

THESIS

A WORK-LIFE BALANCE TRAINING INTERVENTION: MOTIVATING TRAINING
TRANSFER

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ABSTRACT

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Organizations are becoming increasingly aware of the consequences poor work-life balance can have on employees, thus encouraging many to seek solutions to reduce its negative effects. Current initiatives mainly focus on offering alternative work arrangements or improving family-supportive supervisor behaviors. Surprisingly, no studies to date have investigated the effectiveness of individual-level training programs that aim to improve employees' work-life balance skills. Using a two-between one-within design, the present study evaluates the effectiveness of a goal-setting manipulation on training transfer. Results show a significant increase in reported work-life balance between 30 days and 60 days post training. Although no significant effects for self-efficacy and goal-setting are seen, it is worth noting the effect sizes are large. Additionally, post hoc analyses indicate a significant effect of self-efficacy and goal-setting on transfer after controlling for number of children. Finally, post-training attitudes (i.e. intentions to improve work-life balance, motivation to transfer, and affective reactions towards the training) were found to predict transfer. This study contributes to practice by investigating the effectiveness of a work-life balance goal-setting manipulation on training transfer. It also makes an academic contribution by further investigating the mechanisms underlying why training is effective.

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INTRODUCTION

Organizations worldwide are becoming increasingly aware of the consequences of poor work-life balance, and many have sought solutions to reduce its effect on employees. In recent years, national surveys done by organizations such as the American Psychological Association support the claim that work-family conflict is one of the top stressors experienced by modern employees (Hammer, Demsky, Kossek, & Bray, 2015). The Society for Industrial - Organizational Psychology has also recognized the importance of improving employee health and wellness by categorizing work-life balance and integration of work and nonwork life as a “Top 10 Workplace Trend” each year since the list’s debut in 2013. Halpern (2005) went one step further and suggested that the ability to balance work and family domains is one of the biggest social challenges of our era. It is thus imperative that both organizations and individuals are aware of the consequences caused by an imbalance in work and life demands and seek to restore greater balance. Investigating ways to reduce work-life conflict and increase work-life balance will initiate its prevalence and result in better individual and organizational well-being.

Researchers have found that lower work-life conflict is related to better health outcomes. Less conflict is also associated with higher levels of employee commitment, job satisfaction, job performance (Allen, Herst, Bruck, & Sutton, 2000; Kossek & Ozeki, 1998, Kossek & Ozeki, 1999), and organizational citizenship behaviors (Bragger, Rodriguez-Srednicki, Kutcher, Indovino, & Rosner, 2005). Specifically, Bragger et al. surveyed school teachers in the New York metropolis area about their levels of work-family conflict, organizational commitment, job satisfaction, organizational citizenship behaviors, and their perception of their organization’s work-family culture. Here, work-family culture refers to the collectively perceived quality of

work-life balance support that the organization displays to its employees. Results suggested that higher levels of perceived work-family culture were associated with less work-family conflict. This, in turn, predicted organizational commitment and organizational citizenship behaviors. Given these findings, Grzywacz and Carlson (2007) suggested that work-life balance may be a powerful tool in enhancing the effectiveness of individuals and organizations.

A number of occupational health interventions (e.g. alternative work arrangements, work redesign, and dependent care supports) have been found to increase work-life balance, but there is a need to explore other methods. One potential intervention initiative that can help employees gain control over their unique work-life situations is training. Training provides employees with the knowledge and skills they need to handle the conflict they are experiencing and allows them to determine the best solution.

In this study, I test the effectiveness of a training program designed to improve employee work-life balance. In this paper, I look at one design factor and one individual difference variable expected to impact training outcomes (work-life balance and transfer of training). Here, transfer of training refers to the extent to which trained skills are used on the job. The design factor is a formal goal-setting activity at the end of training, and the individual difference variable is trainee self-efficacy, respectively. Further, I explore two potential mediators of the relationship between goal-setting and training outcomes - trainee intentions and trainee motivation to transfer.

This training program is the first known intervention designed to train workers directly in skills related to work-life balance. Additionally, I make theoretical contributions to the occupational health psychology literature by investigating the extent to which goal-setting and self-efficacy have direct effects on employees' post-training transfer. I also make theoretical contributions to the training literature by exploring whether a goal-setting intervention embedded

in training has a direct effect on trainees’ intentions and motivation to transfer, whether goal-setting has direct effects on work-life balance, and whether (a) intentions mediate the relationship between goal-setting and transfer and (b) motivation to transfer mediates the relationship between goal-setting and work-life balance. Figure 1 summarizes the primary research questions addressed by my study.

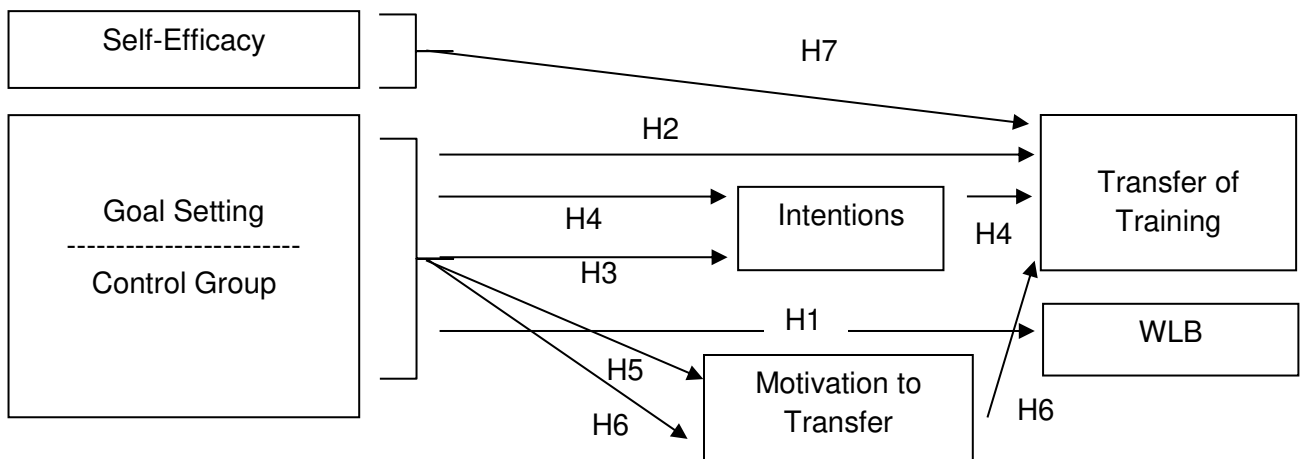


Figure 1. Conceptual framework of study hypotheses

In subsequent sections of the paper, I first define work-life balance, as it is my primary dependent variable, and I provide the theoretical and applied context for the study. I then discuss general interventions in occupational health psychology and how training employees in work-life balance skills represents a unique approach to improving employee work-life balance. Next, I discuss what transfer of training is and why it is important for a work-life balance training. Finally, I introduce the two primary independent variables in the study, goal-setting and self-efficacy, along with the proposed mediation effects between goal-setting and training outcomes.

What is Work-Life Balance?

Striking a balance between work and life demands remains difficult to achieve for many workers. Most employees have responsibilities both at work and at home that command their attention. Despite the relatively widespread use of the term, work-life balance, there is little consensus among researchers with respect to defining work-life balance (Bulger & Fisher, 2012; Greenhaus & Allen, 2011; Grzywacz & Carlson, 2007). Generally speaking, work-life balance has been defined as the ability to accomplish goals and meet demands in both work and personal life domains (Bulger & Fisher, 2012). One of the major frameworks used to describe the resulting strain that arises from poor work-life balance is Karasek's (1979) job demands/control model. According to the model, strain results from an overload of demands and insufficient resources to handle those demands. In the case of work-life balance, an example of a demand would be excessive workload. One resource employees can use to handle that demand is time to complete the work. If the proper resources are not available to handle demands, strain arises.

According to Wayne, Butt, Casper, and Allen (2017), balance can be conceptualized in four different ways: additive spillover, multiplicative spillover, balance satisfaction, and balance effectiveness. Specifically, spillover refers to the transmission of an individuals' state of well-being from one domain to another (i.e., from work to nonwork or from nonwork to work). Additive spillover occurs when conflict is absent, or enrichment is present, whereas multiplicative spillover is when the effect of low conflict is combined with high enrichment (Wayne et al., 2017). Spillover is founded on the work done by Frone (2003), who proposed a four-fold taxonomy: work-to-family conflict/enrichment and family-to-work conflict/enrichment. However, Wayne et al. argued that this additive spillover does not fully capture Frone's definition of balance. A synergistic effect of low conflict and high enrichment working together

is needed to better reflect a true balance. The third conceptualization, balance satisfaction, refers to the attitude an individual feels regarding whether they judge themselves to have adequate resources to meet demands (Valcour, 2007). Balance satisfaction is derived from one's own thoughts and emotions about balance from one's own viewpoint (Wayne et al., 2017). Lastly, balance effectiveness focuses on the accomplishment of role-related expectations (Grzywacz & Carlson, 2007). This view is more linked to the social context than balance satisfaction, but is still a self-evaluative construct (Carlson, Grzywacz, & Zivnuska, 2009).

Other definitions of work-life balance include satisfaction in all life domains (e.g., Greenhaus, Allen, & Foley, 2006; Kirchmeyer, 2000), and the extent to which individuals are equally engaged in, and satisfied with, the various roles they have (Greenhaus, Collins, & Shaw, 2003). Additionally, some researchers prefer to emphasize a lack of conflict as an indicator of balance (e.g., Clark, 2000, Duxbury & Higgins, 2001). Work-life conflict is a specific type of strain that occurs when an individual's work and nonwork domains interfere with each other. Work-life conflict is commonly conceptualized by the direction in which the conflict is occurring (i.e., work-to-family conflict and family-to-work conflict). Frequently identified work-to-family conflict antecedents are job involvement, time pressure, reduced autonomy and role ambiguity. Antecedents of family-to-work conflict include family involvement, parental stressors, and marital stressors (Frone, Russell, & Cooper, 1992). However, conceptualizing work-life balance solely with regards to lack of conflict may not make sense when the individual does not have a lot of non-work demands to get in the way of work demands, or vice versa (Greenhaus & Allen, 2011). Work-life conflict may be an important construct in understanding work-life balance, but it should not be the only consideration.

Historically speaking, researchers have used the term *work-family* balance to refer to the relationship between work and nonwork domains. Greenhaus and Allen (2011) recommended the use of the term work-life balance as an alternative for work-family balance as it is more inclusive of individuals whose nonwork domain may not include family-related responsibilities. In an effort to be inclusive of all types of work and nonwork situations, I will use the term work-life balance throughout this paper rather than work-family balance. In the next section, I highlight the consequences of *low* work-life balance for individuals and organizations.

A Modern Problem. Reduced work-life balance and its consequences have become more apparent in our society, likely due to increasing numbers of employed adults. Current U.S. labor statistics emphasize the importance of balancing work and family for modern Americans. According to a 2016 report from the Bureau of Labor Statistics, about 80% of families had at least one employed family member. In 48% of all married couples, both individuals were employed. About two-fifths of all families included children under the age of 18. Among married couple families with children, about 61% had both parents employed. The labor force participation rate for all women with children under the age of 18 was over 70%. These high labor participation rates, associated with the increase in working Americans, illustrate how much more important work-life balance is now than ever before.

