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THE EFFECTS OF RETURN TO EMPLOYMENT

ON MATERNAL ROLE ADAPTATION

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THE EFFECTS OF RETURN TO EMPLOYMENT
ON MATERNAL ROLE ADAPTATION

By

Pamela Ann DeVisser

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ABSTRACT

THE EFFECTS OF A RETURN TO EMPLOYMENT ON MATERNAL ROLE ADAPTATION

By

Pamela Ann DeVisser

A correlational study of thirty-three first time mothers returning to employment in the first postpartum year was conducted to identify and describe the relationships between length of the maternity leave, number of hours worked per week, importance of financial and personal reasons for working, and maternal role adaptation. Self-administered measures were completed by the convenience sample prior to returning to employment and two months after resuming the occupational role using the Postpartum Self-evaluation Questionnaire. Data were analyzed using descriptive and inferential statistics.

There were no statistically significant relationships between employment characteristics and maternal role adaptation. Trends for relationships between the importance of personal and financial reasons for working and maternal role adaptation were identified. Nursing interventions are suggested to enhance maternal role adaptation and well-being in new mothers facing multiple role obligations. Directions for future research are outlined.

To my friend, Brenda

Always thoughtful and caring,

A good listener

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TABLE OF CONTENTS

| | Page |
|--|------|
| Chapter I The Problem | |
| Introduction and Background | 1 |
| Purpose of the Study | 13 |
| Problem Statement | 14 |
| Definition of Variables | 15 |
| Assumptions | 16 |
| Limitations | 16 |
| Overview of Chapters | 17 |
| Chapter II Theoretical Framework | |
| Introduction | 19 |
| Overview of Role Theory | 19 |
| Definition of a Role | 19 |
| Role Expectations | 20 |
| Stages of Role Adaptation | 22 |
| Role Strain | 24 |
| Summary of Chapter | 32 |

| | | |
|--------------------|--|-------------|
| Chapter III | Review of the Literature | Page |
| | Overview | 34 |
| | Historical Perspective of Maternal Employment | 34 |
| | Maternal Role Adaptation | 39 |
| | Maternal Employment Research | 54 |
| | Maternity Leave | 70 |
| | Role Strain | 75 |
| | Interventions with Working Mothers | 84 |
| | Chapter Summary | 89 |
| Chapter IV | Methodology and Procedures | |
| | Overview | 92 |
| | Research Questions | 93 |
| | Hypotheses | 93 |
| | Sample | 93 |
| | Study Procedures | 94 |
| | Operationalization of the Study Variables | 96 |
| | Validity of Postpartum Self-Evaluation Questionnaire | 97 |
| | Reliability of Postpartum Self-Evaluation Questionnaire | 97 |
| | Human Subjects Protection | 101 |
| | Statistical Analysis of the Data | 101 |
| | Summary | 104 |

| | Page |
|--|------------|
| Chapter V Data Presentation and Analysis | |
| Overview | 105 |
| Sample Characteristics | 105 |
| Reliability of Instruments | 109 |
| Research Questions | 112 |
| Study Results | 113 |
| Summary of Data Presentation | 121 |
| Interpretation of Results | 122 |
| Statement of Hypotheses and Research Questions . . . | 124 |
| Summary of Findings | 132 |
| Chapter VI Summary and Conclusions | |
| Overview | 134 |
| Recommendations for Future Research | 135 |
| Conceptual Framework for Nursing Assessment and Interventions | 138 |
| Implications for Nursing Interventions | 146 |
| Clinical Nurse Specialist Education and Practice . . | 152 |
| Summary | 154 |
| References | 157 |
| Appendix A -- Pretest Questionnaire | |
| Appendix B -- Two-Month Questionnaire | |
| Appendix C -- PSEQ Subscales | |
| Appendix D -- Consent Form | |

LIST OF TABLES

| | Page |
|----------|---|
| Table 1 | Factors Comprising Maternal Adaptation 44 |
| Table 2 | Variables Under Investigation--Mercer 47 |
| Table 3 | Parental Worktime Pattern by Occupational Status 69 |
| Table 4 | Inter-Role Concurrence Typology 83 |
| Table 5 | Reliability Coefficients of Specific PSEQ Subscales 99 |
| Table 6 | Location of Data and Subscales on Study Measures 102 |
| Table 7 | Sociodemographic Characteristics of Sample 106 |
| Table 8 | Weekly Hours Worked Two Months After Return To Employment 107 |
| Table 9 | Length of Postpartum Maternity Leave 108 |
| Table 10 | Infant's Age At Time of Measurement of Maternal Role Adaptation 109 |
| Table 11 | Coefficient Alphas--PSEQ 110 |
| Table 12 | Interscale Correlations of PSEQ Subscales 111 |
| Table 13 | Reasons for Working Subscales--Alpha Coefficients 112 |
| Table 14 | Mean Scores and Standard Deviations--PSEQ 114 |
| Table 15 | Mean Scores and Standard Deviations--Reasons for Working Subscales 115 |
| Table 16 | Pearson's r for Length of Maternity Leave and Indicators of Maternal Role Adaptation 116 |
| Table 17 | Analysis of Variance in Measures of Maternal Role Adaptation as Hours Worked Per Week Varied 117 |
| Table 18 | Mean Scores of PSEQ Subscales as Hours of Employment Varied 117 |

| | Page |
|---|------|
| Table 19 Correlation Coefficients for Reasons for Working and PSEQ Subscales | 118 |
| Table 20 Coefficient of Determination for Independent Variables With PSEQ Subscales | 120 |
| Table 21 Correlation Coefficients for Reasons for Working and Total PSEQ Scores | 120 |
| Table 22 Nursing Assessment of Working Women Through Pregnancy and Postpartum | 151 |

