

Women in the Workplace: An EAP's Perspective

Insights from the WarrenShepell Research Group



WarrenShepell



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EXECUTIVE SUMMARY

The last few decades have seen a growing number of women in the labour force. As the gender ratio evens out and more women assume the mantle of senior leadership, it becomes increasingly important for employers and their EAPs to identify and address gender differences in work and non-work stressors. With this in mind, we conducted a study to examine and compare EAP utilization trends among men and women from 2002 to 2004.

Among the findings:

- Women reported fewer issues than men around marital/relationship discord (over 5% less).
- Women were over 4% more likely than men to report high levels of self-reported stress.
- Younger women (20 to 29 years of age) were over 3% more likely than similarly-aged men to access EAP.
- Women under 40 years of age were 8% more likely to report marital/relationship discord than women over 40 years of age.
- Women over 40 years of age were more likely to report high levels of stress compared to both women under 40 years of age (almost 4%) and men over 40 years of age (over 7%).

The overall findings of the study would suggest that men and women enjoy similar levels of well-being. However, patterns of EAP usage may not fully represent the scope of women's issues. EAPs will need to partner with employers to examine their cost drivers (e.g., drug and benefit claims) as a way of elucidating the full range of psychological issues that impact women's health and productivity. Additionally, as recommended below, employers can engage women in the workplace by providing more meaningful work, specific coping skills, and work/life programs to improve quality of life outside of the workplace.

One of the most radical shifts in the demographic landscape over the past half century has been the proliferation of women in the work force. The share of women in the labour force grew from 38% to 42% from 1970 to 1980. By 1990, women accounted for 45% of the labour force. In 1992, it was projected that women would comprise 47% of the labour force by 2005 - a figure that was already surpassed by 1998 (i.e., 48%). Women have accounted for over 60% of the net increase in the labour force in the recent past. Women now occupy every level of higher education in greater numbers than men and are graduating in equal or greater proportions from graduate and professional schools. Thus, the gender ratio in labour participation is sure to equalize.

Given the growing prevalence of women in the workforce, it behooves employers and their EAPs to understand what is known about gender differences in

occupational stress. The purpose of this report is to provide an overview of research in this area and to supplement this with EAP data.

The Gender Divide

The gender divide in socio-economic well-being has narrowed considerably in the past few decades. However, it remains nonetheless. According to Statistics Canada:

- Women are more likely to be the parents in lone-parent families - more than 80% when there is one child; 86% for three or more children.
- Female lone parents are one of four demographic groups that comprise 37% of full-time employees. Yet, they account for 71% of full-time employees in low-wage jobs and low-income families.

- Women spend an average of 4.4 hours per day engaged in unpaid work compared to 2.7 for men (including cooking, housework and childcare).
- Compared to men, women are over 2½ times more likely to spend 30 or more hours per week taking care of children, and over 3 times for housework. Women are twice as likely to provide eldercare for seniors for 10 or more hours per week (all activities unpaid).
- Twenty-seven per cent of employed women work part-time compared to 11% of employed men. When women work part-time, they are more likely to do so because of childcare and other personal/family responsibilities and less so due to personal preference.
- Women (8%) are less likely than men (13%) to be employed in management occupations and more likely to be employed in sales and service occupations (31% versus 19%).
- Men are twice as likely as women to be self-employed. The self-employed report longer hours but greater autonomy and more meaningful work lives.
- Women who are 18 to 64 years of age are 17% more likely than their male cohorts to be in a low income bracket after taxes.
- Full-time, full-year employed men make almost 1½ times the income of similarly-employed women.

Overall, women report higher combined paid and unpaid workloads, with an average of 78 hours per week versus 68 hours for men. This role strain, together with economic hardship, takes its toll on women in the form of physical and mental health problems. Work-life conflict has been linked to anxiety, depression and hostility among working women. The effects are stronger for women with children. For both sexes, work-to-family and family-to-work conflict are associated with depression, poor physical health, and alcohol use.

