Gareis 2006a, b; Cohen et al. 2002; Kurz 2002), it is no surprise that parents who are highly concerned about their children's after-school care report lower well-being (Barnett

and Gareis 2006a, b). To alleviate parents' concerns, some employers offer to fill this time gap with before- and after-school programs. Seasonal schedule changes (e.g., school vacations and holidays, snow days, and summertime) also pose challenges for which parents must arrange care for school-age children. To make things easier, companies may offer access to school holiday care, snow day backup care, or summer camps.

Some companies offer onsite services for school-aged children (i.e., young children, tweens, and teens) such as an educational center (e.g., offering classes in nutrition, self-defense, art, music, foreign language) or summer camps (e.g., sports, science, academic). Additionally, they may offer tutoring services or a free homework helpline. They may provide assistance for children with learning difficulties or special needs, including resource and referral programs, support groups, behavioral therapy, advocates, and medical specialists. For teens, companies can coordinate community service or volunteer programs and safe driver programs. They may offer onsite summer internships, assistance with college applications, discounted SAT test preparation, and scholarships for employees' children.

Elder Care Services

It is increasingly being recognized that in addition to caring for children, more and more people are providing care for elderly family members or other disabled adults. These caregivers may even be "sandwiched" between two or three generations needing care (i.e., children, aging parents, and/or grandchildren) which can interfere with one's work schedule, and at worst, one's work performance. Elder care responsibilities can be a particular challenge as they often are needed at a time when individuals have just finished the caregiving responsibilities that come with parenting children, but unlike caring for children, the need to provide eldercare may not be anticipated and can become increasingly demanding over time (Azarnoff and Scharlach 1988). Contrary to popular belief, most long-term eldercare is not provided by residential programs or social agencies, but by informal caregivers including friends and family. Women in particular tend to be the ones providing care for elders, not necessarily providing direct care but acting as the care manager (similar to the previously mentioned role of "household manager"), even for far-away relatives: making telephone calls, scheduling appointments, and providing transportation (Piercy and Blieszner 1999). It must be noted that many of these activities necessarily take place during business hours (i.e., doctor appointments, banking, insurance, and Medicare consultations), when women are working. For these reasons, some companies offer eldercare programs and services which provide help in choosing a physician or health specialist or making decisions about care, whether at home or in a residential setting. They may also provide referrals to other services including home health aids or adult daycare, assisted living or skilled nursing facilities, geriatric case management, or hospice. In tandem with these services, companies may offer an eldercare resource and referral service (usually provided by

local Area Agencies on Aging), which provide employees the opportunity to have a telephone consultation with a professional who will help identify their dependant elder's needs and local options for providing them care or assistance (e.g., home-delivered meals, recreation, volunteer opportunities).

Convenience Services

In recognition that the little details and errands of employees' lives can add up and consume a great deal of their time and energy, companies may alleviate these daily hassles by offering onsite services providing employees access to a range of services. Such services include take-home meals, laundry or dry cleaning, car repair/oil change, car wash/detailing, massage therapy, spa services, hair and nail salon services, dental care, postal services, photo development, and banking. When car trouble strikes or someone misses the train to work, some companies offer emergency transportation programs, paying for a cab or rental car. In addition to these onsite services, an increasingly popular employee offering is personal assistance through convenience or "concierge" services. By calling a toll-free number or logging onto a website, employees gain access to free services that can take care of almost anything on one's "to-do" list. For instance, it can help employees find someone to pick up dry cleaning, deliver groceries, feed or walk pets, ship packages, find a plumber or electrician, and even wait for the cable man. These services can also help with travel, entertainment, and reservations, including planning a child's birthday, hiring a wedding planner, researching airfares, car rental, moving services, or getting concert tickets. An additional benefit employers may offer is access to discounted services in the community, increasing the affordability of financial counselors, local retailers, or recreational activities (e.g., movie tickets, theatre productions, zoo, aquarium, sports events).

In addition to these services, some companies internally coordinate onsite seminars, emails, newsletters, or support groups for the purposes of providing employees with information, education, and available resources, regarding a variety of matters that concern them. Whether the topic is parenting, work stress, time management, or wellness, helping employees become aware of important life issues, giving them a means for getting assistance, and providing a forum for sharing concerns with one another makes their lives less stressful and more satisfying. Such steps toward creating work environments that foster the integration of employees' personal and professional lives can be augmented by instituting similar policy (i.e., casual dress, take your daughter/son to work day, allowing employees to bring dogs to the office), mandating manager training on work–life balance and lifestyle diversity, or establishing employee resource networks (e.g., supper clubs where employees take turns making dinner for one another).