LIST OF FIGURES

| | | Page |
|----------|--|------|
| Figure 1 | Relationship of Role Strain and Level of Maternal Role Adaptation in Postpartum Period Prior to Return to Employment | 26 |
| Figure 2 | Impact of Return to Employment on Role Strain and Subsequent Level of Maternal Role Adaptation in Postpartum Period | 29 |
| Figure 3 | Roy's Adaptation Model and Maternal Role Adaptation . | 140 |

CHAPTER I

The Problem

Introduction and Background

The last decade has seen major changes in the ways working women handle pregnancy. Today, the vast majority of employed women work until almost the time of childbirth. Women are also returning to work with increasing frequency after the birth of their babies. Currently more than half of the women in the United States work outside the home (Bureau of Labor Statistics, 1987). Of this group, 52% of the women with children under the age of one year of age are in the work force and women with children are the most rapidly growing segment of the work force (Bureau of Labor Statistics, 1987). It is estimated that by 1990, 75% of American mothers will be in the work force. Families with both parents employed are the most prevalent family type. The "typical" American family where the husband is the wage earner and the wife is a homemaker for two children, now only accounts for 3.7% of all the nation's families (Bureau of Labor Statistics, 1987).

Until recently, the birth of the first child has been the single most important factor in creating discontinuity in the education and careers of women (Leifer, 1980). Now with more women continuing their careers soon after the birth of a child, not only must a woman assume the new role of mother but must also attempt to manage her previous roles of wife and member of the labor force in a satisfactory manner.

The dilemma faced by many new mothers is how to balance career, motherhood, and wife roles in such a manner to minimize conflict and personal strain. These women are often faced with many decisions about whether or not to continue in their careers, when to return to their position, and whether to work full-time or part-time. For many women, choices are restricted and influenced by employer policies regarding maternity and disability leaves.

When women return to work soon after the birth of a baby, there is an overlap of job/career roles with the maternal role adaptation process that is still in progress. Most mothers, employed or not, negotiate the maternal role without major difficulties. Others, however, may experience problems with mothering.

The issue of maternal employment is of particular importance to Clinical Nurse Specialists in primary care settings because nursing intervention during the prenatal and postpartum period with the family unit and in particular, the working mother, can assist with the role adaptation and reorganization that must take place during that time. Anticipatory guidance for working mothers regarding how to balance their new roles and responsibilities, child care options that are available, stress management techniques, and discussion of other employment issues can be intervention strategies employed to promote adaptation to the maternal role in the first year after delivery. However, more research is needed about the factors influencing maternal adaptation in women who return to work during the first postpartum year.

Maternal Role

Women assume many roles over a lifetime. A role is a learned sequence of actions or deeds that are performed by a person in an interaction sequence (Sarbin, 1968). Similarly, Scott (1970) defines role as a set of shared expectations focused upon a particular position. This set of shared expectations evolve from the role holder's socialization experiences, the values internalized while preparing for the position as well as those socially defined expectations of the role that the role holder adapts to (Hardy & Conway, 1978). Women often assume the roles of mother, wife, and labor force worker simultaneously, requiring the integration of many expectations and responsibilities.

The concept of the maternal role was introduced into nursing science literature over twenty years ago when Rubin (1967) attempted to describe the psychological processes that occur during pregnancy and the postpartum period. Rubin (1967) states that the maternal role is a set of complex social and cognitive processes that are learned actively by the mother. The maternal role is not an instinctive and passive role that any woman can master in a short period of time.

The maternal role is also culturally defined and reflects the social norms or rules of what is acceptable behavior for the role holder (Mercer, 1985). In contrast to career roles which have more specific guidelines and expected behaviors established by the employer as the "job description," specificity in the mothering role is lacking. Also lacking are clarity and consensus about expectations relating to what mothers should and should not do which makes the transition to any role more difficult (Burr, Leigh, Day, & Constantine, 1979). This is

especially true for many contemporary women who are combining motherhood and career positions without the role models of their mothers and grandmothers who most likely occupied traditional domestic roles.

Maternal Role Adaptation

Maternal role adaptation is defined as the process by which the mother achieves competence in the role and integrates the mothering behaviors into her established role set, so she is comfortable with her new identity as a mother (Mercer, 1985). This process was first described by Rubin (1967) as beginning prenatally and culminating in the postpartum period with the formulation of a maternal identity.