Work Stressors

While the causes of gender differences in well-being are many and varied, employers can do their part to alleviate stress among women by addressing workplace

factors that affect them. Fortunately, studies show that men and women are affected by many of the same workplace factors, including role ambiguity, job insecurity, downsizing, and time pressures. However, female employees tend to be affected more by job demands, lack of social support, and work-family conflicts.

Fewer opportunities exist for women in terms of career advancement. While cracks have appeared in the 'glass ceiling', women are still relatively rare among senior management. Additionally, the 'maternal wall' relegates some women to less desirable positions following childbirth (e.g., part-time work). When women *do* advance to senior management, they are sometimes viewed more negatively than their male counterparts. Research indicates that when female managers are viewed as competent and high-performing, they are also viewed as less likeable (i.e., more selfish, manipulative and untrustworthy). Perhaps as a result, women in professional roles may be especially susceptible to work-related conflict and depression.

Workplaces also continue to reward 'corporate masculinity' (e.g., competitive, adversarial, and task-oriented behaviours). These behaviours may be at odds with values and ethics more commonly found among women (e.g., nurturance, communion). Women report more stress from dealing with male-dominated organizational politics. At times, they are barred from informal networks, have difficulty obtaining information, have little upwards influence, and secure fewer resources. Organizational cultures also tend to be built on male communication styles. Women tend to engage more in rapport talk (i.e., communication for the purpose of building and maintaining relationships) while men engage more in report talk (i.e., exchange of concrete information). A lack of understanding or appreciation of these differences can lead to inter-gender conflict in the workplace.

Finally, women report a greater incidence of sexual harassment in the workplace and are more susceptible to all forms of workplace aggression.

Gender Differences in Adjustment

More women than men suffer from adjustment problems. According to Statistics Canada, prevalence rates for mood disorders (5.9% versus 3.8%) and anxiety disorders (5.8% versus 4.7%) are higher for women. American data suggest that adolescent and adult women experience depression at a ratio of 2 to 1 compared to males. Depression has been called the most significant mental health risk for women, especially younger women of childbearing and childrearing age.

Why is depression more common among women? The causes are multiple and complex, involving biological, social, and economic factors. Research suggests that women tend to use more passive strategies for coping with stress (e.g., ruminating about problems), whereas men tend to employ more active strategies (e.g., problem-solving, changing behaviour). Passive strategies can maintain depression and lead to relapse. Young women, in particular, may be more vulnerable to interpersonal stress due to strong needs for affiliation. Additionally, higher rates of depression are associated with lower levels of education, socioeconomic status, and unemployment - risk factors that are over represented among women. It has also been ventured that physical and sexual abuse are more prevalent than previously believed, and that depression stems from long-term post-traumatic stress associated with such abuse. Finally, these gender differences may be explained by a greater willingness on the part of women to report symptoms of depression.

EAP TRENDS

An empirical study was conducted to examine trends in EAP access for men and women. Three years of WarrenShepell proprietary data were used (2002-04)¹.

Average Utilization by Gender

Women were far more likely than men to access EAP - accounting for 63.45% of all accesses between 2002 and 2004. This gender imbalance was also relatively stable over time. There are a number of possible explanations for this finding. First, women tend to report a greater number of life and work stressors than men and report being more affected by them.

Second, men are less likely than women to seek help for their problems. Both of these phenomena could translate to a higher proportion of women accessing EAP.

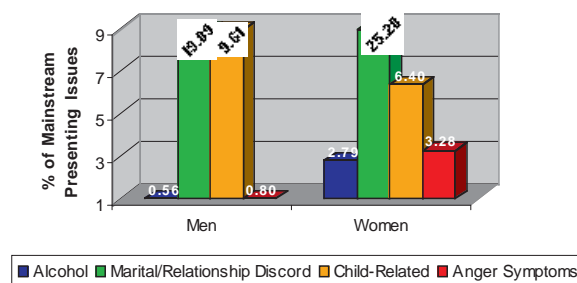
EAP and Work/Life Services Utilization Ratio

Men and women showed no appreciable differences in the global types of EAP services they access. Over 70% of both women and men accessed EAP for mainstream counselling rather than work/life programs (72.87% versus 74.24%). This pattern was also relatively stable over time.