A 2011 Gallup poll concluded that one in six working Americans report caregiving responsibilities associated with an elderly or disabled family member or friend (Cynkar & Mendes, 2011). About 56% of these caregivers also reported working full time. In addition to having extra responsibilities, about 70% of employees with caregiving responsibilities reported experiencing work-related difficulties due to their dual roles. These difficulties include rearranging their work schedule, taking unpaid leave, and decreasing their hours (National

Alliance for Caregiving and AARP, 2015). Additionally, about 10% of family caregivers report quitting their jobs or retiring early due to their caregiving responsibilities (Clancy et al., 2019). Thus, in addition to the increases in labor participation, the prevalence of caregiving responsibilities also contributes to the growing work-life balance problem facing modern society. In general, people age 60 or older are the fastest growing segment of the world population and is estimated to increase by 3.26% each year (Clancy et al., 2019). Thus, it appears that eldercare responsibilities of working adults will continue to increase.

As stressors increase in either domain, a healthy work-life balance becomes harder to reach. As we can see from modern labor statistics, today's employees experience both high work and caregiving responsibilities. They are expected to be fully committed to their jobs and take care of dependent family members and friends, leaving very little remaining time for leisure and recovery. The resulting lack of balance and probable increase in conflict can lead to personal and organizational consequences.

Individual Outcomes. According to Greenhaus, Allen, and Spector (2006), work-family conflict is linked to both psychological and physical health outcomes. Some studies have found that when there is greater perceived conflict, employees report lower levels of job satisfaction, life satisfaction, and organizational commitment (Kossek & Ozeki, 1998; 1999). Additionally, increased conflict is associated with higher levels of absenteeism, turnover, stress, and burnout (Anderson, Coffey, & Byerly, 2002; Frone, Yardley, & Markel, 1997; Jansen et al., 2006; Kossek & Ozeki, 1999; Wayne, Musisca, & Fleeson, 2004). Review papers have also reported evidence linking increases in conflict with decreases in job performance (Allen, Herst, Bruck, & Sutton, 2000; Kossek & Ozeki, 1999). For example, Frone et al. (1997) found that an increase in

work-to-family conflict was significantly associated with a decrease in self-reported job performance.

With respect to employee health, Frone, Russell, and Cooper's (1997) longitudinal study found that work-life conflict is related to a variety of health-related problems. They found that family-to-work conflict was positively related to depression levels and negatively related to physical health. In terms of work-to-family outcomes, the authors found a positive relationship between work-family conflict and heavy alcohol consumption. Other consequences of high levels of work-family conflict include poor diet and exercise (e.g. Allen & Armstrong, 2006; Devine et al., 2006; Roos, Sarlio-Lahteenkorva, Lallukka, & Lahelma, 2007) and decreased safety behaviors (Cullen & Hammer, 2007). More recently, findings from a study conducted across seven cultures indicated that work-life balance is positively associated with both job and life satisfaction and negatively associated with anxiety and depression (Haar, Russo, Sune, & Ollier-Malaterre, 2014).

Organizational Outcomes. In addition to negative individual outcomes, work-life conflict can also have a negative impact on organizations, especially financially. For American businesses, the cost of stress has been steadily increasing over the past few decades. Hatfield (1990) reported that stress-related illnesses cost American businesses between \$50 billion and \$150 billion a year. Now, almost three decades later, the estimated stress costs for American businesses have doubled to about \$300 billion a year (The American Institute of Stress, 2017). These costs are typically the result of increases in absenteeism and employee turnover, as well as reduced levels of productivity (Lazar, Osoian, & Ratiu, 2010). Specifically, when employees are experiencing a poor work-life balance, they are more likely to miss work, and in more extreme

cases, leave the workplace altogether. Even when employees do show up for work, organizations are still negatively impacted due to a reduction in work performance.

As mentioned above, researchers have found evidence suggesting that lower conflict is related to better health outcomes and organizational performance. As researchers work to clarify the individual and organizational benefits of work-life balance, occupational health psychologists are developing ways to help improve employees' balance.

What is Occupational Health Psychology?

The field of occupational health psychology (OHP) is concerned with psychosocial factors at work and how those factors influence the psychological and physical well-being of employees (Schonfeld & Chang, 2017). Its purpose is to “develop, maintain, and promote the health of employees directly and the health of their families” (Quick & Tetrick, 2003). To do this, OHP focuses on primary prevention and organizational interventions to improve worker outcomes. One such outcome is work-life balance.

A common intervention method currently used to improve work-life balance is alternative work arrangements (e.g., flexible work schedules or telecommuting; Allen, Golden, & Shockley, 2015; Gajendran & Harrison, 2007). Alternative work arrangements are unique agreements between worker and employer that target the timing and location of employees' work (Hill, Hawkins, Ferris, & Weitzman, 2001). These arrangements are meant to give employees greater perception of job flexibility, and evidence has suggested that this increase in job flexibility is associated with increases in work-life balance (Hill et al., 2001).

Other work-life interventions include work redesign and dependent care support initiatives. The former typically aims to increase schedule control and may include the addition of a self-scheduling system (e.g. Kossek, Hammer, Kelly, & Moen, 2014; Perlow & Kelly,

2014). Providing dependent care support is another work-life intervention technique and may involve providing on-site or near-site child care facilities, subsidizing child care expenses, or providing personal or sick days to stay at home with sick family members (Seyler, Monroe, & Garand, 1995). Common to these interventions is each seeks to reduce the strain experienced by the employee.

Unfortunately, the intervention methods listed above are not viable for all types of organizations and/or positions. For example, alternative work arrangements could not be used for jobs in which the employee and/or employer has no control over when employee services are needed (i.e., any position that is an “on call” position) or if the employee must be physically present in order to perform his or her job (e.g., delivery services). Additionally, work redesign may not be possible for many smaller organizations. Oftentimes, small organizations cannot use self-scheduling methods because there are simply not enough employees available to provide individuals with a choice as to when they work. Finally, providing dependent care support as a benefit may not be financially viable for many organizations.

When alternative work arrangements are implemented, they can be effective at reducing competing demands; however, work redesign and alternative arrangements do not better equip employees to cope with demands and are associated with many obstacles. Although work redesign and alternative arrangements may relieve immediate strain, these solutions do not prepare workers to cope with demands that primary prevention cannot fix. Even if primary prevention solutions are able to reduce some of the immediate strain employees experience, it is inevitable that employees will still experience various types of strain over time.

Additionally, the effects of work redesign and alternative arrangements on work-life balance are moderated by individual differences (Campion, Mumford, Morgeson, & Nahrgang,

2005). Employees differ in terms of what attitudes they hold and what conflicts they experience. Therefore, a redesign initiative that works for some people may end up creating more conflict for others.

Thus, it can be argued that these types of interventions may have limited impact on work-life balance over time. Work-life interventions with long-term impact are needed. Training is a great option for long-term work-life conflict solutions because it teaches employees coping skills that can be employed in a wide variety of situations. Additionally, it provides employees with the knowledge, skills, and abilities they need to handle their unique work-life situations, which often change over time.

Benefits of Training. Training avoids most of the aforementioned pitfalls of alternative work arrangements. Training can be provided to all employees in any type of organization. It can be scheduled for times that work with employees' schedules, whether on or off the clock, and training is typically flexible as to where it takes place (i.e., onsite or offsite). Another benefit of training is that it does not need to be continuously sustained over a long period of time. It is typically a one-time cost that does not continuously tax organizations in terms of expenses, nor employees in terms of their time. Given these benefits, it is beneficial to explore the impact training can have on improving work-life balance.

How Can Training Improve Work-Life Balance?

Training is an impactful way for organizations to facilitate learning and skill development in their employees, which in turn, helps them remain competitive in their respective markets (Aguinis & Kraiger, 2009; Salas, Tannenbaum, Kraiger, & Smith-Jentsch, 2012). Training and development is a systematic process initiated by an organization that results in changes in the knowledge, skills, or attitudes of learners (Kraiger & Culbertson, 2013). More specifically,

Kraiger and Culbertson characterized training as the activities leading to outcomes such as acquisition of knowledge, skills, and attitudes in regards to the individual's job, whereas development is the activities leading to the acquisition of attributes or competencies for which there may be no immediate use. Training effectiveness is maximized when decisions of what and how to train are linked to these intended outcomes (i.e. knowledge, skills, or attitudes; Kraiger, 2002; Kraiger, Ford, & Salas, 1993).

Kraiger et al. (1993) recommended measured learning outcomes for any training program be based on the instructional focus, not on what is easy to evaluate. With respect to work-life balance, some of the most relevant training outcomes are self-knowledge, situated problem solving, and motivation. Targeting these types of outcomes should increase participants' awareness of the topic and how it impacts them personally, help improve their coping skills, and encourage them to apply these skills to their everyday lives. Once outcomes are specified, effective instructional methods can be determined (Jonassen & Tesser, 1996/1997; Kraiger et al., 1993).

Instructional strategies are the tools, methods, and context that are used to create training delivery (Salas et al., 2012). Some characteristics of well-designed training include conveying the objectives, purpose, and intended outcomes to trainees, developing meaningful context, examples, exercises, and assignments, providing trainees with learning aids, providing trainees practice opportunities in a safe environment, providing feedback on learning, and providing opportunities for observation and interaction among peers (Noe & Colquitt, 2002). Salas et al. summarized these characteristics into four best practices: conveying information; demonstrating the desired behavior, cognition, and attitudes; creating opportunities for practice; and providing feedback.

Prior Attempts to Train for Work-Life Balance. While work-life interventions are generally uncommon, even fewer are offered as training. Further, most of the training targeting improved work-life balance has focused on improving family-supportive supervisor behaviors (FSSB) (e.g. Hammer, Kossek, Anger, Bodner, & Zimmerman, 2011; Hammer et al., 2016; Kelly et al., 2014; Odle-Dusseau, Hammer, Crain, & Bodner, 2016). As its name suggests, FSSB targets supervisor behaviors with the expectation that these behavior changes will impact employees and reduce their work-life conflict, thus improving employees' overall work-life balance. FSSB is conceptualized as having four dimensions: emotional support, instrumental support, role-modeling behaviors, and creative work-family management (Hammer et al., 2011). Emotional support can be shown by listening to employees and showing concern. Instrumental support takes more of an active approach by showing employees that their supervisor will take managerial action to provide support for work-life demands. Role-modeling behaviors entail supervisors demonstrating how to successfully manage both work and life demands while on the job. Finally, creative work-family management includes supervisors initiating actions that restructure work in order to facilitate employee effectiveness (Hammer et al., 2011). It is important to note that due to FSSB's main focus on supervisor behaviors, only middle and upper management typically receive this training. Most lower-level employees are not provided directly with any resources of their own to cope with work and nonwork challenges.

In addition to FSSB, there are other training programs designed to improve the relationship between work and nonwork domains. These have focused on employees' overall health, well-being, and stress management skills. These interventions differ from FSSB in that they can apply to all employees, not just supervisors. While these programs target similar work-life balance outcomes as FSSB training, much of their training content does not specifically

target knowledge and skills specific to work-life balance. For example, some studies have tested the effectiveness of mindfulness interventions to improve work-life balance outcomes (e.g., Kiburz, Allen, & French, 2017; Michel, Bosch, & Rexroth, 2014), whereas others have created general stress management interventions based on the job demands and controls model (e.g., Wilson, Polzer-Debruyne, Chen, & Fernandes, 2007).

Evidence suggests both supervisor-focused work-life balance training and (general) individually-focused work-life balance training can be effective. Both supervisor-based and individual-based training have been found to affect trainee well-being, attitudes, and performance outcomes. For supervisor training effects on well-being outcomes, Hammer et al. (2011) found an FSSB intervention improved work and health outcomes in employees who initially showed high levels of work-life conflict. Kelly et al. (2014) showed an improvement in work-family conflict and perceptions of family time adequacy. For individually-focused interventions, improved well-being outcomes have also been found. Michel et al.'s (2014) mindfulness intervention yielded significant improvements in detachment from work and experienced work-to-family conflict directly after training and two weeks later. Kiburz et al. (2017) found their mindfulness intervention significantly increased self-rated perceptions of mindfulness while reducing perceived levels of work interfering with family. They also reported greater changes occurred for participants who completed a behavioral self-monitoring component after the training was complete. Finally, Wilson et al. (2007) concluded that involving family members in their training session was associated with decreased work-to-family conflict scores six months and one year post-intervention.