Four phases of the maternal role adaptation process have been identified. These are the anticipatory, formal, informal, and personal stages. The anticipatory phase begins during the pregnancy as the woman begins a psychosocial adjustment to the anticipated role by seeking role models (Rubin, 1967). The formal stage begins with the birth of the baby and is influenced by the expectations of others (Thornton & Nardi, 1975). The informal stage ensues as the mother develops her own unique style of mothering and begins to disregard the "strict rules and directions" of others. In the final and personal stage, the mother feels a sense of harmony, confidence, and competence in how the role is performed (Rubin, 1967; Thornton & Nardi, 1975). This process of internalizing the maternal role has been observed to occur within a range of three to ten months after the birth of the baby (Mercer, 1985).

To summarize, maternal role adaptation is a process in which a mother achieves competence in the role and integrates mothering behaviors into her role set. The four phases of maternal role

adaptation that have been identified by role theorists are the anticipatory, formal, informal, and personal stages. The culmination of the process of maternal role adaptation that occurs during pregnancy and the first year of the infant's life is the achievement of maternal identity.

Factors Affecting Maternal Role Adaptation

The adaptation to any role can be affected by a number of conditions that make role enactment difficult. The ease with which the new mother moves into her role can be influenced by such factors as maternal age, the socioeconomic standing of the family, the number of children in the family, maternal education, child-rearing attitudes, the perception of the birth experience, early maternal-child separation, self-concept and personality traits of the mother, maternal or infant illness, infant temperament, the support system of the mother, and social stress (Mercer, 1986a; Walker, Crain, & Thompson, 1986). In addition to these factors, simultaneous enactment of multiple roles such as wife, mother, and employee can lead to considerable conflict and strain in the new mother (Gilbert, Holohan, & Manning, 1981).

The concept of role strain has been defined and extensively discussed by Goode (1960) as a subjective response to role problems or conflicts that result in the "felt difficulty in fulfilling role obligations" (p. 483). Other terms used to describe the psychological response to role strain include anxiety, tension, frustration, apathy, and futility (Hardy & Conway, 1978). Role strain can occur normally in any new role acquisition process and the problem is how to make the whole role system manageable in order to reduce the strain (Goode, 1960).

Role strain has been identified as a significant problem for contemporary women attempting to combine maternal and career roles. Role strain may result from conflicting expectations from the mother's reference groups, the new mother occupying multiple positions or roles simultaneously, and personal role expectations that are incongruent (Hardy & Conway, 1978). The new mother may also feel incompetent in her new role if adequate time to perform the role is not allotted before the resumption of other role obligations occurs.

Although each parent in a dual-career family may have several roles, husbands for the major part continue to be seen in the breadwinner role and wives remain in the homemaker role (Sekaran, 1986). Despite the increasing prevalence of supportive husbands in dual-career families, the impact of the role strain or stress is felt most by the woman because less is expected of the man in regard to family responsibilities (Skinner, 1980). Therefore, the new mother returning to the labor force, although sharing childcare tasks with her husband, may continue to bear the bulk of the responsibility, and the resulting stress and strain.

Role strain and specifically, role conflict have been reported to occur in most women during the postpartum period in varying degrees (Gilbert et al., 1981; Gray, 1983; Johnson & Johnson, 1977; Majewski, 1986; Mercer, 1986a; Van Meter & Agronow, 1982). Mercer (1986a) found that 89% of the new mothers in her study reported some degree of role strain at four months after delivery. When measured at eight and 12 months postpartum, the role strain had not significantly changed. Majewski (1986) found the greater the extent of role conflict, the greater the difficulty in the transition to the maternal role.

Although Mercer (1986a) and Majewski (1986) both reported significant levels of role strain and role conflict in new mothers, there did not seem to be a significant difference in those mothers that were employed versus those unemployed during the same period of time. However, analysis of different aspects of a woman's employment status is needed to better understand the effect it may have on the ongoing process of maternal role adaptation.

In sum, many factors affect the ease of maternal role adaptation. Role strain, or the felt difficulty in fulfilling role obligations, has been identified as a significant problem for women attempting to combine the maternal and worker roles. In spite of supportive husbands, many women continue to have most of the household and child care responsibilities. Role strain has been reported to occur in most women during the postpartum period, although differences in role strain between employed and nonemployed mothers are undocumented relative to the number of roles occupied.

Employment Status after Childbirth

Some women have options to consider regarding their return to employment after the birth of their baby. These options affect how they negotiate all of their role responsibilities. One consideration for the new mother is when to return to work after the birth of the baby. For most women, the choice is made for them by company policy that dictates how long their maternity or disability leave will be and what job or position they can return to after their leave. Only 40% of employed women in the U.S. are entitled to a paid six-week disability leave at the time of childbirth. Some women depend on sickness benefits of a week or two plus vacation time in order to have a month

of paid time off when they give birth (Kamerman, Kahn, & Kingston, 1983). Many others do not even have that much time available after delivery to adjust to their new role of mother and adequately learn to function in that role.

Although the Pregnancy Discrimination Act of 1978 (PDA) led to an increase in the number of women who have protection at the time of childbirth, it left the provisions of these benefits up to the employer. The law says if disability benefits are available from a company, pregnancy and maternity issues must be included in these benefit programs (Kamerman et al., 1983). Many employers, in particular those companies with fewer than 100 employees, typically do not offer such benefits in the first place. Furthermore, employers with 15 or fewer employees are exempt from this law. The majority of working women are concentrated in small businesses and low paying jobs where few or no benefits are offered, thus offering them no protection from the Pregnancy Disability Act (Kamerman et al., 1983).