Mainstream Counselling Presenting Issues

Women presented fewer issues around marital/relationship discord than men (19.89% versus 25.28% as a percentage of all mainstream presenting issues; see Figure 1). This would appear to contradict existing research on gender, marital status, and well-being. For example, married women tend to have higher levels of depression than unmarried women. Marriage typically confers protective advantages upon men. However, the discord issues that are tracked through EAP pertain to both traditional marriage and other kinds of relationships. Second, depression among married women may not stem from perceived relationship discord as much as it does from other factors (e.g., division of household labour).

Figure 1. Mainstream Presenting Issues By Gender
(Three-Year Averages 2002-04)



Women reported slightly more child-related problems (9.61% versus 6.40%) but fewer such problems over time (10.74% in 2002 to 8.48% in 2004). If this trend is robust, it may be a function of one or more of the following: declining birth rates, maturation of

1. Percentages, unless otherwise noted, represent three-year averages (2002 to 2004). As a rule, percentages for women appear first when women and men are compared within brackets. Changes over time are labelled 'trends' if they involve consecutive, annual increases or decreases over three years.

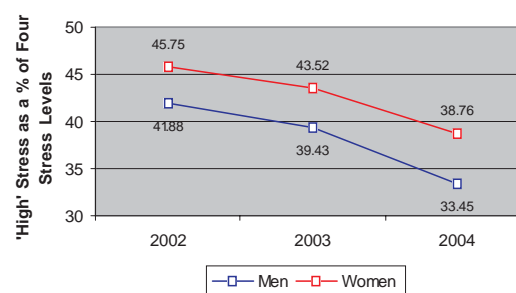
'Boomer' children, delayed reproduction of Generation X and Y, increasing paternal care among men, or growing quantity/quality of childcare services (e.g., government- and/or employer-sponsored daycare).

There were no sizable gender differences in EAP access for work-related issues. These include work relationship conflict, work performance, and career issues. Women and men accessed in equal numbers for workplace stress (6.19% versus 6.13%). Additionally, women and men reported workplace harassment in relatively equal numbers, accounting for less than half of 1% of all mainstream presenting issues for both genders. It is possible that women under-report harassment to their EAPs and to their employers in general.

There were few appreciable gender differences in core mental health indicators. Reports were similar for symptoms of depression (6.19% versus 6.19%), anxiety (2.92% versus 2.83%), and personal stress (11.10% versus 9.56%). Women presented fewer symptoms of anger (0.80% versus 3.28%), and problems with alcohol use (0.56% versus 2.79%). The latter two findings are consistent with published research.

Women were over 4% more likely to report high levels of self-reported stress at EAP intake (42.68% versus 38.25%) as a percentage of four levels of reported stress. This is consistent with published gender differences in state stress. As stated earlier, some research suggests that women are more emotionally-affected by stressors. Women also report more negative affect, which may be confounded with stress. Additionally, men tend to engage in 'self-control' forms of coping that involve holding back or downplaying their negative feelings to others. Overall, stress levels decreased over time for both women and men (e.g., women reported 7% less 'high' stress from 2002 to 2004; see Figure 2). If this trend is robust, it may signal that people are accessing EAP for problems before they become chronic and health-threatening.

Figure 2. Self-Reported Stress Level By Gender



Work/Life Programs

There were few gender differences in the utilization of specific work/life programs. Similar to men, women presented legal problems as their most frequent work/life presenting issue (15.78% of work/life issues). This was followed by financial (3.77%) and nutritional issues (3.05%).

Relative to all legal presenting problems, both men and women reported a disproportionate number of marital/relationship dissolution problems. However, these problems are rising more rapidly among women (20.47% in 2002 to 25.60% in 2004 - over 5% versus less than 4% for men). The increase for women is over 7% if examined from 2001.