The work–life benefits detailed in this section are highly valuable for women in particular. For example, because women are more likely than men to be engaged in either providing or coordinating care for family members, childcare and elder-care benefits can be especially helpful for them. Not only do such affordable and

accessible services permit caregivers the physical freedom to work outside the home, but assurances of good quality dependent care allow women the psychological freedom to work knowing that their loved ones are safe and happy. And because women do so much of the home-related work, convenience services are particularly helpful in alleviating the burden associated with their most time-consuming routine tasks (i.e., through the identification of services to outsource clothes laundering, grocery delivery, meal preparation, and house cleaning). Women, because of their role as behind-the-scenes family coordinator and household manager, also find concierge services helpful, especially for assistance with planning family events (Blain 1994; Coltrane 1996; DeVault 1991; Gunter and Gunter 1990; Hawkins et al. 1994; Hochschild 1989; Mederer 1993; Thompson and Walker 1989; West and Fenstermaker 1993). As stated previously, although such dependent care and convenience services do not directly address mental and physical health, they can help reduce strain associated with role overload and work–life conflict, as well as potentially provide women with some much-needed free time.

Flexible Work Arrangements

When it comes to managing the simultaneous and constant demands of work and family, having the option of flexible work arrangements can be a godsend. Companies that offer such options typically allow for employee discretion in terms of work time and work location, provided that such arrangements do not negatively impact work performance. Additionally, such personal-life oriented policies explicitly state that their use by employees must not jeopardize career advancement in the organization. "Flex time" allows employees to select their preferred start and stop times, for example, working from 7 a.m. to 3 p.m., rather than 9 a.m. to 5 p.m. Compressed workweeks allow employees to work their weekly hours in a condensed format, for example, working a 40-hour week in four days rather than five. Another flexible option includes working reduced hours. Some companies offer alternatives to working full-time, such as part-time work or the ability to switch from full-time to part-time when needed. Job-sharing is another option that allows two people to share one position, dividing the hours and pay accordingly. In the summertime, some employees enjoy their company's policy of reduced hours, or "summer hours" which allows employees to leave work early on Fridays. Setting one's own work hours has a variety of benefits, including missing the daily commute, allowing one to spend time with family or run errands, and potentially providing more opportunities for self-care (e.g., medical appointments, going to the gym).

Another flexible arrangement has to do with the employee not being required to report to an office every day. "Telecommuting" allows an employee to work from a remote location, whether from home, a satellite office closer to home, or any location convenient for the employee. Some companies support this option by providing the necessary technology to make sure that working between home and the office is seamless, whether by providing employees an allowance to set up a home office (i.e., to purchase a computer and furniture), or by directly providing them the technology

(e.g., laptops, BlackBerrys, high-speed internet access, wireless services, conference calling, cell phones, phone cards). Offices can complement these home-based services by utilizing technology such as videoconferencing and webcasts to ensure that employees do not miss important office-based meetings or special events when they are offsite. Employees especially enjoy the side-benefits of working remotely as they do not have to get dressed up for work, do not have to struggle through the commute, and many report that they can get much more done when working from home because they do not have to contend with office distractions.

The establishment of these flexible work arrangements allows employees to have a greater sense of control over their time, work, and personal lives, providing them a much needed buffer against the stress and adverse health outcomes brought on by life demands (Ganster 1991; Halpern 2005; Karasek 1979; Karasek and Theorell 1990). It is an acknowledgment by employers that employees have to contend with unique personal life circumstances and are in a better position of deciding which options work best for them, rather than mandating a rigid policy that may or may not work well for every employee. Companies now see that as long as employees can meet their job requirements, work hours, and perform well, the when and where of the work is not always of utmost importance.