Another consideration for some women is whether to return to work in a part-time versus a full-time capacity after delivery. Frequently if a woman chooses to decrease the number of hours worked per week, her job security may be threatened forcing her to choose between a new job or career and returning to her previous position on a full-time basis. In many careers, women must also make a high degree of emotional commitment and time involvement in order to remain competitive with co-workers (Kamerman et al., 1983), thus necessitating full-time employment. For many women who have delayed childbirth while establishing themselves in their career, these choices can create considerable conflict between occupational and maternal roles.

Strain and conflict can also occur when the working mother tries to juggle her time to complete work-related assignments, fulfill household responsibilities, and meet the needs of her child and husband (Kutzner & Toussie-Weingarten, 1984). If she is working full-time, work competes for more of her time and energy. Part-time employment may provide the working mother with more personal time or at least more freedom to determine how to spend the hours of her day and thus decrease the strain she may feel.

Another variable that may affect the mother is whether she must return to work based upon the family's economic need or whether her own desire to continue her job/career is the motivating force. Economic necessity is the major reason given for mothers to remain in the work force (Kutzner & Toussie-Weingarten, 1984). However, "need for income" is a socially acceptable defense for a mother who leaves her baby to work outside of the home when she is confronted with negative attitudes from relatives and neighbors (Brazelton, 1985; Howell, 1973). For some dual-career or two-paycheck families, women may want to continue employment to "enhance" the economic standing of the family or maintain a previous style of living that existed before the addition of a child to the family unit.

Many women may also have personal motivations for returning to work such as feelings of independence and self-satisfaction derived from working, socialization with other adults, and enjoyment of their jobs. A positive commitment to work was found to correlate with a more positive adjustment to the first pregnancy and motherhood (Jimenez & Newton, 1982). However, if a woman has a positive commitment to work and feels restrained from returning to work by the demands of caring

for her new infant or pressure from her husband and family, her mothering capacity may be adversely affected. Similarly, the woman who wishes to stay at home full-time with her new infant and feels pressured to work may also function less effectively (Collins, 1986). Hoffman (1979) found that as a mother's satisfaction with her role (whether employed inside or outside of the home) increases, so does her effectiveness as a parent. Role strain due to role incongruity or conflict can develop in the woman who is not satisfied with the situation in which she finds herself.

To summarize, the length of the maternity leave, the number of hours worked per week, and the degree of importance of personal and financial reasons for working are some employment factors about which the new mother may have to make decisions. Many women do not have maternity leave time available to them or the option of when and if they want to return to work. This lack of choice may lead to role strain and more difficulty with the process of maternal role adaptation.

Indicators of Maternal Role Adaptation

Numerous attempts have been made to identify those factors or relationships that indicate the occurrence of maternal role adaptation in the postpartum period. Shereshefsky and Yarrow (1973) arrived at three general categories for their 12 indicators of maternal role adaptation. These are: stimulating interactions between the mother and infant, a perceived sense of satisfaction with the new role of mother, and perceived satisfying interactions within the new family unit, particularly marital adjustment in the new family. It was also found that a good husband-wife relationship positively affected the

satisfaction with the mothering role and the maternal-infant interactions (Shereshefsky & Yarrow, 1973).

In a more recent study of variables related to postpartum maternal role attainment, Mercer (1986) identified the following indicators: components of attachment, competency in the role, and acceptance of the role obligations. Multiple measures of these dependent variables were obtained to ascertain role attainment.

Lederman and Lederman (1984) have selected seven psychosocial variables or dimensions of maternal adaptation as indicators of the process. These were first developed for the experience of pregnancy and later found to correlate with postpartum adjustment and satisfaction with a motherhood role (Lederman & Lederman, 1984). These seven dimensions are:

1. Quality of relationship with husband which focuses on the mother's perceptions of her marital relationship in terms of mutual support and understanding, and communication;
2. Mother's perception of father's participation in child care, a dimension relating to desired versus actual help and support the mother receives from her spouse pertaining to the realities of childrearing;
3. Mother's gratification from her labor and delivery experience which reflects her overall recollection of a significant developmental step in her life, and her sense of mastery of a reproductive function as well as her interaction with her husband;
4. Mother's satisfaction with life circumstances, particularly major factors in her life which support or inhibit her ability to function as a mother (e.g. financial, career/job, and health factors);

5. Mother's confidence in her ability to cope with the tasks of motherhood indicating the extent of self-doubt and inadequacy versus self-confidence in mothering;
6. Mother's satisfaction with motherhood and infant/child care as a reflection of her perceived conflicts and enjoyment in caring for her children as well as her view of child caretaking as important and fulfilling work;
7. Support for the maternal role from family and friends, a dimension which indicates the extent to which the woman feels appreciated by significant members of her family and peer group as well as the extent to which she can count on others for assistance and support in child care activities (Kutzner, 1984).

