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## FAMILY-SUPPORTIVE SUPERVISOR BEHAVIOR POSITIVELY AFFECTS WORK BEHAVIOR AND NONWORK WELL-BEING AMONG MEN IN LONG-TERM CARE

Nicole DePasquale, PhD, MSPH

Division of General Internal Medicine, Department of Medicine, Duke University School of Medicine, 200 Morris Street, 3<sup>rd</sup> Floor, Durham, NC 27701

### Abstract

**AIMS**—This study examined family-supportive supervisor behavior as a resource for the work behavior (safety compliance and organizational citizenship behavior) and nonwork well-being (family time adequacy, time in bed, and sleep quality) of men in the long-term care workforce. Men’s nonwork care roles for children (double-duty-child caregivers), adult relatives (double-duty-adult caregivers), or children and adult relatives (triple-duty caregivers) were assessed as moderators.

**BACKGROUND**—Family-supportive supervisor behavior is a modifiable workplace practice that may help recruit and retain men in nursing amid their increasing nonwork demands.

**METHOD**—Multiple linear regression analysis was performed on cross-sectional, secondary survey data from 122 men working in U.S.-based nursing homes.

**RESULTS**—Family-supportive supervisor behavior was directly and positively related to safety compliance, organizational citizenship behavior, and family time adequacy. It was also positively associated with time in bed and sleep quality for double-duty caregivers.

**CONCLUSION**—Family-supportive supervisor behavior plays an important role in the work behavior and nonwork well-being of men with and without nonwork care roles in the long-term care workforce, a finding with favorable implications at the employee- and organizational-level.

**IMPLICATIONS FOR NURSING MANAGEMENT**—Training may facilitate nurse managers’ engagement in family-supportive supervisor behavior and, in turn, improve employees’ work and nonwork outcomes.

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Corresponding Author nicole.depasquale@duke.edu, Phone: 919.668.0369.

Ethics approval

This study was approved as exempt research by the Duke University Health System Institutional Review Board (Pro00105815).

Data Storage and Documentation

The author is unable to share the unrestricted data used in this paper. Data were collected as part of the Work, Family, and Health Study and are not public. Applications for access to restricted data are available at [workfamilyhealthnetwork.org](http://workfamilyhealthnetwork.org).

Conflicts of Interest

I have identified no professional or personal circumstances or competing interests that could be construed or perceived as influencing the interpretation of the results.

## Keywords

Caregiving men; family-supportive supervisor behavior; work and nonwork; double- and triple-duty care; nursing homes

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## Background

Men have long been underrepresented in the US nursing workforce. Increasing men's representation may create a more inclusive, gender-balanced workforce that better reflects the composition of the general population as well as the population receiving care (Smith, Lane, Brackney, & Horne, 2020). Nonetheless, efforts to attract men have yielded only incremental increases to their minority presence (Kronsberg, Bouret, & Brett, 2018). Slow progress in gender diversity has been attributed to several factors undermining recruitment efforts, including pervasive societal stereotypes that reinforce the feminization of nursing, gender-based barriers, nursing program attrition, and few male role models (Gavine, Carson, Eccles, & Whitford, 2020; Kronsberg et al., 2018). Potential threats to workforce retention, such as discrimination, feelings of exclusion, and limited managerial support, further complicate matters (Kronsberg et al., 2018). Continued calls for gender inclusivity, coupled with the current and looming shortage of nurses (Juraschek, Zhang, Ranganathan, & Liu, 2019), underscore the need for additional strategies to recruit and retain men.

In light of men's increasing presence in family roles, one possible strategy is managers' support for men's nonwork lives. Currently, more than 60% of U.S. adult men are fathers and 39% informally care for dependent relatives or friends aged 18 or older (Monte, 2017; National Alliance for Caregiving, 2020). Over the past 50 years, men more than doubled their time in both child care and housework (Perry-Jenkins & Gerstel, 2020). Recent research also suggests men and women report similar levels of work-nonwork conflict, contrary to widespread beliefs that women experience more challenges with work-nonwork balance (Shockley et al., 2017). Additionally, data from the 2017–2018 American Time Use Survey shows that men and women spend similar amounts of time providing unpaid care to adults aged 65 or older (Bureau of Labor Statistics, 2019). Collectively, these trends have prompted calls for organizations to acknowledge and respect men's nonwork demands.

Therefore, this study examined family-supportive supervisor behavior as a potential workplace resource directly related to the work behavior (safety compliance and organizational citizenship behavior) and nonwork well-being (family time adequacy, time in bed, and sleep quality) of men in the long-term care workforce. Given men's growing nonwork demands, men's nonwork care roles were considered moderators of these relationships.

## Family-Supportive Supervisor Behavior

Family-supportive supervisors empathize with employees' desires to balance work and nonwork roles (Thomas & Ganster, 1995). Family-supportive supervisor behavior is a form of informal organizational support specific to employees' management of work and nonwork demands that consists of providing emotional support (i.e., conveying respect,

understanding, and sympathy for employees' nonwork responsibilities) and instrumental support (i.e., responding to employees' work-nonwork management needs by providing relevant resources and services), being a role model (i.e., demonstrating effective management of one's own work-nonwork responsibilities), and developing creative solutions to work-nonwork management challenges (i.e., promoting employee effectiveness in work and nonwork roles; Hammer et al., 2013).

