

IF HEALTH IS WEALTH, AMERICA'S WORKING MOTHERS ARE LIVING IN EXTREME POVERTY: A framework for proper diagnosis and effective treatment

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INTRODUCTION

Christine knew she was under a lot of stress, but she thought she was managing it well. And maybe she was for a while.

But one day around 2 a.m., she woke up screaming in a cold sweat. Awakening from a bad dream, she saw the alarm on her husband's face. This middle-of-the-night panic attack—sparked by a recurring dream around her inability to complete all her work—made her realize that maybe she wasn't "managing it well" after all.

In 2020, Christine's experience was far from unique. But that didn't make it okay. As a new mom leading research at a large pharmaceutical company, she was under constant stress. Figuring out how to juggle a demanding career during a global pandemic, in the sector working tirelessly to create a vaccine—all while managing continual daycare closures for her infant and trying to protect time in the workday to pump or breastfeed—became too much to handle.

She spoke with her boss about reducing her workload and not working every evening after her child was asleep. And while her boss verbally agreed, demands for her time didn't change. Ultimately, she left her company. She couldn't keep carrying the load of repeated illnesses, panic attacks, and family distress. Moving to a one-income family wasn't the preference, but at this point, it seemed like the only viable option for survival.

Just a few miles away, Nikki was living a starkly different reality—though one with similar themes running through it. A single mom of a six-year-old, Nikki felt stranded when COVID led to school closures and her son had to become a virtual kindergarten student. Nikki was a medical assistant at the local hospital, and she didn't know where to turn when schools shut down—she had very limited time off, no sick days to take, and she didn't have anyone to help with her son.

Like Christine, she woke up one night in a panic from a bad dream. She was stretched too thin, trying to juggle work, scraping together expensive childcare, and acting as both a kindergarten teacher and mom when she

got home each evening. Ultimately, she had to take a leave of absence from work, and she didn't know if her job would be there if and when she was able to return.

These two stories highlight just a small sample of the unsustainable demands that the COVID-19 pandemic piled onto mothers. But they also call attention to the mental, physical, and economic burdens working moms have carried—and continue to carry—in our culture. Stressed from too many demands at work **and** at home, many working moms are on the brink of a breakdown. This is bad for their health, their children's health, their family's well-being, the employers they work for, and ultimately, for the future of our country.

It's unsustainable, and we must do better as a nation. Our future relies on it. Discovering a viable solution first depends on understanding how our culture allowed for these unacceptable conditions to become the norm in the first place.

The mental, physical, and economic burdens working moms carry in our culture position them on the brink of a breakdown.



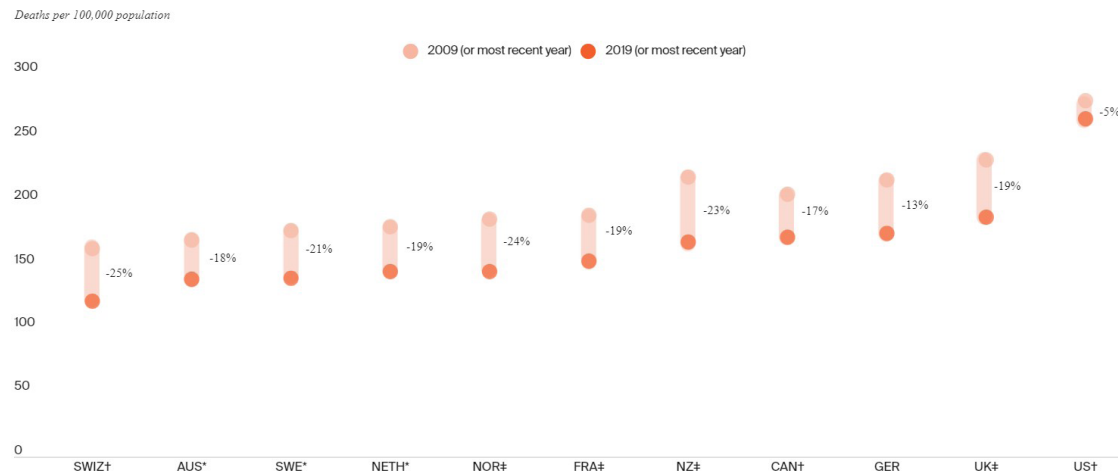
UNDERSTANDING THE AILMENT: WHAT'S THE HISTORY, WHAT'S THE CAUSE, AND WHAT'S THE GOAL FOR MATERNAL HEALTH?

Of course, it's not just working moms who suffer mental and physical ailments.

Our collective health in the US is bad and getting worse. In fact, we are the least healthy developed nation, as the graph in Figure 1 highlights.¹

Figure 1. Avoidable mortality

Avoidable Deaths and 10-Year Reduction in Avoidable Mortality Across Countries



Notes: Health status: avoidable mortality. Data years are: 2009 and 2019 (Germany); * 2008 and 2018 (Australia, the Netherlands, Sweden); † 2007 and 2017 (Canada, Switzerland, US); and ‡ 2006 and 2016 (France, New Zealand, Norway, UK).

Data: Commonwealth Fund analysis of data from OECD Health Statistics, July 2021.