These seven dimensions of postpartum adaptation to the motherhood role are similar to or consistent with patterns of relationships found in previous research (Shereshefsky & Yarrow, 1973; Mercer, 1984) in the areas of the marital relationship, maternal confidence and satisfaction with the role, and support from family and friends (Kutzner, 1984).

The Postpartum Self-Evaluation Questionnaire (PSEQ) (Lederman & Lederman, 1984) was developed to provide a quantifiable measure of the seven dimensions of maternal adaptation in the immediate postpartum period and was utilized in the intervention study from which data for secondary analysis was taken for this study.

In summary, indicators of maternal role adaptation have been identified by different researchers. The seven dimensions of the Postpartum Self-Evaluation Questionnaire (Lederman & Lederman, 1984) measure levels of maternal role adaptation through assessment of the

marital relationship, maternal confidence and satisfaction with the maternal role, and support from family and friends.

Purpose of the Study

The purpose of this study is to examine the impact of select occupational variables on a new mother's adaptation to the maternal role in the postpartum period. Since most women today are resuming employment during initial phases of the maternal role adaptation process, it is important to study the relationship between these variables and determine what factors may enhance or inhibit this process.

When those situations that present risks for the development of mothering difficulties are recognized, nursing interventions can be directed toward helping the mother negotiate maternal role adaptation more easily in the postpartum period. However, nursing contact with new families usually ends abruptly after discharge from hospital obstetrical units and the current trend toward shorter hospital stays after delivery has significantly decreased the contact time between new mothers and nurses. Answering research questions about postpartum maternal role adaptation and employment can help formulate and direct nursing interventions for those new mothers in high risk groups in such settings as occupational health clinics, private practice, public health clinics and home contacts.

Currently, research on nursing interventions with working mothers in the postpartum period is minimal. In order for nurses to base their anticipatory guidance and counseling on objective findings rather than personal experience, single clinical observations, and personal attitudes, more research needs to be done.

This research can also contribute to legislative policy decisions regarding parental leave during the postpartum period. In 1986, the American Nurses' Association listed the issue of parental leave as one of their "top ten" federal legislative priorities (ANA, 1986). Women's groups, some unions, and other organizations have also made a concerted effort to get national legislation enacted that would mandate maternity leave (Bureau of National Affairs, 1987).

Since the number of working mothers has been dramatically increasing, especially the group of mothers with children under the age of one year, difficulties with the maternal role adaptation process could affect a majority of women in the United States today. Early and continued nursing intervention may enhance the well-being and maternal role adaptation of working women as they struggle with the proliferation of roles during the first postpartum year.

Problem Statement

This study will be directed at answering the following research questions: Is there a relationship between length of maternity leave, number of hours worked per week by the new mother, reasons for returning to employment after the birth of a first baby, and the level of maternal role adaptation? Specifically: a) is there a relationship between the length of the maternity leave and the mother's satisfaction with motherhood and infant care, and the mother's confidence in her ability to cope with the tasks of motherhood? b) is there a relationship between the number of hours worked per week and the mother's satisfaction with motherhood and infant care, and the mother's confidence in her ability to cope with the tasks of motherhood? c) is there a relationship between the degree of importance of personal or

financial reasons for working and the mother's satisfaction with motherhood and infant care, and the mother's confidence in her ability to cope with the tasks of motherhood?

Definition of Variables

The variables in this study are maternal role adaptation, the length of the maternity leave, full-time and part-time employment, and the mother's reasons for working after the birth of the baby.

Maternal Role Adaptation. Defined as the process occurring during the first postpartum year in which the mother achieves competence in the maternal role and integrates the mothering behaviors into her established role set, culminating in maternal identity (Mercer, 1986a). Maternal role adaptation will be operationalized in this study by measuring factors cited as relevant to maternal adaptation. The Postpartum Self-Evaluation Questionnaire (PSEQ) contains 81 items and consists of seven subscales. Two of these subscales, The Mother's Confidence in her Ability to Cope with the Tasks of Motherhood and The Mother's Satisfaction with Motherhood and Infant Care (Lederman & Lederman, 1984), will be used as an index of maternal role adaptation.

Occupational Variables

Length of Maternity leave. Defined as a period of time from the birth of the baby to the return of the mother to employment outside the home.

Number of Hours of Employment. In this study, is defined as the number of paid hours of work per week as stated by the mother.

Reasons for Working. This mother's reasons for working are divided into two major categories: psychological and social reasons (personal) for working and financial reasons for working. Seven questions will be utilized to ascertain the level of importance of personal and financial

reasons for working when asked of the new mother prior to the actual resumption of the occupational role.

Extraneous variables. The sociodemographic data of maternal age, maternal educational level, occupation, family income, length of employment in the same agency, sex of the infant, and the length of time since the birth of the baby will be considered extraneous variables that may affect maternal role adaptation. These variables will be investigated in relation to maternal role adaptation rather than controlling for the effects of the variables on role adaptation.

Assumptions

The following assumptions are made in this research:

1. The period of time studied and the data collection times are representative of the period of time during which initial maternal role adaptation occurs.
2. The testing instruments are sensitive to the concepts of maternal role adaptation.