With respect to supervisor training effects on attitudes, Odle-Dusseau et al. (2016) found that perceptions of FSSB increased one month after supervisors attended the training. This

increase in perceptions was related to increases in employee job satisfaction, organizational commitment, and decreases in turnover intentions. For individually-focused training, Michel et al. (2014) reported significant improvements in satisfaction with work-life balance both directly after training and two weeks later.

Finally, supervisor-focused training has been found to impact employee performance. FSSB training has been associated with improved safety compliance for up to six months following training (Hammer et al., 2016) as well as increases in job performance ratings (Odlé-Dusseau et al., 2016).

Results from these studies demonstrate that training can positively influence work-life balance outcomes. However, there is a gap in the research and practice: there are no studies that test the effect of individually-focused work-life balance training on work-life balance outcomes. There is skill training specific to work-life balance, but these have been designed for supervisors, not individuals. There are training programs geared towards individuals, but they do not address work-life balance skills. The training tested in this study will teach individual employees coping mechanisms that aid in managing work-nonwork conflicts and lead to a general increase in work-life balance knowledge and skills. This study's training content addresses a practical problem - even when we alter our schedules and our work locations, conflict in demands between domains still arises. When this happens, it is imperative that individuals have the knowledge and skills to cope with circumstances that cannot be changed. The current training provides direct instruction to individuals on these coping mechanisms, rather than relying on indirect skill training (i.e., targeting supervisors). As a result, the potential participant benefits of this study are increased coping skills in regards to work and nonwork demands and resources (i.e., transfer), and an increase in work-life balance. While beyond the scope of my study, organizations should also see

benefits such as reduced turnover intentions, and increased job performance as their employees' perceptions of work-life balance improve.

Given extant research suggests that both FSSB training indirectly affects work-life balance through supervisory behaviors and work-life balance can be improved through other forms of (non-skill) training, I predict:

H1: Participants of a work-life balance training session will show improved levels of work-life balance.

However, the only way we can expect to see these results is if participants actually use the knowledge and skills they learned in training. Just because people gain knowledge does not necessarily mean that they implement it. One way we can measure direct implementation is through transfer.

What is Transfer of Training and Why is It Relevant to Work-Life Balance Training?

Training transfer, the extent to which learning in training is used on the job and leads to positive changes in work performance, is an important outcome of training (Goldstein & Ford, 2002; Ford, Baldwin & Prasad, 2018). The transfer of training is regarded as the vehicle by which training leads to organizational outcomes (Goldstein & Ford, 2002) and we know from past research that training transfer is positively related to organizational performance (Saks & Burke-Smalley, 2014). One of reasons transfer of training is important is due to its effects on the knowledge, skills, and abilities (KSAs) of trainees. Employees who transfer KSAs taught in training are able to utilize them on the job for organizational benefit (Becker & Huselid, 1998; Combs, Liu, Hall, & Ketchen, 2006), improving training effectiveness. In the case of my study, in order for trainees to improve their work-life balance, they have to apply what they learn in

training to their everyday lives. For transfer to occur, the learned behaviors, skills, and attitudes must: (a) generalize to the job context and (b) be maintained over time (Baldwin & Ford, 1988).

The Importance of Transfer of Training. Transfer of training has been described as a “paramount concern” for training researchers and practitioners alike (Baldwin & Ford, 1988). Facilitators and trainees want to know whether the training being provided actually improves job-related knowledge and skills and results in improved job performance (Machin & Fogarty, 1997). However, an enduring “transfer problem” has been well-recognized for several decades (Baldwin & Ford, 1988; Ford & Weissbein, 1997; Grossman & Salas, 2011; Saks & Burke-Smalley, 2014).

Unfortunately, reports indicate that many trained competencies often do not transfer (Blume, Ford, Baldwin, & Huang, 2010; Salas et al., 2012). This means that many organizations fail to change employees’ skills on-the-job, due to large portions of their training programs not transferring to the job (Grossman & Salas, 2011). Grossman and Salas noted that although employees may be learning in training, learning alone is not sufficient for a training to be considered effective; transfer is essential. This lack of transfer is a major concern, in large part because organizations spend significant amounts of money on training. According to the Association for Talent Development (2018), organizations on average in the United States spent over \$1,200 per employee annually on training and development. Given the widespread prevalence of training and the large sums of money organizations continue to devote to it, it is important to evaluate how effectively training actually changes employee behaviors and attitudes (Blume et al., 2010).

One of the most frequently cited transfer models is Baldwin and Ford’s (1988) model, which is centered around training inputs, outcomes, and conditions of transfer. The purpose

behind their seminal article was to review the existing transfer research and suggest directions for future research. Noe and Schmitt (1986) also proposed a model of training effectiveness that focused on the impact trainee attitudes, interests, values, and expectations have on training effectiveness through their influence on motivation to learn. In this model, they hypothesized that trainee motivation moderates the relationship between learning and transfer (Noe & Schmitt, 1986). Since the rise of these transfer models in the 1980s, the training transfer literature has expanded to include more individual difference variables and motivational variables than ever before.

There has been an increase in empirical studies on training transfer in the past three decades (Kraiger & Aguinis, 2009). According to Ford et al.'s (2018) review, some of the more impactful elements on transfer include personal characteristics, design and implementation, and the work environment. According to this model, personal characteristics include personality and ability, learning states, motivation, and efficacy. With respect to personality and ability, cognitive ability and conscientiousness have the strongest relationship with transfer (Blume et al., 2010). For learning states, training should enhance the mastery orientation learning state for better transfer results (Huang, Ford, & Ryan 2017). Finally, motivation to learn, pre-training self-efficacy, and post-training self-efficacy (Blume et al., 2010) are important for facilitating transfer.

Training design and implementation findings suggest that employing multiple learning strategies (Cook et al., 2013), using positive and negative demonstrations (Taylor, Russ-Eft, & Chan, 2005), incorporating error management strategies (Keith & Frese, 2008), spacing practice out over time (Hagman & Rose, 1983), incorporating difficulty into the learning tasks (Brown, Roediger, & McDaniel, 2014), providing retrieval opportunities (e.g., tests; Roediger & Butler,

2011), and having trainees set transfer goals by the end of training can help facilitate transfer (Friedman & Ronen, 2015).

Finally, empirical studies show that supervisor and peer support and opportunities to perform newly learned skills are important work environment factors that influence transfer (Ford et al., 2018). Specifically, Blume et al.'s (2010) meta-analytic review on training transfer found that supervisory support has a stronger impact on transfer compared with peer support. Blume et al. recommended that organizations increase the accessibility of support by providing ways for leaders and peers to support trainees on the job and holding supervisors accountable for applying training knowledge and skills on the job. Providing employees with the opportunity to perform newly learned skills is another work environment factor that is essential in facilitating the transfer of training. When employees are not provided with opportunities to perform new skills, those skills start to decay overtime, meaning employees begin to lose the skills and knowledge learned in training (Arthur, Bennett, Stanush, & McNelly, 1998).

Over the past couple of decades, training transfer researchers have called for more research that investigates why training works, rather than simply what types of training work (Aguinis & Kraiger, 2009; Salas & Cannon-Bowers, 2001). My study answers this call by focusing on two independent variables - goal-setting and self-efficacy - that should impact transfer of training and improve training effectiveness.

What is Goal Setting and How Does it Affect Training Outcomes?

The first factor I investigate is a goal-setting manipulation inserted into the work-life balance training. Goal-setting was introduced to the organizational sciences by Locke (1968) and is based on the idea that individuals treat goals as sources of motivation, which in turn affect their actions (Byrne, 2015). A goal can be defined as an object or aim of an action that has a

specified time limit (Locke & Latham, 2002). A common example of a goal would be to lose a specified amount of weight in a month's time, or to reach a certain sales goal by the end of the quarter. Goal-setting becomes the process by which an individual generates and commits to a future object or action. Applied to training, goal-setting takes a planned future-oriented approach to facilitating transfer by guiding actions, producing incentives, and contributing to the development of self-efficacy (Bandura & Cervone, 1983).

Locke, Shaw, Saari, and Latham (1981) listed four main mechanisms by which goals influence performance: directing attention, mobilizing effort, increasing persistence, and motivating strategy development. Guiding action is directive in nature. Having a goal will direct attention and effort towards activities relevant to the goal and direct effort and attention away from activities irrelevant to the goal (Locke & Latham, 2002). Early support for this mechanism came from a study by Locke and Bryan (1969) involving driving tasks, which found that when feedback was provided to drivers, they improved their performance on the dimensions they already had goals for but did not improve on the dimension for which they did not have goals. In other words, their predetermined goals guided their improvement efforts. Mobilizing effort refers to the energizing function of goals. According to Locke and Latham (2002), high goals lead to more effort compared to low goals. This mechanism highlights the importance of creating challenging goals. Goals that are easily obtained do not require much effort, therefore, are not as energizing as challenging goals (Bandura & Cervone, 1983; Bryan & Locke 1967). Persistence describes the prolonged effort induced by goals; individuals exert effort for longer periods of time when pursuing a goal. For example, LaPorte and Nath (1976) found that when participants were allowed to control for the amount of time they spent on a task, they found that more challenging goals led to greater prolonged effort. Researchers have also found that there is

usually a trade-off between work time and intensity of effort. When working towards a difficult goal, one can work faster and more intensely for a shorter period of time, or they can work slower and less intensely for a longer period of time (Locke & Latham, 2002). Research investigating this tradeoff found that tight deadlines lead to a quicker pace than loose deadlines, both in the laboratory and in the field (Bryan & Locke, 1967; Latham & Locke 1975). Lastly, goals impact strategy development. Wood and Locke (1990) described this phenomenon as an indirect relationship between goals action through arousal, discovery, and use of task-relevant knowledge. This mechanism has been backed by research such as that conducted by Smith, Locke, and Barry (1990), who found when the task needed to accomplish a goal was brand new, participants engaged in deliberate planning to develop strategies that helped them attain the goal. In sum, people with goals tend to focus more attention on goal achievement, put in more effort, persist longer, and develop more goal-achievement strategies compared to those who do not have goals (Locke et al., 1981; Mento, Steel, & Karren, 1987; Tubbs, 1986).

In the last five decades, countless studies have been conducted on the effects of goal-setting interventions. Findings from numerous meta-analyses report positive effects of goal-setting interventions on learning (Mesmer-Magnus & Viswesvaran, 2007; Sitzmann & Ely, 2011), job search success (Liu, Huang, & Wang, 2014), training transfer (Rahyuda, Syed, & Soltani, 2014), and general well-being (Klug & Maier, 2015). Findings from meta-analyses also suggest that challenging and specific goals are more effective than easy and general goals (e.g., Brown, 2005; Brown & Warren, 2009; Locke & Latham, 2002, 2006; Mento et al. 1987; Rahyuda et al., 2014; Tubbs, 1986; Wright, O'Leary-Kelly, Cortina, Klein, & Hollenbeck, 1994). Seeing as goal-setting theory has been confirmed by hundreds of quality empirical studies, it has been described as one of the most evidence-based interventions in organizational

research (Center for Evidence-Based Management, 2016). Even 50 years later, goal-setting research shows no sign of slowing down.