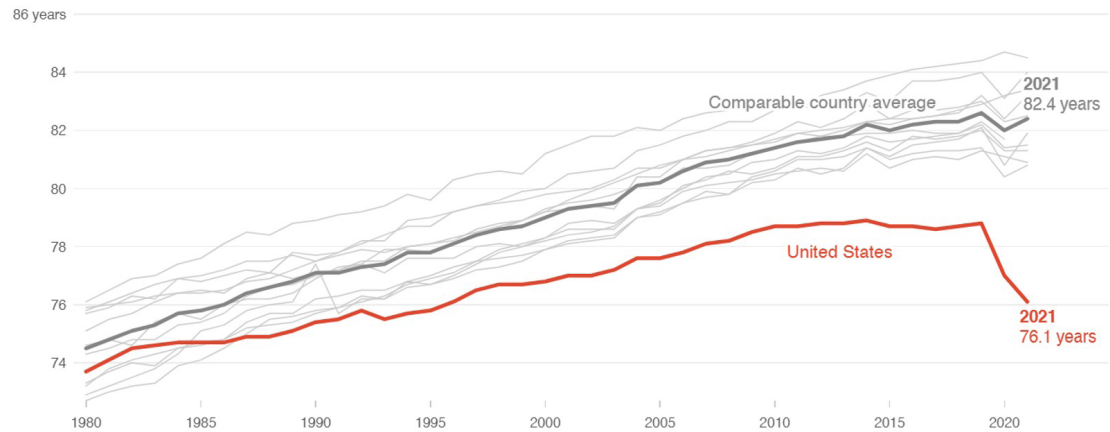
Adding insult to injury, the Kaiser Family Foundation revealed earlier this year that our life expectancy is continuing to decline—all while comparable countries are rebounding (see Figure 2).²



Figure 2. US life expectancy

Life expectancy continues to decline in the U.S. as it rebounds in other countries

Life expectancy around the world decreased in 2020 due to COVID-19. Most peer countries rebounded by 2021, while the U.S. continued to decline.



Source: Peterson-KFF Health System Tracker
Credit: Ashley Ahn/NPR

Unfortunately, working mothers are disproportionately bearing the burden of poor physical and mental health, on top of economic burdens amplified by parenthood. But as noted above, what impacts the mother has negative ripple effects for children, families, employers, and our nation as a whole. And in recent years, this burden, and women's likelihood of dying after childbirth, has increased.³ The infographic in Figure 3 highlights the gravity of these burdens and the national toll this stress on working mothers creates.

Figure 3. Burdens on working mothers

If health is wealth, America's working mothers are living in extreme poverty.



Mental health burdens

Diagnosis of depression and/or anxiety:

42% of working mothers

35% of working fathers

28% of general population

25% of coworkers without kids

Mental health issues are the leading cause of maternal mortality, which is bad and getting worse.

68% of working mothers report parental burnout compared to 42% of working fathers.

50% of women report needing mental health care in the past year compared to 35% of men.

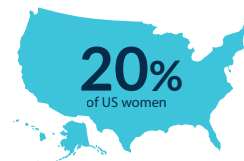
33% of working mothers reported that their mental health had worsened in the last year.

Physical health burdens

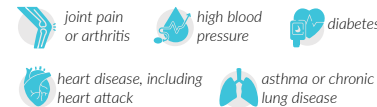
Mental health burdens can *cause and exacerbate* physical health issues.

Women in the US have the highest rate of emotional distress compared to other countries.

A 2022 CDC review highlighted that **84%** of pregnancy-related deaths were preventable.



report having two or more of the following chronic conditions, compared to 10% or less in Germany, the Netherlands, and Australia.



Economic burdens

Impact on families:



The cost of childcare has risen **214%** since 1990, outpacing the cost of all other household expenses. Comparatively, average family income has only increased by 143%.



National childcare costs average **\$10,000** annually, which is **unaffordable** for nearly two-thirds of working parents in the US.

Impact on employers:



Without paid leave and to avoid lost income, many mothers return to work before healing from birth. This results in **55%** feeling depressed and **71%** feeling anxious for several days/more often.



Missed days from work and more utilization in health care services due to mental distress **cost the economy \$47.6B** in 2020.

Impact on the country:



Declining births have negative consequences for the tax base and the aging population.



The US is the only developed country **without** universal paid leave.



Sources:

https://wellness.osu.edu/sites/default/files/documents/2022/05/OCWO_ParentalBurnout_3674200_Report_FINAL.pdf
<https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html>
<https://www.ffyf.org/latest-economic-data-underscores-the-need-for-significant-sustained-investment-in-child-care-and-early-learning/>
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<https://www.commonwealthfund.org/publications/issue-briefs/2018/dec/womens-health-us-compared-ten-other-countries>
<https://www.cvshealth.com/news/mental-health/the-mental-health-crisis-of-working-moms.html>
<https://www.ffyf.org/child-care-prices-rose-significantly-in-2020-continuing-decades-long-trend-of-major-annual-increases/>
https://www.diversitydatakids.org/sites/default/files/2020-02/child-care_update.pdf
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7078554/>
<https://www.cbsnews.com/news/u-s-birth-rate-decline-national-center-for-health-statistics-report/>
<https://www.gallup.com/workplace/404174/economic-cost-poor-employee-mental-health.aspx>

As highlighted in Figure 3, working mothers are plagued by depression, anxiety, and burnout at higher rates than both working fathers and coworkers without children.⁴ Adding insult to injury, mental health issues are the leading cause of maternal mortality, which the CDC recently identified as preventable in 84% of cases.⁵ Health issues are compounded by economic distress, such as the cost of childcare, which has risen 214% since 1990, while average family income has only risen 143%.⁶

Of critical importance is the fact that this problem isn't new. A quick look at popular media highlights the persistence of the working mother's burden, which was exacerbated by COVID-19.

