

Time Deficits with Children: The Link to Parents' Mental and Physical Health

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Abstract

Time spent with children has become a central concern in North American parenting culture. Using the 2011 Canadian Work, Stress, and Health Study ($n = 2,007$), the authors examine employed parents' perceptions about having too little time with children and whether these relate to parents' mental and physical health. The "pernicious stressor" hypothesis posits that the demands of paid work combined with intensive mothering or involved fathering create unique time tensions that act as chronic stressors and that these are associated with poorer health and well-being. Alternatively, the "public face" hypothesis suggests that parents often present themselves as good mothers or fathers through an expressed lack of time with children, but statements are superficial and thus are not related to health. The authors find that about half of employed parents report time shortfalls with children; work hours, schedule control, location of work, and family context are related to perceived time deficits with children. Supporting the pernicious stressor hypothesis, expressed time deficits are associated with distress, anger, and sleep problems, even when adjusting for work and family factors.

Keywords

emotional well-being, mental health, work-family interface, children, parenting, time

Surprisingly, even as mothers in North America have marched into the labor force over recent decades, seemingly pulling them away from the home, their time with children has actually increased. For example, between 1975 and 2010, U.S. employed mothers' time in primary child care increased from 6 to 11 hours per week, and their total time with children—when they were engaged with and accessible to offspring—increased from 38 to 42 hours per week from 1975 to 2000 (Bianchi, Robinson, and Milkie 2006). Mothers accomplished this unexpected feat through reducing time in housework, doing more multitasking, engaging in less leisure on their own, and spending less time with their spouses compared with prior generations of mothers (Bianchi et al. 2006). Married fathers, too, increased their time with children in a dramatic

fashion, going from 2.4 to 7.2 hours per week in child care as a primary activity and from 21 to 33 hours per week in total time with children over recent decades (Bianchi et al. 2006, 2012). Canadian mothers and fathers showed similar patterns to their U.S. counterparts (Gauthier, Smee-deng, and Furstenberg 2004; Houle, Turcotte, and Wendt 2017).

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Although parents' time with offspring has increased, there is evidence that for many parents, the amount of time they spend with children does not feel ideal. Indeed, among U.S. parents, roughly one-half say that they do not have enough time with their children (Milkie et al. 2004), and a majority of employed mothers and fathers feel that their time with children is not enough (Nomaguchi, Milkie, and Bianchi 2005). Although these studies show that paid work hours are a strong predictor of parents' perceived time deficits with children, scholars lack detailed knowledge about how other work and family conditions link to perceptions about time with children. More important, little is known about the extent to which these appraisals are related to parents' mental and physical health. Given that the parent-child bond can arguably be adults' strongest and most significant emotional relationship (Pearlin and Turner 1987; Nelson 2010), extending research on perceptions about the amount of time with children among mothers and fathers and how such feelings are linked to parental well-being is imperative.

Employed parents' strong yearning for more time with their children has become prominent in cultural lore. For example, entertainer Jon Stewart left his long-running and highly successful television show in part to spend more time with family. Peter Mackay, then Prime Minister Stephen Harper's cabinet minister in Canada, said that he stepped down from his role to spend more time with his growing family. Sheryl Sandberg, a high-powered executive at Facebook with extremely high demands on her time, reports to media that she leaves work by 5:30 p.m. to have dinner and spend time with her children. These stories show that the cultural frame resonates: people making job changes and adjustments cite the culturally precious commodity of children as central and important aspects of their work strains. The publicly stated intentions to spend more time with one's family clearly have deep meaning in North American culture and underscore that good parents should not let a career come at the expense of sacrificing time with children. With their statements, these prominent parents clearly signal that a "good parent" translates to wanting "more time" with children. Whether and how such time pressure actually matters for the well-being of employed parents has not been fully examined.

In this study, using a 2011 national survey of employed parents in Canada, we investigate

parents' appraisals of time with children and how work and family conditions are linked to perceived time deficits with children. Then we assess to what extent perceived time deficits relate to aspects of parental mental health and physical health. We examine two competing perspectives about how parents' time strains may be linked to health. On one hand, for employed parents, time may be especially stretched, and their (deficient) time with children may be a chronic concern. Parents' perceptions of not having enough time for the responsibilities and the joys of childrearing might act as a stressor, negatively affecting parents' well-being. On the other hand, the expression of a lack of time may be largely a cultural symbol in which employed parents' presentations about time mark them as "good parents" who wish to spend more time with children. As such, according to this perspective, expressions of "not enough time" will be relatively superficial in that they will not be linked to parents' mental and physical health. Given that mothers may feel the weight of time deficits as a chronic stressor more so than fathers (Hays 1996; Nomaguchi et al. 2005), we examine gender differences in the relationship between time deficits and health.

Parents' Time with Children and Appraisals of Time Together

Among parents in Canada and the United States, mothers' and fathers' time with children has increased over recent decades. In the case of Canadian mothers, in contrast to the popular assumption that the increase in mothers' labor force participation led to a decline maternal time with children, the amount of mothers' primary time in child care has actually increased since the 1970s. For example, full-time employed mothers' time spent on playing with their children increased from 6.2 minutes per week in 1971 to 31.4 minutes per week in 1998 (Gauthier et al. 2004). Mothers' time in the broad category of child care rose from two hours per day in 1986 to more than two and a half hours per day in 2015 even as greater proportions of mothers participated in paid work over this period (Houle et al. 2017). Among U.S. employed mothers, primary time in child care as well as total time with children also increased during this period (Bianchi et al. 2006). Fathers too have increased their time in both routine and inter-active child care. For employed fathers in Canada,

time playing with their children increased from 15.4 minutes per week in 1971 to 32.3 minutes in 1998, and their time spent on giving care to their children also increased from 14.8 to 44.9 minutes per week from 1971 to 1998 (Gauthier et al. 2004). The percentage of fathers who participated in the broader category of childcare on a diary day rose from one third to one half from 1986 to 2015, and for participating fathers, time increased from 95 to 113 minutes per day (Houle et al. 2017).

These increases in parental involvement may indicate that the emergence of children's place in the family as a precious emotional center decades ago (Zelizar 1994) has become linked to time intensiveness in the parent-child bond. Time spent with children through intensive mothering and involved fathering has become culturally connected to children's perceived needs and achievement outcomes (Fox 2009; Hays 1996; Nelson 2010; Wall 2010). In recent years, not only has parents' time with children increased, but families have perhaps become even more child centered, with offspring attended to in new ways. Parents are more likely to be directly involved in playing with children, and close supervision may be a norm given perceived changes in safety of the outside world (Bianchi et al. 2006; Nelson 2010).

