

Work-Family Researchers Network Conference 2014



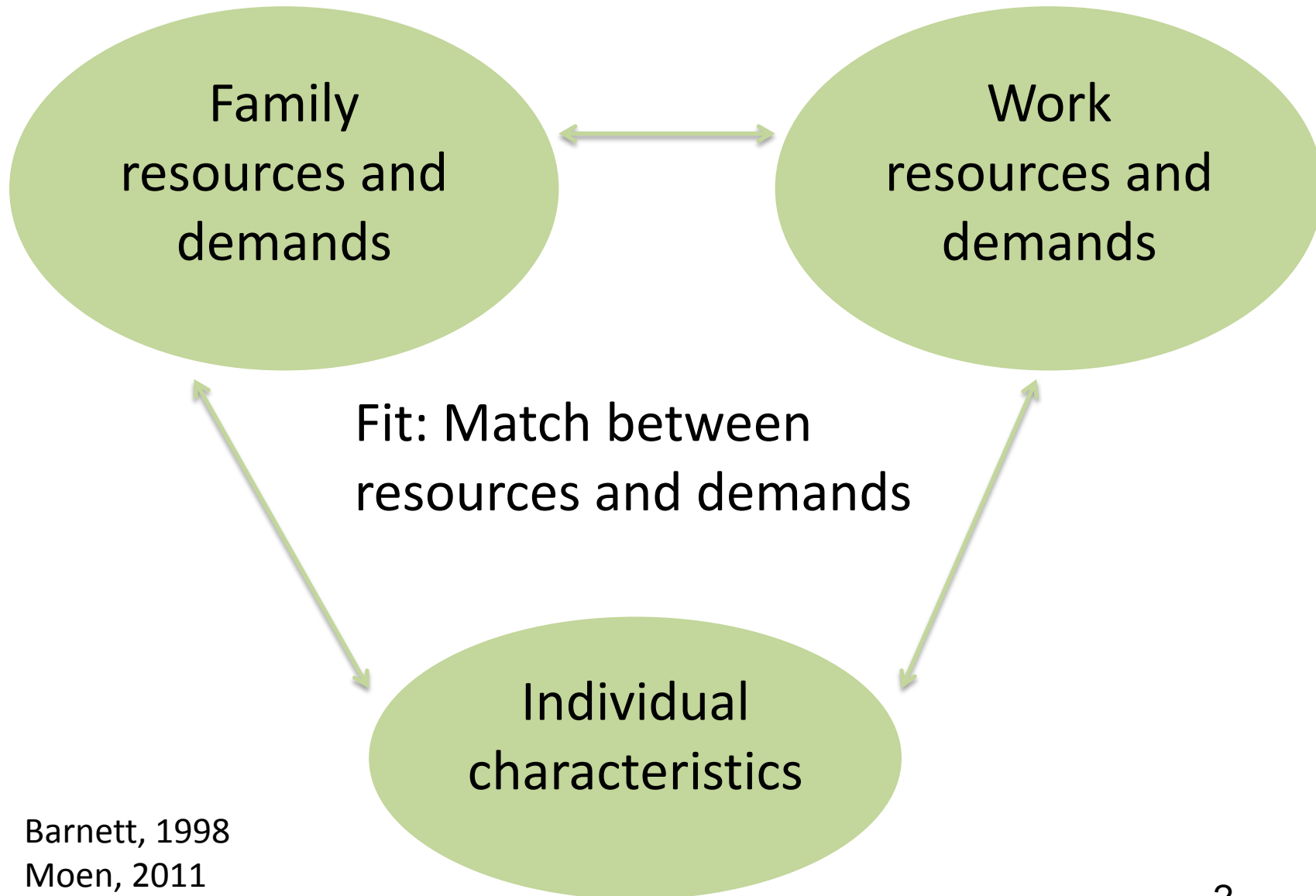
Work-family fit and maternal and child mental health

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Theory: Work-family fit



Barnett, 1998
Moen, 2011



Family demands: Child health

- Attention Deficit Hyperactivity Disorder (ADHD): “A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, (...) persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities" (DSM V).
- Approximately 5% of children affected worldwide (Polanczyk, de Lima, Horta, Biederman, & Rhode, 2007)



Exceptional care responsibilities

- Exceptional care exceeds the demands of traditional care responsibilities:
 - More time,
 - Financially straining,
 - Workplace disruptions,
 - Prolonged: Child may not grow more independent over time,
 - Stress of navigating the health care system,
 - Need for more workplace flexibility.

(Roundtree, & Lynch)



Family resources

- Flexibility at home through partners, family members, and friends helps respond to exceptional care responsibilities (Brennan, Rosenzweig, Ogilvie, Wuest, & Shindo, 2007, Emlen, 2010, Stewart, 2013) .
- Income generated through employment important family resource to cover the costs of exceptional care (Kuhltau, Smith Hill, Yucel, & Perrin, 2005, Lynch, & Dickerson, 2012).



Work demands and resources

- Work and family demands often result in reduction of work hours, loss, or forgoing of employment, especially for mothers (Earle, & Heymann, 2012, Lukemeyer, Meyers, & Smeeding, 2000).
- Workplace flexibility and supportive work environment is crucial to achieving work-family fit for these parents (Brennan, et al., 2007, Lewis, Kagan, & Heaton, 2000, Stewart, 2013).



