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Work Conditions and the Food Choice Coping Strategies of Employed Parents

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Abstract

Objective—How work conditions relate to parents' food choice coping strategies

Design—Pilot telephone survey

Setting—Northeastern U.S. city

Participants—Black, white, Hispanic employed mothers (25) and fathers (25) randomly recruited from low/moderate income zip codes; 78% of reached and eligible

Variables Measure(s)—Socio-demographic characteristics; work conditions (hours, shift, schedule, job security, satisfaction, food access); food choice coping strategies (22 behavioral items for managing food in response to work and family demands (i.e.: food prepared at/away from home, missing meals, individualizing meals, speeding up, planning))

Analysis—Two-tailed chi-square and Fisher's exact tests ($p < .05$, unless noted)

Results—Half or more of respondents often/sometimes used 12 of 22 food choice coping strategies. Long hours and non-standard hours and schedules were positively associated among fathers with take-out meals, missed family meals, prepared entrees, and eating while working; and among mothers with restaurant meals, missed breakfast, and prepared entrees. Job security, satisfaction and food access were also associated with gender-specific strategies.

Conclusions and Implications—Structural work conditions among parents such as job hours, schedule, satisfaction, and food access are associated with food choice coping strategies with importance for dietary quality. Findings have implications for worksite interventions but need examination in a larger sample.

Keywords

employment; parents; family; dietary behavior; low income; coping

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Introduction

Most U.S. parents are employed, and work-family conflict may make competing demands on parents' time and energy (1–3). Long work hours, inflexible work and family schedules, and spillover of work into home life leave many parents feeling short of time, tired, and stressed (4–6). Food choice coping strategies, the behavioral mechanisms through which people actively conceptualize and manage food selection in response to the work and family demands, are used by employed parents to manage stress and fatigue, reduce meal time and effort, reduce food and eating expectations, and weigh food and eating against other family needs (7). This study examined how work conditions are related to the food choice coping strategies of low and moderate income parents. Study findings will enhance understanding of social and temporal employment constraints on adults' food choices and may change workplace interventions and policies.

Food preparation time has decreased (8). Families are obtaining more food and meals away from home (9), especially fast foods (10) and take-out foods (11). Meal skipping (12) and home use of convenience entrees has increased (13). While food consumption away from home has been closely tracked, the use of other food choice coping strategies by working parents and their relationship to employment has not been examined.

Foods prepared outside the home have been shown to be lower in nutritional quality than those prepared at home (10). Less healthful diets have been positively associated with work conditions such as low job status (14), poor job conditions (15), high workloads (16), high work demands (17), and low control at work (18). Obesity and weight gain have been associated with long work hours (19), high work demands (17), and high job strain (20). However the behavioral mechanisms through which work conditions are related to dietary intake have not been examined.

Methods

This analysis was part of a pilot telephone survey designed to assess the efficacy of methods and measures for investigating relationships between work and family conditions, food choice coping strategies, and the dietary intakes of employed parents. We present here associations between work conditions and the food choice coping strategies of low income parents. Associations between coping strategies and dietary intake are reported elsewhere (21).

Respondent recruitment and characteristics

Employed parents were randomly recruited for a telephone survey from low- and moderate-income zip codes in an Upstate New York metropolitan area. Eligible respondents worked 20 or more hours a week, had a child 16 years or younger at home, and an annual family income below \$60,000 (median family income for the area was \$56,553). We recruited equal numbers of men and women as well as Black, white and Hispanic participants. Those completing three telephone interviews received \$50.

To reach our pilot sample size, trained interviewers attempted to contact 734 people, calling up to 8 times on days, evenings, and weekends. Of these, 241 (33%) were bad numbers, never answered, or unable to answer the screening questions, and 28 (4%) people refused to be screened. Of the 465 (63%) who were reached and screened, 64 (14%) parents were eligible, and they agreed to participate. Each parent provided verbal consent following a protocol approved by the University Institutional Review Board. Fifty (78%) completed all three interviews and were included in analysis.

Twenty-five employed mothers and 25 employed fathers or guardians from three racial/ethnic groups participated in the study (Table 1). Mothers were more likely than fathers to be single and to receive food assistance ($p < .05$) and to have lower incomes ($p = .07$). Seventy-eight percent of parents had incomes below the area household median (22). In a usual week, 16% of parents worked part time, 48% full time, and 36% overtime at service, clerical, and maintenance jobs. Over a third worked long hours and had non-standard schedules. Job dissatisfaction was high. Seventy percent were overweight or obese according to self-reports of height and weight.