Recent studies have examined parents' perceptions about time with children, which may reflect perceptions about what they are doing compared with what they "should" be doing, regardless of the objective level of time spent. Milkie et al. (2004) found that 42 percent of mothers and 55 percent of fathers reported "too little" time with their youngest children in the National Survey of Parents, with slightly lower percentages in the General Social Survey. Focusing on parents in dual-earner couples in the 1997 National Study of Changing Work Force, Nomaguchi et al. (2005) found that 64 percent of mothers and 71 percent of fathers reported that their time with children was not enough. In contrast to these American studies, little is known about parents' assessment about time with children among employed Canadian parents.

Some work and family conditions are related to parents' time deficits. Long work hours are strongly related to perceiving time deficits with offspring; fathers work more hours per week than do mothers, and this helps explain why fathers feel time strain more than mothers (Milkie et al. 2004; Nomaguchi et al. 2005). Single

coresidential parents, once controlling for work hours and other factors, do not feel more time strain with children (Milkie et al. 2004). Although merely spending more hours with children does not relate strongly to reduced appraisals of time deficits with children, more focused or engaged time, such as time in eating meals together, does link to the lower likelihood of perceiving time deficits (Milkie et al. 2004).

Other factors beyond the number of hours worked are important to consider in understanding time deficit feelings (Milkie et al. 2004); the link between parents' time deficits with children and parent' well-being may be in part explained by other work and family conditions that relate to both (Umberson, Pudrovska, and Reczek 2010). Besides long work hours, more frequent work-family spillover is related to poorer well-being (Kelly et al. 2014) and may be related to time deficits with children. Job resources that are considered to help parents spend more time with children, such as control over work schedules and working from home, may ease parents' subjective assessment of their time with children, and these characteristics are positively related to the well-being of workers (Kelly et al. 2014). Family conditions that reflect higher demands of children, such as children's school, friend, or health problems, are related to parents' well-being (Milkie et al. 2010) and may be related to perceived time deficits with children. On the other hand, engaging in quality family activities with children, such as eating meals together, is negatively related to perceived time deficits with children (Milkie et al. 2004) and to well-being (Milkie et al. 2010). Managing the family's activities may drain a parent's time and relationship quality (Schieman, Ruppman, and Milkie 2018) and may be related to both the parent's appraisals of time deficits and well-being. Thus, it is important to examine how key work and family conditions relate to parents' time deficits with children and to adjust for these conditions when examining the association between time deficit appraisals and health.

The Link between Time Deficits and Parents' Health: Two Perspectives

The important question of how perceived time deficits with children might link to parents' health and well-being remains unclear, with empirical examination scarce. Milkie et al. (2010) showed

that even adjusting for the amount of time in routine care and interactive care, for both mothers and fathers, a felt time shortfall with children relates to imbalance in work and family lives. Moreover, employed mothers, but not fathers, who experience a time deficit with children report lower life satisfaction than those without a felt time shortfall (Nomaguchi et al. 2005); they did not have more distress, however. In qualitative research, parents often express a sense of guilt as a result of not spending the ideal amount of time with their children (Daly 2001; Wall 2010). The literature is rather bereft of studies using national samples of parents that test whether time deficits are related to typical measures of health and mental health. We discuss two alternative perspectives regarding the relationship between time deficits with children and parental health below.

Time Deficits as a Stressor. Some prior research hints that feeling deficient time with children may have a long reach into parents' well-being (Milkie et al. 2010; Wall 2010). Using the *stress process model* (Pearlin 1999), we conceptualize that a time deficit with one's children acts as a unique type of parental role strain linking to worse health. Parental role strain is defined as one's perception that it is difficult to fulfill key tasks and expectations in the parenting role. Various types of parental role strains have been highlighted among scholars, including the extent to which individuals feel as if demands of parenting tasks on energy and stamina exceed their capacities, feel strained to provide financially, or find difficulty locating quality child care (Nomaguchi and Milkie 2017). According to the stress process model, feeling time deficits with children could act as a chronic stressor because of the pervasiveness of high time demands and expectations from work and parenting and the importance of the parenting role both to society and to parents' identities.

Time is perhaps our most important resource, and employed parents are at the center of demands from the "greedy institution" of the workplace and from intense time investments in children. Parents may experience strain when the gap between an ideal amount of time with children and the reality seems problematic. Children are cherished beings in Western societies (Zelizar 1994). Seen as innocent, precious creatures, children are held up as priceless and valued highly as the center of

families. Intensive mothering and involved fathering ideologies have ratcheted up the standard of parental involvement in childrearing, and parental time with children, to be extremely high (Milkie and Warner 2014; Nelson 2010). In cultures in which parental identities are central to adulthood (McMahon 1995) and parents are judged as individual actors responsible for children's well-being, this form of strain may indeed have a deep reach into health (Wall 2010). Wall's (2010) study of 22 mothers' interpretations of cultural messages regarding the importance of children's brain development shows how the felt maternal responsibilities to increase children's achievements are linked with expressions of stress, exhaustion, and guilt. Moreover, given relatively few state supports exist for raising children (Glass, Simon, and Andersson 2016), the strain of not making enough time for children, falling on individual parents and families to negotiate, could be especially pernicious. Thus, the *pernicious stressor perspective* posits as follows:

Hypothesis 1a: Employed parents' statements about perceiving "too little time" with their children will be associated with worse mental and physical health.

The Public Face Perspective: Spending More Time with Children as a Cultural Marker. In contrast to the pernicious stressor perspective, arguing that time deficits with children act as a chronic stressor, time expressions may serve as important self-presentations. That is, according to a *public face perspective*, stated deficits about a lack of time with children may be prominent and serve a social purpose, but they are not linked with health. Cultural expressions of time strain could serve important self-presentations in the social world of parenting. If parents express time deficits to fit cultural norms, such expressed evaluations might not necessarily be experienced very deeply emotionally; in turn, we would expect them to be unrelated to psychological or physical health. In other words, if claims of "spending too little time" with children were merely superficial presentations of self to interviewers, then we would expect to see little to no empirical patterning of such responses with unfavorable indicators of physical and emotional health.

Presenting oneself as a “good parent” is critical in today’s world, because parents, especially mothers, are uniformly held responsible for how children turn out (Hays 1996; Milkie and Warner 2014; Nelson 2010; Wall 2010). Spending time with and “being there” for children are viewed as key elements of the culture of modern parenting (Garey 1999; Shows and Gerstel 2009). An ideal parent spends time with the children—and then, in social situations, talks about time spent with the children. Thus, parents would be expected to present themselves to others and to manage impressions of their parenting, especially parenting time, by signaling to others the importance of the amount of parent-child interaction, regardless of how much they can actually spend (Collett and Childs 2009; Goffman 1963). Mothers can show that they are “good” mothers through talking about and displaying time spent with or highlighted events with children. For example, Garey (1999) illuminated how mothers who are nurses working the night shift describe themselves as “at home” mothers, in a sense downplaying their work lives in their self-presentations to indicate to others that they can “be there” in the home.

