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Gender Differences in Correctional Supervisor Wellbeing, Work, and Home Demands

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Abstract

In recent years women's participation in the American workforce has risen dramatically, while they still maintain the majority of the workload at home and in family life. Despite this increase in employment, women's occupational health has been consistently underresearched and virtually no research has been conducted on female correctional workers. In this study we utilized a cross-sectional survey administered to 143 participants, both male and female, who work as correctional supervisors at the Connecticut Department of Correction. Participants responded to questions collecting information about their demographics, wellbeing, work, and home demands. Data analysis indicated that women, compared to men, did have poorer wellbeing alongside greater work and home demands in certain areas, proving parital support for the study's hypotheses. However, the hypotheses were not fully supported as statistically significant differences in gender were not found among the majority of outcome variables. Further research into gender differences in the correctional supervisor workforce is needed to fully understand how gender affects the health and wellbeing of these workers.

Keywords: correctional supervisors, gender, wellbeing, work demands, home demands

Since the mid-20th century in the United States, the number of women in the general workforce has been increasing and catching up to the number of employed men. As of 2010, the Department of Labor (DOL) reported that of the 123 million women ages 16 and older in the United States, an average of 72 million women were participating in the labor force (DOL, 2010). In 2016, the DOL reported that although there are still more men than women employed, the breakdown of the civilian labor force changed from women holding just 28.6% of jobs and men holding 71.4% in 1945 to women now holding 46.8% and men 53.2% of the share of the civilian labor force. As women's share of civilian labor force began to rise, men's share declined (DOL, 2016).

Despite the shift towards a more equally distributed civilian labor force among genders, men continue to be more frequently researched than women in occupational health studies. Gender inequality has long been an issue in healthcare and is becoming more so as demonstrated by the disparity of treatment of women's health, both reproductive and general, in a male model of health and illness (Wijk et al., 1996). This demonstrates a need for a focus on gender differences in occupational health research to understand how gender and work affect one's wellbeing.

The existing occupational health research concerning gender differences demonstrates the difference in wellbeing between male and female employees. Past research indicates that women experience more job insecurity and poorer self-perceived physical and mental health than men. Men report longer work hours, more physically demanding jobs, and higher job status as compared to women (Campos-Serna et al., 2013). The difference in worker wellbeing may be explained by the nature of women's jobs. Research has shown that women's jobs are more often characterized by more precariousness, monotony, psychological and sexual harassment, and lower salaries and job status than that of men (Campos-Serna et al., 2013). These differences in

the distribution of tasks and characterization of jobs across gender affect the health of men and women in the workforce differently.

Although men report more exposure to physical demands in the workplace, women are more likely to report musculoskeletal symptoms (Cavallari et al., 2016). Musculoskeletal symptoms are characterized by pain or discomfort in the upper extremities back, or lower extremities (Cavallari et al., 2016). In a study examining the gender differences in prevalence of musculoskeletal symptoms in custodians, women reported significantly more musculoskeletal symptoms as compared to men. Men reported more time buffing floors, taking out trash, and polishing silver than women, however, the difference in tasks was not found to have any significant interaction with gender. Rather, the study cited psychosocial stressors, such as gender-based discrimination and sexual harassment, as a possible explanation for the difference in symptoms (Cavallari et al., 2016). Women are also physically different from men, on average (e.g., women tend to have more body fat and less muscle mass compared to men; Ethun, 2016). Past research has indicated that physical environments and tools in workplaces have been designed most commonly for the typical strength, build, and height of men, not accounting for the physical differences of men and women, which could also add to increased reporting of musculoskeletal pain in women (Campos-Serna et al., 2013). In addition to exposures and demands in the workplace, home and family labor can also affect gender differences in wellbeing.

Despite the fact that the number of women in the workforce has increased in the last decades, women still carry most of the domestic workload at home, because the distribution of domestic work has not changed significantly between partnered women and men (Campos-Serna et al., 2013). Women ages 25 to 75 do significantly more work at every age, whether employed

or unemployed (Gjerdingen et al., 2001). The number of children at home impacts the amount of time spent on housework for both men and women, however the impact of raising young children on completing housework was greater for women when compared to the men in their household (Gjerdingen et al., 2001). Even when both partners in a household work full time, the woman is still more likely to carry the majority of the domestic workload, in addition to her full-time job (Campos-Serna et al., 2013). In households where both men and women are employed full-time, women tend to spend less time on housework, however, men do not show any increase in their participation in housework to pick up the slack (Gjerdingen et al., 2001). Research indicates that women's unpaid work at home is as much as double that of men.