Within conservation of resources theory (Hobfoll, 1989), family-supportive supervisor behavior has been conceptualized as a contextual resource. This theory posits that people are motivated to acquire, foster, and protect resources, broadly defined as anything valued, considered helpful in achieving goals, or used to obtain additional resources; when resources are threatened or lost in the presence of a stressor, stress and other negative outcomes occur (Hobfoll, Halbesleben, Neveu, & Westman, 2018). Resources are distinguished by whether they are contextual or personal in origin. Contextual resources exist within an individual's social and environmental context (e.g., workplace) whereas personal resources exist within individuals (e.g., energy). Conservation of resources theory presupposes that resources beget resources, leading to resource accumulation and improved behavioral outcomes. In the work-home resource model, contextual resources initiate this cumulative process, with workplace resources producing personal resources that benefit nonwork experiences (ten Brummelhuis & Bakker, 2012). A recent systematic review provides support for these assumptions, showing that family-supportive supervisor behavior has been linked to favorable work and nonwork outcomes (Crain & Stevens, 2018).

Accordingly, this study expects family-supportive supervisor behavior, a contextual resource, to be associated with gains in personal resources (family time adequacy, time in bed, and sleep quality) and improvements in work behavior (safety compliance and organizational citizenship behavior). Theoretically, instrumental support, role modeling behavior, and creative management practices from family-supportive supervisors should enable employees to better manage their work and nonwork demands. Better management of work and nonwork demands, in turn, should provide employees with more time for resting, sleeping, and interacting with family. Likewise, emotional support may help employees achieve better sleep quality by decreasing worry about work-nonwork management. Further, family-supportive supervisor behavior may generate affective personal resources such as positive emotions (e.g., gratitude) that improve work behavior, a notion supported by social exchange theory; that is, employees who view family-supportive supervisor behavior as a desirable resource may be motivated by positive emotions to reciprocate with desirable work behavior (Bagger & Li, 2014).

### **Double- and Triple-Duty Care**

In long-term care organizations, acknowledgement of and respect for men's nonwork demands is synonymous with understanding the work-nonwork interface of constant caregivers. As more men enter the nursing profession and their presence as fathers and family caregivers grows, their likelihood of simultaneously occupying care-based work and nonwork roles becomes greater. In the sparse literature considering the convergence of paid and unpaid care work, long-term care employees with nonwork care roles are referred to as

double- or triple-duty caregivers (DePasquale et al., 2016b; Ward-Griffin et al., 2005). Double-duty caregivers are health care workers with nonwork care responsibilities for children *or* adult relatives whereas triple-duty caregivers are health care workers with nonwork care responsibilities for children *and* adult relatives. Double- and triple-duty caregivers differ from their counterparts without nonwork care roles, or workplace-only caregivers, in that they report more pressure to make family sacrifices for the sake of work, work-nonwork conflict, emotional exhaustion, presenteeism, fatigue, stress, psychological distress, and acute care utilization; poorer sleep duration; and a greater need to recover from energy expended at work (Boumans & Dorant, 2014; DePasquale et al., 2016a, 2016b, 2018a, 2018b, 2019).

Based on assumptions from conservation of resources theory (Hobfoll, 1989) and the role scarcity hypothesis (Goode, 1960), greater contextual nonwork demands and fewer personal resources from managing one or more nonwork care roles may explain double- and triple-duty caregivers' negative work and nonwork outcomes. The role scarcity hypothesis assumes people possess finite personal resources to distribute among their social roles, each of which involves varying demands that compete for the same zero-sum resources. As people manage more roles and accompanying demands, they risk experiencing negative outcomes by placing themselves in high-demand, low-resource situations or depleting their personal resources. Given that nonwork responsibilities for children and adult relatives can be among the most demanding, resource loss circumstances may be particularly high for double- and triple-duty caregivers. Consequently, this study expects family-supportive supervisor behavior to be especially beneficial for double- and triple-duty caregivers' work and nonwork outcomes.

### The Present Study

Although studies have shown the benefits of family-supportive supervisor behavior for a range of employee populations, none have solely focused on its benefits for men in the long-term care workforce. This study draws on a sample of men working in U.S.-based nursing homes with two objectives. The first objective is to examine whether family-supportive supervisor behavior positively affects work behavior (safety compliance and organizational citizenship behavior) and nonwork well-being (family time adequacy, time in bed, and sleep quality). The second objective is to examine whether these positive associations are stronger for double- and triple-duty caregiving men. Outcomes examined here are relevant to recruitment and retention of men in nursing, as each has potential implications for employee safety, health, and attitudes; job engagement, performance, and satisfaction; turnover; organizational commitment; and/or perceptions of the organizational climate (Becton, Carr, Mossholder, & Walker, 2017; DePasquale et al., 2018a; Litwiller, Synder, Taylor, & Steele, 2017; Yuan, Li, & Tetrick, 2015).

### Methods

This cross-sectional study is based on a secondary analysis of survey data from the Work, Family, and Health Study, a research initiative by the Work, Family and Health Network to understand how workplace practices affect the work and nonwork experiences of long-term

care employees. Appropriate institutional review boards approved the Work, Family and Health Study protocol, which is described in detail by Bray and colleagues (2013).

### Setting and participants

Through its partnership with a private corporation, the Work, Family and Health Network recruited study participants from 30 nursing homes in New England. All nursing homes employed at least 30 direct-care workers, were not acquired within the year prior to study initiation, and had no involvement in other research initiatives. Eligible study participants worked at least 22.5 hours per week in direct patient care. Regular night shift workers were excluded given logistical challenges with study procedures. Of 1,783 eligible employees, 1,524 (85%) enrolled in the Work, Family and Health Study, 125 (8%) of whom were men; this gender distribution (8% male) is consistent with national data on the gender distribution of nursing occupations both at the time of data collection (9% male; Landivar, 2013) and for the current nursing workforce (11% male; US Bureau of Labor Statistics, 2020). The final sample was restricted to 122 men working as certified nursing assistants, licensed practical nurses, or registered nurses who had no missing data on study variables.

### Procedures

Trained field interviewers administered hour-long, in-person computer-assisted personal interviews on a rolling basis from September 2009 to July 2011. Participants provided information about their sociodemographic characteristics, work and nonwork lives, and health. Participants received \$20 upon interview completion.

