Overwork, Underwork, and the Health of Men and Women in the United States

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ABSTRACT

The economic, institutional, and demographic shifts in the U.S. labor market have impacted individual workers and their families in various ways. This study examines the health implications of one important trend introduced by these macro shifts: the polarization of work hours. While prior research has shown negative effects of employment and work hours on various health outcomes, the gender-specific processes associated with this trend are largely underexplored in the health literature. Using data drawn from the 2004 panel of the Survey of Income and Program Participation matched with occupational-level data drawn from O*NET 15.0, I estimate the effect of unemployment, part-time, and long hours (50 hours or more per week) on women's and men's subsequent self-reported emotional and general health. The results show that unemployment and part-time hours negatively affect men's health more than women's, while overwork affects women's health more negatively than men's. The subsequent analyses explore the sources of these gender-specific patterns associated with the gendered aspects of the organization of work and family.

A series of macroeconomic shifts in the U.S. economy, such as deindustrialization, the rise of the "24/7" economy, the decline of unionization, and globalization have greatly impacted American workers and their families (e.g., Baumol, Blinder, and Wolff 2005; DiPrete et al. 2002; Kalleberg 2001, 2006; Presser 2005). One important consequence of these changes is the bifurcation of work time (e.g., Jacobs and Gerson 2004; also see Kalleberg 2006). While the number of workers engaging in long work hours has increased (Epstein et al. 1999; Landers et al. 1996a, 1996b; Roth 2006), "underwork" has also become more common as corporate downsizing and flexible labor contracts become widespread (see Cappelli 1995; Herzenberg, Alic, and Wial 1998; Kalleberg 2001, 2003; Kalleberg, Reynolds, and Marsden 2003).

This paper examines the health implications of this structural shift in the U.S. economy. While abundant research has investigated a relationship between work hours and health (e.g., Burgard et al. 2007; Dembe et al. 2005; Golden and Wiens-Tuers 2008; Kleiner and Pavalko 2010; Ross and Mirowsky 1995; Stolzenberg 2001), gender-specific processes and their outcomes are largely underexplored. Considering that gender is one of the most important factors that organize work, this omission is surprising. While scant research has reported gender differences in the effects of work hours on employment and health (e.g. Schnittker 2007), we know little about the processes through which these gender differences are generated. The goal of this paper is to determine whether the bifurcation of work hours affects men's and women's health differently and explore the gender-specific processes that generate the differences.

I first examine whether the process of selection into non-employment and part-time work differs by gender and produces the differentiated effect of underwork and overwork on men's and women's health. Given that paid work is tightly linked to masculinity, and breadwinning remains a strong normative ideal, a lower proportion of men opt into non-employment or part-

time work (e.g., Miller 2011; Townsend 2002). Instead, men whose health inhibits them from remaining in full-time work, or who cannot find full-time work after displacement or layoffs may disproportionately select into underwork. In contrast, although dual-earner families make up the majority of today's workforce, caretaking and other family responsibilities are still primarily prescribed to women, and women's quitting or reducing work hours are often expected as a family strategy when facing increased work-family conflicts (e.g., Becker and Moen 1999; Crittenden 2002; Pixley and Moen 2003). This implies that the proportion of women who select into underwork for health reasons may be lower than that of men.

Next, I examine whether the gender differentiated effects of underwork and overwork are associated with the gender segregation of work. Despite the increased number of women entering traditionally male-dominated occupations, men continue to be over-represented in occupations in which work conditions are more physically straining and hazardous, compared to occupations disproportionately held by women (Charles and Grusky 2004; England 1992; Reskin 1993). However, occupations typically held by men also tend to offer more resources associated with better health, such as authority and autonomy, whereas women tend to be overrepresented in occupations in which tasks are more routinized and repetitive, and lack authority, which are characteristics shown to be associated with poor health (e.g., Mirowsky and Ross 2007; Moen et al. 2011). In this paper, I examine whether different characteristics of jobs typically held by men and women account for the gender differentiated effects of underwork and overwork on health.

To this end, I use data drawn from the 2004 panel of the Survey of Income and Program Participation matched with occupational-level data drawn from O*NET 15.0, and estimate the effect of unemployment, part-time, and long hours (50 hours or more per week) on women's and men's subsequent self-reported emotional and general health.

DATA

The analyses draw on data from the 2004 panel of the Survey of Income and Program Participation (Bureau of Labor Statistics / NBER). The SIPP is a national longitudinal household survey collected by the U.S. Census Bureau. The respondents for the SIPP were interviewed every four months over 48-month periods (each dataset is called wave). While information on employment and important demographic characteristics was surveyed every four months, information on health was collected only in wave 5 through a supplementary dataset called "topical module," which can be merged to the main panel dataset. The analytic sample draws on the wave 5 health data linked to the wave 1 data for other individual characteristics, such as work hours, thereby allowing a time lag between the time in which individual work hours are observed and the time in which individual health information is surveyed. After restricting the sample to respondents whose ages are between 18 and 64, the sample consists of 25,429 men and 28,261 women. For the subset of analysis, I restrict the sample to those who are employed to adjust for the job characteristics, which reduces the sample to 17,708 men and 18,088 women. All analyses use the final weights provided by the Census Bureau to produce the coefficients that reflect the national target population.

VARIABLES AND METHODS

I use two dependent variables to measure individual health outcomes. The first dependent measure is a dichotomous variable indicating respondents feeling frequently depressed or anxious ("Is/Are ... frequently depressed or anxious?"). The proportion of those who reported "yes" to this question is 0.06 for men, and 0.08 for women, showing a slightly higher proportion

for women (see table 1). The second dependent variable measures one's general health status, based on the question "Would you say ...'s health in general is excellent, very good, good, fair or poor?" If a respondent report his/her health either fair or poor, the variable is coded 1; otherwise 0. Consistent with the findings from prior research, women reported fair/poor health at a slightly higher rate (0.12), compared to men (0.1).