Time—even day-to-day involvement—is also seen as key for the modern father to successfully fulfill his role, regardless of his success in breadwinning (Daly 1996; Milkie and Denny 2014). Indeed Daly (1996) reported that with remarkable uniformity, fathers say that spending time with children defines the “good father.” Even those with high time demands, such as physicians, emphasize the importance of “being there” and demonstrate publicly that they are “good” fathers through spending time with their children in leisure activities and events outside the home (e.g., trick-or-treating together for Halloween) (Shows and Gerstel 2009). Thus, regardless of the amount of time parents actually spend with offspring, highlighting and presenting evidence that one does spend time—or perhaps more important, desires to spend even more time with children—helps employed parents maintain “face” in a world that expects employed parents to be with children often and do many things with them. But this perspective suggests that the expressions of “too little time” in survey interviews are presentations and thus not deeply felt or experienced and, in turn, should not behave like other kinds of role stressors (e.g., parenting role overload) that have been empirically coupled with psychological distress.

A careful reading of qualitative research with parents hints at evidence that expressions of time deficits with children might be self-presentations that serve social purposes. Time with children in actuality, according to this evidence, is stressful and onerous (Daly 2001; Fox 2009; Offer 2014). Daly (2001) reported that despite their expressed desire for more time with children, parents talk about family time with children as sacrificial and with a sense of tension, conflict, and exhaustion. Hochschild (1997) found in *The Time Bind* that every mother and almost every father in her study of a Fortune 500 company stated that their families came before their work. But these statements appeared to be self-presentations, because their expressions did not run deep. Rather than more time with children, who often represent complex and difficult demands, these parents’ actions seem to illustrate a need for time for themselves, which parents in Hochschild’s study experience in the workplace. Indeed, large majorities of mothers and many fathers indicate they lack time for themselves (Milkie, Raley, and Bianchi 2009; Nomaguchi et al. 2005).

A high and morally laden cultural value on time is contradictory to the actuality of experienced time with children as sometimes onerous and conflictual. Thus presentations and expressions of wanting more time with children may simply reflect a cultural marker for parents to display in order to be honored as good parents, even as they also realize the downsides of more time with children. By extension, then, statements about time deficits with children might not be strongly linked to parents’ health. Accordingly, the public face perspective posits an alternative:

Hypothesis 1b: Employed parents statements about perceiving “too little time” with children will not be associated with worse mental and physical health.

Do Mothers and Fathers Experience Time Deficits Differently?

Mothers are supposed to want to spend more time with children and are considered uniquely responsible for them (Hays 1996). Do mothers and fathers experience time deficits differently? Prior research has shown that there is no gender difference in prevalence of parents’ expressed desire for

more time with their children, once work hours are controlled for (Milkie et al. 2004; Nomaguchi et al. 2005). However, perhaps mothers' more than fathers' expressed time deficits will be more psychologically weighty, whereas fathers' more than mothers' expression will reflect demonstration of a cultural marker of ideal parenthood. U.S., Canadian, and other Western cultures emphasize the irreplaceability of mothers for children (Erickson and Aird 2005; Hays 1996; McMahon 1995; Milkie and Warner 2014). And this may be especially powerful currently, with mothers subject to a special kind of intensiveness in which they are supposed to devote their time and energies to safeguard their child's future and to keep each unique child in special emotional stead (Milkie and Warner 2014; Villalobos 2014). As to men, although fathers are increasingly involved in and even occasionally managing children's day-to-day care, the emphasis on breadwinning as the primary responsibility of fathers and the cultural notion that fathers are "mothers' helpers" continue (Fox 2009). Moreover, fathers today may feel as if they are doing fairly well compared with their own fathers, who did much less child care (LaRossa 1988). So for fathers, even "too little" in today's terms may feel acceptable psychologically speaking, relative to past generations of fathers.

Little research actually focuses on gender differences in the link between time deficits with children and health. One study found that among dual-earner families, mothers who expressed feeling "too little" time with children had lower life satisfaction than those who did not, whereas this was not the case for fathers (Nomaguchi et al. 2005). Indeed, it was the fathers who said they had too little time for themselves who expressed lower life satisfaction. This suggests the possibility that for mothers, perceived time shortfalls with children act as a stressor, whereas for fathers, expressions of time deficits may be more of a cultural marker of a good father, without the emotional reach into mental and physical health. On the basis of these conceptual discussions and empirical findings, we predict a gender difference.

Hypothesis 2: Any association between perceived time shortfalls with children and mental and physical health will be stronger for employed mothers than for fathers.

Summary

Time with children is central to parenting culture in North America. Although parents are spending more time with offspring now than they were in prior generations, ironically, they seem to state that their time with children is not enough. This study assesses perceptions about the amount of time with their children among a national sample of employed parents in Canada. First, we examine how work and family conditions are linked to parental appraisals of time deficits with children. Then, in assessing our focal relationship between parental time deficits and health, we test two competing hypotheses: the pernicious stressor perspective, suggesting that perceptions of time deficits with children will be importantly linked with parents' health, versus the public face perspective, indicating that stated time shortfalls with children act as cultural markers of good parenting which serve a social purpose, but that these will not be related to parents' mental and physical health. We also examine whether there are gender differences in the focal relationship between perceived time deficits with children and mental and physical health. In the analyses, in addition to work and family conditions discussed earlier, we control for demographic and socioeconomic status (SES) characteristics, such as age, race/ethnicity, partnership status, education, occupation, and the number of children, because they are related to employees' appraisals of both time with children (Milkie et al. 2004; Nomaguchi et al. 2005) and well-being (Schieman, Milkie, and Glavin 2009).

Our study is among the first to assess the contours of time deficits with a range of rich mental and physical health outcomes, using a nationally representative sample and adjusting for many work and family factors. It allows us to examine whether and how this unique time deficit is associated with parental well-being, which in turn can inform parenting stress theories and policy for employed parents.

METHODS

Sample

Data are from the 2011 Canadian Work, Stress, and Health Study, a national sample of Canadian workers. Interviews were conducted by telephone between January and July 2011. To be eligible,

individuals had to be (1) residing in Canada, (2) at least 18 years of age, (3) currently in a paid job or operating an income-producing business, (4) employed in the civilian labor force, and (5) living in a noninstitutional residence. In households with more than one eligible person, the “next birthday” method was used to randomly select a participant. Calls were made to a regionally stratified unclustered random probability sample generated by random-digit-dialing methods. Interviews were conducted in English or French and averaged 35 minutes. A \$20 gift card was offered as an incentive. The full sample was 6,004, with a response rate of approximately 40 percent.¹ We obtained a final analytical sample of 2,007 cases after excluding those not living with children 18 or younger in the household and those with missing values on the dependent or other variables. Missing cases were treated as random and deleted, with the exception of personal income, which was estimated across 100 complete data sets with missing values simulated via multiple imputation (Royston 2005; Rubin 1987). Data were weighted in accordance with the gender, age, education, and marital status composition of the Canadian workforce.