Additionally, women with children at home have been found to be more likely to develop health problems such as cardiovascular disease, musculoskeletal disorders, and depression and anxiety. One study following women 12 months after childbirth, found that these health disorders can increase once returning to work after taking postpartum time off (McGovern et al., 1997). Women's stress has shown to be sustained throughout the day and into the evening, while men's stress sharply declines around 6:00 p.m., a time that often signifies the end of the workday (Gjerdingen et al., 2001). Carrying most of the unpaid domestic workload in addition to working full-time poses substantial challenges to women's wellbeing and deserves to be researched and understood further.

The Correctional Workforce

As is the case with occupational health research in general, there is little to no research on women in the correctional workforce. Men make up 72% of the correctional workforce, while women make up just 28%, reflecting the general civilian labor force statistics of 1945 almost exactly (Data USA, 2017). Around 400,000 people nationwide are employed in the corrections industry as bailiffs, correctional officers, and jailers in the United States. The average age of

these workers is 40, and they make on average $50,000 a year (Data USA). Most correctional officers retire in their fifties with an average life expectancy in the United States of 59. The average life expectancy of these workers is not much older than the average age of the correctional workforce, and a dramatic difference from the national average life expectancy which is 75 (Cheek, 1982).

Due to the nature of their job, correctional supervisors are exposed to highly stressful situations including fatal and nonfatal violence among both inmates and staff, involving things like gang activity, criminality, contraband, manipulation, and rape (Jaegers et al., 2019). These situations can have negative impacts on the psychological wellbeing of correctional workers. Psychological distress factors have been found to be more prevalent among correctional officers than the general population (Bourbonnais et al., 2005). The stress from work can cause a multitude of adverse health effects including, hypertension, heart attacks, and ulcers. Alcoholism and divorce are also found in higher rates among correctional officers (Cheek, 1982). Too often correctional supervisors lose their lives shortly after retiring. The drastically low life expectancy of correctional officers shows the great need for more research into the question of why these individuals face death at such a young age and what can be done to combat it. There is a particular need for further research into how the stressful nature of their correctional work can affect their health and wellbeing.

Past research highlights the necessity to understand the effects of gender on work, home demands, and wellbeing, as most of what currently exists focuses only on men and does not include their female counterparts (Artazcoz et al., 2007). Men and women clearly experience health differently due to different work and home demands, and those demands may be intensified for women who work in corrections. However, there is little research on women in corrections at all. To fill this gap, our study will look at the effects of gender on work, home

demands, and wellbeing concurrently through a cross sectional survey study of correctional supervisors. Correctional supervisors will be asked to answer questions about their wellbeing, work information, and home lives. The independent variable of this study is the participant's gender, while the dependent variables are wellbeing, work, and home demand outcomes. We hypothesized that female correctional supervisors will have poorer and decreased wellbeing, alongside increased work and home demands.

Methods

Study Design

This study uses a cross-sectional survey design and seeks to understand how gender affects wellbeing, work, and home demands. This study is ongoing, however the data being discussed in this paper was collected over a period of five months. The survey was facilitated online through Qualtrics software on tablets provided to participants. The independent variable of the study is the gender of the participant. The dependent variables in this study are the participant's various wellbeing outcomes, and work and home demands. Prior to the beginning of the study, the Institutional Review Board of the University of Connecticut Health Center reviewed and approved the study protocol. Each participant was required to give their written informed consent prior to taking the survey.

Participants

Participants were considered eligible for the study if they were employed in a supervisory role at the Connecticut Department of Correction. The target population were men and women who work as correctional supervisors, and our goal was to understand how their job and work hours affect their wellbeing, work, and home demands. Participants were recruited by attending a wellness training day at the Department of Corrections training facility located in Cheshire, CT. Participants were asked if they would be interested in taking the survey during their lunchtime

break. 174 employees attended the trainings and 143 participated in the survey, which is an 83% response rate. Participants were provided a $20 Amazon gift card upon their completion of the survey as a study incentive. Participant's informed consent was given prior to the beginning of the survey and Institutional Review Board approval of these methods were obtained before beginning the study. During the consenting process, participants were made aware that their participation was voluntary, and they could withdraw consent to complete the survey at any time.