Limitations

This research has the following limitations:

1. Subjects who agreed to participate in this study may be different from those who chose not to participate. Therefore, it is highly likely that the findings are not representative of all women seeking prenatal childbirth and childcare instruction.
2. The points of time at which data were collected may not be representative of the times during which changes in maternal role functioning have actually occurred.
3. All possible factors affecting maternal role adaptation are not addressed in this study. Findings may be due in actuality, to an

interrelatedness of factors other than those identified. Examples of such factors which are not included in this study are: maternal and infant illness, personality traits and self concept of the mother, and infant temperament.

4. The sample obtained was a convenience sample, and therefore the findings of this study are not generalizable to a large population, only to the population under study: married women having a first baby.

5. This study utilized data generated from a pilot intervention study already in progress entitled "Promoting Well-Being in Employed Mothers," funded by the American Nurses Foundation in 1985. The intervention consisted of six-session group meetings during which information theoretically designed to aid employed mothers in adapting to multiple roles was presented. Such topics as childcare alternatives, myths about working mothers, stress and coping strategies, marital relationships, time management strategies, and values clarification were discussed during these sessions. The intervention may bias the results obtained for analysis in this study by enhancing role adaptation in this group of women.

Overview of Chapters

The presentation of this study is organized into six chapters. Information in Chapter I is the introduction, the purpose of the research, the problem statement and research questions, the definitions of the variables, and the assumptions and limitations of this research. In Chapter II, the concepts and relevant sociological role theory are integrated into a conceptual framework that is the basis for generating research questions and hypotheses for this study. A literature review is presented in Chapter III which links this research with the work and

ideas of others concerned with maternal role adaptation. In Chapter IV the methods of research used to conduct the study are presented. Data and analyses are presented in Chapter V. In Chapter VI a summary and discussion of findings, implications for nursing, and recommendations for future research are presented.

CHAPTER II

Theoretical Framework

Introduction

Role theory from the field of sociology will be utilized as a guiding framework for this study of the effect of maternal employment on maternal role adaptation. A general discussion of select aspects of role theory will be integrated with the concept of role strain as conceived of by Goode (1960). A presentation of the maternal role adaptation process occurring in new mothers during the first postpartum year as formulated by Thornton and Nardi (1975) will also be utilized. Research questions and hypotheses will be generated from these role theory frameworks.

Overview of Role Theory

The term "role" was borrowed directly from the theater, and refers to the sheet of parchment which was turned around a small wooden roller and carried the written script or part the actor recited (Sarbin & Allen, 1968). It was not until the early 1920s that the term began to appear in the behavioral science literature (Hardy & Conway, 1978). From that time on, its popularity has increased rapidly with extensive use found in the literature of psychology, anthropology, social work, and other fields.

Definition of A Role

The term "role" has been used to denote a position that a person occupies or a set of standards, descriptions, norms, or concepts held

for the behaviors of a person or a position (Biddle & Thomas, 1966). Another definition is that a role is a learned sequence of actions or deeds that are performed by a person in an interaction sequence (Sarbin & Allen, 1968).

Common to both these definitions is the idea that a role always involves either an individual's definition of a specific situation or an individual's acceptance of a group's definition of a situation (Hardy & Conway, 1978). The definition of the role, whether derived from the group or the individual, is based on expectations of the roles.

Role Expectations

Role expectations are comprised of the duties and obligations, the rights and privileges of any occupant of a position or role in relation to persons occupying other complementary positions. These expectations can vary from one time to another depending on the persons in the role relationship (Sarbin & Allen, 1968). Various sources of role expectations have been identified.

The first source of role expectations is from society at large and these expectations are very general (Thornton & Nardi, 1975). For instance, the individual may be influenced by portrayals of the role on television, in movies, or in written descriptions. Next, they may arise from members of the role set or that "complement of role-relationships in which persons are involved by virtue of occupying a particular social status" (Merton, 1957, p. 110). Within the role set, two sources can be identified: people enacting the same role or those enacting a reciprocal role. The third source of expectations is from the individual's own socialization experience (Thornton & Nardi, 1975).

These expectations may have various content. They may refer to the ways in which an individual should behave (behavioral expectations), to particular attitudes and values that are appropriate (attitudinal expectations), and to the knowledge and skills one should have (cognitive expectations) (Thornton & Nardi, 1975). The maternal role expectations would include such things as taking proper care of the infant (behavioral), being excited about having a baby (attitudinal), and learning about infant care (cognitive).

There are various reactions that one can have to the role expectations (Thornton & Nardi, 1975). The first reaction is social adjustment or the adequate meeting of role expectations and performance according to them. The second is psychological adjustment which is the achievement of congruity between the role expectation and the individual's psychological needs and desires. This congruity may occur through strict conformity to role expectations or may be a result of modification of the role by the individual. The third and final adjustment is adaptation. This occurs if the role has been internalized so that the person and the role in a sense are one. Social and psychological adjustment may lead to adaptation but do not necessarily result in adaptation to a role (Thornton & Nardi, 1975).

In summary, role expectations are comprised of rights and privileges, obligations and duties one has to those occupying complementary positions. The sources of role expectations are society, members of a role set, and the individual's own socialization experience. Role expectations have behavioral, cognitive, and attitudinal content for the role holder. The reactions of the

individual to these role expectations are social and psychological adjustment followed by adaptation if the role is internalized.