Measurement

Dependent Variables. Mental health is measured with two variables. Distress is measured as a seven-item index. Respondents were asked how often in the previous month they felt “sad or depressed,” “hopeless,” “anxious,” or “nervous” and how often they worried “a lot about little things,” had trouble keeping their mind on what they were doing, or felt “restless or fidgety.” Responses are coded as 1 = “all of the time” through 5 = “none of the time.” Responses are reverse-coded so that higher numbers indicate more distress. Anger is measured as a three-item index by asking respondents how often in the previous month they felt “angry” and “annoyed or frustrated” and how often they “yelled at someone or something.” Responses are coded as 1 = “all of the time” through 5 = “none of the time” and are reverse-coded so that higher numbers indicate more anger.

Physical health is measured with two variables. We use three items taken from a modified version of the sleep disruption index (Maume, Sebastian, and Bardo 2009; also see Bierman, Lee, and Schieman 2018; Chen-Edinboro et al. 2015): “In the past month, how often have you” “had trouble

falling or staying asleep,” “woke up before you wanted to,” and “woke up feeling refreshed.” Responses are coded as 1 = “all of the time” through 5 = “none of the time.” The first two items are reverse-coded, so that the higher numbers on the index indicate more sleep problems. Self-rated health is a one-item measure. Respondents were asked, “In general, would you say your health is: 1) excellent; 2) very good 3) good 4) fair or 5) poor”; this is coded so that a higher number indicates worse health. Although one-item measures are not ideal, self-rated health has been used often in research and is robust and valid.

Independent Variables

Perceived time with children. Respondents were asked, “In a typical week, do you think you spend about the right amount of time with your children, too much time, or too little time?” Responses are coded as “too little” = 1 versus all else = 0. Less than 5 percent answered “too much,” so this is collapsed into the “about right” category for the purposes of this study. This question is the same one asked in the 2000 General Social Survey and the 2000 National Survey of Parents (Milkie et al. 2004, 2010) and very similar to other surveys such as the 1997 National Study of the Changing Workforce (Nomaguchi et al. 2005).

Gender. *Gender* is coded 0 for men and 1 for women.

Work Conditions. Weekly work hours ranges from 2 to 65 and combines hours from an individual’s main job as well as hours from a second job if reported; extreme hours are top-coded at the 95th percentile to create the total weekly work hours. Schedule control is measured with one item asking, “How much control do you have in scheduling your work hours?” Response categories are reverse-coded to indicate higher levels of schedule control, including “complete control” = 5, “a lot of control” = 4, “some control” = 3, “very little control” = 2, and “none” = 1. Work location is measured as three dummy variables, including working at home (reference), working away from home at a fixed location, or being on the road. Work intrusions are measured with a three-item index. These are elements of role blurring (see Schieman and Glavin 2016). Questions included “In the last 3 months, (1) how often did you read job-related email or text messages when you were not at work?; (2) How often

were you called about work-related matters when you were not at work?; and (3) How often did you contact people about work-related matters when you were not at work?" Response categories include the collapsed category of "very often/often" = 4 as well as "sometimes" = 3, "rarely" = 2, and "never" = 1. Family intrusions are measured with a two-item index. Questions included are (1) "How often did family members contact you during your work hours?" and (2) "How often did you contact family during your work hours?" Response categories include the collapsed category of "very often/often" = 4, "sometimes" = 3, "rarely" = 2, and "never" = 1.

Family Conditions. Eating meals together is measured as the number of days per week that the family eats the main meal together and coded as 0 to 7. Time organizing activities indicates the relative responsibility the respondent takes for organizing the family's activities: 1 = parent himself or herself always or mostly completes the task, 2 = partner always or mostly, 3 = equal responsibilities between partners, and 4 = someone else does this task. Child problems are measured using three indicators of how often children have problems (1) at school, (2) with friends, and (3) with health, ranging from 1 = "never" to 4 = "often" or "very often."

Control Variables. Participant's *age* is coded in years. *Ethnicity* is coded as five dummy variables including white (reference), Asian, black, aboriginal or other. *Partnered* is coded 1 for partnered and 0 for all other. The *number of children ages 0 to 5; 6 to 11 and 12 to 18* are included. *Personal income* is measured by one item assessing total personal earnings in the previous year from all sources and is logged. *Education* is coded as an ordered variable including: (1) "less than high school," (2) "high school or GED," (3) "associate/2-year degree," (4) "some college, no degree earned," (5) "4-year university degree," and (6) "graduate or professional degree."

Occupation. To assess occupation, respondents were asked, "What kind of work do you do? That is, what is your occupation?" Using the open-ended information provided, occupations are coded into 33 categories using the 2006 Canadian National Occupation Classification. We compare individuals in executive and professional

occupations with other categories of routine non-manual workers and manual workers.

Table 1 shows descriptive statistics for all parents. Notably, 47 percent of employed parents state that they have "too little time" with children. Figure 1 shows the percentage distribution of appraisals about time with children by gender. Fifty-one percent of employed fathers and 45 percent of employed mothers indicate that they have too little time with children. Parents' mean age is 41 years, and 85 percent are white. Eighty-two percent of parents are partnered, and their average education level is some college. The parents have about 1.9 children on average.

Analytic Plan

First, we use logistic regression models to examine the association between work and family conditions and employed parents' appraisals of time with their children. Model 1 includes demographic and SES characteristics only. Models 2 and 3 add work and family conditions.

Then, to examine the association between time deficits with children and health (hypothesis 1a vs. 1b), the next sets of analyses use ordinary least squares regression (for distress, anger, and sleep problems) or ordered logit regression (for self-rated health) techniques to examine the associations between time deficits with children and physical and mental health. For each outcome, we run three models. In model 1, the mental or physical health variable is regressed on perceptions of time deficits with children and control variables. The second model adjusts for work conditions, and the third model adds family context. To examine gender differences in the link between appraisals of time deficits with children and well-being, for each dependent variable (distress, anger, sleep problems, and self-rated health), we examine another model that includes the interaction term between gender and feelings of time deficits with children. Because the gender \times time deficits interaction term is not significant in any analysis, indicating that the association between a time deficit with children and health is similar for mothers and fathers (with no support for hypothesis 2), we do not present that model in the tables.

RESULTS

First, we examined predictors of parental perceptions of time deficits with children. Table 2 shows

Table 1. Means (Standard Deviations) or Percentage Distributions for All Variables in the Analysis ($n = 2,007$).