Written a decade apart, two articles in *The Atlantic* point to the enduring, systemic failure of our national culture to support working moms. The first is Anne-Marie Slaughter's infamous "Why Women Still Can't Have It All," and Melinda Moyer's "COVID Parenting Has Passed the Point of Absurdity" is the second.

In 2012, Slaughter highlighted the following:

"While employers shouldn't privilege parents over other workers, too often they end up doing the opposite, usually subtly, and usually in ways that make it harder for a primary caregiver to get ahead....The discipline, organization, and sheer endurance it takes to succeed at top levels with young children at home is easily comparable to running 20 to 40 miles a week."⁷

Her sentiments are not unlike the following observations from Moyer, written in 2022. The only difference is that the situation has gotten **worse**:

"Parents were defeated long before Omicron. Now we've reached a stage of the pandemic where finding the right words to describe our lot is simply an exercise in absurdity. We are broken. We have nothing left in us but screams of anger and pain.... We can't make this work. That's the thing....We do it because we have no other choice."⁸

Why, as a nation, have we failed to make meaningful progress on supporting working mothers' health in recent decades? It's because you can't solve a problem without getting consensus on the root cause as well as the goal.

This is aligned with our national approach to health overall. For example, evidence suggests drivers of health—such as socioeconomic status, access to and affordability of healthy foods, physical activity, built environment, etc.—are a root cause of chronic disease. Therefore, health care systems should be proactive in addressing drivers of health rather than solely reactive in treating disease after it manifests. Yet national payment models incentivize health care systems to solve health issues reactively, leaving individuals largely responsible for their own health up until the point of illness.



Our societal and employer norms and subsequent structures expect mothers to work like they aren't parents, and to parent like they aren't employees.

We are similarly misaligned on the goal. For many providers and their patients, the goal of health care is to **prevent** sickness. But prevailing business models, supported by national payment standards, reflect the primary goal of health care as treating sickness. Because of this fundamental disconnect on both causation and end goal, our nation's health is in severe decline. Likewise, consensus is severely lacking on what causes poor maternal health status after the first year postpartum and what the goal of addressing it should be.

Outside of a brief time set aside for unpaid maternity leave, federal policy puts the onus of finding a solution for less stress and better health solely on the individual. For instance, if a mother feels too stressed at work, it's the mother's responsibility to find the answer to the ailment or a better solution. Nationally, there is also a lack of clarity on the goal of improving maternal health. Without consensus around the desired outcome of improved health, we can't answer the critical questions around how to achieve it. For instance, should working mothers work less, or should workplace demands decrease? Should better access to childcare become a priority? With no societal agreement on these factors, the pressure rests on the individual (i.e., the working mom) to solve a national problem. This is a losing strategy.

Due to a lack of agreement on both the root causes and the goals, solving this problem with a national response isn't an effective first step. Similar to innovative health care providers that are redesigning their business model around drivers of health rather than just treating sickness, the first step in improving working mothers' health outcomes is for forward-thinking employers to institute policies and workplace benefits that promote maternal health, not detract from it.⁹ These can—and should—come in a variety of forms, but a key consideration is to shorten the workweek.

One is not an employee from 9 a.m.–5 p.m. and a mother from 5 p.m.–9 a.m. Instead, these various roles are played by the same person, and there is a massive conflict between the time one is meant to be at work, and the time one's child is, or children are, at school. This is both a daily stressor and one that is compounded during school holidays and the ever-dreaded summer break.¹⁰

Therefore, our societal and employer norms and subsequent structures expect mothers to work like they aren't parents, and to parent like they aren't employees. Not only does this setup fail on an individual level, but conflicting school and work schedules cost the US economy \$55 billion in lost productivity each year.¹¹

In this report, I'll highlight how near-term efforts (i.e., a shortened workweek) can benefit working mothers, their employers, and society through improved health and economics.

Ultimately, what got us here won't get us anywhere better than where we are—and could lead to further worsening conditions. It comes down to asking what type of future we want for our country, and identifying the most effective path to get to a better place. It's time to chart a different path forward to better health and prosperity.

TOOLS OF COOPERATION

Understanding why such maddening circumstances have become reality, and how they can be changed, can be explained by what the Christensen Institute calls the Tools of Cooperation (ToC) framework.¹²

How can leaders convince individuals to cooperate and work together? There are a variety of tools, ranging from motivational, visionary speeches to command-and-control orders that an individual can use to elicit cooperative behavior. These are called the Tools of Cooperation.

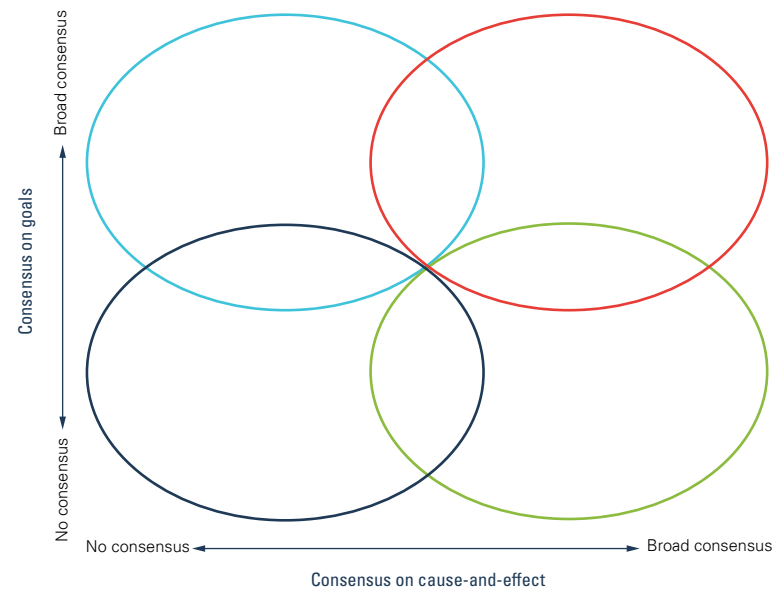
The first important thing to know is that most of these tools don't work most of the time. As a result, leaders often fail when trying to manage change since the tools they use waste credibility, energy, and resources. Therefore, the most important upfront action is to assess an entity's circumstance in terms of stakeholder agreement on what the goals of the society or organization should be and how it can achieve them.