Among financial problems, women presented fewer debt/credit-related problems than males (62.62% versus 67.32% of financial presenting problems). It is important to note that debt/credit problems may still impact women if their male partners are likely to report *household* debt/credit problems to EAP. Women's reports of debt/credit problems as a proportion of all financial issues also increased over time (56.02% in 2002 to 69.15% in 2004 - over 13%) but not as rapidly as men's reports (over 19%). Women also reported an increase in tax-related financial problems over time (5.20% in 2002 to 8.97% in 2004 - almost 4%).

Among nutritional issues, more women than men presented weight management issues (48.95% versus 41.66% of all nutritional issues).

More men than women sought help for disease state management (13.73% versus 16.59%) and healthy eating (31.42% versus 34.44%). In addition, women's use of general nutritional counselling increased over time (3.66% in 2002 to 9.67% in 2004 - a 6% increase). This suggests that women are engaging in more preventive nutritional behaviour. Women are more likely than men to have body-image concerns, and thus, are more motivated to seek weight management counselling.

Other Trends to Note

Women who accessed EAP were more likely than men to be working part-time (11.47% versus 4.43%). While this may reflect the greater frequency of women among part-time workers, it may also reflect the greater frequency and severity of stressors that are experienced by some part-time workers (e.g., lower pay and job security, fewer benefits, 'full-time' demands from part-time jobs). What is unknown about part-time workers in this study is how many of them are working part-time by choice, necessity, and/or the unavailability of full-time work. Finally, women with lower job tenure were more likely to access EAP than lower-tenured men (47.19% versus 41.72% at 4 years of tenure or less). It may be that women, as more willing help-seekers, are more likely to seek out EAP earlier in their tenure.

Trauma

Gender-based statistics for trauma were unavailable. However, some points are worth considering here. Research suggests that women are twice as likely as men to develop Post-Traumatic Stress Disorder (PTSD) and experience related symptoms for longer periods of time. Additionally, women who suffer from trauma often hesitate to seek treatment. Traumatic stress, if not treated promptly, can lead to chronic mental health problems. Physical health is also affected in the form of chronic headaches, gastrointestinal problems, and sexual dysfunction -- all of which may be linked to direct and indirect costs to employers (e.g., absenteeism, presenteeism, drugs, disability).

Age and Gender Effects

Women aged 20 to 29 years were more likely than similarly-aged men to access EAP (18.14% versus 14.87%). Women aged 40 to 49 years were less likely than their similarly-aged male colleagues to access EAP (27.04% versus 29.65%). Due to these general differences, women under and over 40 years of age (herein described as 'women under 40' and 'women over 40') were compared on specific patterns of EAP access. We also compared women and men over 40 years of age to gain clarity around gender issues irrespective of age (and within a group containing the median age in Canada).²

Women Under and Over 40

Compared to younger women, more women over 40 accessed EAP for mainstream counselling services relative to work/life programs (73.81% versus 76.29%). In terms of non-work stressors, more women under 40 reported marital/relationship discord (23.66% versus 15.68% - nearly 8% more). This is understandable, as divorce tends to occur earlier rather than later in marriages (and presumably at younger ages). Women under 40 also accessed EAP more for childcare-related work/life services (3.84% versus 0.69%), indicating the presence of younger children. Women over 40 also reported more parenting (2.54% versus 4.44%) and child-related issues (8.21% versus 11.78%), indicating the presence of children that are 'post-childcare' but still young enough to be a source of stress.

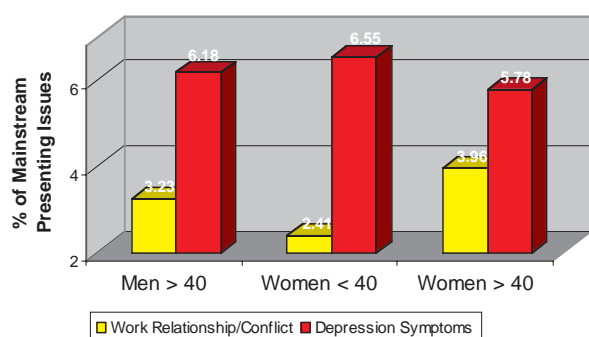
Women over 40 also reported slightly more frequent work relationship/conflict issues (2.41% versus 3.96%; see Figure 3). If women over 40 are more likely to be managers, this finding may be commensurate with research suggesting that successful women employees are perceived as less 'likeable' than their less successful colleagues. However, both male and female managers may also be exposed to more frequent conflicts with (and among) direct reports. Women over 40 also reported workplace stress more often than their younger female peers (5.43% versus 7.48%). With respect to legal matters, women under 40