In addition to much of the original goal-setting research that examined its effectiveness, recent training research has focused more broadly on self-regulation constructs and how they affect learning (e.g., Ellington & Dierdorff, 2014; Sitzmann, Bell, Kraiger, & Kanar, 2009; Sitzmann & Johnson, 2012). Self-regulation is defined as the ongoing exercise of self-influence and operates through three major mechanisms: self-monitoring of behavior, judgment of one's behavior, and affective self-reaction (Bandura, 1991). Specifically, a study conducted by Sitzmann et al. (2009) found that promoting self-regulation in trainees led to increased performance over time. In the study, trainees who were prompted to self-regulate while learning from technology-delivered instruction gradually improve their knowledge over time, while trainees who were not prompted to self-regulate saw a decrease in test scores over time.

Self-regulation allows people to direct their goal-directed activities by modulating their affect, cognition, and behavior (Karoly, 1993). Some examples of self-regulation constructs include goal level, planning, monitoring, persistence, and self-efficacy. A meta-analysis by Sitzmann and Ely (2011) found that four constructs - goal level, persistence, effort, and self-efficacy - accounted for about 17% of the variance in learning. These results support Locke and Latham's (1990) meta-analytic results that displayed a positive relationship between goal level and performance.

Goal-setting has also expanded into other fields of research beyond industrial - organizational psychology. For example, health psychology and behavioral medicine have found benefits in using goal-setting to foster physical activity (McEwan et al., 2016). A positive relationship between goal-setting and subsequent physical activity has been found in numerous

studies (e.g., Dishman, Vandenberg, Motl, Wilson, & DeJoy, 2009; Horne, Hardman, Lowe, & Rowlands, 2009; Moy, Weston, Wilson, Hess, & Richardson, 2012; Sidman, Corbin, & Le Masurier, 2013; Strath et al., 2011; Trinh, Wilson, William, Sum, & Naylor, 2012; Wang, 2004). Additionally, the positive relationship between goal-setting and increased physical activity has been shown in multi-wave interventions lasting anywhere from a week (e.g. Gardiner, Eakin, Healy, & Owen, 2001) to over a year (e.g. Narayan & Mazzola, 2014). Thus, the goal-setting research has matured and expanded since its inception five decades ago.

Goal-Setting and Training Transfer. In the transfer research domain, goal-setting can have a significant impact on training transfer (Grossman & Salas, 2011). The four mechanisms of goal-setting: directing attention, stimulating action, increasing persistence, and encouraging strategy development, are also mechanisms that facilitate transfer (Grossman & Salas, 2011). Prior research has shown that goal-setting strategies can be used to facilitate both maintenance and application of time management skills (Wexley & Baldwin, 1986). Specifically, Wexley and Baldwin found that training transfer was enhanced by goal-setting strategies and was more effective than behavioral self-monitoring strategies. More recently, research has suggested that people who make specific and difficult goals, and who also receive feedback on their progress towards these goals, experience higher motivation and performance outcomes (Robbins & Judge, 2009). Overall, transfer research suggests that there is a positive relationship between goal-setting and training transfer (Burke & Hutchins, 2007). Based on strong empirical support for goal-setting in general and for goal-setting and transfer specifically, I propose:

H2: Participants in the goal-setting condition will show higher rates of training transfer compared to those in the control group.

Intentions to Transfer

A person's intentions refer to that individual's willingness to try and how much effort they are planning to exert in order to perform a certain behavior. Intentions are a critical component in the attitude-behavior relationship framework (Ajzen, 1985). Similar to predictions made in the attitude-behavior relations framework (Fishbein & Ajzen, 1980), training and learning research shows that intentions are a significant predictor of transfer. For example, a study investigating implementation intentions found that forming implementation intentions have clear benefits for improving task performance (Gollwitzer & Sheeran, 2006).

To facilitate goal-setting in my manipulation, I first introduce participants to the concept of goal-setting and provide an example of the necessary components of a goal (i.e., specific, action-oriented, measurable, reasonable, time-bound). Then, I have participants answer a series of questions that lead them through the goal-setting process. Based on the previous research on the motivational properties of goal-setting described above, I expect this goal-setting manipulation to improve participant intentions to perform the work-life balance strategies covered in the training session.

H3: Participants in the goal-setting condition will show greater intentions to improve work-life balance than those in the control group.

Generally speaking, goal-setting theory closely aligns with the intention component of the attitude-behavior relationship framework. According to this framework, and the theory of planned behavior, performance of a behavior can be predicted from an intention to perform said behavior (Ajzen, 1985; Fishbein & Ajzen, 1980). Specifically, attitudes influence behavior through intentions to perform the behavior (Ajzen & Fishbein, 1977). A person's intention is formed by their attitudes towards performing the behavior (Ajzen & Fishbein, 1977).

Furthermore, Gollwitzer's (1993) concept of implementation intention suggests that goal intentions that are backed by implementation intentions are more likely to be enacted than goals without implementation intentions. This is because opportunities for enactment are less likely to be missed (Gollwitzer, 1993). This means that goal-setting should have an immediate impact on the desired behavioral outcome, performance of work-life balance friendly behaviors.

Given that I am predicting goal-setting leads to greater intentions to improve work-life balance, and extant training theory and research show that intentions predict behavior, I predict that intentions to improve work-life balance will partially mediate the relationship between goal-setting and transfer. I hypothesize that this will be a partial mediation because previous research has shown that training leads directly to transfer (Blume et al. 2010). I address this direct relationship initially in *H2*. In addition to the direct effect, I also expect to see an indirect relationship between goal-setting and transfer due to the aforementioned link goal-setting has with intentions, which in turn has been shown to influence behaviors (Ajzen, 1985; Fishbein & Ajzen, 1980). Given these arguments, I propose:

H4: The relationship between goal-setting and training transfer will be partially mediated by intentions to improve work-life balance.

Given the previous findings that show the positive impact goal-setting can have on training transfer, it is worth noting that the mechanisms by which goal-setting is purported to work (i.e., directing attention, stimulating action, increasing persistence, and encouraging strategy development) largely parallel another core construct in the training literature, motivation to transfer. Specifically, Robbins and Judge's (2009) findings suggest that people who make specific and difficult goals, and who also receive feedback on their goal progress, experience

higher levels of motivation compared to those who do not. Motivation, in turn, is an established predictor of transfer of training.

Motivation to Transfer. Motivation to transfer is essential in order for training to transfer (Baldwin & Ford, 1988; Burke & Hutchins, 2007; Gegenfurtner, Veermans, Festner, & Gruber, 2009; Holton, Bates, & Ruona, 2000; Pugh & Bergin, 2006). Motivation to transfer (also known as transfer motivation) is the trainee's desire to use the knowledge and skills learned in training on the job (Noe & Schmitt, 1986). Motivation to transfer promotes transfer because behavioral changes are more likely to occur in those who learn the material *and desire* to apply the new knowledge, skills, or attitudes to the job (Noe & Schmitt, 1986; Yamnill & McLean, 2001). This relationship is supported by work such as that by Chiaburu and Lindsay (2008) who found that training transfer was significantly predicted by motivation to transfer.

Expectancy theory is a classic motivational theory that explains how and why people decide to take action (Lawler & Suttle, 1973; Vroom, 1964). This theory can be used to describe how and why motivation to transfer leads to the transfer of KSAs learned in training. According to Vroom, people make rational decisions to be motivated based on three beliefs: valence, instrumentality, and expectancy. Valence refers to the value of the rewards expected in return for performance. It describes how the outcome is evaluated by the individual (i.e. positive, neutral, or negative). Vroom claimed it is not the objective value of the reward that matters; it is the anticipated satisfaction of the reward. Instrumentality is the belief that performance will be rewarded. It is the internal assumption that one's performance will result in a reward (Byrne, 2015). Lastly, expectancy is the belief that efforts will influence performance. This component supports the belief that more effort will result in better performance. In other words, high levels of performance occur when we establish motivating environments that inspires trainees to direct

their effort and persist towards a goal. In the last few decades, expectancy theory has been used to explain organizational motivation in terms of using expert systems, organizational citizenship behaviors, desire to be an entrepreneur, unemployment status, social loafing, and more (e.g., Burton, Chen, Grover, & Stewart, 1992; Yung Chou & Pearson, 2012; Hsu, Shinnar, Powell, 2014; Julian & Ofori-Dankwa, 2008; Lynd-Stevenson, 1999; Tyagi, 2010; Van Eerde & Thierry, 1996).

The effect of motivation to transfer on the transfer of training knowledge and skills has been well-documented (e.g., Gegenfurtner, 2011). Pham, Segers, and Gijssels' (2010) study of MBA students in Vietnam evaluated the conditions in which business administration concepts were applied on the job after training. Their results showed that motivation to transfer significantly and directly predicted training transfer. Yanar, Budworth, and Latham (2009) demonstrated the impact of motivation to transfer on self-regulatory knowledge in their study working with unemployed Turkish women who were looking for work. They found that training these women in metacognitive monitoring strategies of negative self-statements increased their self-efficacy and was associated with higher re-employment rates.

I believe that motivation to transfer is essential to improving work-life balance following a goal-setting manipulation. This is not only because of prior empirical research linking motivation to transfer with training transfer, but because of the theoretical linkages among goals, motivation to transfer, and performance. Because of parallels between the motivational components of goal setting and the expectancy-based components of motivation to transfer, and because of past research linking motivation to transfer and transfer, I predict:

H5: Participants in the goal-setting condition will show greater motivation to transfer than those in the control group.

Given that I am predicting goal-setting will lead to greater motivation to transfer, and extant training theory and research shows that motivation to transfer predicts behavior, I predict that motivation to transfer work-life balance skills will partially mediate the relationship between goal-setting and transfer. Again, I hypothesize that this will be a partial mediation because previous research has shown that training leads directly to transfer (Blume et al. 2010). I address this direct relationship initially in *H2*. In addition to the direct effect, I also expect to see an indirect relationship between goal-setting and transfer due to the aforementioned link goal-setting has with motivations (Robbins & Judge, 2009), which in turn has been shown to influence behaviors (Chiaburu & Lindsay, 2008). Given these arguments, I propose:

H6: Motivation to transfer work-life balance strategies will partially mediate the relationship between goal-setting and training transfer.

What is Self-Efficacy and How Does it Predict Training Outcomes?

Another line of research commonly found in the training transfer literature focuses on self-efficacy. Self-efficacy is a person's estimate of their capacity to perform successfully on a task (Gist & Mitchell, 1992). Tai (2006) linked pre-training self-efficacy to performance, suggesting that those with higher self-efficacy have higher training motivation, which then leads to better performance. Additionally, self-efficacy has been found to predict post-training performance, meaning that those who believe they can perform well on a task perform better than those who think they cannot perform well (e.g., Gist, Bavetta, & Stevens, 1990; Gist & Mitchell, 1992; Gist, Stevens, & Bavetta, 1991; Mathieu, Martineau, & Tannenbaum, 1993).

For example, Mathieu et al. (1993) investigated the development of self-efficacy in university students enrolled in an eight week long introductory bowling course. When self-

efficacy was assessed partway through the bowling course, researchers found it positively predicted subsequent performance.

Many studies have found a positive correlation between self-efficacy and various performance outcomes (e.g., Campbell & Hackett, 1986; Locke & Latham, 1990; Schmidt & DeShon, 2010; Sitzmann & Ely, 2011; Stajkovic & Lee, 2001; Stumpf, Brief, & Hartman, 1987; Taylor, Locke, Lee, & Gist, 1984; Vrugt & Koenis, 2002; Wood & Locke, 1987; Zimmerman, 2000). As one example, Taylor et al. (1984) showed that self-efficacy was significantly associated with productivity. In relation to coping outcomes, Stumpf et al. (1987) found a significant negative relationship between self-efficacy and emotion-focused coping (a coping style that was negatively related to performance).