Work Leave

Another strategy to help employees integrate their work and family lives is to allow employees to have time away from their employment for various personal reasons, without putting their job in jeopardy. The Family Medical Leave Act of 1993 (FMLA) allows eligible employees to take up to 12 weeks of job-protected, unpaid leave either because of the employee's own serious health problem or to take care of a family member. Although a step in the right direction, the USA lags far behind other industrialized nations in terms of providing suitable work leave policies for its employees. The relatively new FMLA legislation has been criticized because it only allows short-term, unpaid leave for a subset of legally eligible workers (i.e., it specifies permanent workers, not seasonal or temporary, who work in an organization with more than 50 employees). Moreover, it is restrictive because it utilizes a narrow family definition. Women and men can take leave to care for a child (i.e., newborn, adopted, or foster child) or sick family member (i.e., spouse, or elderly parent), but FMLA does not cover the range of family members needing care: unmarried partners (either lesbian/gay or heterosexual), siblings, grandparents, aunts/uncles, in-laws, or nonblood kin. The fact that it is unpaid poses challenges to those who need to take work leave, as many employees cannot afford to go without a paycheck or have to cut their leave time short because of financial concerns (Waldfogel 2001). This is particularly relevant for women, as they are more likely to take work leave than men; this may explain why many women quit work when a baby is born. FMLA legislation also favors those who have greater financial resources and traditional family configurations (i.e., white, wealthy, and married individuals; Gerstel and McGonagle 1999). Some progressive employers have responded to this need by offering paid and/or extended leave,

sometimes offering fully or partially paid extra time off to new mothers, fathers, or adoptive parents, sometimes up to three months. Other companies additionally offer paid "pre-maternity leave" (up to four weeks) for mothers preparing to give birth.

Because the USA does not have a minimum number of sick and vacation days that employers must provide by law, it is up to companies to provide for employees in this way (Heymann et al. 2004). Some companies offer a generous amount of paid time off in the form of sick days, vacation time, or personal days. In addition, some companies support their employees' efforts to volunteer or participate in community service programs by offering them paid time off for just this purpose (sometimes up to 40 hours per year). Other companies allow employees with a certain number of years in tenure to take paid sabbaticals (e.g., six months) or give them the option to take a career break with their job guaranteed for five years.

The availability of flexible work arrangements and job-protected paid work leave is especially relevant for women given their role as family caretaker. Flextime and telecommuting are helpful for women who have many cumulative role demands and a finite amount of time in which to accomplish them. These tools allow them to find a better fit between their work and home roles, gaining an increased sense of control over their lives. Generous work leave policies likewise benefit women because as caretakers they are more likely to take extended time off from work or reduce working hours to care for family. Good work leave policy can alleviate worries for women while they are away, knowing that their jobs are secure. For companies that offer leave with pay, it provides an additional dimension of security because it alleviates financial concerns, especially for single parents and women who do not want to feel financially dependent on a spouse while out of work. Paid work leave also allows people to have more control regarding when to return to work, rather than the choice being dictated by financial necessity. Again, as with work–life services, these policies cannot directly address mental and physical health concerns, but they may be invaluable in helping employees to manage situations that give rise to everyday stress or to respond effectively to occasional life crises.

Ensuring that Women are Treated Fairly in the Workplace

Making a commitment to fair employment practices can be especially meaningful to women, as they have historically been discriminated against in the workplace. Policies against sexual harassment, coupled with relevant management and employee training, offer protection to women who have been affected by sexism ranging from hostile work environments to outright sexual aggression. In addition, some employers set explicit policies regarding equal employment and nondiscrimination, including affirmative action policy, which provides women with opportunities to move into occupations or positions traditionally held by men, and fair pay (or "comparable worth") policy which brings women's wages on par with men's for jobs requiring equivalent skills and experience (i.e., by offering equitable salaries at the time of hire and by monitoring and auditing compensation systems to verify that pay is maintained at equitable levels).

There are many ways in which employers create opportunities for women's advancement. One opportunity comes in the form of direct assistance through career development programs, career counseling, and coaching. Another is for employers to offer access to training and education to their female employees, whether through formal education opportunities like tuition reimbursement or scholarships for undergraduate or graduate programs, educational leave of absence to pursue a degree or certification, or onsite MBA programs (i.e., the company acts as a satellite campus for a local university). Other companies offer their own in-house professional development curricula, such as a "corporate university," or leadership training programs to groom women for leadership roles. Women can also find opportunities for leadership in companies that have programs designed for placing women into traditionally male professions (e.g., engineering, technology, hard sciences), executive succession programs targeted at women, and women's mentoring programs where senior leaders coach more junior staff members. In an acknowledgment that many careers have benefited by having friends in high places (i.e., "the old boys' network"), having the opportunity to connect with "people resources" can be invaluable. For this reason, some employers sponsor forums for women's networking (e.g., panels of female leaders, employee affiliation/resource groups, business lunches, conferences, workshops, or lectures).