Data collection

In the first of three 45-minute telephone interviews we assessed socio-demographic and family characteristics, and work conditions using standard items (23–26) (Table 1). Twenty-four hour dietary recalls were collected on two subsequent days (data reported elsewhere) (21). The food choice coping strategies used by working parents to integrate work and family demands were measured by 22 items in five categories including: 1) food prepared at/away from home, 2) missing meals, 3) individualizing meals (family eats differently, separately or together), 4) speeding up to save time, and 5) planning (Table 2). Six items assessed work access (yes/no) to healthy, reasonably, priced, good tasting food, and to a microwave oven, refrigerator, and vending machines.

The conceptual model that guided this analysis and the measures of food choice coping strategies were developed through formative research including development of candidate items through qualitative interviews (7); a question appraisal process (27) to determine coverage of major constructs, readability, clarity, and sensitivity/bias; and cognitive testing (28). Analyses to establish the convergent and predictive validity of the behavioral measures (data not presented here) showed that the coping strategies were appropriately related to independent measures of: 1) meals eaten at and away from home ($r = -.27$ to $.50$; $p < .05$), 2), meal patterns in two 24-hour dietary recalls ($r = .25$ to $.52$; $p < .01$ to $.09$), and 3) dietary intake in two 24-hour dietary recalls in hypothesized ways in the pilot sample.

The resulting 22 food choice coping strategies did not fall into cohesive or easily interpretable scales because men and women used different types of strategies. Several of the items had bimodal distributions and needed to be recoded as binary items that were not suitable for traditional factor analysis (29). We therefore used a dichotomous format for inclusion of coping strategies in bivariate analysis of the data to avoid problems of interpretation (30). Four of the 22 items asked respondents to indicate the weekly frequency of family main meals that were: home prepared, or from fast food, take out, or restaurant sources. The remaining 18 items used three response categories dichotomized to often/sometimes versus rarely, except for three items as noted when we used the contrast often versus sometimes/rarely for more equal distribution. All items were dichotomized for analysis as indicated in Table 2.

Data Analysis

Survey data were entered directly into a personal computer, cleaned, and examined for frequencies and distributions using SPSS V.14 (SPSS Inc., 2006). We conducted the analysis separately by gender based on formative research (7). We used a two-tailed chi-square test to assess independence of associations between socio-demographics characteristics and food choice coping strategies. We used a two-tailed Fisher's exact test for small samples to assess associations between work conditions and parents' use of food choice coping strategies. The main hypotheses tested were that parents who reported demanding work conditions such as long hours or irregular schedules would be more likely to report using food choice coping strategies such as: eating away from home, missing meals, individualizing meals, speeding up

meals and not to report planning. We expected these associations to vary by gender. A cut-off value of $p = <0.05$ was used for statistical significance, unless noted.

Findings

Food choice coping strategies were widely used by these low- and moderate-income employed parents (Table 2). About half to three quarters of both mothers and fathers reported that they always/often/sometimes used 12 of the 22 strategies to manage food and eating. Main family meals often came from sources other than home. Only 56% of fathers and 40% of mothers had more than five home-cooked family meals a week. Half to three-fourths of parents had one or more fast-food main meals and one or more take-out main meals a week. Mothers more often reported eating in the car. Breakfast was the most commonly missed meal, but almost half of parents missed family meals because of their jobs, and about half of mothers missed lunch because of work. Many parents reported using individualized meals, either different meals for different family members or feeding the children first. However, two-thirds or more said they often ate the main meal with the whole family. TV watching during family meals was common, especially by mothers. The most common speed-up strategy was grabbing quick food at work instead of a meal. Mothers were significantly more likely than fathers to say that family meals on workdays were often quick to prepare, and to keep food on hand at work. More than half of these parents used planning strategies.

About a quarter of mothers and fathers said they did not have access to healthy, reasonably priced, and/or good tasting food at or near work. Worksite access to microwave ovens, refrigerators, and vending machines ranged from 64% to 100%.