[Table 1]

The key independent variables are measured by a set of dummy variables indicating work hours include not working, working less than 35 hours ("part-time"), 35 hours or more but less than 50 hours ("full-time"; referent), and 50 hours or more per week ("overwork"). Not surprisingly, the proportion of men who work "underwork" is lower (0.26), compared to women, close to half of whom are not employed or working part-time (0.47). In contrast, a greater proportion of men (.23) work 50 hours or more per week ("overwork"), compared to women (.09). To capture the impact of work hours on subsequent health, I use the work hours variables measured 16 months (the maximum length of the lag allowed by the data structure) prior to the time when health outcomes are measured.

To examine the role of selectivity associated with heterogeneity in individual health, I use an indicator of having a long lasting physical or mental health condition that limits employment or job search, and a variable that reports health as the main reason for not working or working part-time. The segregation effect is measured by a series of variables that captures various job characteristics that are associated with health, such as the degree to which involve hazardous conditions, high-level competition with other employees, or repetitive tasks. I also include a variable that measures the levels of authority that the job offers. These variables are drawn from the O*NET 15.0 database and matched to the SIPP data. These job characteristics reveal some

gendered aspects of work: occupations occupied by men entail higher levels of risk or job hazards, competitiveness, but are associated with lower levels of routine or repetitive work and offer more authority, compared to occupations held by women (see table 1). In addition, to capture the job-level resources that promote better health, I include individual monthly earnings and variables indicating union membership or whether the job is in the public sector or a family business.

Other covariates include age, age squared, race (5 categories), education (5 categories), marital status (unmarried, married or divorced/separated), parental status (3 categories), and family income. I also include a variable that indicates holding private health insurance. This helps to tease out the possibility that the work hour effects are driven by obtaining or losing health insurance via employment. Table 1 presents the means and standard deviations of all variables used for the analysis.

Because both dependent variables are binary outcome measure, I employ logistic regression analysis. Because the purpose of the analysis is to test the gender difference of the work hour effects, I fit the interaction effects between gender and work hour variables to the pooled data that include both men and women. Fully stratified models that estimate gender-specific effects for all covariates also show substantially the same results.

RESULTS

I present three sets of models. I begin with the full labor market data, including both those who are employed and those who are not employed to estimate the effects of non-employment as well as those of work hour variables. The gender differences are tested by fitting the interaction effects between the indicator of respondents' sex and these key variables.

Covariates include age, age squared, race (5 categories), marital status (3 categories), parental status (3 categories), education (5 categories), family income, and whether the respondent holds private health insurance (see the full list in table 1). In the next set of model, I adjust for selectivity associated with poor health, by including indicators of having health conditions that limit paid work in any ways or that inhibit working full-time hours. In the final set of models, I adjust for job characteristics. This analysis is confined to those who are employed. All analyses examine two subsequent self-reported health outcomes, emotional health and general health status.

The effect of underwork and overwork on men's and women's health

The first set of models (see models 1 and 4 of table 2) show that underwork and overwork affect men's and women's health in gender specific ways. First, not working and working part-time negatively affect both men's and women's health, but the magnitude of the effect is greater for men. When men are not working, the odds of reporting feeling frequently depressed or anxious are greater by 4.1 times (i.e., exp[1.40]=4.1), and the odds of reporting poor or fair health are greater by 4.5 times, all compared to when they work full-time hours. While the negative effects of not working on health are present for women, the magnitudes are smaller than those for men. The gender interaction effects (female × not working) show that log odds are significantly reduced for women by about 27% (i.e., 0.376/1.40) for emotional health and by 17% for general health, compared to those for men.

[Table 2]

Similarly, those who work part-time tend to report poorer health than those who work full-time hours, and this "underwork" effect is greater for men than for women. The main effect of part-time in model 2a shows that the odds of men feeling depressed or anxious increase by

twice, and the odds of men reporting poor or fair health increase roughly by 55% when they work part-time, compared to when they work standard full-time hours. However, the magnitude of the effect is significantly smaller by about a third for women's emotional health than for that of men's; specifically, working part-time hours increase the odds of women reporting feeling depressed or anxious by roughly 50%, compared to their full-time counterparts. The comparable gender interaction effect for general health also shows the negative coefficient, but I do not interpret it because the standard errors are too large.

Unlike underwork, working long hours is not associated with poor health for men. In model 1, the main effect of overwork shows negative valence, meaning reducing the odds of reporting a poor emotional health, although the effect does not reach conventional statistical significance level ($p>.05$). Model 4 reports that the odds of overworking men reporting their general health status as poor or fair are significantly lower by 22% than are the odds for otherwise comparable full-time men. Unlike the positive health outcomes shown for overworking men, women who work long hours suffer from poorer health. The coefficient for the interaction effect between overwork and female in model 1 shows a positive value, meaning greater odds of reporting poor health, and the magnitude of this interaction effect is large enough to offset the negative main effect. When the main effect of overwork and the interaction effect with female considered together, the odds of overworking women reporting feeling depressed or anxious is greater by 27% (i.e., $\exp[-.186+.424] = 1.27$), compared to those who work full-time hours (see model 1 of table 2). Similarly, working long hours is also associated with negative general health for women. Specifically, overwork increases the odds of women reporting their general health status as poor or fair by 13%, compared to their full-time counterparts.

The analysis here shows that underwork and overwork produce gender-differentiated outcomes. Those who are not employed or employed as part-time workers report significantly poorer health than their full-time counterparts, but this negative "underwork" effects are much greater for men than for women. Overwork also reveals interesting gender differences. While overwork appears to be associated with better health for men, it is shown to be negatively associated with women's emotional and general health. What, then, explains these gender-specific patterns? In the analysis that follows, I seek to identify the sources that generate these gender-specific outcomes.

Does the selection process explain the gender differences?