With respect to training transfer, self-efficacy has been found to have a direct effect on transfer. Overall, many previous studies have found a significant positive relationship between self-efficacy and training transfer (e.g. Chiaburu & Marinova, 2005; Ford, Smith, Weissbein, Gully, & Salas, 1998; Gaudine & Saks, 2004; Gist, 1989; Latham & Frayne, 1989; Mathieu, Tannenbaum, & Salas, 1992; Saks, 1995; Stevens & Gist, 1997; Tannenbaum, Mathieu, Salas, & Cannon-Bowers, 1991). This is likely because highly self-efficacious individuals put in more effort and persist longer than those who are low in self-efficacy. Thus, high self-efficacy has many of the same benefits as having a goal. Tziner, Haccoun, and Kadish (1991) hypothesized that having goals may contribute to greater training transfer because it provides feedback information individuals can use to improve their self-efficacy estimations. Therefore, self-efficacy tends to lead to better performance and transfer, because those who are self-efficacious test alternative courses of action when they do not initially achieve success (Breso, Schaufeli, & Salanova, 2011). Given these findings, I hypothesize:

H7: Participants with higher levels of self-efficacy will show higher levels of training transfer.

To test the proposed model, a training program was developed and tested over six sessions with participants from four different organizations between January 2018 and November 2018.

METHODS

Sample

Participants for this study consisted of faculty and staff members from Colorado State University (CSU) and the University of Colorado, as well as employees from the Town of Vail, Colorado and Columbine Health Systems. The only requirement for participation in the study is that participants were employed either part- or full-time (and attended training). Two continuing education and professional development services provided platforms for the training sessions conducted at the universities. The first is the Professional Development Institute (PDI), which holds an annual series of workshops on Colorado State's campus. The other platform used was the continuing education program hosted in the Colorado School of Public Health's Center for Health, Work, and Environment. This program holds continuing education workshops throughout the year and has many connections with outside organizations around the state of Colorado, which is how I was able to connect with the Town of Vail. Finally, I was able to connect with Columbine Health Systems thanks to Dr. Kraiger, who previously worked with Columbine's Human Resources Director on a separate project. As a result of the variety of organizations and employees sampled for this research study, these findings are generalizable not just to workers in higher education, but also to workers in a range of industries.

A total of 100 participants completed the training and time one (T1) measures. Attrition occurred at both post-training measurement points with 52 participants completing the time two (T2) measures, and 50 participants completing the time three (T3) measures. The T1 sample consisted of 37% men and 63% women. Eight-four percent of participants reported having a partner, 41% had children under the age of 18 living with them, and 19% had eldercare

responsibilities. Finally, 75% of respondents had a four-year degree or higher. Complete demographic results can be found in Table 1.

Study Design

This quasi-experimental study utilized a two-between one-within subjects design. One independent variable was the activity manipulation (i.e., goal-setting and control), and the second was self-efficacy, as measured at T1. The main dependent variables were work-life balance and training transfer. Additionally, the hypothesized mediator variables were motivation to transfer and intention to improve work-life balance.

Six training sessions took place over a 74-day period, beginning the day of training and ending 2.5 months after the final transfer data were collected. Because work-life balance and transfer were measured and analyzed at several points in time (for some analyses), scores on these variables were considered a within-subjects factor.

Procedure

All participants, regardless of session or condition, were exposed to the same workshop on improving work-life balance. At the conclusion of the general session, participants were randomly assigned to one of the two conditions: goal-setting or review (control). Once assigned to a condition, participants were walked through the manipulation handout by one of the two trainers that conducted the workshop (Dr. Fisher and me). After completing the handout, participants took the first post-training survey. For all participants, this survey measured initial levels of work-life balance, general self-efficacy, intentions to improve work-life balance, motivation to transfer, and basic demographic questions. The second survey was sent out 30 days after the completion of the training session and the third survey was sent out 60 days after the completion of the training session. Both surveys remained open and available to participants for

14 days. These two follow-up surveys measured work-life balance and the extent to which the strategies learned in the training session were being transferred by participants.

Training Content

The training content was initially designed by Dr. Fisher as an outreach effort and was designed to be delivered in the form of an informative lecture and workshop. After initially pilot testing the session, Dr. Fisher and myself revised the training content based on participant feedback. Specifically, participants requested more concrete examples of how to implement the work-life balance strategies being covered in the workshop.

Each session first provided an overview of work-life balance, ways to define and measure balance (e.g. work-life conflict), and current research findings on the consequences of poor work-life balance. Next, the session covered multiple empirically-backed strategies (e.g., organizational support, supervisor support, time management, etc.) that have been shown to improve work-life balance. The strategies covered can all be classified as either increasing resources or reducing demands. At the completion of the general session, participants were randomly assigned to either the goal-setting manipulation or the control group.

The participants assigned to the goal-setting manipulation received an activity that instructed them to set goals for future behaviors. Dr. Fisher led this session and started with a warm-up exercise that asked participants to think about sources of work-life conflict in their own lives, identify “buffers” that can help reduce this conflict and increase their balance, and identify what barriers might prevent their success. Next, she explained to participants what goal-setting is and how it can help people achieve their goals. More specifically, the handout detailed what SMART (specific, measurable, action-oriented, reasonable, and time-bound) goals are, and Dr. Fisher used this format to guide participants in setting their own goals. The handout also

provided an example of a SMART goal. Lastly, Dr. Fisher walked participants through a couple of questions that required them to think about their goals for their work-life balance and write them down as SMART goals. The handout for this manipulation is included in Appendix A.

Participants assigned to the control manipulation received no motivation manipulation. This group received a handout that reviewed the lecture materials and participated in a group discussion, facilitated by me. The information covered in their handout consisted of the stress process, what work life balance is, and ways to reduce conflict and improve balance. Participants were *not* prompted to think about their goals and were instead guided through a group conversation about the current work-life balance challenges they face. The handout for this manipulation can also be found in Appendix A.

Measures

Three surveys were administered, the day-of training survey (T1), and two post-training transfer surveys (T2 and T3). All measures are provided in Appendix B. The measures used within these surveys are described in more detail below.

Work-life balance. Work-life balance was measured at three time points using a three-item scale developed by Fisher (2001; T1 $\alpha = 0.79$; T2 $\alpha = 0.81$; T3 $\alpha = 0.79$). The scale utilizes a five-point Likert-type scale that ranges from *strongly disagree* to *strongly agree*. Items are: “Overall, I have a balance between my work and personal life,” “I am able to effectively juggle my work and personal life,” and “I have enough time to do everything I want to do at work and at home.”

Intention to improve work-life balance. There was no established measure of intentions to improve work-life balance measure, so I developed my own based on the theory of planned behavior by adapting a four-item scale developed by Rise, Thompson, and Verplanken (2003).

The original scale was used to assess implementation intentions in regards to regular exercise. Items were adapted by rewording the original items to reflect intention to improve work-life balance rather than exercise behaviors. The response scale used a five-point Likert-type scale ranging from *very unlikely* to *very likely*. Examples of adapted items include “How likely is it that you are going to perform at least one of the work-life balance strategies during the next couple of weeks,” “and “I intend to perform at least one of the work-life balance strategies over the next couple of weeks.” Participant data from the pilot study showed that the scale revealed adequate reliability ($\alpha = .94$) and scale variance.

New General Self-Efficacy Scale (NGSE). Self-efficacy was measured with Chen, Gully, and Eden’s (2001) eight-item general self-efficacy scale. This measure is unidimensional and displayed adequate reliability ($\alpha = 0.84$). The scale utilizes a five-point Likert-type response scale that ranges from *strongly disagree* to *strongly agree*. Sample items are “I will be able to achieve most of the goals that I have set for myself,” “When facing difficult tasks, I am certain that I will accomplish them,” and “In general, I think that I can obtain outcomes that are important to me.” The authors found that the NGSE scale yielded higher contextual and predictive validity compared to the original General Self-Efficacy Scale (Sherer, Maddux, Mercandante, Prentice-Dunn, Jacobs, & Rogers, 1982). Additionally, the NGSE’s eight-item measure is shorter than the original 17-item measure, thus, a more attractive option for researchers looking to minimize participant burden.

Motivation to transfer. This measure was adapted from Klein, Dachner, Surface, and Brown’s (2012) scale used to measure motivation to transfer language skills ($\alpha = 0.84$). This scale contains six items and utilizes a five-point Likert-type scale that ranges from *not motivated* to *extremely motivated*. The original items were reworded to reflect motivation to transfer the

work-life balance skills learned in the training session. The directions asked participants to indicate the extent to which they are motivated to use the skills learned in the training and includes items such as “use your work-life balance skills to increase resources” and “seek out opportunities to use your work-life balance skills?” Coefficient α in the current study was 0.84.

Training transfer. A 10-item measure of transfer of training was developed based on the material covered in the work-life balance training session. Using a format recommended by Kraiger (2002), for each behavior covered in the training program, participants are asked whether they have attempted to incorporate that behavior into their life since the training. Response options are: *yes*, *no*, or *not applicable*. If the participant indicates that they have attempted to incorporate the behavior, they are then asked how frequently they performed the behavior on average. Responses range from *1 to 2 times since the training* to *more than 4 times per week on average*. The questions appeared in matrix format in the Qualtrics platform. For data analysis purposes, an individual’s level of transfer was determined by summing the frequencies with which they incorporated the training behaviors. Coefficient α in the current study was 0.75 at T2 and 0.69 at T3. Since some participants only filled out transfer data at one time point (some completed T2, but not T3, while others completed T3, but not from T2), a new transfer variable was created by combining T2 and T3 into a new variable. If participants completed both T2 and T3 transfer surveys, then only the data from T2 were included in the new variable. By creating this new variable, N was boosted from 51 responses in T2 and 45 in T3 to 62 in T2orT3.

Training reactions. Additionally, participant’s affective reactions and utility reactions towards the training were measured using five-item scales from Tan, Hall, and Boyce (2003; affective $\alpha = 0.76$; utility $\alpha = 0.81$). The scale utilizes a five-point Likert-type scale that ranges from *strongly disagree* to *strongly agree*. Examples of affective reaction items include: “I would

recommend this program to other people who have the opportunity,” and “The training program was, overall, very effective.” Examples of utility reaction items include: “This training program taught me nothing I will use,” and “The training program was very useful.”

Demographics. Lastly, participants were also asked to report demographic information on gender, race, age, relationship status, children, elder care responsibilities, highest degree earned, work tenure, supervisor status, hours worked per week, location of work, and job title.

RESULTS

First, all T1 data were collected via paper-and-pencil surveys and transcribed into an SPSS file. After all the transfer data were collected (T2 and T3), the T1 data were joined with the subsequent transfer data via the unique identifier participants developed in T1. The data were cleaned by recoding negatively worded items and creating scale scores for the outcome variables: work-life balance T1, T2, and T3, motivation to transfer, intention to transfer, self-efficacy, training reactions (utility and affective), and transfer. Due to the high rate of attrition (44%) often seen in longitudinal studies, I next describe the measures that were taken to ensure neither outliers nor missing data influenced the findings.

First, outliers were determined by examining the z scores of the outcome variables (work-life balance T1-T3, motivation to transfer, intention to improve work-life balance, self-efficacy, and transfer). Values that exceeded 3.29 or were below -3.29 were removed from the dataset (Tabachnick & Fidell, 2013). Analyses were then rerun without the outliers and compared with previous results that included the outliers in the analyses. After determining that the results were not affected by these values, the outliers were included in the dataset due to the low sample size of the study.