### Measures

Unless stated otherwise, mean scores were calculated for all measures, with higher scores representing higher levels of the construct under investigation.

**Work behavior.**—Safety compliance was assessed with four items measuring the extent of adherence to safety procedures at work (e.g., “You carry out your work in a safe manner,” Neal et al., 2000). Participants responded on a 5-point scale (1= strongly disagree, 5 = strongly agree,  $\alpha = .89$ ). Organizational citizenship behavior was measured with four items examining employees’ willingness to help their coworkers and employer beyond required work behavior (e.g., “To what extent are you willing to work harder in order to help your employer succeed?”; Lambert, 2000). Participants responded on a 5-point scale (1 = never, 5 = all of the time,  $\alpha = .72$ ).

**Nonwork well-being.**—Family time adequacy was measured with two items adapted from the Family Resource Scale-Revised (Van Horn, Bellis, & Snyder, 2001). Reflecting on the past year, participants rated the extent to which they felt there had been enough time to (1) spend together with family and (2) care for the needs of family members (1 = never, 5 = all the time,  $\alpha = .72$ ). Two items were used to compute time in bed: “What time did you turn the lights off to go to sleep?” and, “What time did you actually get out of bed?” One item examined sleep quality: “How would you rate your sleep quality overall?” Responses ranged from very good (1) to very bad (5) and were reverse-coded ( $\alpha = .88$ ).

**Family-supportive supervisor behavior.**—The four-item, family-supportive supervisor behavior short-form examined employees' perceptions of supervisors' engagement in emotional support, instrumental support, role modeling, and creative management (Hammer et al., 2013). An example item includes, "Your supervisor works effectively with employees to creatively solve conflicts between work and nonwork." Responses ranged from strongly disagree (1) to strongly agree (5).

**Nonwork care status.**—In accordance with prior research (DePasquale et al., 2016b), participants were categorized into mutually exclusive double- or triple-duty caregiving groups. Double-duty-child caregivers lived with at least one child aged 18 or older for four or more days per week. Double-duty-adult caregivers informally provided assistance with shopping, medical care, and/or financial planning to an adult relative at least 3 hours per week in the past 6 months regardless of residential proximity. Triple-duty caregivers fulfilled all double-duty caregiving criteria. Workplace-only caregivers did not fulfill any double- or triple-duty caregiving criteria. These different roles were converted into four dichotomous indicators.

### Control variables

Age (in years), race (0 = non-White, 1 = White), hours worked per week (in hours), company tenure (in years), and dual-earner couple status (0 = no, 1 = yes) were selected as control variables given their theoretical relevance (ten Brummelhuis & Bakker, 2012).

### Analytic strategy

Descriptive statistics and correlations were computed for study variables. Possible mean differences in family-supportive supervisor behavior ratings by nonwork care status were also examined using the one-way ANOVA test. Because participants were nested within nursing homes, an intraclass correlation coefficient was calculated for each outcome to determine whether analytic models should account for between-facility variance. Organizational citizenship behavior (.02), family time adequacy (.06), time in bed (.03), and sleep quality (.05) each had intraclass correlation coefficients at or below 6% whereas model convergence issues were experienced for safety compliance given the lack of between-facility variance for this measure. These intraclass correlation coefficients indicated that nearly all variance across outcome measures was attributable to between-person differences. Under the reasonable assumption of statistical independence between nursing homes, two separate multiple linear regression models were estimated per outcome. Model 1 included main effects only, specifically family-supportive supervisor behavior, dichotomous indicators for nonwork care status (with workplace-only caregivers as the reference group), and covariates. Model 2 extended Model 1 with a moderation analysis to assess whether family-supportive supervisor behavior affected work behavior and nonwork well-being differently depending on nonwork care status. To test for moderation, interaction terms between family-supportive supervisor behavior and each nonwork care status were added to the model (e.g., family-supportive supervisor behavior  $\times$  double-duty-child caregiver). All significant interactions were decomposed by calculating simple slopes for double- and triple-duty caregivers and further probed by computing estimated means for men falling one standard deviation above (high level of family-supportive supervisor behavior) and below

(low level of family-supportive supervisor behavior) the mean of family-supportive supervisor behavior. All analyses were conducted in SAS 9.4.

## Results

### Descriptive analyses

Means, standard deviations, and correlations for all study variables are shown in Table 1. The average man was 38 years old, worked 38 hours per week, and reported a company tenure of nearly 6 years. Fifty-one percent of men were White and 40% were in a dual-earner couple. The most common nonwork care status was workplace-only caregiver (51%), followed by double-duty-child (21%), double-duty-adult (18%), and triple-duty caregiver (10%).

Correlations revealed that family-supportive supervisor behavior was significantly and positively correlated with safety compliance ( $r=.19, p<.05$ ), organizational citizenship behavior ( $r=.22, p<.05$ ), and family time adequacy ( $r=.21, p<.05$ ). The one-way ANOVA test revealed no significant mean differences in family-supportive supervisor behavior ratings by nonwork care status (Figure 1).

### Primary analyses

**Direct associations.**—In Model 1 (Table 2), family-supportive supervisor behavior was significantly and positively associated with safety compliance, organizational citizenship behavior, and family time adequacy. Compared to workplace-only caregiving, double-duty-child and triple-duty caregiving were significantly and negatively related to family time adequacy and time in bed, respectively.