Models 2a and 5a in table 2 examines whether gender-differentiated process of selecting into underwork or overwork accounts for the gender-specific effects of underwork observed above. Because paid work is tightly linked to masculinity and an important way of achieving men's gender identity (Connell 2003; Pyke 1996; Townsend 2002), the proportion of men who are not working or working part-time is lower than that of women (0.26 for men vs. 0.47 for women; see table 1). Not only is the proportion lower, but those men who are not working or working part-time may also be qualitatively different from their female counterparts. That is, because non-employment and part-time work are perceived less socially acceptable for men, men who are not working or working part-time may do so only in rare occasions, such as when poor physical or mental health prevents them from working full-time. In contrast, quitting jobs or working part-time are more normatively accepted or even expected for women as a way of resolving work-family conflicts, suggesting that the selectivity by which women with poor health

disproportionately enter underwork may be weaker, compared to men (e.g. Blair-Loy 2003; Damaske 2011).

Models 2a and 5a adjust for the effect of the current health condition by adding variables that indicate individuals having any health condition that limits a full-time employment. As expected, in the models adjusting for the current health condition, the negative effects of underwork on health decrease sharply, and the coefficients of the interaction terms that test the gender difference become non-significant. Because the effects across models are not directly comparable given the nonlinear nature of the logit function, I investigate the mediating effects of selectivity by examining the changes in predicted probabilities below.

[Figure 1]

Figure 1 presents predicted probabilities based on the models in table 2. Figure 1a shows the predicted probabilities of feeling depressed or anxious (based on model 1), and figure 1b plots the predicted probabilities of reporting poor or fair health (based on model 4). For each outcome, the left panel shows the predicted probabilities calculated from the baseline model (models 1 and 4), and the right side of the panel presents the predicted probabilities from the models that adjust for individual current health conditions (models 2a and 5a). All covariates are set to their mean values, and the changes in predicted probabilities between the left and right panels are attributed to the adjusted selectivity associated with individual health.

As shown in the interpretation of the odds from the models (see table 2), non-employed individual show overwhelmingly high probabilities of reporting poor health (see the left panels of figure 1a and 1b; see also table 2). The probability of reporting feeling depressed or anxious is about 0.11 for both men and women when they are not working, and the probability of reporting poor or fair health is 0.16 for men and 0.14 for women. In other words, more than 1 out of 10

non-employed individuals report poor emotional or general health. When compared to full-time workers, non-employment increases men's probabilities of reporting poor health more than those of women. Specifically, non-employed men are 3.7 times more likely to feel depressed or anxious than otherwise equivalent full-time men, whereas non-employed women are 2.6 times more likely to do so than their full-time counterparts. A similar gender effect is present for the general health outcome.

The high probabilities of poor health among non-employed individuals sharply drop when the current health conditions are adjusted, as shown in the right side of the panels of figures 1a and 1b. For non-employed men, the probability of feeling depressed or anxious is reduced by 64%, from 0.11 to 0.04, so as the probability of reporting poor or fair health by 63%, from 0.16 to 0.06. This means that over 60% of the poor health outcomes among non-employed men are explained by the selection into non-employment of those who have poor health. The selectivity also explains a large portion of poor health for non-employed women, but the magnitude is smaller. For women, adjusting for current health conditions reduces the probability of feeling depressed or anxious from 0.11 to 0.05, and lowers the probability of reporting poor or fair health from 0.14 to 0.06, suggesting that roughly 55% of the non-employment effect is driven by the selectivity associated with poor health.

This selection effect also explains a substantial amount of the negative consequence of working part-time, although the magnitude is smaller than was shown for non-employment. Like the case for non-employment, the selection explains a larger portion of negative health effects of men than those of women. As shown in the right hand side of the panel in figures 1a and 1b, the probability of part-time workers showing poor health decreases by 21% of men's and 14% of women's part-time effects on emotional health, and 22% of men's and 12% of women's general

health. Put differently, the selection effect explains over 20% of men's part-time effect, and about slightly under 15% of women's.

A selective process may also be present and influence the estimates of the overwork effect. That is, those who work long hours may have good health that allows them to endure long hours of work. If so, the positive overwork effect on health shown for men may be partly accounted for by this selectivity. Indeed, a simple descriptive analysis that compares the health outcomes between overworkers and standard full-time workers indicate that overworkers show better health. Therefore, the positive overwork effect observed for men (see models 4 of table 2) may be partly explained by this selection effect. Unfortunately, health information is not available longitudinally in SIPP, and the reasons for working long hours are not collected, which makes it impossible to adjust for worker heterogeneity associated with entering overwork. Given this plausible positive selectivity, the negative effect of overwork observed for women is especially puzzling. Why does overwork affect women's health negatively, but not men's? The next section examines whether one prominent gendered aspect of work, occupational sex segregation, provides an answer to this question.

Do job characteristics explain the gender differentiated overwork effects?

The last set of results examines the mediating effects of job characteristics by examining the changes in predicted probabilities illustrated in figures 2a and 2b. The predicted probabilities in these figures are calculated from models 2b, 3, 5b, and 6 of table 3. Models 2b and 5b in table 3 are the same versions as those presented in models 2a and 5a in table 2, but the sample only includes those who are employed, instead of all workers for models 2a and 5a. Models 3 and 6 additionally include various job characteristics (see table 1 for the complete list). As in figure 1,

all covariates are set to their mean values, and changes in predicted probabilities between the left and right panels are attributable to the job characteristics added to models 3 and 6.