Measures

Measures utilized in this study are listed below in Table 1. They are broken into four categories: demographic information, wellbeing, work exposures/demands, and home exposures/demands. A sample item for each variable is listed along with the response scale for each measure. In certain cases, the response scale has been recoded from multiple responses to group variables into binary responses.

Data Analysis

The statistical analyses done for the data collected through this study was conducted in IBM SPSS Statistics. The mean or count of participants (N), and the standard deviation (SD) or percentages were assessed for each variable and compared by gender. Descriptive variables for sociodemographic variables (age, tenure) wellbeing variables (BMI, nutrition, stress, burnout, general health, pain interference, depression, fatigue, sleep quality, musculoskeletal pain), work demands and exposures (hours per week in primary job, overtime hours, second job, job content, job satisfaction, work-family conflict, family-work conflict, irregular work hours, lack of control), and home demands and exposures (home/family work overload, work/family crossover, psychological detachment, worker/partner schedule fit, and division of household labor) will be measured using mean and standard deviation. The count of participants (N) and percentage will be used to measure the remaining descriptive statistic variables, categorical BMI for wellbeing

variables, second job for work demands and exposures, and finally adult and childcare for the home demands and exposures. Variables using counts of participants (N) and percentages will be tested for significance using the Pearson Chi-Square test. Additionally, variables using mean and standard deviation will use independent samples t-tests to test for significance. All variables will be tested for significance using a p-value of 0.05.

Results

Descriptive Statistics

Results for descriptive statistic variables can be found in Table 2. A total of 143 workers took part in the study, 103 men (72% of total sample) and 40 women (28% of total sample). 114 (80%) of these workers were lieutenants, captains, deputy wardens, or another title, while 28 (20%) were counselor supervisors. Significantly more men (79%) made up the lieutenant, captain, deputy warden, or other category when compared to women (21%). Men and women averaged around the same age, men averaged 42 years of age, while women averaged 44 years of age. Women averaged a tenure of around 16 years, while men averaged a tenure of around 15 years; there were no significant differences in tenure.

There were significant differences in the racial makeup of the study population with significantly more white men (80%) than women (20%) at a p-value of less than 0.05. There were also more male people of color (60%) than women (40%). However, the gender breakdown was more equitable among people of color than of white people. Regarding education level, the majority of workers did not have a bachelor's degree, and this was significantly more likely among men (83%) compared to women (17%), who were more likely to have a bachelor's degree or higher. A significantly higher portion of single people who participated in the study

were men (79%) compared to women (21%). Respondents who were married or in partnered relationships were equally likely to be women as men.

The majority of participants (75%) reported family incomes of more than $100,000 a year, and among these people, 86 were men (79%) and 23 were women (21%). 92 participants (65%) had children under 18 living at home, and among these, 68 were men (75%) and 23 were women (25%). Participants were asked to report the number of people in their household, (including themselves), and 87 men (72%) and 32 women (28%) reported 4 or less people in their household, while 15 men (71%) and 6 women (29%) had more than 4 people in their household.

Wellbeing Variables

All results for wellbeing variables can be found in Table 3. When comparing the categorical BMI of men and women participants, significantly more men (78%) than women (22%) fell into the overweight/obese category ($P<0.001$). No significant difference was detected in the difference of mean actual BMI between men and women. Additionally, no significant differences between men and women were detected for nutrition, stress, burnout, general health, pain interference, depression, and sleep quality. There were significant differences in musculoskeletal pain in the neck, shoulder, and hands among gender. Women reported significantly more pain in their neck (2.54 ± 1.17, $P=0.003$), shoulder (2.43 ± 1.22, $P=0.012$), and hands (1.72 ± 1.08, $P=0.028$) when compared to men's report of neck (1.95 ± 0.96), shoulder (1.93 ± 0.93), and hand (1.38 ± 0.69) pain. Reported musculoskeletal pain in the forearm, wrist, or elbow, low back, knee, and foot had no significant differences across gender. In addition to musculoskeletal pain, women reported significantly higher levels of fatigue (2.91 ± 1.12) than men (2.40 ± 0.92).