**Nonwork care status as a moderator.**—In Model 2 (Table 2), three significant interactions emerged. First, there was an interaction effect between family-supportive supervisor behavior and nonwork care status in relation to time in bed, such that family-supportive supervisor was positively associated with time in bed for double-duty-adult caregivers ( $B=.83, SE=.38, p<.05$ ). Similarly, model-estimated means showed double-duty-adult caregivers reported more time in bed at high levels of family-supportive supervisor behavior than at low levels of family-supportive supervisor behavior (Figure 2). Second, there was an interaction effect between family-supportive supervisor behavior and nonwork care status in relation to sleep quality. In this case, simple slopes tests revealed that family-supportive supervisor was positively associated with sleep quality for both double-duty-child ( $B=.42, SE=.21, p .05$ ) and double-duty-adult caregivers ( $B=.33, SE=.16, p<.05$ ). Model-estimated means showed a similar pattern, with both double-duty-child and double-duty-adult caregivers reporting better sleep quality at high levels of family-supportive supervisor behavior than at low levels of family-supportive supervisor behavior (Figure 3).

## Discussion

Guided by conservation of resources theory and the work-home resources model, this study provides support for family-supportive supervisor behavior as an important workplace resource for the work behavior and nonwork well-being of men in the long-term care

workforce. Family-supportive supervisor behavior, a contextual resource, was associated with additional personal resources (family time) and facilitated positive work behavior (safety compliance and organizational citizenship behavior). In line with the role scarcity hypothesis, family-supportive supervisor behavior was positively related to time in bed for double-duty-adult caregivers and sleep quality for double-duty-child and double-duty-adult caregivers. This study makes important contributions to the literatures on nursing, family-supportive supervisor behavior, and nonwork care.

First, this study extends research on family-supportive supervisor behavior by highlighting benefits for men working in nursing homes. This workforce segment has been overlooked in the family-supportive supervisor behavior literature, perhaps due to widespread misconceptions that women experience more challenges managing the work-nonwork interface (Shockley et al., 2017). Another potential explanation comes from research showing that men who seek work-nonwork balance through workplace supports risk organizational penalties, face gender-related stigmatization, and are perceived as less masculine by male and female peers alike (Ewald, Gilbert, & Huppatz, 2020). Given that gender stereotypes and discrimination are persistent issues in the nursing profession, men in long-term care may be reluctant to express a need or desire for family-supportive workplace supports. Following this logic, family-supportive supervisor behavior may be appealing as an informal, discretionary workplace support offered to, rather than negotiated or formally utilized by, employees. Therefore, future research should examine whether and how family-supportive supervisor behavior benefits men in long-term care without gender-related penalties or repercussions. Future studies could also identify which dimensions of family-supportive supervisor behavior men consider most helpful in managing the work-nonwork interface. Collectively, these future research directions will enhance understanding of how family-supportive supervisor behavior can be targeted toward men and fostered and sustained in long-term care organizations.

Second, this study contributes to the growing body of research on the consequences of family-supportive supervisor behavior by identifying safety compliance, organizational citizenship behavior, and family time adequacy as direct, positive outcomes. Following recommendations from a recent systematic review of the family-supportive supervisor behavior literature (Crain & Stevens, 2018), the work and nonwork outcomes investigated here shift focus from more typical or well-researched consequences and have implications for employees and organizations alike. The altruistic, voluntary behavior characteristic of organizational citizenship behavior is salient for long-term care settings given that team-oriented approaches to the work role can positively affect job satisfaction, empowerment, patient safety, and care-quality and lower turnover intentions (Litwiller et al., 2017). Similarly, safety compliance is an utmost priority in nursing homes as employees are responsible for maintaining patient safety; failure to engage in safe workplace practices can increase the likelihood of workplace accidents or injuries that harm employees, those they care for, and coworkers. Moreover, results show that the benefits of family-supportive supervisor behavior extend beyond the long-term care environment to relieve the family time squeeze, meaning that employees are better able to spend time with family without feeling rushed or stressed. Family time adequacy has links to emotional exhaustion, job satisfaction, turnover intentions, and perceptions of the work climate (DePasquale et al., 2018a).



Additionally, this study demonstrated that family-supportive supervisor behavior may benefit men differently based on their nonwork care status. Specifically, family-supportive supervisor behavior was positively associated with time in bed for double-duty-adult caregivers and with sleep quality for double-duty-child and double-duty-adult caregivers. Interestingly, these differential relationships emerged despite the lack of mean differences in family-supportive supervisor behavior ratings by nonwork care status. These findings imply that men with and without nonwork care roles can perceive family-supportive supervisor behavior similarly while differing in experiences of its benefits or effectiveness. Moreover, time in bed and sleep quality are more distal compared to the other outcomes investigated here as they reflect employee health. More time resting or sleeping and better overall sleep quality are proxies for adequate physiological and psychological restoration processes enabling the body to reenergize and recuperate from daily wear and tear (Litwiller et al., 2017). Therefore, findings suggest that the benefits of family-supportive supervisor behavior can extend beyond waking experiences to positively affect sleep and subsequent health for men with double-duty caregiving roles. Given these results, it seems surprising that benefits did not extend to triple-duty caregivers, as they provide nonwork care for children *and* adult relatives. Hypothesized moderated relationships for triple-duty caregivers may not have been found because of the small size of this subgroup. Thus, there are substantive and methodological reasons for other studies to continue examining the differential effects of family-supportive supervisor behavior based on men's nonwork roles.

### Limitations

Several limitations warrant mention. First, the cross-sectional design of this study precludes causal inference. Second, the sample comprised employees of nursing homes in one U.S. region owned by a single organization, thereby limiting generalizability of study findings. This non-probability sampling approach, however, provides a shared set of organizational practices and policies that potentially minimize the influence of exogenous factors on outcomes. Third, the double- and triple-duty caregiving subgroups were small. Although some differences between workplace-only and double- and triple-duty caregivers reached statistical significance, results should be regarded as hypothesis-generating and warrant confirmation in future investigations. Fourth, the Work, Family and Health Study was not specifically designed to study nonwork care roles and therefore lacked detailed information about this contextual demand. Still, a role occupancy approach has the likely advantage of including diverse nonwork care situations potentially more representative of double- and triple-duty caregivers than a sample selected for a certain threshold of care or care recipient diagnosis. Finally, this study could not account for supervisor characteristics (e.g., gender) potentially affecting employees' perceptions of family-supportive supervisor behavior. Future research including employees and supervisors is suggested to advance understanding of dyadic processes related to family-supportive supervisor behavior.