Stages of Role Adaptation

According to Thornton and Nardi (1975), the adaptation to a role involves four stages. The first stage is that of anticipatory socialization. In this phase, preparation for adaptation or acceptance into a new role begins to take place. Incomplete, generalized, and stereotyped conceptions begin to form of the role at this time. The new role is often idealized and this may lead to incongruity with the actual experience at a later point. The degree of congruity between what one anticipates about a role and what is subsequently experienced can affect the adjustment to the new role (Thornton & Nardi, 1975). During pregnancy, cultural norms, values, and expectations of what motherhood will be like are intense and often conflicting, and role models are sought.

The second stage of role adaptation is the formal stage and the person is now experiencing the role from an internal perspective as a role holder. Role expectations are now arising mainly from one's role set--those in similar roles or in reciprocal roles. The expectations encountered during this stage are the duties inherent with the position such as the duty of a parent to care for a child properly. There is usually a very high degree of consensus within one's role set about what the role expectations should be in this stage leading to conformity on the part of the role holder. Social adjustment is occurring by meeting the role requirements rather than trying to modify them (Thornton & Nardi, 1975).

The formal stage of role adaptation for the new mother begins at the birth of the baby. Her significant others may include her husband, her mother, and the baby. The new mother begins to act out the formal behavior of a mother and is trying to match the ideals of motherhood from the anticipatory socialization stage with the real life situation in which she now finds herself.

The informal stage is the third phase of role adaptation and brings out the informal, unofficial expectations or ways of doing things (Thornton & Nardi, 1975). These informal expectations are usually transmitted through the interaction of the role holder with other individuals in one's peer or work group rather than arising from formal statements of what the role entails.

Many times these informal expectations are in direct contradiction to the formal expectations previously learned and enacted. Again, primary sources of role expectations are from those in the role set, but one tends to rely on one's own role expectations to handle discrepancies between the two. The role is now being shaped to fit the individual's past experiences and future goals, and final psychological and social adjustment commence (Thornton & Nardi, 1975).

The informal stage of maternal role adaptation begins as the new mother develops her own unique style of mothering (Thornton & Nardi, 1975). It is a time of struggle as the mother tries out different ways of coping with new situations. For instance, the new mother may have been given instructions by her own mother on how to "raise her infant correctly." The new mother may seek out the advice of other mothers or observe the practices of new mothers in similar situations to help her decide what to do in caring for her own child. The "musts" of the role

are exchanged for the "mays" or informal expectations (Thornton & Nardi, 1975).

Thornton and Nardi (1975) state that in the personal stage of role adaptation which is the final stage, role consensus begins to appear as the individual imposes one's own style on the role performance, and others in the role set begin to accept it. Psychological adjustment is said to have occurred if one's psychological needs relate to the requirements of the new role. Social adjustment has occurred if the role has been modified from the formal role enactment stage, rather than just conforming to it. When the social and psychological adjustment are in place, then adaptation to a role can occur. Adaptation will be successful if adjustment has been successful in terms of what the role requires of the person and what the person requires of the role (Thornton & Nardi, 1975).

In the personal stage of maternal role adaptation, the mother feels a congruence of self and the new role. There is acceptance of her role performance by others. The mother has modified the maternal role to fit with her values and expectations rather than just conforming to the expectations of others.

In sum, there are four phases to the process of adapting to a new role. They are anticipatory socialization, the formal stage, the informal stage, and finally the personal stage.

Role Strain

Role strain as defined by Goode (1960) is "the felt difficulty in fulfilling role obligations" (p. 483). If social and psychological adjustment to role expectations does not proceed smoothly, role strain may be felt. Since it is unlikely that one can always meet all the

demands of a role or concurrent roles to the satisfaction of those members of one's role set, role strain is a normal occurrence. Role relations are seen by Goode (1960) as a sequence of "role bargains," or processes of selecting between different role behaviors in order to reduce the role strain experienced. However, if role strain is unbearable, the activities and duties of a role are not accomplished and adaptation to a new role can be hindered (Goode, 1960).

Types of Role Strain and the Postpartum Period

Role strain can be of four types or from four sources. The first situation is when role demands are made upon an individual and even though they may not be difficult or displeasing, conformity is still required of the individual (Goode, 1960). Virtually no role demand is so pleasurable that conformity is automatic and without some adjustment necessary on the part of the role holder, thus some strain can be expected to result. For the new mother, the first six to eight weeks after childbirth may be physically demanding and exhausting despite the great joy that may be felt with the birth of one's first child. Trying to adjust to the infant's erratic sleeping and feeding schedule while also in the process of recovery from the labor and childbirth experience may be difficult and unescapable for the infant's primary caregiver and role strain results. Thus, the assumption of any new role, regardless of how pleasurable or displeasurable, will for a period of time result in some role strain, and in turn, the level of maternal role adaptation can be affected (Figure 1).