Next, potential response bias due to missing data was examined by conducting t-tests on each outcome variable to determine if there were significant differences between people who had missing data and people who did not. Results showed no significant differences between groups for any of the outcome variables. A follow-up chi-square test was conducted to examine whether demographic characteristics predicted subsequent participation in either of the two transfer surveys. According to these results, gender significantly predicted participation in the transfer

surveys $\chi^2(1, 100) = 7.79; p < 0.01$. Specifically, women were significantly more likely to participate than men. Based on this finding gender was considered as a potential control variable in later analyses.

Descriptive statistics and correlations between all study variables were calculated and are presented in Table 2. Of note, motivation to transfer was positively correlated with intentions to improve balance, self-efficacy and transfer, the three work-life balance time points were all significantly correlated with each other, and having children was negatively correlated with transfer.

Tests of Hypotheses

Next, *H1* was tested using a repeated measures analysis. *H1* hypothesized that participants of a work-life balance training session will show improved levels of work-life balance, thus, a repeated measures analysis allows me to examine the within-subject effects of time on work-life balance. Results showed no significant within-person effects of time on work-life balance, Wilk's Lambda = .87, $F(2, 30) = 2.35, p = 0.11$. Three paired samples t-tests were used to make post hoc comparisons between time points. Results indicated that work-life balance scores at T1 were significantly higher than scores at T2, $t(46) = 2.52, p = 0.02$, and scores at T2 were significantly lower than scores at T3, $t(33) = -2.10, p = 0.04$. However, scores at T1 and T3 were not significantly different from one another $t(43) = -0.49, p = 0.63$.

To test *H7*, which predicted that participants with higher levels of self-efficacy would show higher levels of training transfer, I regressed transfer on self-efficacy scores. Results showed no significant effect of self-efficacy on transfer $b = 4.09, t(46) = 1.85, p = 0.07$, indicating *H7* was not supported. Although, not significant, it is interesting to note that self-efficacy did account for 7% of the variance in transfer, $R = 0.26, r^2 = 0.07$, which, according to

Bosco, Aguinis, Singh, Field, and Pierce (2015) lands somewhere between the 67th and 75th percentile in the distribution of effect sizes characterizing relationships between psychological variables. The authors established this distribution of effect sizes by reviewing studies published in *Journal of Applied Psychology* and *Personnel Psychology* between 1980 and 2010.

H2, which hypothesized that participants in the goal-setting condition will show higher rates of training transfer compared to the control group, was tested next via linear regression. The results showed no significant effect for activity on transfer $b = 3.66$, $t(46) = 1.75$, $p = 0.09$, meaning *H2* was not supported. Although the effect of activity on transfer was not significant, it accounts for 6% of the variance in transfer, $R = 0.25$, $r^2 = 0.06$. This effect size falls between the 60th and 67th percentiles (Bosco et al., 2015) of effect sizes published in top I-O journals.

After the initial hypothesis test was complete, further analyses were run to examine other variables that could possibly attenuate the effects of activity on transfer. Correlations were run between the demographic variables and outcome variables (as seen in Table 2). This analysis showed that having children was negatively and significantly correlated with transfer ($r = -0.30$, $p = 0.03$). Thus, I conducted a hierarchical regression testing the effects of activity on transfer while controlling for both children and self-efficacy. Results show a significant effect of activity on transfer $b = 4.04$, $t(43) = 2.04$, $p = 0.05$ with this model significantly explaining 24% of the variance in transfer, $R = 0.48$, $r^2 = 0.24$, $F(1, 43) = 4.17$, $p = 0.05$. This places the effect above the 80th percentile in the effect size distribution (Bosco et al., 2015).

H3 predicted that participants in the goal-setting condition would show greater intentions to improve work-life balance than those in the control group and was tested with a linear regression. The results showed no significant effect for activity on motivation to transfer, $b = 0.18$, $t(84) = 1.42$, $p = 0.16$, meaning *H3* was not supported.

H4 hypothesized that the relationship between goal-setting and training transfer would be partially mediated by intention to improve work-life balance. This hypothesis was tested using the PROCESS macro in SPSS (Hayes, 2013). Using bootstrapping (see Hayes, 2017, and Stride, Gardner, Catley, & Thomas, 2015 for a technical discussion), the test of the indirect effect of goal-setting on transfer through intention to improve work-life balance was not significant (95% CI = [-0.80, 2.79]). First, transfer was regressed on activity, which yielded the “c” path. Next, the “a” path was produced by regressing intention to improve work-life balance on activity. Finally, the “b” and “c” paths were produced by regressing transfer on intention to improve and activity. According to Fritz and MacKinnon (2007) both the “a” path and “b” path must be significant in order for mediation to exist. If both are significant, the indirect path is then calculated by multiplying the “a” and “b” paths together. Results showed that only the “b” path, the effect of intentions on transfer, was significant $b = 4.46$, $t(45) = 2.42$, $p = 0.02$, suggesting *H4* was not supported.

H5, participants in the goal-setting condition will show greater motivation to transfer than those in the control group, was tested next via a linear regression. The results showed no significant effect for activity on motivation to transfer $b = 0.11$, $t(84) = 0.80$, $p = 0.43$, thus, *H5* was not supported.

Lastly, *H6* stated that motivation to transfer work-life balance strategies would partially mediate the relationship between goal-setting and transfer of training. Again, this hypothesis was tested using bootstrapping in the SPSS macro, PROCESS (Hayes, 2013). Results indicated no significant indirect effect (CI 95% = [-2.04, 1.94]). First, transfer was regressed on activity, which yielded the “c” path. Next, the “a” path was produced by regressing motivation to transfer on activity. Finally, the “b” and “c” paths were produced by regressing transfer on motivation to

transfer and activity. Following procedures recommended by Fritz and Mackinnon (2007), only the “b” path, the effect of motivation to transfer on transfer, was significant $b = 5.80, t(45) = 3.66, p < .001$. This is inconsistent with the requirements for mediation, thus indicating no support for *H6*.

Post Hoc Analyses

In addition to the hypothesized analyses, two separate linear regressions were run by regressing transfer on two training reactions variables that measured participants’ perceived utility of the training and affective reactions to the training. Results show that affective training reactions had a significant positive effect on subsequent transfer $b = 4.56, t(53) = 2.36, p = 0.02$. Additionally, other post-training attitudes were found to significantly predict transfer. Specifically, results showed that both motivation to transfer ($b = 6.17, t(54) = 4.02, p < 0.001$) and intentions to improve work-life balance ($b = 3.96, t(54) = 2.31, p = 0.03$) positively predicted transfer.

DISCUSSION

The purpose of this study was to develop and evaluate a training program intended to improve participants' work-life balance. Additionally, I investigated the direct effect of participants' self-efficacy on training transfer, and the direct and indirect effects of a goal-setting intervention on transfer. My study is unique, with respect to the OHP literature, in that it examined the effects of individual training on work-life balance outcomes. Additionally, this study answered a call for more research as to why training is effective. While results indicated no support for the seven original hypotheses, effect sizes for several independent variables compared favorably with results from other organizational sciences. Post hoc analyses showed that post-training attitudes predict work-life balance transfer and that the training intervention worked for participants without children.

Summary of Results

No support was found for *H1*, which hypothesized that participants of a work-life balance training session would show improved levels of work-life balance. In fact, work-life balance scores at T2 were significantly lower than work-life balance scores reported at T1, thus having the opposite effect as predicted. Although scores decreased from T1 to T2, scores at T3 went back up. Thus, between 30 and 60 days, work-life balance significantly increased and was higher than work-life balance at T1.

There several explanations for why work-life balance scores decreased after training. First, according to Kraiger (2002), it is not unusual to see performance decline immediately after training. This is due to trainees trying out new skills and techniques. Once they have been able to practice the new skills and techniques, performance is expected to increase. In this study, a

similar pattern emerged. The decline in work-life balance could have been due to a lack of proficiency in applying new skills, and the increase in work-life balance between 30 and 60 days could have been a result of practice - participants became better at implementing the work-life balance strategies taught in the training. This is not surprising given the meta-analytic finding that performance improves with practice (Macnamara, Hambrick, & Oswald, 2014). This suggests that my results could have been more positive if the T2 measure of work-life balance was taken later.

The results could also be an example of beta change, which occurs in a pre-post designs. Beta change occurs when changes in scores on a post-test are attributed to recalibration due to the intervention (Golembiewski, Billingsley, & Yeager, 1976). In this case, participants may have thought they were doing a good job at balancing their work and nonwork lives until they got the training. After the training, their self-perceptions of what they were doing got worse. Again, as participants recalibrate, self-ratings are expected to rise over time.

Although no support was initially found for *H7*, which predicted that participants with higher levels of self-efficacy would show higher levels of training transfer, self-efficacy had a relatively large effect on transfer. Specifically, the effect size falls somewhere between the 67th and 75th percentiles of effect size distributions published in top I-O journals. Although significance was not found, this is likely due to the study's low power. Despite the lack of significance, the direction of the effect was consistent with past research on self-efficacy and transfer (e.g. Chiaburu & Marinova, 2005; Ford, Smith, Weissbein, Gully, & Salas, 1998; Gaudine & Saks, 2004; Gist, 1989; Latham & Frayne, 1989; Mathieu, Tannenbaum, & Salas, 1992; Saks, 1995; Stevens & Gist, 1997; Tannenbaum, Mathieu, Salas, & Cannon-Bowers, 1991). Together, these results suggest that participants with high self-efficacy are more likely to

apply what they learn. This is likely because highly self-efficacious people put in more effort and persist longer than those low in self-efficacy.

For *H2*, which stated that participants in the goal-setting condition would show higher levels of transfer, no support was found. Although the results showed that activity had no significant effect on participants' training transfer, relatively large effect sizes were found again. This time, the effect of goal-setting on transfer fell between the 60th and 67th percentiles of effect size distributions published in top I-O journals. The lack of significance is surprising because goal-setting has had robust effects in previous studies (e.g., Burke & Hutchins, 2007; Grossman & Salas, 2011; Robbins & Judge, 2009; Wexley & Baldwin, 1986). There are a couple of reasons, beyond low power, that may have contributed to these insignificant effects. One potential reason is perhaps the participants did not accept the goals they made. Given that the goal-setting activity was just a piece of the overall workshop, and participants did not know they would be participating in this activity, they may have just written down something that came to mind without truly internalizing and accepting that goal. Another potential reason for these results could be due to a lack of feedback. As mentioned previously, other studies have found that when feedback was provided, participants improved their performance on the dimensions they already had goals for (Locke & Bryan, 1969). In other words, perhaps if the goals had been revisited with feedback, I would have seen a stronger effect for goal-setting on transfer. Again, despite the lack of significance, the direction of the effect was consistent with past research on goal-setting and transfer. Taken together, these results suggest that goal-setting improves transfer. This is likely because goal-setting directs attention, stimulates action, increases persistence, and encourages strategy development.

It is also worth noting is that a significant effect of goal-setting on transfer was found after controlling for the number of children. In other words, after controlling for variance in transfer for the number of children, goal-setting did have a significant effect on post-training transfer. This finding suggests that the goal-setting activity may not have been a strong enough manipulation for individuals who face greater non-work responsibilities. For parents with children, they may face so many home demands that it takes a stronger intervention to have any effect on their work-life balance and transfer. Another potential reason for this finding could have to do with the strategies provided in the training. It is possible that these strategies were simply not effective for trainees with children, or were too time consuming for these individuals to engage in. In the future, strategies specific to the unique demands of parenthood could prove effective.