### Implications for Nursing Management

This study shows that family-supportive supervisor behavior plays an important role in improving the work behavior and nonwork well-being of men with and without nonwork care roles in the long-term care workforce. Given that these positive employee-level outcomes have favorable implications at the organizational level, it is in the interest of long-

term care organizations to provide family-supportive supervisor behavior training for nurse managers. Training managers to be more supportive of employees' nonwork responsibilities can improve employee work, nonwork, and health outcomes and yield a positive return on investment for employers (Crain & Stevens, 2018). A training manual ([https://projects.iq.harvard.edu/files/wfhn/files/fssb\\_training\\_manual10\\_13.pdf](https://projects.iq.harvard.edu/files/wfhn/files/fssb_training_manual10_13.pdf)) and toolkit (<https://workfamilyhealthnetwork.org/star-health-care>) from a workplace intervention providing family-supportive supervisor behavior training to long-term care employees are freely available online. These materials can enhance understanding of the training process, which typically entails face-to-face sessions with managers, computer-based training, and behavioral self-monitoring, and offer insight into how both employees and managers respond to such training. Although training is an effective approach with demonstrated benefits, on-the-job transfer is unlikely if nurse managers do not feel encouraged or empowered to engage in family-supportive supervisor behavior. Therefore, it is critical that long-term care organizations consistently promote practices, policies, and norms facilitating family-supportive supervisor behavior.

Relatedly, this study highlights the potential need for family-supportive supervisor behavior training to address different nonwork care roles. Despite being family-specific in name, family-supportive supervisor behavior is a construct measured with items using the term "nonwork" instead of "family," allowing for varied interpretations involving a range of roles, activities, and demands that may not include family roles or relationships (Crain & Stevens, 2018). While this inclusivity can help nurse managers consider and subsequently empathize with nonwork demands more generally, specificity may be needed to maximize the effectiveness of family-supportive supervisor behavior for double- and triple-duty caregivers. For example, providing examples of work-nonwork challenges for triple-duty caregivers may help nurse managers develop creative work-nonwork management solutions more relevant for this employee subgroup. Further, increased understanding that men report similar levels of work-nonwork conflict as women and often hold nonwork care roles could correct nurse managers' inaccurate assumptions about who needs or would benefit from family-supportive supervisor behavior. Nurse managers should also be made aware of men's potential reluctance to discuss work-nonwork challenges, a problematic silence likely to require additional training for effective identification and management.

## Conclusion

Results from this study suggest that family-supportive supervisor behavior is an important workplace resource for the work behavior and family time adequacy of men in the long-term care workforce with additional nonwork benefits for double-duty caregiving men. Family-supportive supervisor behavior is a low-cost, modifiable workplace strategy that warrants consideration in efforts to attract and retain men in the nursing profession amid their increasing involvement in nonwork care roles.