Variable	<i>M</i> (<i>SD</i>) or Percentage	Range
Outcomes: mental health		
Distress	2.21 (.61)	1–5
Anger	2.41 (.69)	1–5
Outcomes: physical health		
Sleep problems	2.75 (.98)	1–5
General health	2.32 (.92)	1–5
Focal independent variable		
Too little time with children	0.47 (.49)	0–1
Controls		
Age (years)	40.66 (8.02)	18–73
Gender		0–1
Mothers	58.79%	
Fathers	41.21%	
Race/ethnicity		1–5
Asian	5.63%	
Black	2.94%	
Aboriginal	2.29%	
White	84.50%	
Other	4.63%	
Partnered	0.82 (.39)	0–1
Personal income (logged)	10.68 (1.07)	1.10–15.89
Education	4.12 (1.49)	1–6
Occupation		1–3
professionals/Managers	43.65%	
Routine nonmanual workers	41.95%	
Manual workers	14.40%	
Number of children aged 0–5 years	0.52 (.75)	0–4
Number of children aged 6–11 years	0.66 (.78)	0–4
Number of children aged ≥ 12 years	0.71 (.83)	0–4
Work conditions		
Work location		0–2
At home	8.22%	
Away from home	86.95%	
Mainly on the road	4.83%	
Work intrusions	2.31 (.96)	1–4
Family intrusions	2.67 (.86)	1–4
Weekly work hours	40.36 (12.28)	2–65
Control over work schedule	2.97 (1.35)	1–5
Family conditions		
Eating meals together	5.24 (1.90)	0–7
Organizing family's activities		1–4
All/mainly respondent's task	45.19%	
All/mainly spouse's task	14.55%	
Share task equally	38.47%	
Someone else's task	1.79%	
Child has school problems	1.84 (.94)	1–4
Child has friend problems	1.82 (.87)	1–4
Child has health problems	1.81 (.89)	1–4

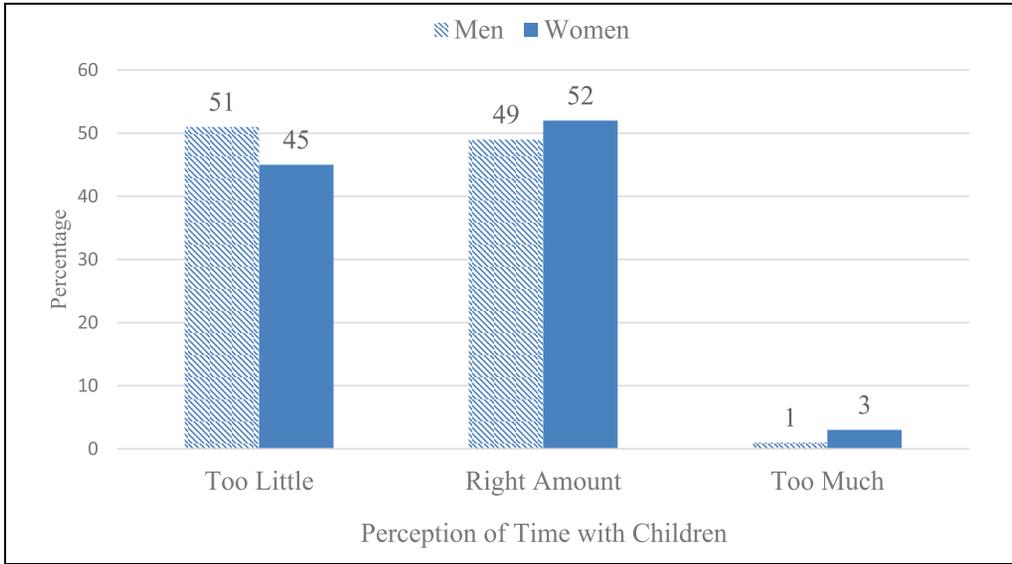


Figure 1. Gender differences in perception of time with children among employed parents.

that parents’ work conditions, such as working away from home (in a fixed location such as an office or job site) and working “on the road,” are both associated with perceiving that they spend too little time with children. Parents who have more work intrusions, work more hours and have less schedule control are more likely to report that they spend too little time with children. Fewer meals together as a family and having children with peer difficulties are linked to parents’ appraisals of too little time with children also. We adjust for these work and family conditions as we examine the associations between felt time and mental and physical health below.

Table 3 shows that time appraisals are linked to parents’ distress. In model 1, the belief that one spends too little time with children is significantly and positively related to distress, net of demographic controls. In model 2, we add work conditions, which are linked to distress. The more schedule control parents have, the less distress, and the more frequent the work intrusions (i.e., contact with coworkers through e-mail, phone, or text messages outside of work hours), and family intrusions when at work, the greater the parent’s distress. Even adjusting for important work conditions, parents who state that they have too little time with children are more distressed.

In model 3, we added family conditions, including eating meals together, sharing child

care tasks, and children’s problems. Adjusting for these family factors shows that having partners involved in scheduling family activities is linked with less distress. Additionally, children’s problems with school, friends, or health are related to parents’ distress. Including these family factors reduces the coefficient for time deficits with children slightly. However, there remains a significant relationship between time deficits with children and distress, supporting the pernicious stressor perspective.

Table 4 shows that appraisals of time spent with children are related to parents’ anger. In model 1, appraised time deficits with children significantly relate to parents’ anger, net of controls. In model 2, we add work conditions, which are linked to anger; the more schedule control workers have, the less angry they are, and the fewer work intrusions through e-mail or text messages, the less parents’ anger. Even adjusting for important work conditions, appraisals about spending too little time with children continue to be strongly linked to distress. In model 3, we added family conditions, including eating meals together, sharing child care tasks, and children’s problems. Although equal partnership on managing family activities (compared with the parent himself or herself always or mostly doing it), children’s problems with school, friends, and health relate to parents’ anger, and the coefficient for “too little

Table 2. Too Little Time Regressed on Controls and Work and Family Conditions (Logistic Regression).

Variable	Model 1		Model 2		Model 3	
Controls						
Age	-.012	(.007)	-.010	(.007)	-.011	(.008)
Female	-.131*	(.105)	.138	(.113)	.171	(.129)
Race/ethnicity						
Asian	-.324	(.202)	-.197	(.210)	-.157	(.217)
Black	.017	(.271)	.048	(.281)	-.089	(.289)
Aboriginal	-.085	(.305)	-.203	(.315)	-.334	(.320)
Other	-.180	(.219)	-.133	(.230)	-.251	(.239)
Partnered	-.125	(.121)	-.099	(.126)	-.082	(.150)
Personal income (logged)	.194	(.057)	-.094	(.056)	.099	(.057)
Education	-.061	(.035)	-.089*	(.038)	-.077	(.039)
Occupation						
Routine nonmanual workers	-.199	(.111)	-.108	(.117)	-.129	(.119)
Manual workers	-.030	(.161)	-.086	(.170)	-.093	(.174)
Child aged 0–5 years	.206*	(.079)	.255**	(.083)	.341***	(.086)
Child aged 6–11 years	.058	(.064)	.110	(.067)	.100	(.070)
Child aged ≥12 years	.149*	(.070)	.170*	(.073)	.088	(.076)
Work conditions						
Work location						
Away from home			1.01***	(.204)	.978***	(.206)
Mainly on the road			1.05***	(.294)	1.01***	(.301)
Work intrusions			.114*	(.055)	.088	(.057)
Family intrusions			.081	(.058)	.045	(.060)
Work hours			.039***	(.005)	.039***	(.005)
Control over work schedule			-.163***	(.037)	-.141***	(.038)
Family conditions						
Eating meals together					-.195***	(.027)
Organizing family's activities						
Partner's task					.117	(.179)
Share task equally					.057	(.128)
Someone else's task					-.225	(.400)
Child has school problems					.109	(.063)
Child has friend problems					.199**	(.067)
Child has health problems					-.026	(.057)

Note. Omitted reference groups include white, professional, working mainly at a fixed location, and respondent's task. * $p \leq 0.05$. ** $p \leq 0.01$. *** $p \leq 0.001$.

time” decreases, there remains a significant relationship between felt time deficits with children and parents’ anger, supporting the pernicious stressor perspective.

