readily available (i.e. see Duxbury, Higgins and Lee, 1991; Higgins, Duxbury and Lee, 1992) and will not be repeated here. Data collection for the 2000-01 study (funded by Health Canada) began in October 2000. Just over 25,000 responses representing over 100 public, private and not-for-profit sector geographically diverse organizations were available for analysis purposes at the time this paper was written. This paper focuses on the work-life, employee and organizational attitudes and outcomes that were measured in exactly the same way in the 1991 and 2001 surveys. The interested reader can find full details on the attitudes and outcomes being examined in this paper (including definitions and the name of the scale used to measure the construct) in Duxbury and Higgins, 2001.

Demographic information on the samples are shown in Appendix A. A comparison of the 1991 and 2001 samples indicates that, with two exceptions (% of respondents who have responsibility for elder care, job type), the samples are quite similar[3]. Approximately the same proportion of each sample are female, parents, managers and technical employees. The age data is also quite similar (though not directly comparable as different categories were used in 1991 than in 2001). The fact that a greater proportion of the 2001 sample had elder care responsibilities (half of the employees in the 2001 sample versus 6% in 1991) is consistent with Statistics Canada (2000) data showing that the proportion of the Canadian population over 65 has increased over the last decade: a trend that is predicted to continue. The higher percent of respondents working in professional positions and the concomitant decline in clerical/administrative employees is also consistent with the increase in the number of knowledge workers and changes in the gender composition of the Canadian workforce (i.e. more female professionals in 1999 than in 1987) (see Statistics Canada 2000).

Work-life conflict a problem for many Canadians

The 2001 work-life conflict data are presented in Figure 1. These data show that six out of ten of survey respondents report high levels of role overload (i.e. feel that they have too much to do in the amount of time available, feel rushed, feel that they do not have time for themselves, feel physically and emotionally exhausted). One in three report high levels of work interferes with family (i.e. demands of job make it difficult to spent time with family and friends, relax at home, be the kind of parent they would like to be, work schedule interferes with personal like) and one in ten report high levels of family interferes with work (i.e. family life interferes with responsibilities at work, ability to work overtime, keeps employee from spending the amount of time they would like on their job/career). These data are cause for concern as high levels of role overload have been found to be strongly associated with physical and mental health problems, increased absenteeism, and a higher incidence of work-related injuries and accidents (Duxbury and Higgins, 1998, 1999, Johnson et al., 1997). High WIF, on the other hand, has been found to be associated with decreases in morale and loyalty to the organization, higher intent to turnover, and poorer mental health (Duxbury and Higgins, 1998, 1999, 2001, Johnson et al., 1997).

It is also interesting to note that in the 2001 sample three times as many respondents report high work to family interference than high family interferes with work. This finding is consistent with other work in the area (Frone et al., 1992; Duxbury and Higgins, 1998, 1999; Leiter and Durup, 1996) and suggests that many Canadians are accommodating work

[3]While the actual statistics are not shown in this paper, all reported differences are significant at .0000