Work Exposures/Demands

All results for work exposure/demands variables can be found in Table 4. There were significant differences found among the report of irregular work hours among gender. Men reported significantly more irregular work hours (3.04 ± 0.93, P = 0.002) compared to women (2.48 ± 1.02). Additionally, significant differences among gender were found in two variables from the job content questionnaire. Psychological demands were reported more significantly among women (2.90 ± 0.56, P = 0.011) compared to men (2.65 ± 0.48). Men reported significantly more supervisor social support (3.16 ± 0.72, P = 0.001) than women (2.67 ± 0.97). There were no significant differences in gender found in the rest of the job content questionnaire variables, which included skill discretion, physical demands, decision authority, and coworker social support. No significant differences in gender were found for working a second job, hours per week in a primary job, overtime hours, job satisfaction, work-family conflict, family-work conflict, and lack of schedule control.

Home Exposures/Demands

All results for home exposures/demands variables can be found in Table 5. Women reported significantly more home/family work overload (3.82 ± 1.00, P = 0.035) than men (3.30 ±1.10). Additionally, men reported significantly less fairness in the division of household labor to their spouse (3.31 ± 0.87, P < 0.001) compared to women (2.4 ± 0.82). Men also reported significantly more satisfaction with the division of household labor (3.66 ± 1.11, P = 0.024) than women (3.04 ± 1.40). No significant differences were found across gender for the adult care, child care, work/family crossover, psychological detachment, and worker/partner schedule fit variables.

Discussion

The hypothesis of this study was that female correctional supervisors will have poorer and decreased wellbeing alongside increased work and home demands, and this hypothesis was partially supported. Although not every wellbeing, work, and home exposures/demands variable showed significant differences across gender, there is evidence to partially support the hypothesis that female correctional supervisors experience decreased wellbeing in some areas, and increased work and home exposures/demands in certain aspects.

Partial support was found for the hypothesis that female correctional supervisors experience decreased wellbeing. Women did experience some decreased wellbeing as they reported significantly higher musculoskeletal pain and fatigue as compared to men. Women reported experiencing significantly more musculoskeletal pain in their neck, shoulder, and hands, indicating that they experienced this pain ranging from moderately to severely. This finding is consistent with past research that has shown that women tend to experience musculoskeletal pain, in this case in the neck, shoulder, and hands, more significantly than men (Cavallari et al., 2016). Due to the limitations of this study, it is unknown if pain in these upper extremity areas is related to the tasks female correctional supervisors complete on the job.

In addition to musculoskeletal pain, women experienced significantly more fatigue than men. However, despite women having increased musculoskeletal pain and fatigue, they had a significantly better categorical BMI than men. Significantly more men fell into the overweight/obese category compared to women. This indicates that women may have better general health or nutrition even though it was not found significant in this study. Full support for this hypothesis was not found as there were no significant differences in average BMI, nutrition, stress, burnout, general health, pain interference, depression, and sleep quality.

Once again, partial support was found for the hypothesis that female correctional supervisors experience increased work exposures/demands. Women reported significantly more psychological demands than men. This is consistent with past research that indicates that women often have poorer self-perceived mental health and that women's jobs typically are characterized by precariousness, monotony, psychological and sexual harassment, lower job salaries, and job status (Campos-Serna et al., 2013). These are all possible contributing factors to women reporting significantly more psychological demands. Additionally, women reported significantly less supervisor social support than men. The evidence of increased psychological demands and decreased supervisor social support among women partially supports the hypothesis that female correctional supervisors experience increased work exposures/demands. However, men were found to work significantly more irregular hours than women, and no significance was found for working a second job, hours worked per week, overtime, the remaining job content questionnaire variables, job satisfaction, work-family conflict, family-work conflict, and lack of schedule control. Therefore, full support for the hypothesis that women experience significantly increased work exposures/demands was not found.

Finally, partial support was found for the hypothesis that female correctional supervisors experience increased home exposures/demands. Women reported significantly more overload in home and family work than men. They felt often that they could never catch up on home and family responsibilities and needed more hours in the day to get everything done. Significance was also found in the division of household labor. Female correctional supervisors reported that they found the division of household labor unfair to them; however, male correctional supervisors reported that they were satisfied with how the household labor was divided between themselves and their female spouses. Therefore, the division of household labor was found to be

unfair towards the female spouse, but the male spouse was satisfied with this arrangement. This finding is consistent with past research that indicates the distribution of domestic labor has not changed significantly, despite dual income households becoming more common (Gjerdingen et al., 2001). Full support for this hypothesis was not found as there were no significant differences across gender for adult care and childcare responsibilities, work/family crossover, psychological detachment, and worker/partner schedule fit variables.