Individual characteristics - Maternal health

- 68% of women with a psychiatric disorder and 59% of women with substance abuse issues reported to be a mother compared to 62% of women without mental health diagnosis (Nicholson, 2005)
- Caring for a child with mental health difficulties is emotionally straining (Brannan, Heflinger, & Bickman, 1997).
- Work-family conflict and the demands of exceptional care can impact parents' mental health (Earle, & Heymann, 2011, Grzywacz, & Bass, 2003, Harpin, 2005).



Employment and mental health

- Employment has been identified as emotionally enriching by mothers raising children with special needs (Becker, 2006, George, Vicker, Wilkes, and Barron, 2008, Lewis, Kagan, Heaton, & Cranshaw, 1999)
- Greater mental health difficulties predicted greater levels of family-work and work-family interference across different generations of employees (Beutell, & Wittig-Berman, 2008).



Research Questions

1. Does child's and/or mother's mental health predict maternal employment?
2. Does child's and/or mother's mental health influence difficulty combining work and family?
3. Are child's and/or maternal mental health related to workplace disruptions?



Method

- Secondary data analysis of Parents and Children Together (PACT) data set.
- Sample size of 174 mothers recruited from the Pacific Northwest of the U.S.
- Measures
 - Child's symptoms: Child Behavior Checklist (Achenbach, 1991)
 - Dichotomous variable: Mothers report mental health diagnosis or not
 - Employment measures: Items of employee survey (Neal et al., 1993)



Descriptives

Variable	Mean (SD)/%
Mother's age	41 (9.06)
Race/ethnicity	86% White
Mental health diagnosis (diagnosis type)	41%
Medication for mental health	74%
Family income	53% \$20,001 – 50,000
Mother's education	55% some college
Living situation	62% in two-parent households
Number of children	2 (1.02)
Child's age	11 (3.28)
Child's gender	66% male, 34% female
Child using medication	79%



Employed mothers (N = 123)

Variable	Frequencies
Career impacted by family demands	29% “definitely”, 24% “somewhat” 23% “a little”, 24% “not at all”
Family flexibility	23% “a lot”, 57% “some” 17% “hardly any”, 3% “none”
Work flexibility	43% “a lot”, 43% “some” 13% “hardly any”, .8% “none”
Difficulty combining work and family	12% “very”, 15% “difficult”, 36% “somewhat difficult”, 26% “somewhat easy”, 8% “easy”, 2.4% “very easy”
Work schedule (average 32 h/week)	50% “standard full time” 27% “flexible work hours”, 17% “other part time” 4% “compressed work week”



Q1: Maternal employment

Logistic regression predicting maternal employment

Variable	Nagelkerke R ²	<i>B</i>	<i>p</i>	<i>OR</i>
	.25			
Education		.59**	.00	1.81
CBCL total		-.02**	.00	1.02
Mother's diagnosis		-.2	.61	1.22
Number of children		-.2	.26	1.23

Note. *N* = 174



Q 2: Difficulty combining work and family

Regression predicting difficulty combining work and family

Predictor	R^2	β	t	p
	.21			
Family flexibility		.31**	3.49	.00
Work flexibility		.11	1.19	.24
Number of children		-.15 [†]	-1.72	.09
Mother's diagnosis		.18*	2.22	.03
CBCL total		-.12	-1.40	.17

Note. N = 123



Q 3: Interruptions at work

Correlations diagnosis and work interruptions

	Mother's diagnosis (<i>p</i>)	Child's CBCL total (<i>p</i>)
Days absent from work	.15 (.11)	.16 [†] (.08)
Late to work	.19* (.04)	.01 (.94)
Leaving work early	-.05 (.62)	.19* (.03)

Note. N = 123



Limitations

- Sample only includes mothers who raise a child with ADHD diagnosis.
- Mothers had to be willing to participate in intervention.
- All from one geographic region with limited diversity
- Symptom-level for children, dichotomous diagnosis variable for mothers.



Implications

- Greater effect of child's symptom level than mother's mental health on employment.
- Emotional and financial benefits of employment.
- Lack of adequate child care, lack of workplace flexibility creates difficulty in responding to child's needs and maintaining employment especially for mothers (Baker, & Drapela, 2010, Busse-Widmann, 2005).



Work-family fit

- Mothers who reported a mental health diagnosis showed greater levels of difficulty in integrating work and family.
- Child's symptom level was not significant for this sample.
- Stigma encountered in workplaces, fear of disclosure, lack of co-worker support, emotional labor needed for trying to fit in can be pathways that might increase work-family stress.
- Importance of family flexibility.



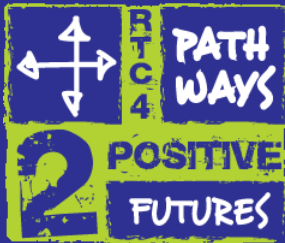
Workplace disruptions

- Both children's mental health symptoms and maternal mental health can influence workplace disruptions.
- Importance of flexible workplace solutions such as telecommuting, flexible hours, availability of emergency leave, and focusing on outcomes not face-time.



Future Directions

- More research about barriers encountered by parents of children with special needs and/or parents with disabilities.
- Community integration includes workplace participation, parenting, and a sense of belonging.
- Employment can alleviate financial strain from exceptional care and provide financial means for using services and participate in the community.



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