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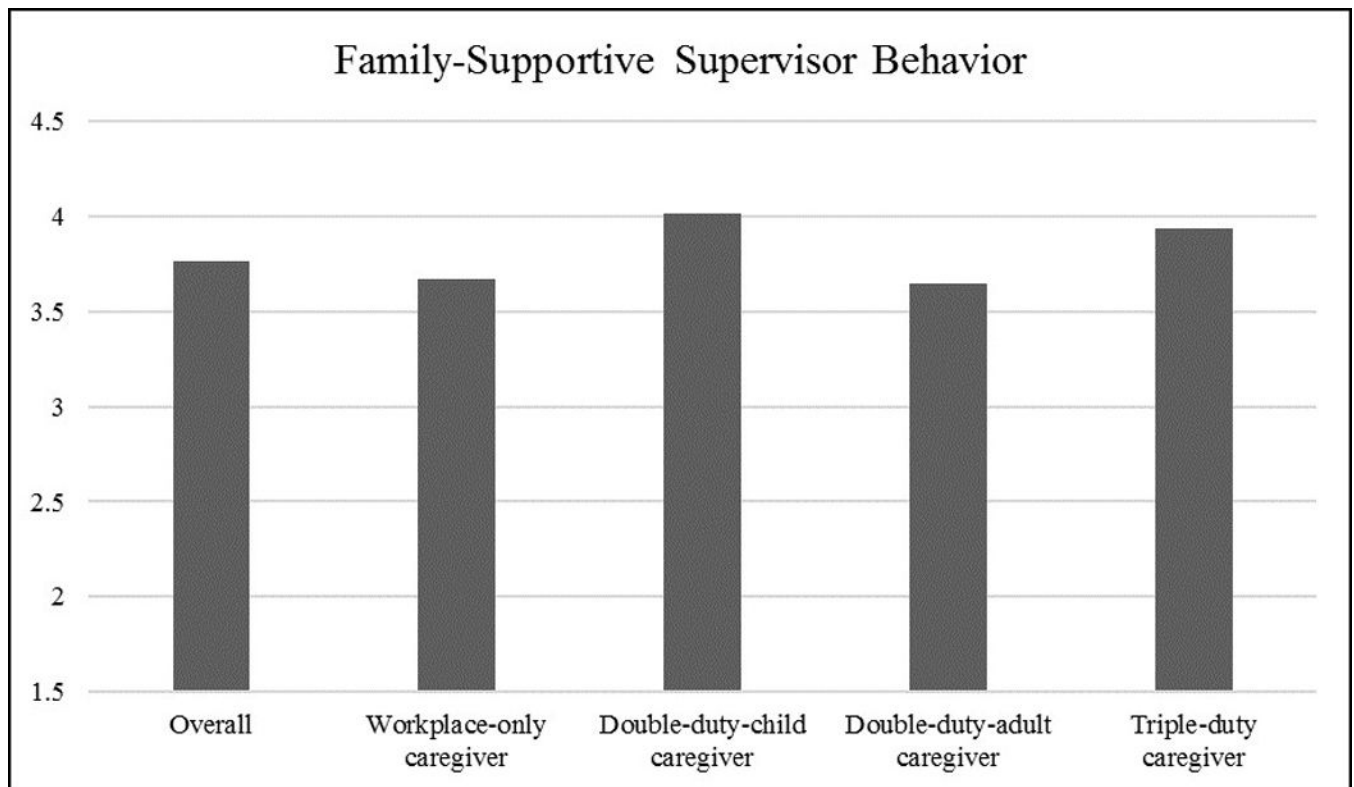
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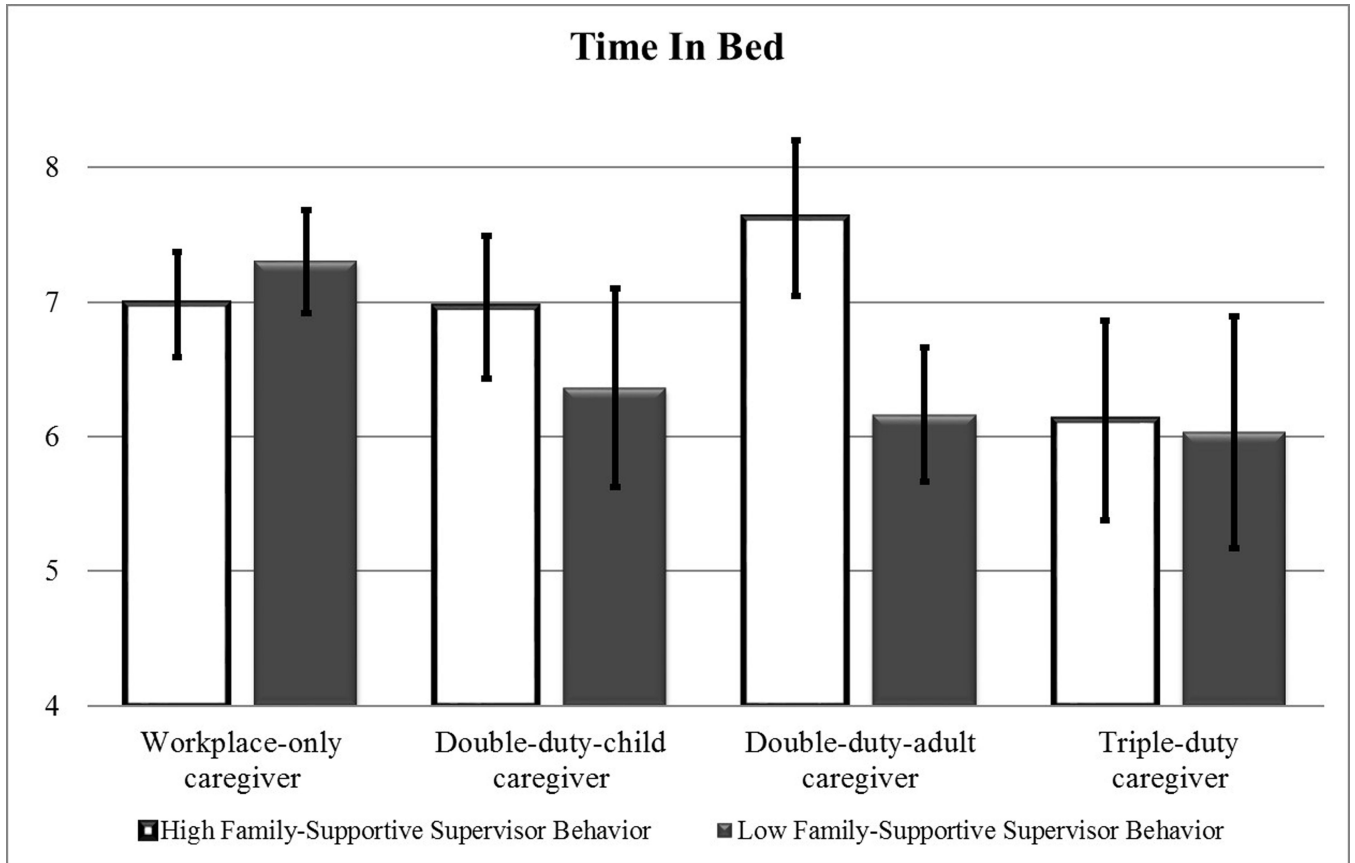
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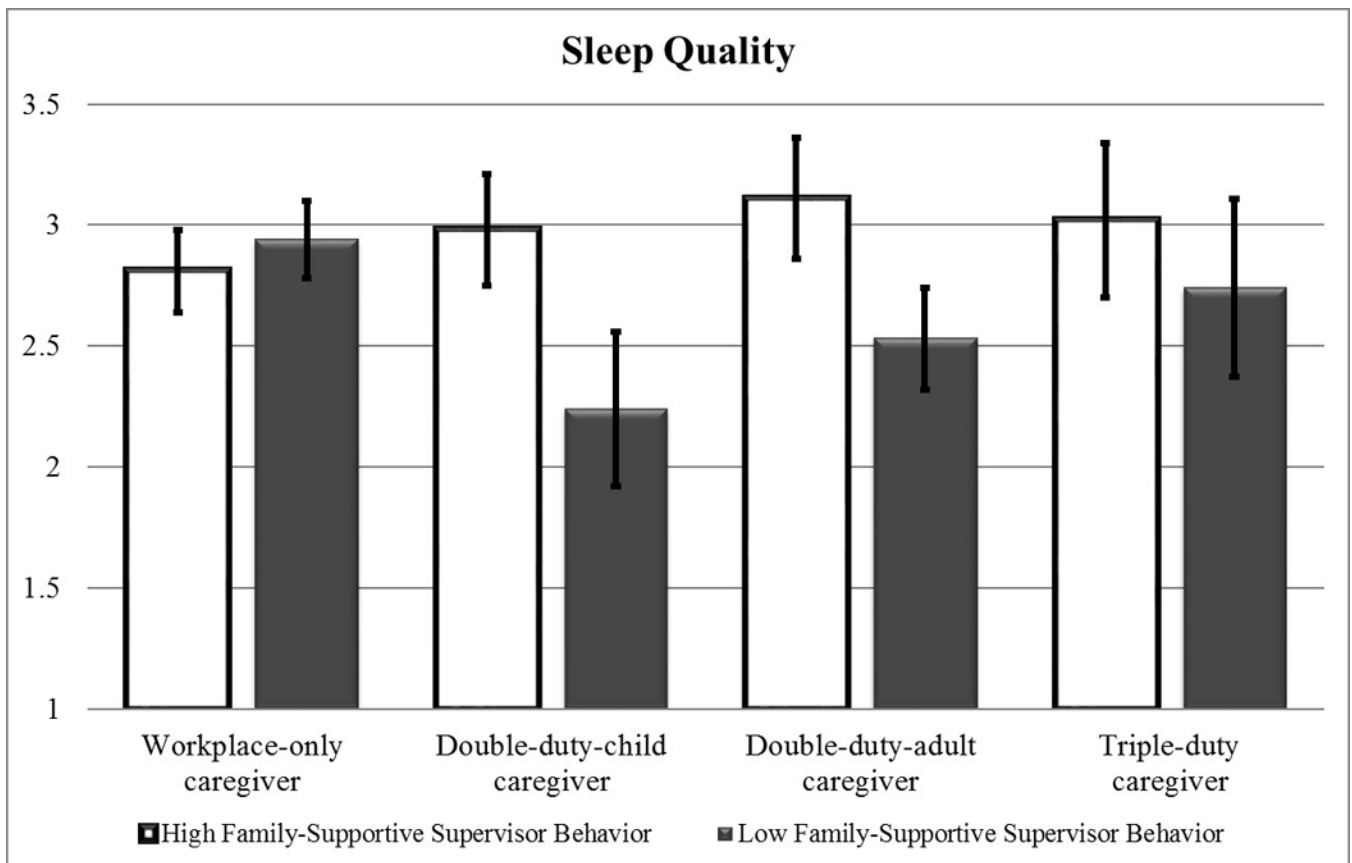
**Figure 1. Average Family-Supportive Supervisor Behavior Ratings Overall and by Nonwork Care Status.**