[Table 3]

Figure 2 shows the following general findings. First of all, the gender difference in the overwork effect on health is fully exhausted by job characteristics. Even after considering various occupational and job characteristics, the gender difference in the overwork effect is attenuated only slightly and remains largely the same for both health outcomes (see figures 2a and 2b). More specifically, overworking women tend to show virtually identical probabilities of feeling depressed and reporting poor or fair health, which suggests that job characteristics do not explain much of negative health effects of overwork. However, adjusting for job characteristics slightly increases the probabilities of men reporting poor emotional and general health. For example, after job characteristics are adjusted for, the probability of overworking men report feeling depressed or anxious increases from 0.027 to 0.030, leading to closing the gender gap from 0.031 to 0.028. Put differently, about 10% of the gender gap in the health effects of overwork is accounted for by job characteristics. Given that adjustment of job characteristics increases men's probabilities of poor health, while it does not change women's, the results indicate that closing the gender gap is accounted for by suppressing the positive health effect of overwork shown for men (see models 4 and 5a in table 2), which is partly explained by the tendency in which overworks are more likely to be found in jobs that offer better resources, such as higher income, authority, and safer job conditions. In fact, after job characteristics are adjusted for, the positive effect of overwork shown for men becomes nonsignificant (see the main effect of overwork in model 6 of table 2).

[Figure 2]

The adjusted job characteristics in models 3 and 6 also partly explain the negative part-time effects on health. In the right hand side panels in figures 2a and 2b, the probabilities of reporting poor health drop, compared to the left hand side panels. Specifically, the gap in the probabilities of feeling depressed or anxious between part-time women and full-time women were 0.005 in the baseline model, but the gap reduced to virtually 0 in the model with job characteristics adjusted for. The same pattern is observed for men in the emotional health outcome: the difference of the predicted probabilities between part-time and full-time men is halved in the adjusted model (from 0.013 to 0.007). This suggests that much of the negative effect of part-time work is explained by the resource differences between part-time and full-time work, rather than the hour effect.

DISCUSSION

The findings of this study show that work hours affect men's and women's health in gender-specific ways. Not working and working part-time affect both men's and women's health negatively, but the magnitude of the effect is greater for men. Specifically, the odds of men who are not working report negative health are higher, by 31% for emotional health and 22% for general health, than are those of otherwise equivalent women. Similarly, the odds of men working part-time report feeling depressed or anxious also higher by 25% than are those of women. Unlike underwork, overwork does not have any effect on the probability of men frequently feeling depressed or anxious, and even shows a positive effect on their general health. In contrast, women who work long hours suffer from poorer health. In particular, overworking women are 50% more likely to report feeling frequently depressed or anxious, and 28% more likely to report poor or fair health, than are otherwise equivalent men.

The greater negative effect of underwork for men is largely explained by gender differences in selection associated with health. That is, a greater proportion of men are selected into underwork because of their poor health, compared to women. After adjusting for this selectivity, the proportion of those who reporting poor health among those who are not working or working part-time drops to a greater extent for men than for women, and the gender differences in the effects of underwork on both emotional and general health disappear.

I also examine whether the extent to which men and women work in different types of jobs account for gender differentiated effects of underwork and overwork. The results show that the gender difference in the overwork effect is not fully exhausted by job characteristics. Even after considering a wide range of occupational and job characteristics, the negative effect of overwork on women's health is attenuated only slightly and remains largely the same even after adjusting for job characteristics. What is absorbed by different job characteristics between men and women is the part-time effect. That is, adjusting for job characteristics reduces its negative health effects by 8% for emotional health and 16% for general health for women.

Unpacking the relationship between gender and work hours can shed light not only on the gender-specific processes in generating poor health, but on the processes through which norms and expectations surrounding work reproduce inequality. As market competition becomes increasingly fierce and demographic changes in the work force increasingly move away from the traditional breadwinner-homemaker model, the implications of the "time divide" may become more important for individuals and their families (Jacobs and Gerson 2004). This paper evaluates the gendered consequences of this new trend on health outcomes, and more generally builds on the growing body of research on the social organization of work and family and health.

REFERENCES

Baumol, William J., Alan S. Blinder, and Edward N. Wolff. 2005. *Downsizing in America: Reality, Causes, and Consequences*. New York: Russell Sage Foundation.

Becker, Penny E. and Phyllis Moen. 1999. "Scaling Back: Dual-Earner Couples' Work-Family Strategies." *Journal of Marriage and the Family* 61(4):995-1007.

Burgard, Sarah A., Jennie E. Brand, and James S. House. 2007. "Toward a Better Estimation of the Effect of Job Loss on Health." *Journal of Health and Social Behavior* 48(4):369-384.

Cappelli, Peter. 1995. "Rethinking Employment." *British Journal of Industrial Relations* 33:563-602.

Charles, Maria and David B. Grusky. 2004. *Occupational Ghettos: Tthe Worldwide Segregation of Women and Men*. Stanford: Stanford University Press.

Crittenden, Ann. 2002. *The Price of Motherhood: Why the Most Important Job in the World Is Still the Least Valued*. New York: Metropolitan Books.

Dembe, A.E., J.B. Erickson, R.G. Delbos, and S.M. Banks. 2005. "The Impact of Overtime and Long Work Hours on Occupational Injuries and Illnesses: New Evidence from the United States." *Occupational and Environmental Medicine* 62(9):588.

DiPrete, Thomas A., Dominique Goux, and Eric Maurin. 2002. "Internal Labor Markets and Earnings Trajectories in the Post-Fordist Economy: An Analysis of Recent Trends." *Social Science Research* 31(2):175-196.

England, Paula. 1992. *Comparable Worth: Theories and Evidence*. Hawthorne: Aldine De Gruyter.

Epstein, Cynthia F., Carroll Seron, Bonnie. Oglensky, and Robert Saute. 1999. *The Part-Time Paradox. Time Norms, Professional Lives, Family and Gender*. New York: Routledge.

Golden, Lonnie and Barbara Wiens-Tuers. 2008. "Overtime Work and Wellbeing at Home." *Review of Social Economy* 66(1):25-49.

Herzenberg, Stephe. A., John A. Alic, and Howard Wial. 1998. *New Rules for a New Economy: Employment and Opportunity in Postindustrial America*. Ithaca: Cornell University Press.

Jacobs, Jerry A. and Kathleen Gerson. 2004. *The Time Divide: Work, Family, and Gender Inequality*: Harvard University Press.