2. As a rule, percentages for women under 40 appear first when female age groups are compared within brackets

reported more child custody and visitation problems (8.98% versus 3.62% of all legal presenting problems). Younger women are more likely to have children young enough to be subject to custody and visitation issues. Although women in different age groups did not generally differ in their presentation of financial problems, women under 40 accessed more for specific financial issues such as taxes (7.93% versus 5.98% of all financial issues) and debt/credit issues (71.71% versus 51.72% - an almost 20% difference). With respect to nutritional matters, women under 40 were more likely to seek advice for healthy eating (34.89% versus 23.10% of all nutritional presenting issues). Overall, women over 40 reported greater levels of 'high' stress compared to their younger counterparts (41.49% versus 45.03%; see Figure 4). This may be a reflection of greater responsibility in the workplace and/or the presence of more 'mature' life stressors (e.g., number of children, eldercare, mortgage). In terms of nutritional matters, more women over 40 accessed EAP for assistance with disease state management (10.01% versus 22.50% of all nutritional presenting issues).

Women under 40 reported depression slightly more often than their older counterparts (6.55% versus 5.78%; see Figure 3). This is consistent with published research indicating that depression is more prevalent among women than men and among workers who are younger rather than middle-aged.

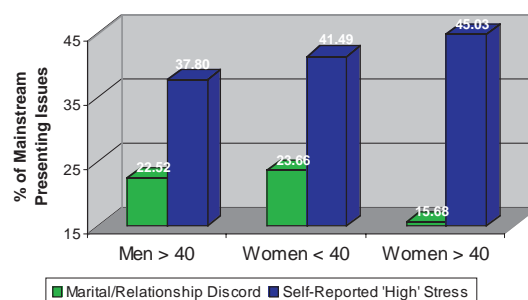
Figure 3. Select Presenting Problems By Age and Gender (Three-Year Averages 2002-04)



Women and Men Over 40

Similar to women and men in general, more men over 40 reported marital/relationship discord relative to similarly-aged women (15.68% versus 22.52%; see Figure 4). Both women and men over 40 reported similar levels of work relationship and conflict problems (3.96% versus 3.23%; see Figure 3) suggesting that higher organizational status among women may *not* lead to greater work conflict. However, both gender samples included people of all status levels, and the difference is in the expected direction. Women over 40 *did* report slightly more workplace stress (7.48% versus 6.63%). They also reported more grief than their male counterparts (4.11% versus 1.67%). Women over 40 reported more frequent 'high' levels of stress than similarly-aged men (45.03% versus 37.80%; see Figure 4). While this was similar to women and men in general, the gap increases from 5% to 7% when the focus switches to older women and men. Finally, women over 40 were almost 10% more likely to be employed part-time or on contract compared to similarly-aged men (13.15% versus 3.48%). The corresponding figure was approximately 7% for women and men in general.

Figure 4. Select Presenting Problems By Age and Gender (Three-Year Averages 2002-04)



TRENDS AND APPROACH TO ORGANIZATIONAL HEALTH

Interpretations

Overall, our findings would suggest that women are reporting similar or fewer work, social, and emotional problems to EAP than men. This is at odds with epidemiological research, which suggests that women

are at a higher risk for adjustment problems (e.g., depression).