In Table 5, results indicate that appraisals about time with children are associated with sleep problems. In model 1, parents’ perceptions that they have too little time with children are strongly and significantly related to sleep problems, net of controls. In model 2, we add work conditions, which are linked to employed parents’ sleep problems; the more schedule control parents have, the

fewer sleep problems they experience, and the less often parents have contact with workplaces through e-mail or text messages, the fewer sleep problems. Even adjusting for important work conditions, parents who feel they have too little time with children have more sleep disturbances. In model 3, we add family conditions, including eating meals together, sharing child care tasks, and children’s problems. Having someone else managing family activities (compared with the parent himself or herself always or mostly doing it) and children’s health problems matter for parents’ sleep

Table 3. Distress Regressed on Too Little Time, Controls, and Work and Family Conditions (Ordinary Least Squares).

	Model 1		Model 2		Model 3	
Focal independent variable						
Too little time with children	.191***	(.027)	.164***	(.027)	.132***	(.027)
Controls						
Age	-.004	(.002)	-.003	(.002)	-.004*	(.002)
Female	.170***	(.030)	.191***	(.031)	.142***	(.034)
Race/ethnicity						
Asian	-.020	(.058)	.008	(.057)	.032	(.056)
Black	-.030	(.079)	-.015	(.077)	.005	(.076)
Aboriginal	.016	(.089)	.015	(.088)	-.025	(.085)
Other	.035	(.063)	.037	(.062)	.014	(.061)
Partnered	-.125***	(.035)	-.133***	(.035)	-.058	(.040)
Personal income (logged)	-.012	(.015)	-.016	(.015)	-.018	(.015)
Education	-.011	(.010)	-.019	(.010)	-.018	(.010)
Occupation						
Routine nonmanual workers	.058	(.031)	.076*	(.032)	.068*	(.031)
Manual workers	-.024	(.047)	.011	(.047)	.011	(.046)
Child aged 0–5 years	.037	(.023)	.039	(.023)	.037	(.022)
Child aged 6–11 years	.043*	(.019)	.041*	(.018)	.012	(.018)
Child aged ≥ 12 years	.041*	(.020)	.035	(.020)	.003	(.020)
Work conditions						
Work location						
Away from home			-.025	(.050)	-.045	(.048)
Mainly on the road			-.012	(.088)	-.044	(.075)
Work intrusions			.096***	(.015)	.082***	(.014)
Family intrusions			.054***	(.016)	.039*	(.016)
Work hours			-.001	(.001)	-.001	(.001)
Control over work schedule			-.059***	(.010)	-.052***	(.010)
Family conditions						
Eating meals together					-.012	(.007)
Organizing family's activities						
Partner's task					-.100*	(.047)
Share task equally					-.084*	(.034)
Someone else's task					-.165	(.101)
Child has school problems					.077***	(.017)
Child has friend problems					.052**	(.017)
Child has health problems					.072***	(.015)

Note. Omitted reference groups include white, professional, working mainly at a fixed location, and respondent's task. * $p \leq 0.05$. ** $p \leq 0.01$. *** $p \leq 0.001$.

disturbances. Still, however, there remains a significant relationship between parents' beliefs that they have too little time with children and sleep, supporting the pernicious stressor perspective.

In Table 6, ordered logit models examining self-rated health are presented. In model 1, we see that time deficits with children are associated with poor self-rated health, though this relationship is not as strong as with the other well-being variables. The relationship between too little time and poor

health is not statistically significant in model 3. The strong relationship between children's health problems and parents' health indicates that there are likely some complicated relationships occurring when family members' physical health is compromised that our study cannot fully assess.

As indicated in the "Methods" section, we test the interaction between gender and perceived time deficits with children for each of the mental and physical health variables (not shown). None of

Table 4. Anger Regressed on Too Little Time, Controls, and Work and Family Conditions (Ordinary Least Squares).

Variable	Model 1		Model 2		Model 3	
Focal independent variable						
Too little time with children	.144***	(.031)	.107***	(.031)	.075*	(.031)
Controls						
Age	-.006**	(.002)	-.006*	(.002)	-.006**	(.002)
Female	.124***	(.035)	.151***	(.036)	.113**	(.039)
Race/ethnicity						
Asian	-.048	(.067)	-.017	(.065)	.013	(.064)
Black	-.054	(.091)	-.043	(.089)	-.007	(.088)
Aboriginal	-.162	(.102)	-.169	(.101)	-.205*	(.099)
Other	-.036	(.072)	-.033	(.072)	-.046	(.071)
Partnered	-.047	(.041)	-.057	(.040)	.020	(.046)
Personal income (logged)	-.006	(.017)	-.012	(.017)	-.015	(.017)
Education	-.018	(.012)	-.025*	(.012)	-.024*	(.012)
Occupation						
Routine nonmanual workers	.094**	(.037)	.114**	(.037)	.099**	(.036)
Manual workers	.042	(.054)	.079	(.054)	.079	(.053)
Child aged 0–5 years	.052*	(.026)	.056*	(.026)	.049*	(.026)
Child aged 6–11 years	.073***	(.021)	.071***	(.021)	.041*	(.021)
Child aged ≥12 years	.044	(.023)	.038	(.023)	.007	(.023)
Work conditions						
Work location						
Away from home			.046	(.057)	.024	(.056)
Mainly on the road			.002	(.088)	-.031	(.086)
Work intrusions			.095***	(.017)	.081***	(.017)
Family intrusions			.080***	(.018)	.062***	(.018)
Work hours			-.000	(.001)	-.000	(.001)
Control over work schedule			-.069***	(.012)	-.062***	(.012)
Family conditions						
Eating meals together					-.009	(.008)
Organizing family's activities						
Partner's task					-.062	(.054)
Share task equally					-.101**	(.039)
Someone else's task					-.186	(.117)
Child has school problems					.043*	(.019)
Child has friend problems					.093***	(.021)
Child has health problems					.068***	(.017)

Note. Omitted reference groups include white, professional, working mainly at a fixed location, and respondent's task. * $p \leq 0.05$. ** $p \leq 0.01$. *** $p \leq 0.001$.

these interactions are statistically significant, indicating that the relationship between a perceived time deficit with children and well-being is similar for mothers and fathers.