Jacobs, Jerry A. and Kathleen Gerson. 2004. *The Time Divide: Work, Family, and Gender Inequality*: Harvard University Press.

Kalleberg, A.L., J. Reynolds, and P.V. Marsden. 2003. “Externalizing Employment: Flexible Staffing Arrangements in Us Organizations.” *Social Science Research* 32(4):525-552.

Kalleberg, Arne L. 2001. “Evolving Employment Relations in the United States.” Pp. 187-206 in *Sourcebook of Labor Markets: Evolving Structures and Processes*, edited by I. E. Berg and A. L. Kalleberg. New York: Kluwer.

—. 2006. *The Mismatched Worker* New York: Russell Sage Foundation Publications.

Kleiner, S. and E.K. Pavalko. 2010. “Clocking In: The Organization of Work Time and Health in the United States.” *Social Forces* 88(3):1463-1486.

Landers, Renée M., James B. Rebitzer, and Lowell J. Taylor. 1996a. “Human Resources Practices and the Demographic Transformation of Professional Labor Market.” Pp. 215-246 in *Broken Ladders: Managerial Careers in the New Economy*, edited by P. Osterman. New York: Oxford University Press.

Landers, Renée M., James B. Rebitzer, and Lowell J. Taylor. 1996b. “Rat Race Redux: Adverse Selection in the Determination of Work Hours in Law Firms.” *The American Economic Review* 86(3):329-348.

Miller, Tina. 2010. *Making Sense of Fatherhood: Gender, Caring and Work*. New York: Cambridge University Press.

Mirowsky, John and Catherine E. Ross. 2007. “Creative Work and Health.” *Journal of Health and Social Behavior* 48(4):385-403.

Moen, Phyllis, Erin L. Kelly, Eric Tranby, and Qinlei Huang. 2011. “Changing Work, Changing Health.” *Journal of Health and Social Behavior* 52(4):404-429.

Pixley, Joy E. and Phyllis Moen. 2003. “Prioritizing Careers.” Pp. 183-200 in *It's About Time: Couple and Careers*, edited by P. Moen. Ithaca: Cornell University Press.

Presser, Harriet B. 2005. *Working in a 24/7 Economy: Challenges for American Families*. New York: Russell Sage Foundation Publications.

Reskin, Barbara F. 1993. “Sex Segregation in the Workplace.” *Annual review of sociology* 19(1):241-270.

Ross, Catherine E. and John Mirowsky. 1995. “Does Employment Affect Health?” *Journal of Health and Social Behavior* 36(3):230-243.

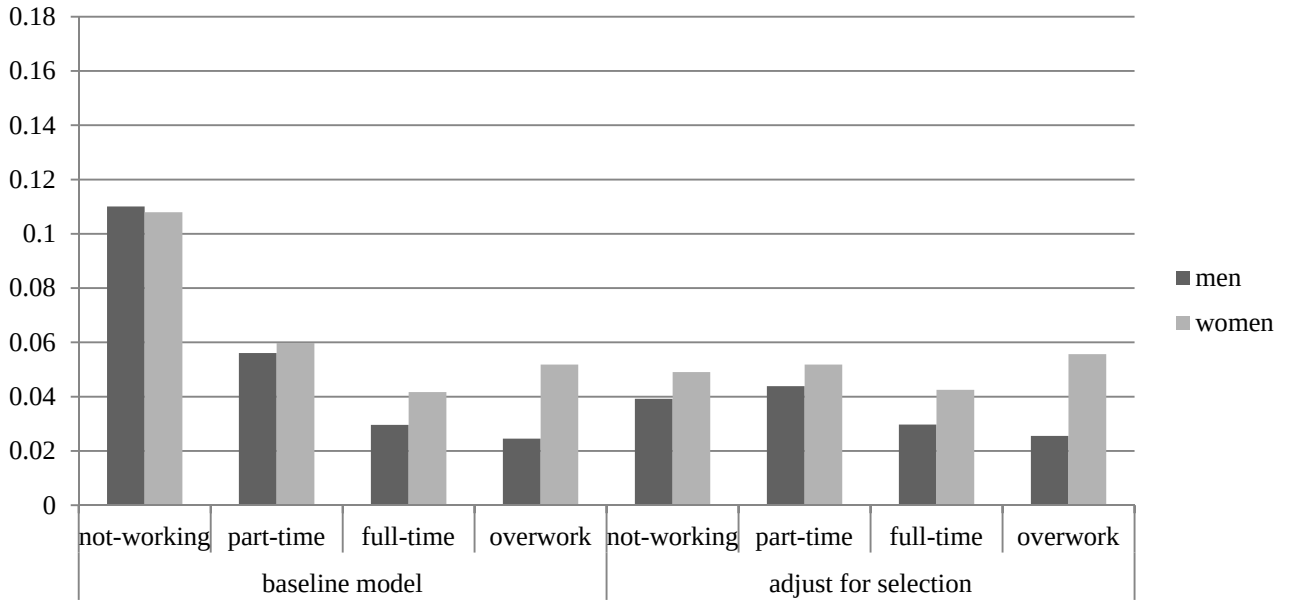
Roth, Louise M. 2006. *Selling Women Short: Gender Inequality on Wall Street*. Princeton: Princeton University Press.

Schnittker, Jason. 2007. “Working More and Feeling Better: Women's Health, Employment, and Family Life, 1974-2004.” *American Sociological Review* 72(2):221-238.