One reason for this disparity may be the non-random nature of our sample. People self-select themselves into EAP programs. Women with higher levels of distress may not be accessing EAP. A larger proportion of women may be accessing EAP for preventive purposes (i.e., for minor issues before they become more serious)

One key to explaining the results is that majority of women in our sample were employed. Current research suggests that both women and men have higher levels of well-being when they engage in multiple life roles (e.g., parent, worker). The more roles that people engage in, the higher their levels of physical and mental health. Men who experience distress in their work role derive benefits from high-quality family roles. Women who experience distress in their family role benefit from rewarding experiences at work. In fact, married women who have both children and high-status jobs report higher well-being than other women. Additionally, the role of 'worker' appears to confer the single greatest role-related benefit to women's physical and mental health. Thus, the presence of work may have an equalizing effect on traditional gender disparities in adjustment.

It is also possible that women are experiencing less distress in their personal and professional lives due to a narrowing gap in men's and women's workload. Research by the *Families and Work Institute* shows that, over the past two decades, men have been 'pitching in' more at home with unpaid childcare and housework.¹ While the gap still exists, these changes may enable women to more fully embed themselves in beneficial work roles.

It is important to note that while multiple roles are beneficial for men and women, overload in one or more roles can upset the fine balance between engagement and stress. The benefits of mutual roles may decrease depending on age, marital status, and number of children. For example, working single

mothers tend to have lower levels of well-being than non-working single mothers due to role overload in the family domain.

The findings may also be explained by gender differences in how adjustment problems are expressed. Female distress is more likely to be manifested in physical health symptoms and behaviours. For example, women report higher rates of insomnia, nervousness, and headaches. They experience higher rates of acute illness and chronic conditions including hypertension. As a result, women make more health care visits and use more prescriptions. Approximately 70% of prescriptions for antidepressants are given to women, and more women are likely to abuse them. Women managers (compared to male managers) are especially likely to abuse antidepressants, tranquilizers and sleeping pills. All told, women report more disability days due to physical and mental illness - 2 to 3 days per year and rising.

The EAP intake process has been carefully crafted to assess the most pressing psychological problem and quickly triage clients to the most appropriate form of care. As such, 'secondary' physical and behavioural symptoms may be under-reported. This suggests that EAP data should be supplemented with benefits and disability data in order for employers to fully assess the well-being of the female workforce. To this end, WarrenShepell is now partnering with client organizations by discerning patterns in benefits and disability data and mapping them back onto suspected, gender-based psychosocial problems. Identifying probable psychosocial stressors enables EAPs to better triage and counsel their clients. It also enables employers to re-design jobs and craft HR policies that are sensitive to gender-based issues.

Recommendations

What can employers and their EAPs do to address psychosocial stressors and distress among women? Following is a list of tips and recommendations.

Provide equally meaningful work for men and women.

What's good work for the goose is good work for the

gander. Men and women tend to find meaning and engagement in the same kinds of job characteristics. These include role clarity, job autonomy and control, decision-making latitude, and realistic workloads. One study based on thousands of Canadian workers found that distress among men and women is affected by many of the same job stressors. In fact, when men and women are allowed equal access to the same 'opportunity structures' at work, the relationship between gender and work adjustment all but disappears.

Train employees to use positive coping strategies.

While men and women typically use different coping strategies for dealing with stress, employers and EAPs can take a proactive step by training men and women to use the same effective coping strategies. For example, *proactive coping* is future-oriented, involving long-term goal-setting and planning to deal with daily stressors as they arise. Coping strategies can also be derived from *problem-solving therapy*, a technique that helps clients with problem orientation and definition, deriving alternatives and decisions, and solution implementation. Both proactive coping and problem-solving therapy are very effective for dealing with stress and may be helpful for preventing more serious mental illnesses. Both skills sets are also easily trainable, as they involve cognitive rather than personality changes. Long-term studies indicate that cognitive and skill-building approaches to stress management have a more sustained effect on women than traditional stress management techniques (e.g., exercise, relaxation). Incidentally, EAP counsellors use a brief, solution-focused form of counselling which is very similar to problem-solving therapy.

Provide EAP work/life programs for the enrichment of work and non-work lives.

Many studies indicate that women experience more stress in their home lives than in their work lives. For women, role overload at work is less damaging than role overload at home. This effect does not lessen as occupational prestige increases. For women, when stress in the family role is experienced, it is more likely to lead to depression than corresponding stress in the work role.