Figure 4 depicts these two variables. The vertical axis measures the extent to which the people involved agree on the goals. In other words, what do they want? This incorporates the results they seek from being part of the community, to what their values and priorities are, to which trade-offs they are willing to make to achieve those results. The extent of agreement can range from none (at the bottom) to complete agreement (at the top).

The second dimension is plotted on the horizontal axis. It measures the extent to which the people involved agree on cause and effect—which actions will lead to the desired result. In other words, how will we achieve our goals? On the right-hand side, strong agreement on cause and effect implies a shared view of the processes that should be used to get any particular outcome, whereas little agreement on cause and effect places a society or organization on the left-hand side of the diagram.



Figure 4. Tools of Cooperation



Leaders seeking a specific change will find that figuring out their constituents' placement on this diagram is time well spent. Getting the diagnosis right has profound implications for how to roll out any proposed change.

When it comes to poor and worsening maternal health outcomes, especially for working moms, our society is—and has been—in the lower left-hand quadrant. That means we do not hold shared goals for maternal health, nor do we agree on what to do to improve it.

Power Tools

In the lower left-hand quadrant, the only tools that are effective are Power Tools (see Figure 5). But because we live in a democracy, these tools are not readily available—nor effective—at the national level. Therefore, we need a different approach to create consensus on either axis rather than starting with national policy changes. In effect, we need to leverage different tools to move society toward consensus on one axis or the other. Or we need to start where consensus exists, such as within a forward-thinking organization.

Figure 5. Power Tools

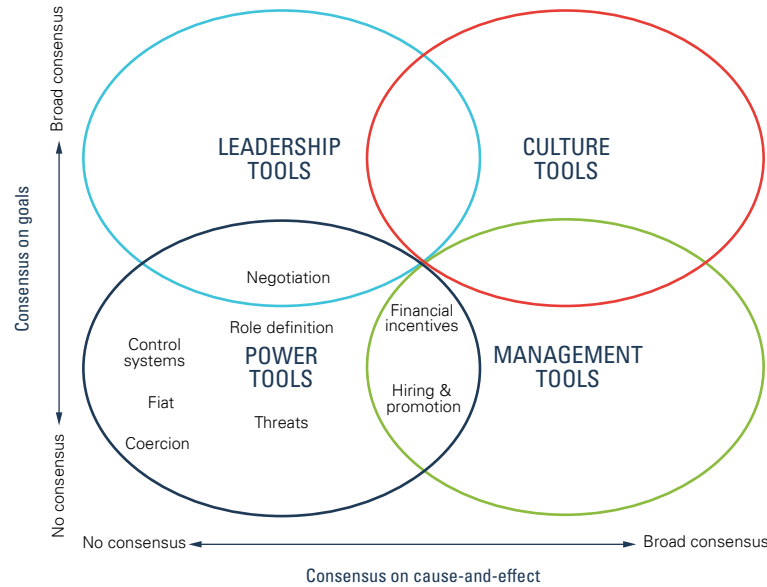
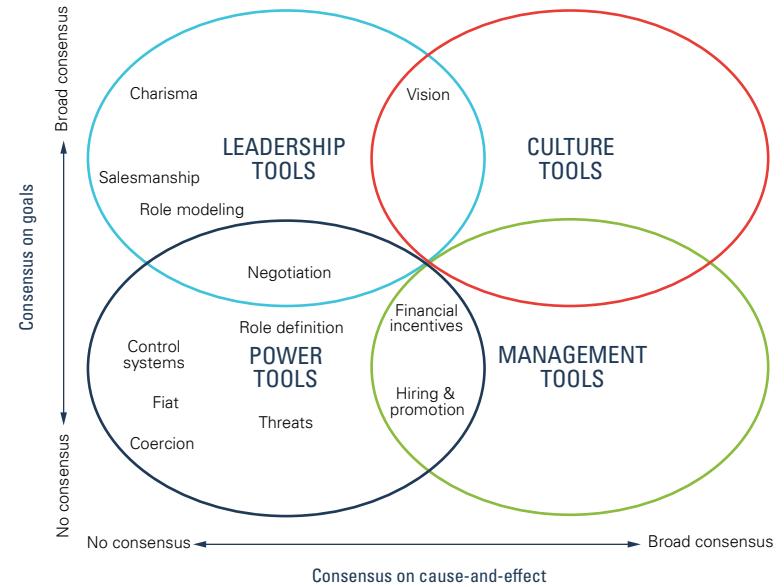


Figure 6. Leadership Tools



Leadership Tools

In the upper-left quadrant of the diagram, there is broad consensus on goals. In this situation, tools that are focused on results—as opposed to those that are focused on process—are more effective because there is strong consensus about what individuals want. We call these Leadership Tools (see Figure 6).

Management Tools

The next quadrant is the lower-right. Here the tools that will work are termed Management Tools (see Figure 7). They are coordinative and process-oriented in nature. These management tools include training or development, standard operating procedures, and measurement systems. For such tools to work, group members need to agree on cause and effect but not necessarily on what they want from their participation in the organization or society.