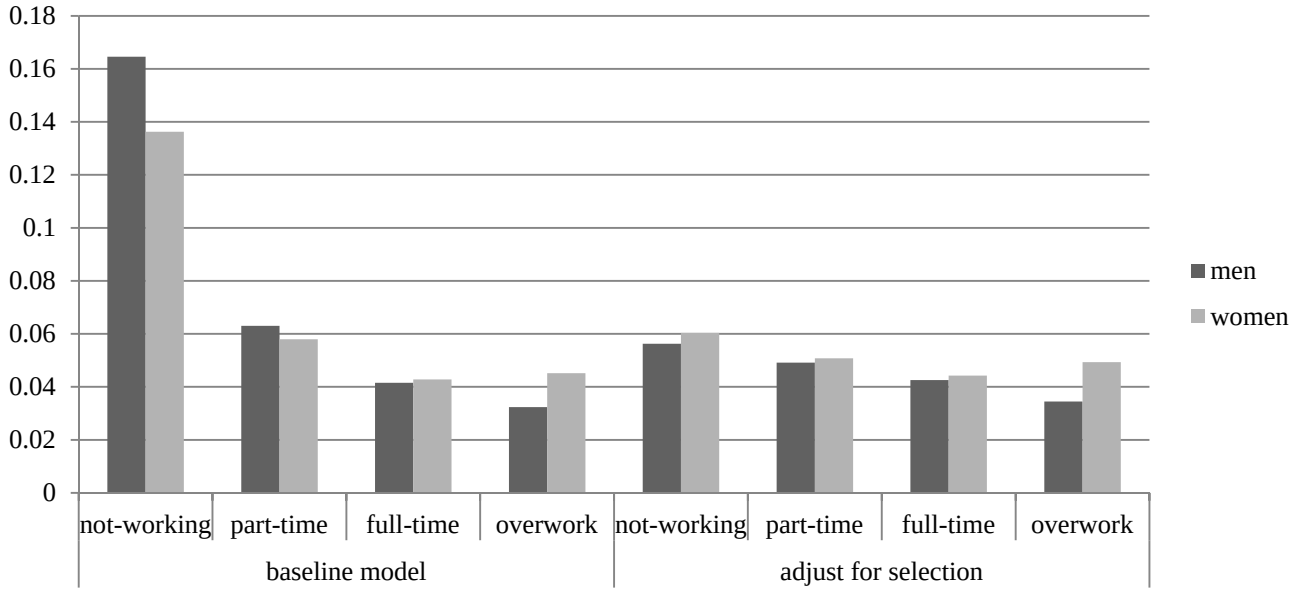
Stolzenberg, Ross M. 2001. “It’s About Time and Gender: Spousal Employment and Health.” *American Journal of Sociology* 107(1):61-100.

Townsend, Nicholas W. 2002. *The Package Deal: Marriage, Work, and Fatherhood in Men's Lives*. Philadelphia: Temple University Press.

Figure 1. Predicted probabilities of (a) feeling depressed or anxious; (b) reporting fair or poor health by employment status