DISCUSSION

Many working parents in North America experience a time crunch, with little time for their own

leisure and less time for friends and partners than in the past (Bianchi et al. 2006). Yet a key aspect of felt time shortfalls for parents involves the amount of time they have with their children, who are both their fundamental responsibility and considered culturally precious (Zelizar 1994) and central to adult identity (McMahon 1995). Prior research shows that significant percentages of U.S. employed parents feel that they spend too little time with children (Nomaguchi et al.

Table 5. Sleep Problems Regressed on Too Little Time, Controls, and Work and Family Conditions (Ordinary Least Squares).

Variable	Model 1		Model 2		Model 3	
Focal independent variable						
Too little time with children	.276***	(.043)	.238***	(.045)	.197***	(.045)
Controls						
Age	-.002	(.003)	-.002	(.003)	-.004	(.003)
Female	.191***	(.049)	.237**	(.051)	.175**	(.056)
Race/ethnicity						
Asian	-.206*	(.094)	-.174	(.093)	-.153	(.092)
Black	-.036	(.128)	-.012	(.127)	-.003	(.126)
Aboriginal	.023	(.145)	.011	(.144)	-.029	(.141)
Other	.010	(.103)	.010	(.102)	-.022	(.100)
Partnered	-.068	(.058)	-.071	(.057)	.020	(.065)
Personal income (logged)	-.010	(.024)	-.022	(.024)	-.026	(.024)
Education	-.047**	(.017)	-.053***	(.017)	-.056***	(.017)
Occupation						
Routine nonmanual workers	.139**	(.052)	.165***	(.053)	.145**	(.052)
Manual workers	.018	(.076)	.032	(.077)	.029	(.076)
Child aged 0–5 years	.008	(.037)	.012	(.037)	-.009	(.037)
Child aged 6–11 years	-.044	(.030)	-.041	(.030)	-.074*	(.030)
Child aged ≥ 12 years	.003	(.033)	-.003	(.033)	-.035	(.033)
Work conditions						
Work location						
Away from home			-.163*	(.081)	-.190*	(.080)
Mainly on the road			-.002	(.126)	-.055	(.124)
Work intrusions			.086***	(.025)	.069**	(.025)
Family intrusions			.046	(.026)	.025	(.025)
Work hours			.003	(.002)	.003	(.002)
Control over work schedule			-.071***	(.017)	-.062***	(.017)
Family conditions						
Eating meals together					-.022	(.011)
Organizing family's activities						
Partner's task					-.067	(.078)
Share task equally					-.150**	(.056)
Someone else's task					-.446**	(.168)
Child has school problems					.067*	(.027)
Child has friend problems					.046	(.029)
Child has health problems					.136***	(.025)

Note. Omitted reference groups include white, professional, working mainly at a fixed location, and respondent's task. * $p \leq 0.05$. ** $p \leq 0.01$. *** $p \leq 0.001$.

2005). This study, using Canadian data, confirms and underscores how common these felt time deficits are, with almost half of employed parents reporting that they feel that they spend too little time with children.

This study is one of the first to examine whether feeling time deficits with children is linked to parents' well-being, using standard measures of mental and physical health. We examine two competing perspectives. From the "public

face" perspective, parents' statements about time could be fundamentally a self-presentation as good parents who "should" want to be with children (Collett and Childs 2009; Goffman 1963; Hays 1996). Indeed, the idea of giving up intense career pursuits to "spend more time with children" or family is a cultural catchphrase, frequently stated by politicians, business leaders, and others. This public face perspective suggests that such statements may not run very deep in terms of links

Table 6. Self-reported General Health Regressed on Too Little Time, Controls, and Work and Family Conditions (Ordered Logistic Regression).

Variable	Model 1		Model 2		Model 3	
Focal independent variable						
Too little time with children	.213*	(.083)	.196*	(.086)	.124	(.088)
Controls						
Age	.013	(.006)	.013	(.006)	.013	(.006)
Female	-.022	(.092)	-.006	(.098)	-.100	(.110)
Race/ethnicity						
Asian	.498**	(.178)	.526**	(.178)	.542**	(.178)
Black	.262	(.250)	.274	(.251)	.263	(.257)
Aboriginal	.664*	(.290)	.650*	(.290)	.600*	(.292)
Other	.779***	(.192)	.779***	(.192)	.727***	(.194)
Partnered	-.224*	(.111)	-.225*	(.006)	-.063	(.130)
Personal income (logged)	-.111*	(.048)	-.116*	(.050)	-.113*	(.050)
Education	-.091**	(.032)	-.097***	(.032)	-.101***	(.033)
Occupation						
Routine nonmanual workers	.101	(.097)	.121	(.102)	.095	(.103)
Manual workers	-.027	(.144)	-.024	(.149)	-.033	(.150)
Child aged 0–5 years	-.008	(.072)	-.005	(.072)	-.010	(.074)
Child aged 6–11 years	.006	(.058)	.007	(.059)	-.029	(.060)
Child aged ≥12 years	-.010	(.064)	-.014	(.064)	-.064	(.065)
Work conditions						
Work location						
Away from home			-.295	(.160)	-.325*	(.161)
Mainly on the road			-.147	(.247)	-.209	(.247)
Work intrusions			.078	(.048)	.046	(.049)
Family intrusions			.015	(.051)	-.006	(.052)
Work hours			.001	(.004)	.001	(.004)
Control over work schedule			-.079*	(.033)	-.063	(.033)
Family conditions						
Eating meals together					-.043	(.023)
Organizing family's activities						
Partner's task					-.205	(.154)
Share task equally					-.127	(.110)
Someone else's task					.004	(.340)
Child has school problems					.107	(.054)
Child has friend problems					.065	(.058)
Child has health problems					.233***	(.049)

Note. Omitted reference groups include white, professional, working mainly at a fixed location, and respondent's task. * $p \leq 0.05$. ** $p \leq 0.01$. *** $p \leq 0.001$.

to parents' health. However, the hypothesis that statements about "too little time" with children acts as a self-presentation, with little reach into parents' well-being, was not supported in this study.

From the pernicious stressor perspective, time shortfalls are a unique stressor for today's parents. Our findings support this hypothesis. We found that for both mothers and fathers, an expressed time shortfall with children was significantly

related to mental and physical health. This association held even adjusting for important work and family conditions. Feeling "enough" time with children is quite important to the well-being of employed parents. The depth and uniqueness of the parent-child bond leaves an imprint on parents' well-being, who suffer when feeling deficient in their time with children. This distinctive form of time strain acts as a stressor linked to distress, anger, and sleep disturbance.