Strengths and Limitations

A strength of this study is that it can easily be replicated in a multitude of workplaces to study gender differences in varying workforces. The survey utilizes a variety of measures taken from commonly used scales that can be adapted and adjusted to fit the specific needs of the study. In addition, the large number of variables and survey items used in this study allows us to gain a multitude of information about different aspects of participants' lives in order to understand their wellbeing, work, and home lives on a holistic level.

This study had a few weaknesses as well. At the initiation of the study, the desired sample size was 270. The actual sample size came to a little more than half of that number, at 143 participants. The sample population also included only 40 women compared to 103 men. The smaller number of participants, and the small number of female respondents may have had an effect on the data being reported as significant at a p-value of 0.05 when variables were tested for differences among men and women. The racial makeup of the sample population of the study is predominantly white and is not representative of the general population. Additionally, social desirability may have come into play when participants were completing the survey, as participants provided a self-assessment of their health, work, and home lives in answering each question.

The survey was conducted at the participant's place of work, and although the data collected was anonymous, many questions were personal and may have made participants uncomfortable to answer. Discomfort in answering survey questions is a possibility, and participants were made aware of this prior to consenting at the beginning of their involvement. However, participant discomfort in answering questions could have affected their validity. Additionally, for questions regarding psychological wellbeing and depressive symptoms, it is possible that participants did not select the answer that was most truthful, but the answer that felt most socially acceptable. It is not possible to know for sure if this was the case, but it is a likely limitation of the study and reason for why we did not see significance in these areas as we were expecting to. Finally, literacy levels may have influenced the results of the study as well. The majority of participants did not hold a bachelor's or graduate degree, and therefore may have found difficulty in interpreting the meaning of some survey questions. Lower literacy levels among participants may have affected participant's answers and the data collected.

Conclusion

In summary, it is partially correct to affirm that female correctional supervisors experienced poorer wellbeing, and increased work and home exposures/demands. However, we did not find definitive support that this hypothesis entirely correct, as we did not find enough significance of differences in the majority of variables when comparing them across gender. The variables that did prove to be significant across gender suggest that there is some evidence that female correctional supervisors do experience poorer wellbeing, and increased work, and home exposures/demands. Although this research is a promising first step, further research into the correctional supervisor workforce is needed to fully understand the effect of gender on these variables and the implications that has for the health and wellbeing of correctional supervisors.

Table 1. Study Measures

Measure	What Measure Assesses and Original Source	# of items	Sample item	Original Response Scale	Recoded Response Scale
Demographic Information					
Demographics	Age, sex, race/ethnicity, education, marital status, family income (CPH-NEW, 2019)	6	General demographic information.	Written response.	Race recoded into: *0 (white) OR 1 (people of color)* Education recoded into: 0 (*less than bachelors) OR 1 (bachelors/graduate degree)* Income recoded into: 0 (*less than $100,000) OR 1 (greater than $100,000)* Marital status recoded into: *0 (single) OR 1 (married/live with parnter)*
Children under 18 at Home	Measure of dependent children under 18.	1	Do you have dependent children under 18 years old who live with you?	Yes/No Response	
People in Household	Measure of people living in household, including the worker, children, and other adults.	5	How many people living in each of the following age ranges CURRENTLY live in your household (including yourself)?	5 point response scale from 0 (*0)* to 4 (*4+)*	Recoded to: 0 (*4 or less) OR 1 (more than 4)*
Work History	Tenure and job title (CPH-NEW, 2019).	2	Number of years worked, and title of position.	Written response.	Job title recoded into: *0 (lieutenant, captain, deputy warden, or other) OR 1 (counselor supervisor)*