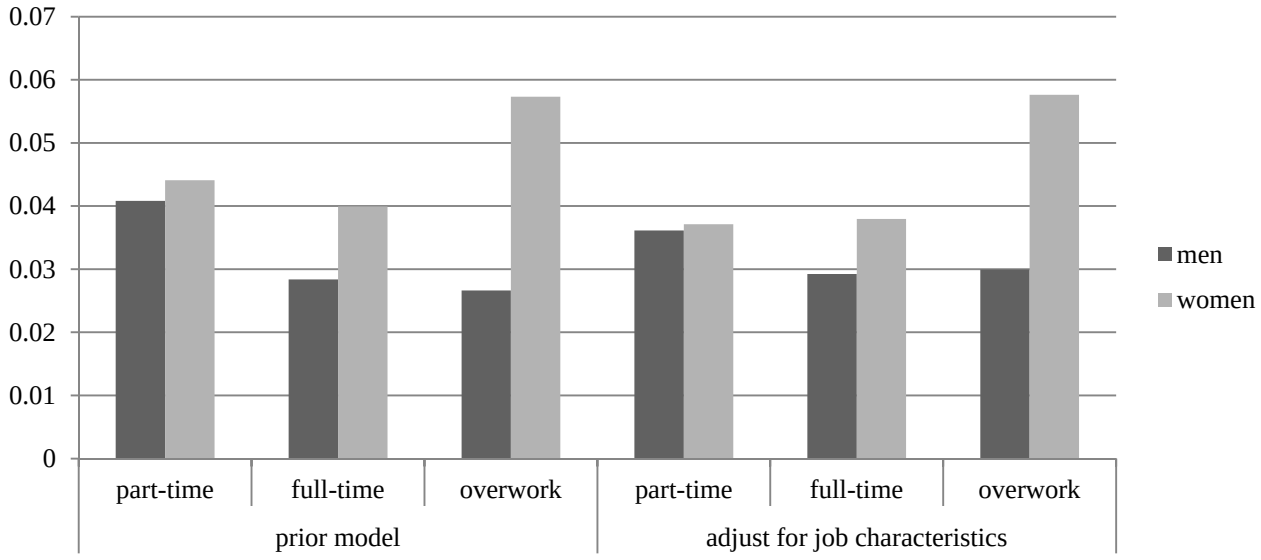
(a) Feeling depressed or anxious



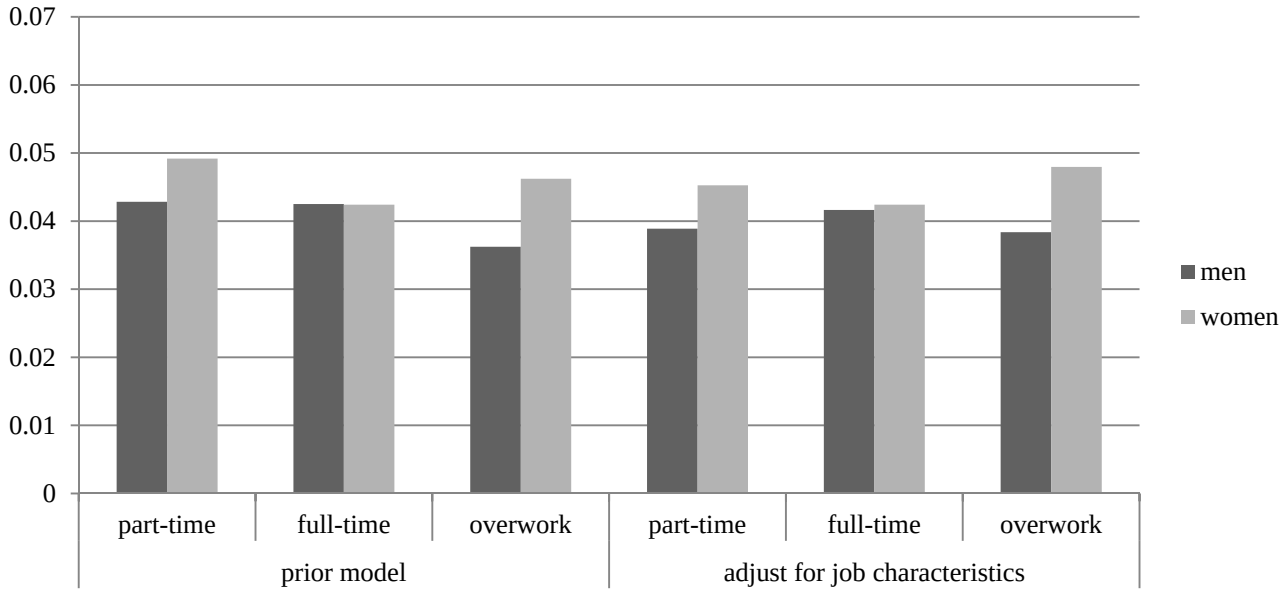
(b) Poor or fair health

Notes: Estimates are derived from the models from Table 2. All other variables are set to their mean values.

Figure 2. Predicted probabilities of (a) feeling depressed or anxious; (b) reporting fair or poor health by employment status, adjusting for job characteristics



(a) Feeling depressed or anxious



(b) Poor or fair health

Notes: Estimates are derived from the models from Table 2. All other variables are set to their mean values.

Table 1. Means and standard deviations of variables used in the analyses

	Men		Women	
Variable	Mean	Std. Dev.	Mean	Std. Dev.
Feeling depressed or anxious	0.06		0.08	
General health	0.10		0.12	
Work hour arrangement (“full-time” is omitted):				
Not working	0.16		0.28	
Part-time	0.10		0.19	
Overwork	0.23		0.09	
Age	40.33	12.71	40.56	12.72
Age squared	1787.90	1036.15	1807.22	1040.82
Race (“Whites” are omitted)				
Blacks	0.11		0.13	
Hispanics	0.13		0.12	
Asians	0.03		0.03	
Other race	0.03		0.03	
Marital status (“never married” is omitted)				
Married	0.59		0.59	
Divorced/widowed	0.12		0.18	
Have child (“no child” is omitted)				
Child under 6	0.17		0.20	
Child 6-18	0.19		0.23	
Education (“less than high school” is omitted)				
High school graduates	0.25		0.24	
Some college	0.36		0.38	
College graduates	0.17		0.17	
Advanced degree	0.09		0.08	
Logged family income	7.82	3.28	7.71	3.35
Health limits work	0.07		0.08	
No health insurance	0.25		0.25	
No health insurance, lagged	0.24		0.24	
Health prevents full-time work	0.07		0.08	
N		25177		28084
Experience	21.32	11.94	19.54	11.15
Job tenure	7.98	8.56	7.14	7.75
Union	0.17	0.38	0.15	0.35
Work sectors (“private” is omitted)				
Government	0.14		0.20	
Family work	0.00		0.01	
Monthly earnings	3792.59	4190.93	2463.41	2267.38
Occupational characteristics				
Strength	0.04	0.92	-0.35	0.80
Risk	0.04	0.78	-0.57	0.38

Competitive	3.06	0.52	2.78	0.55
Conflict	0.18	0.86	0.46	0.83
Authority	0.14	0.97	0.07	0.91
Repetitive	3.19	0.53	3.41	0.69
N		17177		17656

Note: Data are weighted by the BLS provided sampling weights

Table 2. Logistic regressions on the log odds of reporting poor health, all workers

	Feeling depressed or anxious		Fair or poor health	
	model 1	model 2a	model 3	model 4a
Not working	1.400**	0.287**	1.515**	0.293**
	(0.075)	(0.092)	(0.062)	(0.077)
Part-time	0.666**	0.403**	0.440**	0.151
	(0.105)	(0.113)	(0.091)	(0.098)
Overwork	-0.194	-0.155	-0.260**	-0.220**
	(0.101)	(0.100)	(0.080)	(0.080)
Female	0.354**	0.371**	0.032	0.040
	(0.070)	(0.070)	(0.059)	(0.059)
× Not working	-0.376**	-0.136	-0.254**	0.034
	(0.092)	(0.100)	(0.079)	(0.092)
× Part-time	-0.286*	-0.195	-0.122	-0.007
	(0.127)	(0.134)	(0.113)	(0.119)
× Overwork	0.423**	0.439**	0.315*	0.333**
	(0.145)	(0.145)	(0.130)	(0.129)
Age	0.185**	0.121**	0.176**	0.086**
	(0.012)	(0.013)	(0.011)	(0.012)
Age^2	-0.002**	-0.001**	-0.001**	-0.000**
	(0.000)	(0.000)	(0.000)	(0.000)
Black	-0.437**	-0.482**	0.289**	0.370**
	(0.061)	(0.068)	(0.048)	(0.056)
Hispanic	-0.494**	-0.244**	-0.303**	-0.025
	(0.073)	(0.076)	(0.063)	(0.067)
Asian	-0.479**	-0.183	-0.234*	0.132
	(0.132)	(0.134)	(0.112)	(0.115)
Other	0.328**	0.262**	0.511**	0.484**
	(0.086)	(0.094)	(0.080)	(0.090)
Married	-0.515**	-0.336**	-0.184**	0.085
	(0.062)	(0.068)	(0.054)	(0.065)
Divorced/widowed	0.095	0.108	0.237**	0.308**
	(0.062)	(0.070)	(0.057)	(0.069)
Child under 6	-0.052	0.181**	-0.243**	0.014
	(0.067)	(0.069)	(0.063)	(0.065)
Child 6-18	-0.078	0.046	-0.122**	0.007
	(0.055)	(0.059)	(0.047)	(0.052)
Some high school	-0.124*	-0.059	-0.278**	-0.241**
	(0.058)	(0.065)	(0.051)	(0.060)
High school grad	-0.154**	-0.022	-0.463**	-0.401**
	(0.058)	(0.064)	(0.050)	(0.060)
College grad	-0.556**	-0.349**	-0.979**	-0.841**
	(0.081)	(0.086)	(0.074)	(0.081)