Figure 7. Management Tools

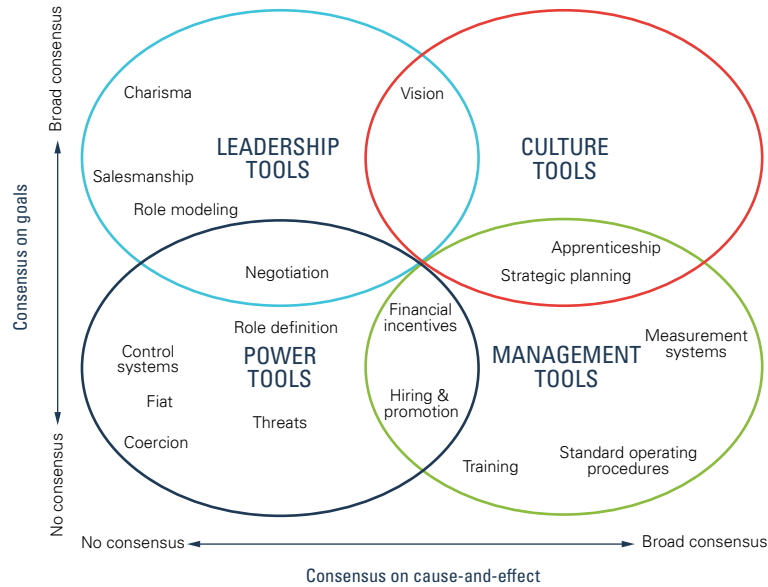
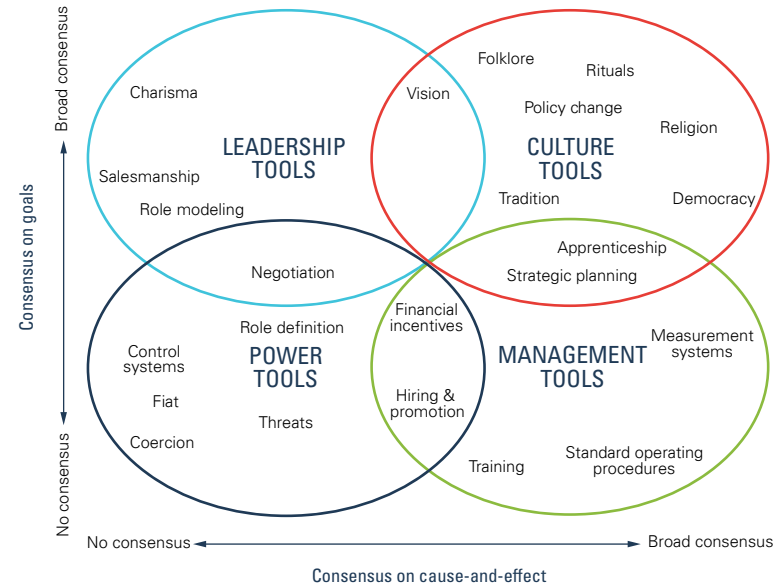


Figure 8. Culture Tools



Culture Tools

When organizations or societies lie in the upper-right quadrant, individuals will cooperate almost automatically to continue in the same direction. They have a deep consensus on priorities as well as what actions they need to take to achieve these priorities, which is the essence of a strong culture. The tools available to leaders in this quadrant are only effective when the society or organization has broad consensus on both axes.

While these Culture Tools may *eventually* be effective in addressing and improving health outcomes for working moms—and thus creating the downstream benefits for families and society—we can't start with these tools because, as a nation, we are currently in the lower left quadrant.

This is why our efforts to date have failed. We've tried to use policy and ideological tools that require broad consensus on both axes when, in reality, we are in a situation without broad consensus on *either* axis.

THE WRONG PRESCRIPTION: EFFORTS THAT TRY, AND FAIL, TO REDUCE MATERNAL STRESS AND SUPPORT WOMEN TO BE BOTH MOMS AND EMPLOYEES

Before outlining what will be effective, we must first understand why our efforts-to-date haven't yielded a national solution for improving maternal health.

Although there have been attempts to push on levers impacting both policy and ideology in the US, so far nothing has worked to alleviate the conditions or improve health for working mothers. Let's look at four of these levers to dissect why they haven't been effective, using the ToC framework as a touchstone.

Policy lever: Universal or subsidized childcare

During World War II, the US had a subsidized childcare program, which was offered to women entering the workforce to backfill the gaps left by men going off to war. It cost 50 cents per day, or the equivalent of \$8 per day today. But funding for this service stopped in 1946, despite protests to keep it.¹³

In 1971, the Comprehensive Child Development Act was passed by both houses of Congress, which would have provided universal childcare. But President Nixon vetoed it, and many politicians organized against the program because they perceived it as a way to support women leaving the home.¹⁴

In the near-term, universal childcare isn't a viable solution for the US because we have an extreme shortage of childcare workers. There are now 100,000 fewer childcare workers than there were pre-pandemic, which represents a 9.7% reduction in the workforce since February 2020.¹⁵ In addition to the workforce shortage, universal or nationally subsidized childcare won't work as a first step to improve health because policy change is a Culture Tool that only succeeds when we have broad consensus on both the cause and effect and goals axes.

Policy lever: Universal paid leave

While universal paid leave is an essential improvement to our current system, a proposal for 12 weeks of paid leave won't address the root causes of poor health over the long-term life of the mom. (While insufficient, it should still be pursued as it would reduce **some** of the physical, emotional, and economic impact of childbirth on the working mother.)