Theoretically, our findings point to a unique time stressor. As parents in today's culture are tasked with a seemingly new intensity of time demands, measurement of this type of time-linked stressor should be included in studies of parenting stress (Nomaguchi and Milkie 2017). It is unclear exactly what employed parents think is remiss, timewise. Ironically, many parents perceive time deficits, and this affects them, even though relative to earlier generations, they spend plenty of time with offspring. Our findings, taken together with research on decades of time use (e.g., Bianchi et al. 2006), points to the heightened expectations for parents: pressure in an age when individual parents are held responsible for a seemingly precarious world in which how offspring succeed (or do not) (Hays 1996). Heightened parenting expectations combined with rigid or unreasonable work demands mean that these appraisals of time deficit within this central relationship act as a "real" stressor that harms both mothers' and fathers' well-being.

This study adds to prior knowledge of specific work and family conditions that are linked to parents' beliefs about time deficits with their children. Consistent with earlier research, we find that long work hours are positively related to feelings of time deficits with children. We also show how job resources such as working from home and control over work schedule negatively relate to such feelings. For family conditions, our results show that eating meals together is negatively related to perceived time deficits with children. When children have problems, especially problems with friends, parents appraise their time with children as not enough.

The fact that more frequent sharing of the family meal, for example, is associated negatively with perceived time deficits underscores a social connectedness in the home that bolsters felt time together. Likewise, the fact that greater schedule control is associated negatively with perceived time deficits suggests that flexible work role arrangements might be useful for helping parents enact greater contact with their children, thereby diminished the chance of time deficits. Collectively, the links to worse well-being and the fact that these kinds of role-related experiences and conditions are predictive of perceived time deficits indicates that such time appraisals are not superficial but rather are meaningfully tied to the circumstances of everyday life. We would not expect to observe patterning of this nature if

stated time deficits were merely "public face" expressions.

Potentially, time deficits may reflect parents' feelings that they themselves are missing out on important and enjoyable parental experiences with children. Research illustrates that parents feel that children are the most important of companions, or even soulmates, in a precarious world of tenuous relationships, career instability, and geographic mobility (Edin and Kafalas 2005; Nelson 2010; Villalobos 2014). Perhaps the time deficits parents experience feel like an assault to a close and important relationship with offspring. The time deficits may also represent a belief that parents are failing to give the amount of time or the type of time that children are perceived to need or want. That is, parents may feel that they are not able to be with children enough to provide the time children themselves desire and ask for or seem to need from them. Perceived time deficits link closely with feeling that role obligations are somehow not met "properly" (Nomaguchi and Milkie 2017). Future research clarifying who—the child, oneself, or perhaps "the family"—parents believe is suffering from the time deficits and how this might vary with the age of children would show further insights into the complexity of perceived time deficits in the parenting role and parents' well-being.

Intensive mothering may be especially culturally oppressive because of the high expectations it places upon women, whether they are employed or not, to be "there" for children and be ultimately responsible for all facets of their well-being (Hays 1996). Yet this study did not find gender differences—time deficits are linked to both mothers' and fathers' health and well-being in similar ways. This study showed that Canadian fathers, like their U.S. counterparts, feel time deficits to a significant degree, similar to their female counterparts. We find these time shortfalls do act as a stressor not just for women but for men too, with appraisals linked to compromised mental health and sleep. Given fathers' steep increase in time with children compared with earlier generations, it is quite telling that they continue to believe that this is not enough, reflecting heightened expectations (Ruppanner and Maume 2016) of involved fathering and psychological investment in achieving these. Organizational literature suggests that men are especially reluctant to take much time off from work, as it calls into question their commitment to their career (Kelly et al.

2010), and yet change in the workplace culture is vital for fathers to resolve time conflicts that are linked to their own health and well-being.

The study has limitations. First, the measure of felt time deficits with children, although used in prior research, has some complexities as noted above and needs to be clarified in future work. Future work could more carefully ask about appraisals of the amount of time with children; for example about time deficits for special activities (e.g., quality time and/or notable events), or who is thought to suffer most from time that was not spent (self, child, family), which could help us to understand the reasons why parents feel “too little” time.

Second, we did not have information about the total quantity of time parents spend with their children. Prior research suggests that the amount of quality time (focused, one-on-one time) was more important to feelings about the amount of time than was sheer quantity of time (Milkie et al. 2004). A study based on 1997 U.S. dual-earner parents showed mothers’ feelings about time with children were linked to life satisfaction, even after adjusting for an estimate of hours with children (Nomaguchi et al. 2005). Thus, not including quantity of time in the study is not likely to challenge the overall results presented. Still, precise measures of how amounts and types of time with children matter in conjunction with parental appraisals about time are warranted. Assessing experiences of time deficits through mixed methods, including qualitative research, may be especially useful to rich understandings of how time problems most intrude upon parents’ well-being.

Finally, we cannot assess causality in this study. It is possible that parents’ mental and physical health problems create the perception of not having enough time with children or that some other factor influences both of these. Future work examining these questions with longitudinal data is ideal.

Along with the theoretical extensions pointing to the importance of examining time strain within the relationship between mothers or fathers and their offspring as part of modern parenting stressors, the study has policy implications. Given that perceptions of time shortfalls with their children are distinctively linked to poorer well-being, supports for parents are needed. Institutional changes to help alleviate the work conditions that are linked to time deficits, such as long work hours and a lack of control over one’s

schedule, could contribute to supporting employed parents’ mental health and sleep. From other research, we know that parents are worse off than nonparents on some key measures of well-being (Evenson and Simon 2005; Umberson et al. 2010) and that policies that support parents, such as family leave and vacation time, help parents’ well-being (Glass et al. 2016). This study clearly points to the fact that such improvements would allow North American parents relief and likely make them healthier, as well as contribute to a more rested, content workforce.

In conclusion, time with children is a highly valued resource in North American culture. The study shows that time deficits with children are perceived by about half of employed parents, consistent with earlier research. It is among the first to show that these felt time deficits with their dependent children matter for parents’ mental and physical health. Understanding more about the depth and contours of parents’ time stressors centered on their children is imperative.

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NOTE

1. As indicated in Schieman et al. (2018), a higher response rate is clearly ideal but has become challenging for survey researchers to attain. Nonresponse bias in estimates is a concern, although some research challenges the link between response rates and nonresponse bias (see Curtin, Presser, and Singer 2000). To address the possibility that results are influenced by nonresponse bias, we compare unweighted and weighted analyses in which we weighted the sample on the basis of key demographic statuses (e.g., gender, age, marital status, education) from the most recent Canadian census. We find few differences between the weighted and unweighted results. Winship and Radbill (1994) argued that controlling for characteristics that may be undersampled or oversampled helps adjust for biases. Given the analyses include these controls, nonresponse bias should not be a major problem for the estimates reported here. The Canadian Work, Stress, and Health Study response rate of 40 percent is in the range of three similar studies: the 2008 National Study of the Changing Workforce had a 55 percent response rate

(Families and Work Institute 2010), the 2004 National Study of Overwork in America had a 23 percent response rate (Galinsky et al. 2005), and the 2001 National Work-Life Conflict Study of Canadian workers had a 26 percent response rate (Higgins and Duxbury 2002).

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