H3 was also not supported. *H3* predicted that participants in the goal-setting condition would show greater intentions to improve work-life balance. Thus, it can be assumed that the goal-setting manipulation was not effective at influencing participants' intentions to improve their work-life balance. Despite previous research suggesting goal-setting theory closely aligns with intentions (Gollwitzer, 1993), my study did not see a significant effect of goal-setting on intentions. This may be due to the manipulation being too weak to affect participants' intentions or measurement error. Additionally, a scale measuring intentions to improve work-life balance did not exist prior to this study, so I had to develop my own by adapting a four-item scale originally used to measure exercise intentions (Rise, et al., 2003). Although adapting scales is commonly done in psychological measurement, research shows it has the potential to threaten the validity of the scale (Heggestad et al., in press). Thus, the scale I utilized in my study may not have been accurately measuring intentions to improve work-life balance.

H4 predicted that intentions to improve transfer would partially mediate the relationship between training activity and transfer. Although the mediation hypothesis was not supported, results showed that intentions to improve did significantly predict subsequent transfer. This is consistent with many studies investigating the relationship between intentions, behavior and transfer (Ajzen, 1985; Fishbein & Ajzen, 1980; Gollwitzer & Sheeran, 2006). The current finding suggests the importance of intentions in the context of training transfer and indicates that future research should pay attention to how training affects participant intentions. However, the lack of significance for the mediation hypothesis goes back to the idea that the goal-setting manipulation used in this study may not have been strong enough to impact intentions to improve work-life balance.

H5 proposed that participants in the goal-setting condition would show greater motivation to transfer than those in the control group. Results of the test of *H5* revealed that participants in the goal-setting condition did not report significantly greater levels of motivation to transfer compared those in the control group. These results were surprising because of the theoretical linkages between goals and motivation to transfer (Grossman & Salas, 2011). I speculate this is a part of the same problem identified in *H3* and *H4*, the goal-setting manipulation was not effective at influencing participants' attitudes. In order to strengthen the effect the activity manipulation has on motivation to transfer, more time could be devoted to the activity piece of the training. Additionally, the manipulation can be strengthened by including post-training check-ins to increase the saliency of the participants' goals and their goal progress.

Finally, no support was found for *H6*, in which I hypothesized that motivation to transfer would partially mediate the relationship between activity and transfer despite the empirical linkages between goals, motivation to transfer, and transfer (Chiaburu & Lindsay, 2008;

Grossman & Salas, 2011). Although the mediation hypothesis was not supported, results showed that motivation to transfer did significantly predict subsequent transfer. This finding is similar to *H4*, and further supports the idea that the goal-setting manipulation may not have been strong enough to impact participants' attitudes. Despite the insignificant meditation findings, the effect of motivation on transfer supports previous findings in the training transfer literature (e.g., Gegenfurtner, 2011).

In addition to the impact motivation to transfer and intention to improve had on transfer, affective reactions towards the training was also found to affect transfer in a post hoc analysis. Previous research examining the relationships among training criteria found similar results (Alliger, Tannenbaum, Bennett, Traver, & Shotland, 1997; Blume et al., 2010). This is because attitudes toward an object are likely related to general behavioral tendencies towards that object (Ajzen & Fishbein, 1973). This finding, in addition to the effects of intentions to improve and motivation to transfer on transfer, shows just how influential post-training attitudes are on transfer.

Contributions

I embarked on this project with the goal of evaluating a training program that aimed to help motivate participants to improve their work-life balance. More specifically, my study makes two novel contributions to the literature. I integrate the OHP and training literatures, and this is the first study to attempt to train individuals in work-life balance skills. Below, I discuss the implications of my study to the training literature, to the OHP literature, and to the two combined.

Training contributions. One of the contributions this study makes is looking at work-life balance as an outcome of individual-level training. More specifically, this training was

focused on training work-life balance skills to individual employees. This is unique as most of the work-life balance training literature has either focused on training managers in FSSB (e.g., Hammer et al., 2011; Hammer et al., 2016; Kelly et al., 2014; Odle-Dusseau et al., 2016) or on training individuals in skills other than work-life balance, such as mindfulness (e.g., Kiburz et al., 2017; Michel et al., 2014). While I didn't find a positive effect for training on work-life balance in this study, other researchers are encouraged to pursue methods of improving workers' work-life balance. Additionally, there has not been a lot of research using goal-setting as a manipulation to improve transfer. Thus, another unique contribution of this study is calling attention to using goal-setting as a potential influencer of transfer.

Occupational health psychology contributions.

Additionally, this research serves as a foundation for integrating training theories and evidence-based training practices into the field of OHP and work-life balance. Given that OHP is a discipline that defines itself around intervention work, training is a common type of intervention and should be well understood and more frequently implemented in the OHP literature. These results also have implications for the work-life training literature by demonstrating individual-level training can effectively influence the transfer of work-life balance skills. Not all traditional work-life interventions like flexible work arrangements works for all types of jobs and companies, thus the idea to train individuals directly adds to the OHP literature. Although the results did not show significant effects, my study still provided concrete contributions by developing the training materials and suggesting ways it could be improved upon in future research.

Limitations

There are a few potential limitations of this study. First, the study was underpowered, due to both high rates of attrition and lack of access to additional organizational samples. A post-hoc analysis of observed power indicated that I only had 0.40 power to detect a true effect, if one occurred. Typically, researchers desire power that is 0.80 or higher. The consequences of underpowered studies include a reduced chance of finding a true effect, overestimates of effect sizes, and low reproducibility of results (Button et al., 2013). Because my study was underpowered I was unable to detect effects that could potentially be significant with a larger sample size. Additionally, a small sample size can also negatively impact the generalizability of results. Although I was able to survey participants from a few different industries (i.e., higher education, health care, and hospitality), there are still many major industries that I did not sample (e.g., manufacturing, retail, or food services). A power analysis utilizing the effect sizes of the current study indicated that 120 participants would be needed to achieve 0.80 power and 200 participants are needed to achieve 0.95 power.

Another limitation of the present study is time. First, the training intervention was scaled down to fit within a 90-minute timeframe. This was largely due to organizations and employees not having more time to devote to this training. This lack of time devoted to the training and the goal-setting activity, could be an additional reason as to why the goal-setting manipulation showed no significant effects on intentions to improve, motivation to transfer, and transfer.

A third limitation of this study is that men participated in the transfer survey significantly less than women. In other words, men were more likely to experience attrition (due to nonresponse) than women. The consequence of this finding is that men are underrepresented in the current transfer findings. This underrepresentation can have an impact on the external

validity of this study, specifically, the current findings may not generalize to men. Another potential issue is that men could have responded to the training differently. Previous research suggests that men perceive their work-life balance differently (e.g., Emslie & Hunt, 2009) and they perceive they have more work-life balance when compared with women (e.g., Tausig & Fenwick, 2001). Unfortunately, this potential issue is exasperated by the study's small sample size. With an appropriate N, I could have run additional analyses to tease apart gender differences, which would have contributed to the literature on work-life balance gender differences.

Additionally, there was no true control group to compare with the training plus goal-setting group and the training plus review activity group. In this study, the control group still received the work-life balance training, even though they did not receive the goal-setting manipulation. Thus, there is no way of comparing how the training, aside from the manipulations, worked on its own compared to no intervention at all, or if the manipulations without the training would have worked on their own.

Finally, no pre-test data on work-life balance were collected before participants participated in the training. Had this data been collected, it could have helped explain whether beta change occurred. However, given that no pre-test data were collected before the training occurred, I cannot be certain that beta change explains why reports of work-life balance declined between T1 and T2.

Future Directions

Given the conditional effects of the current manipulation, future research should investigate other intervention possibilities that could reach a wider audience. A stronger manipulation that impacts motivation to transfer and intentions to improve could be

accomplished by revamping the current goal-setting manipulation in a way that is more impactful for participants. This could be done by extending the length of time spent participating in the manipulation, or by adding follow-up sessions with participants to regularly check in with their goal achievement. By adding following up sessions, the trainer can implement greater accountability, which has been shown to improve transfer (e.g., Broad, 2005; Broad & Newstrom, 1992; Burke & Saks, 2009), and offers a chance for refresher training, which has also been shown to increase performance outcomes (e.g., Nishiyama et al., 2015). Additionally, a training targeted specifically for working parents could also help achieve better intervention effects. Results showed that after controlling for number of children, the current training did have a positive effect on transfer. Thus, by having an intervention that focuses on strategies especially relevant for workers with children, the reported transfer of working parents may potentially be improved. It may also be that employees with parenting responsibilities need a combination of individual-level training and family friendly human resource policies (e.g., alternative work arrangements and flexible scheduling) to maximize their work-life balance.

Additional follow-up surveys and a longer period of data collection could help researchers better explain the pattern in which work-life balance improves over time. As discussed in the results, reported work-life balance declined between T1 and T2, but then increased between T2 and T3. If additional data had been collected at later time points, we would be able to examine the extent to which work-life balance continues to improve over time (if at all). Another option would be to simply start measuring transfer at a later point in time. In this case, perhaps T2 was too soon to see any positive effect of the training. Additionally, increased contact with participants post-training could help reduce attrition rates. In the current study, participants were emailed the day after the training session thanking them for attending the

session and providing them with the slides from the session. They were contacted again 30 days later via email informing them that the T2 survey was live and open for two weeks. One week later, participants were sent a reminder email regarding the T2 survey. The same process was followed for the T3 survey. According to Dillman, Smyth, and Christian (2014), following up with participants via multiple modes and with persistence can encourage participation and reduce attrition. For example, future researchers should consider both immediately following up with participants after the training via email and distributing hand-written thank you notes. In both cases, the researchers can ask the participants to look for an email with the transfer survey on a certain date.

Finally, future researchers should also consider adding in a measure of perceived organizational support for work-life balance, or a similar culture measure. Given that the post-training environment has been shown to have a significant impact on the transfer of other learned skills (Sales et al., 2012), the same can be assumed for the transfer of work-life balance skills. Collecting this information can help establish the extent to which (if any) organizations and industries differ in terms of support for work-life balance. Practically speaking, measuring the impact of perceived organizational and/or industry culture surround work-life balance can help researchers identify issues at the organizational/industry level and lead to the development of tailored solutions to help those organizations/industries better foster a culture that supports work-life balance.

CONCLUSION

Given that alternative work arrangements are not always feasible for organizations to implement, and supervisor training does not provide employees with any resources of their own to cope with their work-life balance challenges, individual-level trainings aimed at improving employees' personal resources enable work-life balance interventions to be more accessible for a wider range of employees. The current study evaluated the effectiveness of a work-life balance training intervention at improving participants' motivation to transfer and subsequent transfer. Although the study results do not show support for the hypothesized effects, post hoc analyses show that the intervention was successful for participants without children and post-training attitudes predicted transfer. Additionally, although effects were not significant, results indicated relatively large effect sizes for the impact of both self-efficacy and goal-setting on transfer. Thus, these findings have important implications for the future of work-life balance trainings and our understanding of what predicts training transfer.