For example, one 2020 study of health status upon reentering the workforce after childbirth found that 54.9% of respondents reported feeling depressed and 71.1% of respondents reported feeling anxious several days or more often.¹⁶ Of note, most women in the study took only 12 or fewer weeks of maternity leave. Additionally, studies show that postpartum depression (PPD) can set in up to a year after birth, and the stress of returning to work is a risk factor for exacerbating it.¹⁷ As highlighted in the infographic in Figure 3, reducing the mental health burden should be a key priority because mental health conditions are the leading cause of maternal mortality in the US.¹⁸

So, while paid leave is a necessary policy to implement if we seek to improve mothers' health status and, quite frankly, their survival, it's not sufficient because the role of childrearing extends far beyond just the immediate postpartum period.

Policy lever: The 2022 PUMP Act and Pregnant Workers Fairness Act

At the end of 2022, Congress passed the PUMP Act and Pregnant Workers Fairness Act (PWFA), which provided additional protections for existing and new parents in the workplace. The PUMP Act allows more workers break time to express breastmilk and requires that they have a private place for pumping. The PWFA gives pregnant workers the right to reasonable accommodations such as additional break time to use the bathroom, eat, and rest; to have flexible hours; and to sit and drink water. However, these won't fundamentally impact women's health over the long-term for the same reasons that universal childcare and universal paid leave are not sufficient to solve the problem: they only address the beginning of the parenting process.

Ideological lever: Reverting to the prior norm of more women staying at home

When it was the cultural norm in the US for more women to stay home, families were far less diverse than they are today. This is no longer a viable option for many reasons, one of which is the prevalence of single-parent households.

A Pew Research Center study from 2019 highlights that the US has the highest rate of single parent households, with 23% of children living with a single parent. This is compared to a worldwide average of 7%.¹⁹

Additionally, 80.5% of these single-parent households are managed by a single mom, almost half of whom are living in poverty. Even more egregious is the fact that single fathers outearn single mothers in 46 out of 50 cities.²⁰

Clearly, for the 8.61 million single moms running single-parent households, "staying home" is not a viable solution for improving maternal health.

Effective solutions: Frame the problem correctly

In all of these examples, part of our failure to improve maternal health outcomes is the result of how we've framed the problem. With the wrong framing, it's hard to make progress. These four levers—and a variety of other policy-based and ideological efforts—haven't worked for two reasons.

First, they haven't addressed the core cause of conflict between working and parenting; that is to say, the conflict between work and school schedules. Most policy attempts have focused on the earliest stages of parenting, but the process of parenting with a child at home lasts for at least 18 years, on average.

Second, these approaches aren't getting universal buy-in because of our lack of national consensus on the causes of poor and declining maternal health and the goals of addressing them. We have mistakenly used Culture Tools in an environment where we have neither broad consensus on the cause and effect, nor on the goals. As the ToC framework explains, this is a losing strategy.

To improve mothers' health status,
and their survival, policies must
extend far beyond just the immediate
postpartum period.

ADDRESSING THE ROOT CAUSES EFFECTIVELY: HOW TO REDUCE MATERNAL STRESS OVER THE LONG-TERM, AND IMPROVE HEALTH AND PROSPERITY AS A RESULT

To address root causes effectively, we must first identify them. Only with the right diagnosis can we identify the proper treatment to create better health.

In our current reality, we see the following:

- Bad and worsening health outcomes, which are worse for working mothers than working fathers, or coworkers without children.
- Increasing rates of maternal mortality, which are worse for Black and Brown populations.
- Cries for national policy changes that fail to move the needle because of a lack of consensus.

Unfortunately, our lack of societal consensus around the cause and effect of poor maternal health outcomes, as well as the lack of clarity around the goals of improving maternal health, have led us to these maddening circumstances. Given where we are on the ToC framework, we can't expect to make progress with national policy change as our first step. Instead, we need to start where consensus on goals and/or cause and effect exist.

The role of employers

Logically, the place to start is within a specific organization that has consensus around the goals of improving working mothers' health status. That would make Leadership Tools available as a lever for change.

Such a move has been a historically effective lever for change in the US. In the latter part of the 1800s, workers started demanding eight-hour workdays. But it wasn't the government that acted first. In 1914, it was Ford Motor Company and its founder, Henry Ford, who decided to scale back the workweek from 48 hours to 40 hours for its workers. Ford did this based on the belief that working for too many hours negatively impacted productivity.²¹

It wasn't until 24 years later that there was broad consensus around the goals of improving worker safety and productivity and leveraging a shorter workweek to achieve them. At that point, the Culture Tool of policy change was effectively leveraged and the Fair Labor Standards Act was passed in 1938. Such an attempt at national policy wouldn't have worked earlier in the 20th century when there wasn't broad consensus on both axes. But in 1914, Leadership Tools—including Ford's vision and role modeling within an organization that had consensus on the goals (i.e., greater productivity, employee satisfaction, safety)—were a more effective way to move society towards consensus on both goals and implementing the shorter workweek as a means to achieve those goals.

This historical example has many parallels to the one we see facing working mothers today:

- There are rallying cries for change, yet national progress isn't being made.
- We don't have a national, broad consensus on goals or cause and effect.
- There are organizations with consensus on the goals of improving women's experience at work and, thus, their health (e.g., better employee retention, leadership pipeline development, lower employee replacement costs, and winning the talent war).

We can brainstorm new approaches and solutions as we consider these parallels. For instance, we propose the following questions:

- Who is going to be our generation's Henry Ford?
- Which businesses or organizations are going to set the vision and be the role models for a better working environment for working mothers?
- What might that environment look like, and what results will it create?