Wellbeing					
BMI	Self-reported weight and height (CPH-NEW, 2019).	3	What is your current weight? Reported feet and height.	Written numerical response.	Recoded into: *0 (underweight/normal) OR 1 (overweight/obese)*
Nutrition	Compliance with recommended fruit/vegetable intake per Dietary Guidelines for Americans (Adapted from U.S. Department of Agriculture and U.S. Department of Health and Human Services, 2010) (CPH-NEW, 2019)	1	Nutrition experts recommend filling half of your plate with fruits and vegetables at every meal and snacking occasion. How often do you meet this goal?	5-point scale from 1 (*never*) to 5 (*always*)	
Stress	Stress at work and at home (CPH-NEW, 2019).	2	How would you rate the average amount of stress AT WORK? “” AT HOME?	5 point scale from 1 (*no stress)* to 5 (*extreme stress)*	
General Health	Self-reported health (Ware et al., 1998) (Ware & Sherbourne, 1992).	1	In general, would you say your health is...	5 point scale from 1 (*poor)* to 5 (*excellent)*	
Pain Interference	Pain interference in home and work life (Ware et al., 1998).	1	During the PAST 4 WEEKS, how much did pain interfere with your normal work, including both work outside the home and housework?	5 point scale from 1 (*not at all)* to 5 (*extremely)*	
Depression	Depressive symptoms (Radloff, 1977).	8	Below is a list of some of the ways you may have felt. Please indicate how often you have felt this way during the PAST WEEK: I felt sad.	4 point scale from 1 (*rarely or none of the time (less than 1 day per week))* to 5 (*All of the time (5-7 days a week)*	

Fatigue	Assessment of fatigue in daily life (Michielsen et al., 2003).	4	Below is a list of some of the ways you may have felt. Please indicate how often you have felt this way during the PAST MONTH: Physically, I feel exhausted.	5-point scale from 1 (*never*) to 5 (*always*)	
Sleep Quality	Aspects of sleep, including sleep quality and quantity of nightly sleep, sleep hours needed for good functioning, and sleep disturbance (CPH-NEW, 2019).	3	During the PAST MONTH, how would you describe the QUALITY of your sleep on a typical night?	5 point scale from 1 (*poor)* to 5 (*good)*	
Musculoskeletal Pain	Symptoms such as pain, aching, numbness, and tingling in the upper and lower extremities, back, and joints; Indicates the possibility of injury or loss of function (CPH-NEW, 2019).	7	During the PAST 3 MONTHS, how much pain, aching, or stiffness/limited motion have you had in the areas listed below?	5 point scale from 1 (*none)* to 5 *(extreme)*	
Burnout	Strain due to emotional exhaustion and disengagement (Demerouti et al., 2001).	4	More and more often I talk about my work in a negative way.	5 point scale from 1 *(strongly disagree)* to 5 (*strongly agree)*	
Work Exposures/Demands					
Days per Week	EIWD WorkTime Measure	1	How many days do you work each week (excluding overtime)?	5 point scale from 1 (*Less than 5 days)* to 5 (*It varies)*	
Work a Second Job	EIWD WorkTime Measure	1	Do you work any other jobs?	Yes/No Response	

Hours per Week in Primary Job	EIWD WorkTime Measure	1	How many HOURS did you work at this job in the past seven days (include regular and overtime hours?)	Written numerical response	
Overtime	EIWD WorkTime Measure	2	How many HOURS did you work at this job in the *last 7 days/last month* (include paid and unpaid overtime work?)	Written Numerical Reponse	
Job content	Overall assessment of work exposures, including work demands, control, and support from supervisors/coworkers (Adapted from Karasek and colleagues, 1985) (CPH-NEW, 2019)	20	Describing your job… My job requires that I learn new things.	4 point scale from 1 (*strongly disagree)* to 5 (*strongly agree)*	
Job Satisfaction	Satisfaction with one's jobs and organization (Adapted from U.S. Office of Personnel Management, 2014) (Gowing & Lancaster, 1996).	3	The following questions ask about your experiences at your place of work: I am satisfied with my pay.	5 point scale from 5 (*strongly disagree)* to 5 (*strongly agree)*	
Work-Family Conflict	Difficulty balancing demands of work and family (Adapted from the Kessler National Comorbidity Survey, 2008) (CPH-NEW, 2019).	2	How often do things going on AT WORK make you feel tense and irritable at home?	4 point scale from 1 (*never)* to 5 (*always)*	
Family-Work Conflict	Difficulty balancing demands of work and family (Adapted from the Kessler National Comorbidity Survey, 2008) (CPH-NEW, 2019).	2	How often do things going on AT HOME make you feel tense and irritable on the job?	4 point scale from 1 (*never)* to 5 (*always)*	
Irregular Work Hours	EIWD WorkTime Measure	10	I worked 6 or more days in a row	5 point scale from 1(*never)* to 5(*always)*	