Another organizational strategy supportive of women's career development directly targets a challenge most frequently faced by women: how to handle returning to work after a career leave taken to provide care for children or family members. Some women who have been away from the workplace for caregiving find that when they return to work they are given less responsibility, fewer challenging assignments, and restricted travel opportunity. Moreover, they may have fewer developmental opportunities, less pay, and fewer benefits (Nelson and Burke 2002). Some employers have tried to ease the difficulty for returning caregivers by providing re-entry programs for women who have been on extended leave, educating them about new technology or policies that they may not be familiar with. There are also programs for phasing back new parents which allow primary caregivers to work reduced hours for a period of time before returning fully to work.

The policies and programs detailed in this section all attempt to correct long-standing gender inequality in the workplace and establish inclusive environments. These initiatives are particularly meaningful for women. Career and leadership development, mentoring programs, and employee affiliation networks can create a "level playing field" by bringing women's formal and informal access to work opportunities, education, information, and social resources more in line with men's. Additionally, return-to-work strategies are beneficial to women in particular because of their role of family caretaker. Such practices can ease the difficulties associated with taking a career break (i.e., having work experience gaps in their resume, losing touch with professional networks, technological updates, and marketplace trends) and facilitate their ability to re-engage with the work world. Finally, fair treatment initiatives in the workplace have an obvious benefit for women's psychosocial health, improving perceptions of justice and self-efficacy. Moreover, companies that ensure equal compensation for equal work and access to leadership positions

can help improve women's status on a societal and even global level, helping to create a fairer distribution of resources such as wealth and power among the genders.

Implications for Women's Mental Health

This chapter has examined the variety of ways in which women's experiences of work (paid, unpaid, and combined) influence their well-being and quality of life. It has also addressed the opportunities available to organizations for improving these aspects of women's lives on multiple levels. First, employers can ensure that they have inclusive and affirming workplace cultures where all employees are treated with the same dignity and respect and offered equal access to jobs and wages. Second, organizations can adopt policies and benefits such as work–life services and flexible work arrangements to alleviate women's dual workload and find a more comfortable fit between their work, family, and leisure roles. Third, companies can directly address employees' mental health and medical needs when they do arise through the provision of comprehensive insurance policies, EAPs, health promotion, and wellness programs. Addressing women's concerns at these three levels of intervention constitutes a systems-based approach and can help in creating "psychologically healthy" organizations for women (Cynkar 2007).

As we have seen throughout this chapter, these interventions have implications not only for individuals and organizations, but also for the larger mental health community. The provision of mental health and related services within the workplace is not only an effective way to serve the estimated 26.2% of American adults who are affected yearly by a diagnosable mental disorder (National Institute of Mental Health (NIMH) 2006), but it legitimizes such treatment. Providing supportive services to high-functioning, working people who seek assistance with emotional or stress-related difficulties helps to break the taboo that only "crazy" people require psychological help. Such services raise awareness about mental health issues, which are often invisible but fairly common, cutting across all populations of people regardless of employment status, gender, ethnicity, age, or socioeconomic status. Moreover, offering mental health and related services at work lends another layer of support to the existing mental health delivery system. In addition to helping organizational leaders be more aware and supportive of the psychological issues that affect their employees, mental health professionals in the community can refer clients to free and convenient sources of help by being aware of the workplace services available to employees.

Before concluding, it must be mentioned that, for the sake of maintaining focus on the identified topic, several related issues have gone unaddressed but are nonetheless critical in telling a fuller story. For example, although this chapter focused exclusively on the workplace as a site for change in addressing and remedying issues of gender-based inequality and women's well-being, it must be pointed out that there are other vital agents of change. One very critical source of change is men, who, as a group, continue to hold an inequitable share of social power and economic resources, both in society and on the homefront. By becoming aware of

the ways in which they participate in everyday inequalities and making personal commitments to the betterment of women's lives, men are perhaps the most effective source of change toward dramatically improving the circumstances and health of the women in their lives and their society. However, this topic is immense and beyond the scope of this chapter. Likewise, this chapter did not address the challenges faced by women who contend with social inequalities beyond those based on gender. Women who face compound forms of prejudice and discrimination include those who are non-white, older, poor, lesbian, physically disabled, mentally ill, overweight, uneducated, and foreign born. The critical importance of these topics merit their own dedicated chapters.

In conclusion, although the intersection of work and mental health is clearly changing for the better for women, there is still quite a way to go. For a full understanding of how far women have come, one needs only to look at the statistics detailing women's social and economic status today as compared to 30 years ago. To see how much farther women have to climb to reach true equality, however, one must take a look at the statistics detailing their social and economic status today as compared to that of men. The discrepancy is clear and sobering.

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