Table 1

Demographic Information for Study Sample

Predictor	Goal-Setting (N = 48)	Control (N =38)
Gender		
Men	61% (14)	39% (9)
Women	54% (34)	46% (29)
Relationship Status		
Single	75% (6)	25% (2)
Dating	67% (2)	33% (1)
Living with partner	23% (3)	77% (10)
Married	56% (31)	44% (24)
Divorced	83% (5)	17% (1)
Widowed	-	-
Children		
Yes	60% (21)	40% (14)
No	52% (26)	48% (24)
Eldercare		
Yes	62% (10)	38% (6)
No	55% (38)	45% (31)
Degree		
N/A	-	-
Diploma/GED	67% (4)	33% (2)
Tech degree	33% (1)	67% (2)
2-year degree	83% (10)	17% (2)
4-year degree	57% (17)	43% (13)
Professional degree	47% (16)	53% (18)
Doctorate degree	-	-

Table 2

Descriptive Statistics and Correlations Among Study Variables

Variable	<i>N</i>	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9	10
1. Activity	86	0.56	0.50										
2. WLB1	100	3.15	0.69	-0.11									
3. WLB2	52	2.88	0.94	0.03	0.59**								
4. WLB3	50	3.33	0.90	-0.20	0.40**	0.37*							
5. Motivation to transfer	100	3.65	0.62	0.09	0.11	0.16	0.20						
6. Intention to improve	100	4.34	0.60	0.15	0.08	0.11	0.05	0.56**					
7. Self-efficacy	100	4.03	0.47	0.08	0.33**	0.27	0.28	0.25*	0.41**				
8. Training reactions (affective)	98	4.24	0.55	-0.09	0.21*	0.24	0.37*	0.50**	0.46**	0.45**			
9. Training reactions (utility)	98	4.33	0.54	-0.03	-0.01	0.09	0.31	0.54**	0.52**	0.30**	0.71**		
10. Transfer	62	16.98	7.59	0.25	0.02	0.03	0.22	0.48**	0.30**	0.23	0.31**	0.23	
11. Gender	100	0.75	0.44	-0.06	0.01	0.10	-0.15	0.04	0.01	-0.08	0.19	0.05	-0.03
12. Relationship Status	98	2.54	1.03	0.01	-0.12	0.02	-0.02	0.06	-0.02	-0.06	-0.09	0.03	-0.15
13. Children	98	0.39	0.49	0.08	-0.16	-0.14	-0.13	-0.11	-0.07	-0.09	-0.25*	-0.19	-0.30*
14. Eldercare	98	0.17	0.38	0.06	-0.02	0.17	-0.23	0.00	-0.01	0.02	0.09	0.06	-0.14
15. Degree	98	3.94	1.23	-0.14	-0.06	-0.18	-0.24	-0.20*	-0.19	0.01	-0.06	-0.13	-0.21

Note: Activity (0 = Control, 1 = Goal-Setting); WLB = Work-Life Balance. Transfer (0 – 40); Gender (0 = Male, 1 = Female); Relationship Status (0 = Single, 1 = Dating, 2 = Living with partner, 3 = Married, 4 = Divorced, 5 = Widowed); Children (0 = No children, 1 = Has children 18 or younger living with them); Eldercare (0 = No eldercare responsibilities, 1 = Eldercare responsibilities). Degree (0 = N/A, 1 = Diploma/GED, 2 = Tech degree, 3 = 2-year degree, 4 = 4-year degree, 5 = Professional degree, 6 = Doctorate degree). * $p < .05$. ** $p < .01$.

Table 2 Continued

Descriptive Statistics and Correlations Among Study Variables

Variable	11	12	13	14
1. Activity				
2. WLB1				
3. WLB2				
4. WLB3				
5. Motivation to transfer				
6. Intention to improve				
7. Self-efficacy				
8. Training reactions (affective)				
9. Training reactions (utility)				
10. Transfer				
11. Gender				
12. Relationship Status	-0.06			
13. Children	0.08	0.40**		
14. Eldercare	-0.05	0.03	-0.09	
15. Degree	0.24*	-0.09	0.12	-0.04

Note: Activity (0 = Control, 1 = Goal-Setting); WLB = Work-Life Balance. Transfer (0 – 40); Gender (0 = Male, 1 = Female); Relationship Status (0 = Single, 1 = Dating, 2 = Living with partner, 3 = Married, 4 = Divorced, 5 = Widowed); Children (0 = No children, 1 = Has children 18 or younger living with them); Eldercare (0 = No eldercare responsibilities, 1 = Eldercare responsibilities). Degree (0 = N/A, 1 = Diploma/GED, 2 = Tech degree, 3 = 2-year degree, 4 = 4-year degree, 5 = Professional degree, 6 = Doctorate degree). * $p < .05$. ** $p < .01$.

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APPENDIX A: MANIPULATIONS

Goal-Setting Manipulation

Before we begin, think about...

Sources of work-life conflict

Think carefully and critically about what sources of work-life conflict you experience.

Identify buffers that may help

Are there any resources that would be helpful for you? For example: flexibility in work hours and/or location of work, supervisor support, coworker support, family support, exercise, and good sleep habits.

Identify barriers to success

What may get in the way of achieving your goal(s)?

Goals Matter: Goal-Setting Theory

Now that we know how beneficial work-life balance can be, how do we get there? One way is through goal-setting theory. Goal setting is an action-oriented approach that makes use of planning to help people achieve their goals. We can harness the power of goal-setting theory by setting SMART goals. In order to set a SMART goal, the goal must be:

- S – specific
- M – measurable
- A – action-oriented
- R – reasonable
- T – time bound

An example of a specific goal: I will run an 8-minute mile by March 1st.

This goal is specific (it identifies exactly how long the run should take). It is measurable (minutes are easily measured). It is action-oriented (to reach this goal the person must go practice running). It is reasonable (this may depend on the person). It is time bound (March 1st is identified as the endpoint).

To improve your application of today's training, identify your goals...

Please think carefully about these questions before answering. An answer can be anywhere from one word to a couple sentences.

1. What does the term work-life balance mean to you? What matters most to you?
2. Write down one thing you can change in the next 1-2 weeks to help achieve a better work-life balance.
3. Make it a SMART goal
 - A. How is it specific?
 - B. How will you measure it?
 - C. What actions will you take towards pursuing this goal?
 - D. Is it reasonable to achieve?

E. Is it time-bound (when will you accomplish this goal by)?

Control Condition

Let's review what we learned...

The Stress Process

- Stressors lead to strain
- Buffers (resources) can help reduce the experience of strain
Work-Life Balance
- Differs between people
 - What you consider balance may not be balance for someone else
 - Balance does not necessarily mean 50/50
- Can differ within people over time
 - Balance one week may be more work-focused and more non-work focused in other weeks
- Do you accomplish what you want to in each domain of your life?
Improving Work-Life Balance
- Two options:
 - Increase resources
 - Decrease demands

Increase Resources

- Exercise
 - Sticking to a routine is important
- Nutrition
 - Meal planning can help
- Sleep hygiene
 - Managing your pre-sleep environment and activities can lead to better sleep
 - Getting enough sleep is important
- Time management
 - Planning your days ahead of time can help
- Organizational support matters
 - Establish a supportive culture that supports work-life balance
 - Consider time/location flexibility options
- Social support matters
 - Supervisor
 - Coworker support
 - Family/Friends support
- Autonomy
 - Personalizing your work matters

Decreasing Demands

- Reduce workload
 - Saying no to additional projects/tasks can help
- Reduce work hours
 - Setting boundaries is essential

APPENDIX B: MEASURES

Work-Life Balance Items (Fisher, 2001) - included in T1, T2, and T3

Instructions: *Please indicate how often you felt a particular way towards each of the statements in the PAST THREE MONTHS. Circle your answer for each item.*

1. Overall, I have a balance between my work and personal life.
2. I am able to effectively juggle my work and personal life.
3. I have enough time to do everything I want to do at work and at home.

Motivation to Transfer Items (adapted from Klein et al., 2012) - included in T1

Instructions: *Please indicate the extent to which you are motivated to use the skills learned in the training.*

1. Use the work-life balance skills that you have learned during training in your everyday life?
2. Use your work-life balance skills to increase resources?
3. Use your work-life balance skills to decrease demands?
4. Actively use your work-life balance skills in situations that require them?
5. Voluntarily use your work-life balance skills?
6. Seek out opportunities to use your work-life balance skills?

Intention to Improve Work-Life Balance Items (adapted from Rise, Thompson, & Bas Verplanken, 2003) - included in T1

Instructions: *Please indicate the likeliness or unlikeliness that you will engage in the following behaviors.*

1. I expect to perform at least one of the work-life balance strategies during the next couple weeks.
2. How likely is it that you are going to perform at least one of the work-life balance strategies during the next couple weeks?
3. I intend to perform at least one of the work-life balance strategies over the next couple weeks.
4. I plan to perform at least one of the work-life balance strategies over the next couple weeks.

New General Self-Efficacy Scale (Chen, Gully, & Eden, 2001) - Included in T1

Instructions: *Please indicate the extent to which you agree with the following statements about yourself.*

1. I will be able to achieve most of the goals that I have set for myself.
2. When facing difficult tasks, I am certain that I will accomplish them.
3. In general, I think that I can obtain outcomes that are important to me.
4. I believe I can succeed at most any endeavor to which I set my mind.
5. I will be able to successfully overcome many challenges.
6. I am confident that I can perform effectively on many different tasks.
7. Compared to other people, I can do most tasks very well.
8. Even when things are tough, I can perform quite well.

Training Transfer Items - Included in T2 and T3

Instructions: Please indicate whether you have attempted to incorporate the listed behaviors in your life since the training. If you have, please also indicate how frequently you have performed this behavior in the past two months.

Behavior	Since the training, have you attempted to incorporate this behavior into your life?			If yes, how frequently have you performed this behavior <u>on average</u> ?			
	Yes	No	Not Applicable	Only 1-2 times since the workshop	Less than 1-2 times per week, but more than once or twice since the workshop	About 1-3 times per week	More than 4 times per week
Perform sleep hygiene behaviors							
Exercise							
Eat nutritiously							
Use flexibility in when you work							

Use flexibility in where you work from							
Use time management strategies							
Seek out support from coworkers							
Seek out support from family and/or friends							
Said no to taking on additional work							
Set boundaries between work and home							

Demographic Items - Included in T1

1. What is your gender?
 - a. Male
 - b. Female
 - c. Other
 - d. Prefer not to say
2. What race do you identify with (choose all that apply)?
 - a. American Indian or Alaska Native
 - b. Asian

- c. Black or African American
 - d. Hispanic or Latino
 - e. Native Hawaiian or Pacific Islander
 - f. White/Caucasian
 - g. Other
 - h. Prefer not to say
3. What is your age (in years)?
 - a. _____
 - b. Prefer not to say
 4. What is your relationship status?
 - a. Single
 - b. Dating
 - c. Living with partner
 - d. Married
 - e. Divorced
 - f. Widowed
 - g. Prefer not to say
 5. Do you have children 18 years of age or younger living with you?
 - a. Yes
 - b. No
 6. If yes, how many?
 - a. _____
 7. Do you have elder care responsibilities?
 - a. Yes
 - b. No
 8. What is your highest degree earned?
 - a. Not applicable
 - b. High school diploma/GED
 - c. Technical degree
 - d. 2-year degree
 - e. 4-year degree
 - f. Professional degree (e.g. MBA, MCSW, MA, RN)
 - g. Doctorate degree (e.g. PhD, JD, MD)
 9. How long have you been working at your current organization?
 - a. Years _____
 - b. Months _____
 10. Do you supervise other employees at your primary job?
 - a. Yes
 - b. No
 11. Number of hours worked per week on average
 - a. _____
 12. What percentage of your time working is spent on-site at your organization (vs. off-site at another location)? For example, if you work 75% of the time at your office and 25% of the time at home, select 51% - 75%.
 - a. 25% or less
 - b. 26% - 50%

- c. 51% - 75%
- d. 76%-100%

13. In your own words, what is your job title? Please be as specific as possible.

Training Evaluation Items - Included in T1

Instructions: *Please indicate the extent to which you agree or disagree with the following statements regarding today's session.*

1. I would recommend this program to others who have the opportunity.
2. I have an overall good feeling about how the training program was carried out.
3. I would recommend that everyone take part in this training program.
4. The training program was, overall, very effective.
5. The training program was conducted poorly.
6. This training program taught me nothing I will use.
7. This training program was a useless waste of my and/or others' time.
8. The training program was useless for me.
9. The training program allowed me to develop specific skills that I can use.
10. The training program was very useful.