Lack of Schedule Control	EIWD WorkTime Measure	4	I had to go to work unexpectedly at times when I was not scheduled to work.	5 point scale from 1 (*never)* to 5 *(always)*	
Home Demands/Exposures					
Adult Care	Measures if there are adult care responsibilities (CPH-NEW, 2019).	1	To what extent do any adults depend on you in any way to help them due to disability, chronic illness, or aging?	4 point scale from 1 (*no adults depend on me due to disability, chronic illness, or aging)* to 4 (*I have primary responsibility)*	Recoded into: *0 (no responsibility) OR 1 (responsibility)*
Child Care	Measures if there are child care responsibilities.	1	How much responsibility do you personally have for any children under 18 in your household?	4 point scale from 1 (*there are no children under 18 at home)* to 4 (*I have primary responsibility)*	Recoded into: *0 (no responsibility) OR 1 (responsibility)*
Home/Family Work Overload	Assesses the burden of family and home life (Thiagarajan et al., 2006).	2	I need more hours in the day to do all the things that are expected of me.	5 point scale from 1 (*never)* to 5 (*always)*	
Work/Family Crossover	Evaluates the crossover of dual working partners on the family (Ferguson, 2012).	2	My spouse's (or partner's) job negatively impacts my own or my family's wellbeing	5 point response scale from 1 (*strongly disagree)* to 5 *(strongly agree)*	
Psychological Detachment	Psychological detachment from home and family responsibilities during free time away from the home and family (Sonnentag & Fritz, 2007).	2	I forget about my home and family responsibilities.	5 point response scale from 1 (*strongly disagree)* to 5 *(strongly agree*	

Worker/Partner Schedule Fit	Respondent assessment of how well the number and distribution among themselves and their partner, of their work hours and the flexibility of their work schedule met their needs (Barnett et al., 1999).	2	Taking into account YOUR CURRENT WORK HOURS AND SCHEDULE, how well is your arrangement working for your spouse/partner?	6 point response scale from 1 (*does not apply)* to 6 *(very good)*	
Division of Household Labor	Measure of respondent assessment of the fairness and satisfaction of the division of household labor responsibilities.	2	How FAIR is your relationship with your spouse (or partner) when it comes to SHARING household chores and/or family responsibilities?	5 point response scale from 1 *(It is very unfair to me)* to 5 *(It is very unfair to my spouse)*	

Table 2. Descriptive Statistics

Variable	Overall Sample N(%)	Men N(%)	Women N(%)	P-value
Race				
White	86(62)	69(80)	17(20)	**.009**
People of Color	53(38)	31(60)	21(40)	
Education				
Less than Bachelors	84(58)	69(83)	14(17)	**.001**
Bachelors/Graduate Degree	60(42)	34(57)	26(43)	
Income				
Less than $100,000	36(25)	25(69)	11(31)	.653
Greater than $100,000	106(75)	77(73)	28(27)	
Marital Status				
Married or live with partner	32(23)	16(50)	16(50)	**.001**
Single	110(77)	86(79)	23(21)	
Children under 18 at Home				
Yes	92(65)	68 (75)	23(25)	.393
No	50(35)	34 (68)	16(32)	
People in Household				
4 or less	120(85)	87(72)	33(28)	.919
More than 4	22(15)	15(71)	6(29)	
Job Title				
Lieutenant, Captain, Deputy Warden, or Other	114(80)	89(79)	24(21)	**.001**
Counselor Supervisor	28(20)	13(46)	15(54)	

	Overall Sample Mean (SD)	Men Mean (SD)	Women Mean (SD)	P-value
Age	42.44(6.61)	41.91(6.67)	43.95(6.23)	.346
Tenure	40(15.22)	14.87(5.51)	16.22(7.49)	.245