When women seek social support for their distress, they tend to seek it more at home than at work. This

research suggests that women can enrich their work and non-work lives through EAP work/life programs that are designed to improve the quality of personal lives outside of the workplace (e.g., legal and financial counselling, childcare and eldercare assistance).

Communicate the availability and benefits of EAP to your employees.

The majority of people with psychological problems do not seek professional help. This is true even of people with histories of three or more concurrent mental disorders (among whom only 50% seek help). Fortunately, women in Canada at all ages are more likely than men to seek help from a mental health professional. However, according to Statistics Canada, they are also more likely than men to state that their mental health needs are not met (10.2% versus 5.3%). In a recent Leger Marketing poll, only half of the depressed and anxious women interviewed 'said' or 'knew' that their workplace offered an employee assistance program (47%). Only one in five of these women (20%) had taken advantage of their EAP, with most expressing satisfaction with the help they received (82%). Incidentally, the respondents in this study viewed depression and anxiety as greater barriers to their success in the workplace than pregnancy, raising children, sexism, and caring for the elderly.² These respondents may be right. Research shows that early onset depressive disorder among women is associated with a 12% to 18% reduction in expected lifetime earnings. The overriding message here is that while EAP is effective in and of itself, employers must communicate the availability and effectiveness of EAP in order for it to truly impact individual and organizational health.

Women: The Future of Leadership?

The nature of organizations is rapidly changing in the face of globalization, information technology, increased competition, and heightened consumer demand. To meet these challenges, organizations are coming to rely on knowledge work to push the competitive envelope of their respective industries. Unlike traditional forms of work, successful knowledge work requires intense cognitive, emotional, and motivational investments on the part of workers. These investments require new forms of leadership which are *transformational* rather than *transactional*.

Transactional leaders lead by rule and regulation, and reward and punishment. They exchange reinforcements based on the performance of followers. Alternatively, transformational leaders seek to empower workers by developing their skills, creativity, adaptability, and ultimately their sense of self-worth. They inspire workers by appealing to their morals and values and create work that is self-rewarding. As a result, transformational leaders are better at leveraging human capital to achieve revolutionary goals. Studies show that they increase productivity and employee satisfaction. In a word, transformational leadership is about engagement.

The concept of transformational leadership is far from nascent. As early as the 1970s, it was called the 'new leadership', 'charismatic leadership', 'visionary leadership', and 'leadership by heart'. However, it may be women who are finally marshalling this leadership style into modern organizations. A review of over 45

studies indicates that women are more likely than men to be transformational leaders³. As Boomers retire from the workplace in large numbers, so too will a generation of predominantly male leaders with more transactional leadership styles. The gender disparity in senior management is slowly decreasing as more women fill these ranks. If women are more transformational, and they come to comprise 50% of the future executive pool, they will need to be relatively free of distress in order to apply their skills. This will be a challenge, given current gender differences in mood disorders. Depression and anxiety restrict people's motivation and behavioural repertoire, forcing them into defensive postures and give-and-take relationships. In other words, depressed leaders become transactional. Employers and their EAPs must work to enrich the work and non-work lives of women for the sake of future leadership and productivity.

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THE WARRENSHEPELL RESEARCH GROUP

The WarrenShepell Research Group has been formed to gather, analyze and provide commentary on organizational health trends that affect our clients, their employees and families. Collecting and disseminating data about mental health issues, linking with some of the industry's highest profile research institutes and individual scholars, and drawing from our 25 years of expertise in the industry, the WarrenShepell Research Group's mandate is to help our clients and the broader business community understand the intricacies and the impact of poor mental health, work/life imbalances and related issues in our workplaces and in our communities.

The findings contained in this report are based on WarrenShepell proprietary data. The findings are supported by information from a variety of academic, government, and private research institutions. Most references have been omitted for space considerations and are available upon request.

This study was conducted by Paul Fairlie, Director of Research with the WarrenShepell Research Group. The WarrenShepell Research Group is overseen by Karen Seward, VP Research and Development. Questions or comments may be directed to Karen Seward at 1-800-461-9722.