Family-supportive supervisor behavior was rated on a 5-point scale ranging from strongly disagree (1) to strongly agree (5). The average rating was 3.77 ( $SD = .88$ ). There were no significant mean differences in family-supportive supervisor behavior ratings among long-term care employees by nonwork care status,  $F(3, 118) = 1.24, p = .30$ . Descriptively, double-duty-child caregivers reported the highest family-supportive supervisor behavior rating ( $M = 4.02, SD = .72$ ), followed by triple-duty caregivers ( $M = 3.94, SD = .91$ ), workplace-only caregivers ( $M = 3.67, SD = .87$ ), and double-duty-adult caregivers ( $M = 3.65, SD = 1.03$ ).



**Figure 2. Model-estimated means for the significant interaction between family-supportive supervisor behavior and nonwork care status in relation to time in bed.**

The significant interaction between family-supportive supervisor behavior and nonwork care status in relation to time in bed was probed, in part, by computing estimated means for men falling one standard deviation above (high level of family-supportive supervisor behavior) and below (low level of family-supportive supervisor behavior) the mean of family-supportive supervisor behavior for illustrative purposes only. For double-duty-adult caregivers, more time was spent in bed at high levels of family-supportive supervisor behavior ( $M = 7.62$ ,  $SE = .58$ ) than at low levels of family-supportive supervisor behavior ( $M = 6.16$ ,  $SE = .50$ ).



**Figure 3. Model-estimated means for the significant interaction between family-supportive supervisor behavior and nonwork care status in relation to sleep quality.**

The significant interaction between family-supportive supervisor behavior and nonwork care status in relation to sleep quality was probed, in part, by computing estimated means for men falling one standard deviation above (high level of family-supportive supervisor behavior) and below (low level of family-supportive supervisor behavior) the mean of family-supportive supervisor behavior for illustrative purposes only. For double-duty-child and double-duty-adult caregivers, sleep quality was rated more positively at high levels of family-supportive supervisor behavior ( $M = 2.98$ ,  $SE = .23$  and  $M = 3.11$ ,  $SE = .25$ , respectively) than at low levels of family-supportive supervisor behavior ( $M = 2.24$ ,  $SE = .32$  and  $M = 2.53$ ,  $SE = .21$ , respectively).