Parents' work conditions were associated with their food choice coping strategies. There were gender differences in the use of these strategies. Fathers who usually worked long or overtime hours, non-standard hours or schedules reported significantly more take-out main meals, missed family meals, use of convenience entrees, and eating while working; mothers working long or non-standard hours reported significantly more restaurant meals, missed breakfast, and use of convenience entrees.

Job security, satisfaction and longevity were also associated with some food choice strategies. Fathers with low job satisfaction were significantly less likely to report keeping food on hand at work or that the family often cooked enough for leftovers. Among mothers, being at a job less than one year was positively associated with family meals often being quick to prepare, and low job security was negatively associated with using convenience entrees for family meals.

Workplace food access was also associated with food choice coping strategies. Fathers who did not have access to healthy, reasonably priced, good tasting food and/or a microwave oven were significantly more likely to report missing lunch, eating while working, eating in a car, and less likely to pack a lunch. Mothers who did not have access to healthy, reasonably priced food and good tasting food were less likely to report grabbing quick food at work instead of a meal and/or family main meals that were quick to prepare. Fathers without access to vending machines, a common feature of many worksites, reported more overeating after missing a meal; mothers without vending access had fewer family main meals that were quick to prepare.

Discussion

Among these parents food choice coping strategies were widely used including eating food prepared away from home, missing meals, individualizing meals, speeding up meals, and planning. These findings are consistent with national trends for increased meals eaten away

from home (9–11), missed meals (12,31), eating in the car (32), eating alone and quick meals (33), and the use of convenience products (13).

Warde (34) has pointed to individualistic eating as an effect of the asynchronicity of daily life. The meal individualization reported in this sample, through preparation of different meals and/or by feeding children separately, suggests that, in spite of time constraints, about a third or more of families are commonly making or serving more than one main family meal. This may occur because of divergent work schedules (35) brought on by financial need (e.g., opposite shifts to reduce child care costs; overtime work), family preferences, dietary needs, or to keep peace in the family. Some parents describe eating separately or television watching at meals to avoid conflict (7). Reports of individualized eating contrast with the many parents who said they often eat with the whole family together. Some individualization of meals may lie in what family members are eating, not whether they are present. Because parents are meal providers and role models for children (35,36), these findings have implications for children's diets.

Planning strategies were common. This is positive if planning eases pressures on work days and promotes positive differences in dietary intakes. Parents with non-employed spouses or spouses working part-time may have more time to plan (7), and gender differences may affect the direction of this effect. A larger sample would allow testing of these hypotheses.

The importance of work structure for employed parents' food choice strategies is seen in the associations between work hours and schedule and food choice coping strategies such as meals away from home and missed family meals. Long work hours and irregular schedules mean more time away from family, less time for household food work, difficulty in maintaining a regular meal pattern, and less opportunity to participate in family meals; this may result in feelings of time scarcity, fatigue and strain that leave parents with less personal energy for food and meals. Nationally, per capita spending on fast food increases about 1.4 % and on full service restaurants about 0.5% with a 10% increase in hours of employment by the household manager (the person who does most of the household work) (37).

Fathers with low job security and satisfaction may be less tied to their jobs and less comfortable keeping food at work or bringing in leftovers. Use of convenience entrees by mothers with low job security may be related to overall feelings of time scarcity and vulnerability among these mothers, many of whom were single.

These findings suggest that better work conditions may be associated with more positive strategies such as more home-prepared meals, eating with the family, keeping healthful foods at work, and less meal skipping. While worksite access to healthful, reasonably priced, and good tasting food also appears to be associated with fewer negative strategies such as missing meals and eating while working or in a car, these findings suggest that work conditions beyond food access may influence the food choice practices of employed parents. Worksite interventions should consider structural conditions such as hours, breaks, and shift as ways to improve food choices.

Food choice coping strategies may mediate associations between work conditions and dietary intake. Fast food meals, missed meals, and watching television at meals have been linked to poorer diets and to obesity (10,38–40). Elsewhere we have presented associations between poor diet quality and food choice coping strategies among employed parents (21).