Table 3. Wellbeing

Variable	Overall Sample N(%)	Men N(%)	Women N(%)	P-value
Categorical BMI				
Underweight/Normal	15(11)	4(29)	10(71)	**<0.001**
Overweight/Obese	125(89)	97(78)	28(22)	
	Overall Sample N(%)	**Men Mean (SD)**	**Women Mean (SD)**	**P-value**
Actual BMI (kg/m2)	44.85(30.34)	30.74(4.36)	29.43(5.37)	0.142
Nutrition	2.85(1.08)	2.75(0.99)	3.1(1.27)	0.081
Stress	3.12(0.74)	3.08(0.76)	3.23(0.68)	0.287
Burnout	2.92(1.03)	2.93(1.00)	2.92(1.13)	0.964
General Health	3.17(0.80)	2.82(0.83)	2.87(0.73)	0.709
Pain Interference	1.88(0.90)	0.82(1.00)	1.08(0.93)	0.161
Depression	1.73(0.62)	1.74(0.62)	1.74(0.63)	0.953
Fatigue	2.54(1.00)	2.4(0.92)	2.91(1.12)	**0.007**
Sleep Quality	3.29(1.17)	3.2(1.18)	3.49(1.12)	0.199
Musculoskeletal Pain				
Neck	2.11 (1.05)	1.95(0.96)	2.54(1.17)	**0.003**
Shoulder	2.06(1.03)	1.93(0.93)	2.42(1.22)	**0.012**
Forearm, Wrist, or Elbow	1.54(0.90)	1.50(0.80)	1.68(1.14)	0.273
Hands	1.47(0.82)	1.38(0.69)	1.72(1.08)	**0.028**
Low Back	2.14(1.19)	2.12(1.21)	2.24(1.17)	0.601
Knee	1.81(1.01)	1.79(1.06)	1.86(0.90)	0.735
Foot	1.76(1.07)	1.70(1.04)	1.92(1.15)	0.288

Table 4. Work Demands/Exposures

Variable	Overall Sample N (%)	Men N(%)	Women N(%)	P-value
Work a Second Job				
Yes	37(26)	28(76)	9(24)	0.597
No	105(74)	74(71)	30(29)	
	Overall Sample Mean (SD)	**Men** Mean (SD)	**Women** Mean (SD)	**P-value**
Hours per Week, Primary Job	47.21(22.74)	39.17(9.15)	37.04(12.26)	0.267
Overtime Hours				
Past Week	13.72(16.29)	12.65(15.67)	16.56(18.07)	0.245
Past Month	30.73(34.92)	31.26(36.61)	29.5(30.64)	0.808
JCQ				
Skill Discretion	3.03(0.58)	3.02 (0.55)	3.05 (0.66)	0.802
Psych Demands	2.72(0.51)	2.65 (0.48)	2.90 (0.56)	**0.011**
Physical Demands	1.89(0.71)	1.82 (0.73)	1.79 (0.796)	0.818
Decision Authority	2.87(0.58)	2.89 (0.55)	2.82 (0.65)	0.527
Supervisor Social Support	3.02(0.82)	3.16 (0.72)	2.67 (0.97)	**0.001**
Coworker Social Support	3.01(0.66)	3.00 (0.58)	3.03 (0.84)	0.837
Job Satisfaction	3.31(0.86)	3.28 (0.85)	3.40 (0.92)	.437
Work-Family Conflict	2.06(0.67)	2.05 (0.71)	2.08 (0.59)	.824
Family-Work Conflict	1.62(0.58)	1.62 (0.57)	1.63 (0.60)	.915
Irregular Work Hours	2.88(0.98)	3.04 (0.93)	2.48 (1.02)	**.002**
Lack of Schedule Control	2.15(0.85)	2.20 (0.82)	2.03 (0.93)	.305

Table 5. Home Demands/Exposures

Variable	Overall Value N(%)	Men N(%)	Women N(%)	P-value
Adult Care				
No responsibility	90(63)	64 (72)	25 (28)	.881
Responsibility	52(37)	38 (73)	14 (27)	
Child Care				
No responsibility	45(32)	28 (62)	17 (38)	.066
Responsibility	97(68)	74 (77)	22 (23)	

	Overall Value Mean (SD)	Men Mean (SD)	Women Mean (SD)	P-value
Home/Family Work Overload	3.40(1.10)	3.30(1.10)	3.82(1.00)	**0.035**
Work/Family Crossover	2.39(1.10)	2.34(1.04)	2.57(1.28)	0.402
Psychological Detachment	2.02(0.88)	2.04(0.895)	1.94(0.85)	0.617
Worker/Partner Schedule Fit	3.71(0.95)	3.697(0.99)	3.76(0.83)	0.775
Division of Household Labor				
Fairness (to my spouse)	2.95(0.90)	3.1(0.87)	2.4(0.82)	**<0.001**
Satisfaction	3.54(1.20)	3.66(1.11)	3.04(1.40)	**0.024**

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