Potential solutions to improve working mothers' health and prosperity

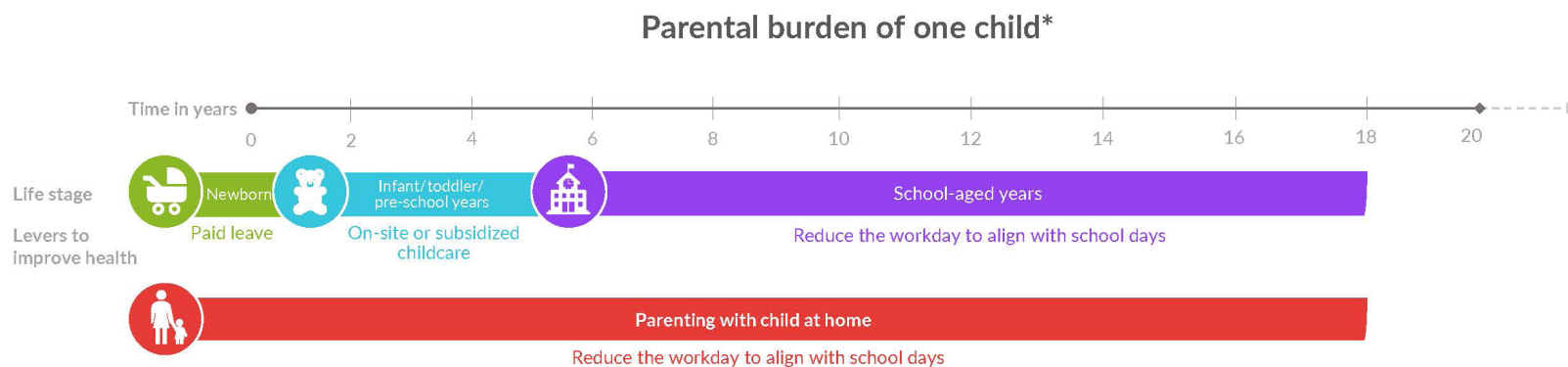
As leaders contemplate the best path forward for their organizations and their employees, there are several options available to them. Choosing from a variety of options is key as there is not a one-size-fits-all solution for every employer.



Shortening the workweek

Looking at the typical timeline of parenting in the US, as highlighted in Figure 9, the most effective lever to reduce maternal stress over the longest time period would be to reduce the misalignment between work and school calendars. In essence, this would involve reducing the average workweek from 40 hours down to about 30 hours.

Figure 9. Addressing the school/work conflict



*This chart shows the parental burden for one child. But in 2022, there was an average of 1.94 children under 18 per family in the US. Therefore, the timeline is longer than 18.5 years for the average family.

The graphic in Figure 9 helps reveal the misunderstood assumption that the greatest conflicts between parenthood and workplace hours end with a child attending school full-time. In reality, working parents must juggle school schedules with work schedules, often dealing with overlap, inconsistency, and long summer breaks for at least 14 years after preschool. And when the workday better aligns with the school day, it eases the burden on parents with younger children as well, reducing the number of hours they need childcare coverage.

In this scenario, traditional business hours could become 8 a.m.–2 p.m. or 9 a.m.–3 p.m. to account for picking up a child from school or being home when a child returns from school. Additionally, employers could provide options for employees to pick the workplace schedule that works best for them: align their work to their child(ren)’s school schedules, or opt for flexible work schedules, or opt into a hybrid work setup, etc.

While this flexibility won’t work for all industries and all companies, it’s feasible for many, and will not only create health benefits for employees but also financial benefits for employers.

For example, health is improved when there is a better balance between time spent living life and time spent working. Six-hour work shift and four-day workweek studies show working fewer hours improves both health and productivity.^{22, 23, 24}

In the latest four-day workweek study out of the UK, which reported results at the start of 2023, 71% of employees reported reduced burnout, 39% reduced stress, and 40% fewer sleep issues. Of note, fatigue-related burnout costs companies around \$2,000/employee/year.²⁵

In another study performed in New Zealand, Auckland University of Technology studied employee data from an estate planning company after they switched to a four-day workweek and found the following:

- The number of employees who felt they were managing both work and personal roles rose from 54% to 78%.
- The number of employees who felt stressed at work dropped from 45% to 38%, even though they had less time to do the same amount of work.
- Employees reported feeling more satisfied in several aspects of their personal lives.²⁶

In addition to health benefits, companies also realize near-term financial benefits with shorter workweeks. These include increased revenue and cost savings that result from fewer sick days and absenteeism, lower productivity losses, and increased employee retention.^{27, 28, 29} In the same UK study referenced above, participating companies saw employee departures decrease by 57% over the pilot period.³⁰ Hiring employees is expensive, and replacing an employee usually costs half to three-quarters of their annual salary.³¹ As demonstrated by 92% of participant companies keeping the four-day workweek in place after the study, leaders see a clear ROI on shortened work hours.³²

Additionally, employers who lead the charge on reducing the typical workweek down to 32 or 30 hours create a competitive advantage for themselves in the war for talent acquisition and retention. By reducing required work hours, employers can reduce the friction between the time one is meant to be working and the time one needs to dedicate to parenting. This takes the burden off the individual—the working mom—and creates a company-wide solution that benefits all workers. In easing the conflict between work and home life for working moms, employers will also support working dads, workers caring for aging parents or spouses, and the workforce generally.

With more supportive, flexible organizational work hours, working mothers will have a clearer pathway to reduce stress and better their, and their family's, health.