Generalizability of these finding is limited by the small pilot sample and the characteristics of these parents. We were not able to control statistically in this analysis for individual characteristics such as education or race/ethnicity or for family characteristics such as household income, marital status, or child age. Our sample had more single mothers (40%) than average and no single fathers, even considering our low and moderate income, multi-

ethnic, urban respondents (41). Single parents report more work-family conflict (42), and more difficulty in managing family food and eating (7). Similarly more mothers (92%) were below the area family median income than fathers (64%). Family structure was not examined in this analysis; the effect of single parenthood bears further investigation. These parents were employed in demanding service, clerical, and maintenance jobs, many with non-standard and variable schedules, long hours, and job dissatisfaction. It is important to assess the observed relationships in a wider range of occupations and income groups. Multivariate analysis will be necessary to determine whether work conditions such a job type or other individual or family characteristics account for observed associations.

Those who could be contacted and screened may have been more interested in nutrition or worked fewer hours than those who did not participate. While our selection criteria meant that we had to make many calls to find our desired participants, once contacted and found eligible, parents agreed to participate. We found good distribution in the use of food choice coping strategies, in work conditions, and significant associations between work conditions and food choice strategies, even in this small sample. These findings suggest that our methods and protocols were effective in measuring this phenomenon.

There are gaps between dietary intakes and dietary recommendations for health among U.S. adults. Since most parents are employed, information about the relationship of employment to dietary intake may elucidate widespread conditions affecting dietary quality. We have reported an association between structural working conditions and parents' use of food choice coping strategies. There is a need to examine these associations in a large sample to evaluate work and family conditions simultaneously in the context of socio-demographic characteristics. While these associations need to be examined in a larger sample, they have implications for practice and policy. Worksite health and nutrition interventions and policies should consider work structures such as hours and schedule as well as food access and quality.

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Table 1

Characteristics of Respondents n

	Fathers (n=25)	Mothers (n=25)
Age (mean years)	36.8	38.5
Race/ethnicity		
White	8	9
African-American	10	9
Other	7	7
Latino ethnicity	8	8
Total Family Income \$		
Less than 20,000	3	9
20,000 to 39,999	11	11
40,000 to 59,999	11	5
Family receives food assistance *	8	16
Highest educational level		
Some high school or high school graduate	10	6
Some college	9	13
College graduate	6	6
Marital status – Married or living as married *	25	10
Spouse/partner employed ¹	13/25	7/10
Children ≤ 6 years at home	16	13
More than 2 children at home	5	6
Work Conditions		
Hours employed in average week		
Part time or Full time	17	15
Usually ≥45 hours	8	10
Overtime often	8	6
Second job	6	2
Non-standard work hours (evening and/or night)	7	8
Non-standard schedule (weekday and/or weekend)	12	10
Varied weekly work schedule	9	8
Job satisfaction- dissatisfied	16	19
Job security – low	4	7
At job less than 1 year	6	10

* p= <.05 for 2-tailed chi-square test of gender difference

¹ Of those who have a spouse/partner

Table 2
Food Choice Coping Strategies of Employed Parents
 Number (%) reporting using the strategy often/sometimes vs. rarely, unless noted
 as often vs. sometimes/rarely

Strategies	Fathers n=25	Mothers n=25
Food prepared at/away from home		
>5 Home cooked main meals/week	14 (56)	10 (40)
≥1 Fast food main meal/week	15 (60)	19 (76)
≥1 Take out main meal/week	13 (52)	14 (56)
≥0.5 Restaurant main meal/week	12 (48)	12 (48)
Eat in car when busy	8 (32)	13 (52)
Missing meals		
Miss eating meals with family because of job	12 (48)	12 (48)
Miss breakfast between work and family	15 (60)	17 (68)
Miss lunch because of work	10 (40)	13 (52)
Grab quick food after work	7 (28)	11 (44)
Overeat later after missing a meal	12 (48)	12 (48)
Individualizing meals		
Different meals for different family members	8 (32)	8 (32)
Family watches TV at main meal	11 (44)	14 (56)
Eat main meal with whole family together (often)	18 (72)	16 (64)
Feed children separately	11 (44)	13 (52)
Speeding up		
Family meals are quick to prepare (often) *	6 (24)	13 (52)
Family meals include canned, frozen, boxed entrees	15 (60)	13 (52)
Eat while working	13 (52)	16 (64)
Grab quick foods at work instead of a meal	16 (64)	19 (76)
Planning		
Family cooks enough for leftovers (often)	18 (72)	14 (56)
Pack a lunch to take to work	15 (60)	15 (60)
Keep food on hand at work *	11 (44)	22 (88)
Cook more on days off	20 (80)	17 (68)

* p= <.05 for 2-tailed chi-square test of gender difference