Advanced degree	-0.669**	-0.433**	-1.129**	-0.969**
	(0.103)	(0.107)	(0.090)	(0.097)
Family income	-0.000	-0.017**	0.000	-0.019**
	(0.004)	(0.005)	(0.004)	(0.005)
No health insurance	0.110	0.017	0.252**	0.188**
	(0.063)	(0.068)	(0.055)	(0.063)
No health insurance	0.728**	0.415**	0.748**	0.447**
(lagged)	(0.062)	(0.067)	(0.054)	(0.062)
Health Limits work		2.342**		2.360**
		(0.067)		(0.055)
Health limits FT		0.399**		0.978**
		(0.074)		(0.061)
Constant	-6.830**	-5.484**	-7.103**	-5.384**
	(0.242)	(0.262)	(0.226)	(0.249)
Log Likelihood				
Observations	53261	53261	53261	53261

Table 3. Logistic regressions on the log odds of reporting poor health, employed workers

	Feeling depressed or anxious		Fair or poor health	
	model 2b	model 3	model 5b	model 6
Not working				
Part-time	0.376**	0.219	0.008	-0.071
	(0.143)	(0.147)	(0.129)	(0.132)
Overwork	-0.066	0.025	-0.166	-0.085
	(0.114)	(0.116)	(0.092)	(0.093)
Female	0.353**	0.271**	-0.002	0.019
	(0.077)	(0.089)	(0.065)	(0.076)
× Not working				
× Part-time	-0.272	-0.243	0.147	0.139
	(0.164)	(0.164)	(0.151)	(0.151)
× Overwork	0.446**	0.413*	0.256	0.214
	(0.164)	(0.165)	(0.151)	(0.152)
Age	0.089**	0.097**	0.095**	0.105**
	(0.020)	(0.021)	(0.018)	(0.018)
Age^2	-0.001**	-0.001**	-0.001**	-0.001**
	(0.000)	(0.000)	(0.000)	(0.000)
Black	-0.490**	-0.534**	0.329**	0.289**
	(0.104)	(0.104)	(0.074)	(0.075)
Hispanic	-0.345**	-0.367**	-0.161	-0.197*
	(0.116)	(0.116)	(0.099)	(0.100)
Asian	-0.063	-0.062	0.245	0.236
	(0.188)	(0.190)	(0.164)	(0.167)
Other	0.384**	0.367**	0.584**	0.567**
	(0.132)	(0.132)	(0.118)	(0.119)
Married	-0.373**	-0.375**	-0.054	-0.061
	(0.097)	(0.097)	(0.087)	(0.087)
Divorced/widowed	0.058	0.049	0.234*	0.228*
	(0.103)	(0.103)	(0.093)	(0.093)
Child under 6	0.241*	0.256**	-0.035	-0.020
	(0.094)	(0.094)	(0.087)	(0.087)
Child 6-18	0.117	0.123	-0.066	-0.062
	(0.081)	(0.082)	(0.071)	(0.071)
Some high school	0.041	0.066	-0.298**	-0.257**
	(0.111)	(0.111)	(0.091)	(0.092)
High school grad	-0.001	0.044	-0.478**	-0.392**
	(0.109)	(0.110)	(0.088)	(0.092)
College grad	-0.400**	-0.246	-0.937**	-0.728**
	(0.131)	(0.135)	(0.112)	(0.119)

Advanced degree	-0.514**	-0.270	-1.044**	-0.728**
	(0.157)	(0.170)	(0.134)	(0.145)
Family income	-0.022*	-0.010	-0.035**	-0.027**
	(0.010)	(0.012)	(0.009)	(0.009)
No health insurance	-0.036	-0.109	0.104	0.045
	(0.097)	(0.096)	(0.089)	(0.090)
No health insurance	0.533**	0.489**	0.575**	0.539**
(lagged)	(0.092)	(0.090)	(0.085)	(0.084)
Health Limits work	2.716**	2.674**	2.925**	2.899**
	(0.094)	(0.095)	(0.089)	(0.090)
Health limits FT	0.374*	0.353*	0.534**	0.511**
	(0.160)	(0.159)	(0.141)	(0.142)
Experience		0.005		-0.004
		(0.005)		(0.004)
Job tenure		-0.013**		0.000
		(0.005)		(0.003)
Union		0.079		-0.081
		(0.094)		(0.078)
Government		0.011		-0.002
		(0.095)		(0.075)
Family work		0.213		-0.092
		(0.240)		(0.229)
Monthly earnings		-0.000**		-0.000*
		(0.000)		(0.000)
Physical strength		-0.081		0.081
		(0.046)		(0.041)
Risk		0.058		-0.098*
		(0.054)		(0.061)
Competitive		-0.072		-0.034
		(0.061)		(0.053)
Conflict		0.064		0.070
		(0.046)		(0.040)
Authority		-0.114*		0.082*
		(0.073)		(0.048)
Routine work		-0.058		-0.025
		(0.053)		(0.049)
Constant	-5.026**	-4.743**	-5.228**	-5.240**
	(0.411)	(0.489)	(0.363)	(0.434)
Log Likelihood				
Observations	34833	34833	34833	34833

Note: Robust standard errors are presented in parentheses.
* $p<.05$, ** $p<.01$ (two-tailed).