Paid family leave, childcare subsidies, and on-site childcare

For employers that prefer not to pursue a shortened workweek out of the gate, or for those that don't believe it aligns with their business models, alternative options exist. While these are potentially less impactful for women's health outcomes over the full course of the parenting journey, they are still worth pursuing.

Among these are offering extended and paid family leave for childbirth or adoption, childcare subsidies, and on-site childcare. Evidence suggests that these options are beneficial for both working mothers as well as employers.

For example, Patagonia offers on-site childcare, and as a result, sees 95% of mothers return full-time after maternity leave, compared to the national average of 57%. Given the costs to replace employees as noted above, Patagonia's CEO states the program almost fully pays for itself.³³

Additionally, in 2021, 180 companies in the US offered at least 16 weeks of paid leave, and while the US is still the only developed country without universal paid leave, these 180 employers are setting an example for how to put long-term retention and women's health over short-term cost savings, which may not even be realized.³⁴ One of these companies, American Express, consistently makes Fortune's "Best Workplaces for Women" list.³⁵

Employers who lead the charge on reducing the typical workweek down to 32 or 30 hours create a competitive advantage in the war for talent.

CONCLUSION: FROM EMPLOYER ADVANTAGE TO NATIONAL IMPACT

As a result of leveraging their power to create change by leveraging Leadership Tools (e.g., vision and role modeling), those willing to test the waters of alternative work arrangements can enhance employee health and reap financial benefits.

For example, in shortening the workweek and measuring the resulting health and financial impacts, leading employers can also move our national consensus to the right on the ToC cause and effect axis, and upward on the goals axis.

A shorter workweek is one of many recommendations that could have a positive impact on maternal health. As fewer hours won't be a fit for all employers (or their employees) in the near-term, what's critical is that leadership is in consensus that steps must be taken to learn what works best for their employee population, and that broad agreement on a solution is a worthwhile investment.

These steps will contribute to greater national consensus, with which we can then appropriately leverage Culture Tools, such as changing national policy. We could then update the outdated 1938 Fair Labor Standards Act and standardize a 30- to 32-hour workweek, institute universal paid leave, and consider broad childcare subsidization. With greater consensus, policy can become a well-supported cultural reflection, rather than its current position as a power mandate with limited buy-in, and therefore, minimal-to-no impact.

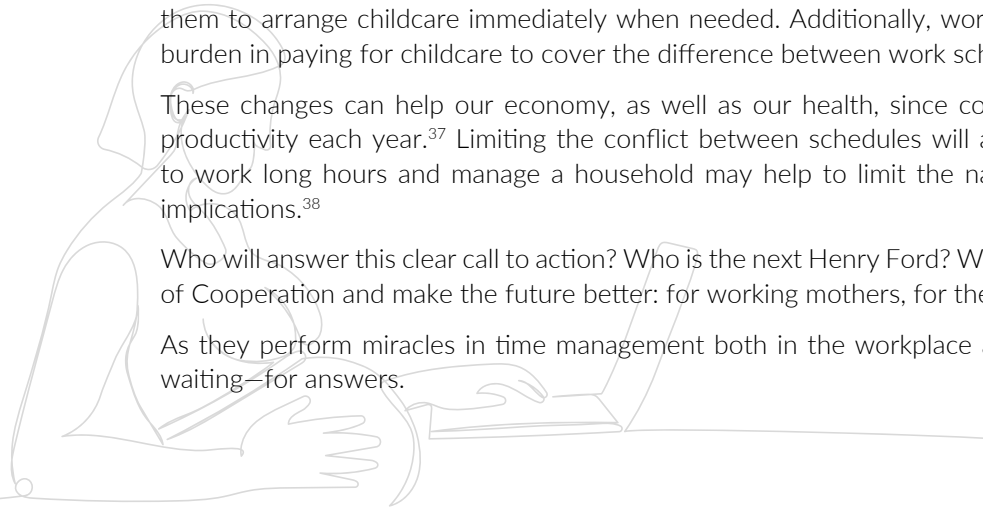
This national change will be critical to promote equitable improvement for both 1) the health of **all** working mothers, and 2) the near-term and long-term viability of our economy.

At a national level, policy change can also support health equity efforts in the long-term. The misalignment of school and work calendars disproportionately impacts minority communities. Lower-income workers are more likely to have unpredictable or inflexible work schedules, which makes it difficult for them to arrange childcare immediately when needed. Additionally, workers of color make less than their white colleagues, so they face an additional burden in paying for childcare to cover the difference between work schedules and the school day.³⁶

These changes can help our economy, as well as our health, since conflicting school and work schedules cost the US economy \$55 billion in lost productivity each year.³⁷ Limiting the conflict between schedules will aid in reducing lost productivity. Additionally, reducing the burden on women to work long hours and manage a household may help to limit the nation's declining birth rate, with its long-lasting effects and negative tax base implications.³⁸

Who will answer this clear call to action? Who is the next Henry Ford? Which innovative business(es) or organization(s) will embrace the Leadership Tools of Cooperation and make the future better: for working mothers, for their children and families, and for our society as a whole?

As they perform miracles in time management both in the workplace and at home, every working mom you know is listening—and not-so-patiently waiting—for answers.



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The Clayton Christensen Institute for Disruptive Innovation is a nonprofit, nonpartisan think tank dedicated to improving the world through Disruptive Innovation. Founded on the theories of Harvard professor Clayton M. Christensen, the Institute offers a unique framework for understanding many of society's most pressing problems. Its mission is ambitious but clear: work to shape and elevate the conversation surrounding these issues through rigorous research and public outreach.

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