Table 1

## Descriptive Statistics and Correlations Among Study Variables

Measure	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Age	37.70	9.42	—														
2. White	.51	.50	-.01	—													
3. Dual-earner couple	.40	.49	.14	.003	—												
4. Hours worked per week	38.30	5.71	.07	-.08	.12	—											
5. Company tenure	5.52	5.17	.50***	.02	.11	.14	—										
6. Workplace-only caregiver	.51	.50	-.09	.08	-.20*	-.07	-.05	—									
7. Double-duty-child caregiver	.21	.41	.21*	-.01	.23*	.09	.15	-.53***	—								
8. Double-duty-adult caregiver	.18	.39	-.12	-.01	-.21*	.04	-.10	-.48***	-.24**	—							
9. Triple-duty caregiver	.10	.30	.01	-.12	.29**	-.06	.02	-.34***	-.17 <sup>†</sup>	-.16 <sup>†</sup>	—						
10. FSSB	3.77	.88	-.07	-.05	.01	.01	.02	-.11	.15	-.07	.06	—					
11. Safety compliance	4.42	.51	.03	-.01	-.13	.01	-.05	.13	-.10	-.08	.02	.19*	—				
12. OCB	4.14	.54	-.06	-.04	-.06	-.02	.02	.07	-.15	.06	.001	.22*	.31***	—			
13. Perceived family time adequacy	3.07	.82	-.04	.25***	-.11	-.11	.22*	.13	-.15 <sup>†</sup>	.04	-.06	.21*	.002	.18*	—		
14. Time spent in bed	7.07	1.81	-.18*	.05	.03	.08	-.19*	.15	-.07	-.01	-.14	.06	.02	-.09	-.002	—	
15. Sleep quality	2.69	.78	.05	-.08	-.10	-.23*	.06	.09	-.10	-.03	.03	.12	-.04	-.06	.24**	.25**	—

Notes: 122 participants. FSSB = family-supportive supervisor behavior. OCB = organizational citizenship behavior. Dual-earner couple status includes all participants regardless of marital status.

<sup>†</sup>  $p < .10$ .

\*  $p < .05$ .

\*\*  $p < .01$ .

\*\*\*  $p < .001$ .

**Table 2**  
Results of Multiple Linear Regression Analysis for Family-Supportive Supervisor Behavior in Relation to Work Behavior and Nonwork Well-Being

	Work Behavior				Nonwork Well-Being					
	Safety Compliance		Organizational Citizenship Behavior		Family Time Adequacy		Time in Bed		Sleep Quality	
	Model 1	Model 2	Model 1	Model 2	Model 1	Model 2	Model 1	Model 2	Model 1	Model 2
Intercept	4.55 (.09)***	4.55 (.09)***	4.22 (.09)***	4.23 (.09)***	3.00 (.13)***	3.03 (.13)***	7.12 (.31)***	7.14 (.31)***	2.88 (.14)***	2.88 (.13)***
Age	.01 (.01)	.01 (.01)	-.002 (.01)	-.002 (.01)	-.01 (.01)	-.01 (.01)	-.02 (.02)	-.02 (.02)	.01 (.01)	.01 (.01)
White	.01 (.09)	.002 (.09)	-.04 (.10)	-.05 (.10)	.38 (.14)**	.34 (.13)*	.16 (.33)	.13 (.33)	-.15 (.14)	-.14 (.14)
Dual-earner couple	-.15 (.10)	-.16 (.11)	.004 (.11)	-.03 (.11)	-.07 (.15)	-.11 (.15)	.42 (.37)	.26 (.37)	-.11 (.16)	-.18 (.16)
Company tenure	-.01 (.01)	-.01 (.01)	.01 (.01)	.01 (.01)	.05 (.02)**	.05 (.01)**	-.06 (.04)	-.06 (.04)	.01 (.02)	.01 (.02)
Hours worked per week	.004 (.01)	.004 (.01)	-.002 (.01)	-.003 (.01)	-.02 (.01)	-.02 (.01)	.03 (.03)	.03 (.03)	-.03 (.01)*	-.03 (.01)**
FSSB	.13 (.05)*	.14 (.08) <sup>†</sup>	.15 (.06)**	.11 (.08)	.23 (.08)**	.22 (.11)*	.17 (.19)	-.18 (.26)	.12 (.08)	-.08 (.11)
DDCC	-.18 (.13)	-.17 (.13)	-.25 (.13) <sup>†</sup>	-.22 (.14)	-.40 (.18)*	-.26 (.19)	-.54 (.45)	-.49 (.46)	-.23 (.19)	-.27 (.20)
DDAC	-.16 (.13)	-.15 (.13)	.04 (.14)	.06 (.14)	.02 (.19)	.05 (.18)	-.34 (.45)	-.25 (.45)	-.09 (.19)	-.06 (.19)
TDC	.02 (.17)	.06 (.17)	-.09 (.18)	-.04 (.18)	-.22 (.25)	-.22 (.25)	-.1.20 (.60)*	-.1.07 (.61) <sup>†</sup>	-.05 (.26)	.002 (.26)
FSSB × DDCC		-.06 (.16)		-.01 (.17)		-.44 (.23) <sup>†</sup>		.52 (.56)		.50 (.24)*
FSSB × DDAC		.07 (.13)		.24 (.14) <sup>†</sup>		.25 (.19)		1.01 (.47)*		.41 (.20)*
FSSB × TDC		-.25 (.19)		-.15 (.20)		.09 (.27)		.23 (.65)		.24 (.28)
R <sup>2</sup>	.10	.12	.09	.12	.24	.29	.10	.14	.11	.16
R <sup>2</sup>	.07 <sup>†</sup>	.02	.08 <sup>†</sup>	.03	.08*	.05 <sup>†</sup>	.04	.04	.03	.05 <sup>†</sup>

Notes:  $n = 122$ . FSSB = family-supportive supervisor behavior. DDCC = double-duty-child care, DDAC = double-duty-adult care, TDC = triple-duty care, with workplace-only care as the reference group. Unstandardized regression coefficients and standard errors are shown. All continuous variables are mean-centered. The change in R-squared for Model 1 represents the change from a covariates-only model to a model with both covariates and substantive predictors (i.e., family-supportive supervisor behavior and nonwork care statuses). Model 1 is a main effects only model; Model 2 entails a moderation analysis and adds interaction terms.

<sup>†</sup>  $p < .10$ ,

\*  $p < .05$ ,

\*\*  $p < .01$ ,

\*\*\*  $p < .001$