Additional sources of role strain may exist in the postpartum period as the new mother is adapting to the motherhood role. Each role relationship typically demands several activities or responses which can

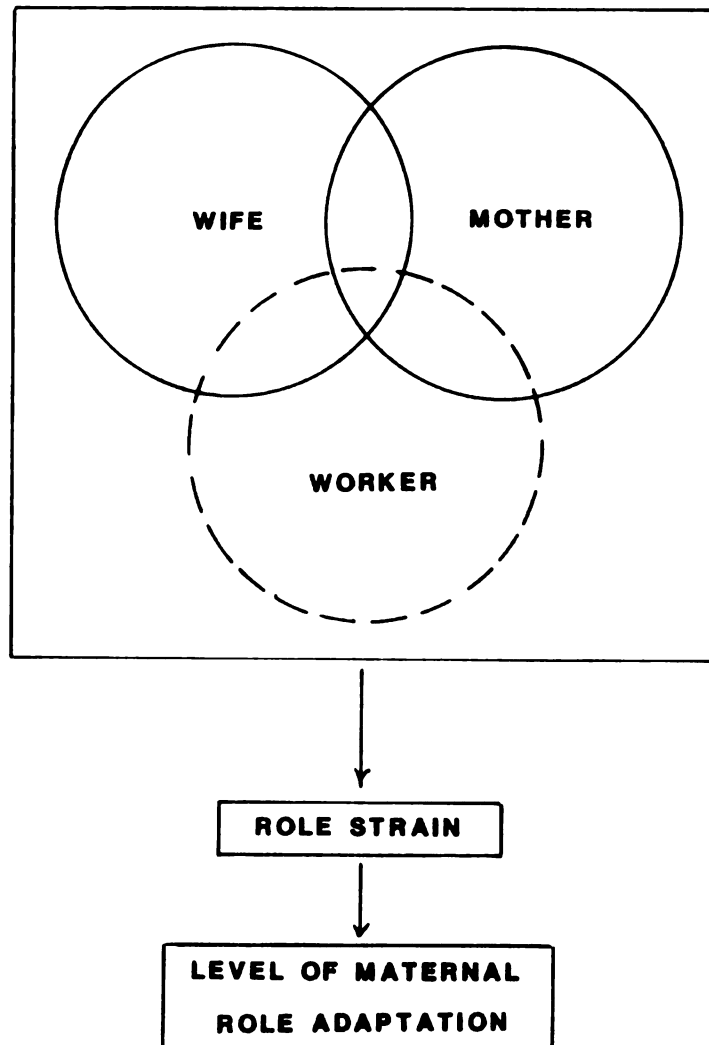


Figure 1. Relationship of Role Strain and Level of Maternal Role Adaptation in postpartum Period Prior to Return to Employment

become a second source of strain (Goode, 1960). Hardy and Conway (1978) refer to this type of role strain as role incompetence, stating that a role holder's resources are inadequate relative to the demands of the position. For the new mother who is learning the expectations of the maternal role (both formal and informal), adequate time in the role is needed to perform it competently and consistently.

According to Goode (1960), the third type of strain may be encountered due to all individuals taking part in many different role relationships that have different obligations. There may be either contradictory performances required of the role holder or conflicts of time, place, or resources that result from the numerous roles (Goode, 1960) which can lead to role strain. This type of role strain has been referred to as both role conflict and role incongruity (Hardy & Conway, 1978). In the new mother, the physical needs of the infant and her own physical recovery consume a significant portion of her resources and time. In addition, a changing relationship with one's spouse and household chores may make further demands on the new mother's time.

Finally, Goode (1960) states multiple role relationships require the role holder to engage in many interactions with different individuals at the same time. If he or she attempts to conform fully in one direction, fulfillment may be difficult in another. The individual's role obligations on the whole are over-demanding (Goode, 1960). Role overload is the term utilized by Hardy and Conway (1978) to describe this situation. In the new mother who is trying to be a wife, mother, housekeeper, daughter, and friend in interactions with many individuals, role overload would be likely to occur.

Thus, an individual is liable to face a wide variety and sometimes conflicting array of role obligations. In summary, role strain is the felt difficulty in fulfilling role obligations and may be a normal or an abnormal phenomena depending on how the duties of a role are met. Goode (1960) has identified four sources of role strain: the required role demands themselves, numerous role relationships with different obligations, inconsistencies in role activities or responses, and over-demanding role obligations. In addition, Hardy and Conway (1978) have labelled these types of role strain as role incompetence, role incongruity, role conflict, and role overload.

Effect of Return to Employment on Role Strain and the Level of Maternal Role Adaptation

The return to an employment situation outside of the home after the birth of a child brings an additional role to the existing role set of a new mother. For many women in contemporary society this is not an entirely new role; rather the resumption of a role that had been relinquished prior to the labor and delivery experience. This is depicted in the theoretical model by the dotted lines for the worker role (Figure 1) in comparison to the mother and wife roles which are active roles at this time in the postpartum period.

According to role theory, the addition of another role to one's existing role set brings more role obligations and duties to the role holder. Since the maternal role adaptation process occurs over a number of months during the postpartum period, resumption of the employment role during this period may affect the level of role strain present (Figure 2). The role holder must once again progress through the stages of role adaptation and according to Goode (1960), will experience some

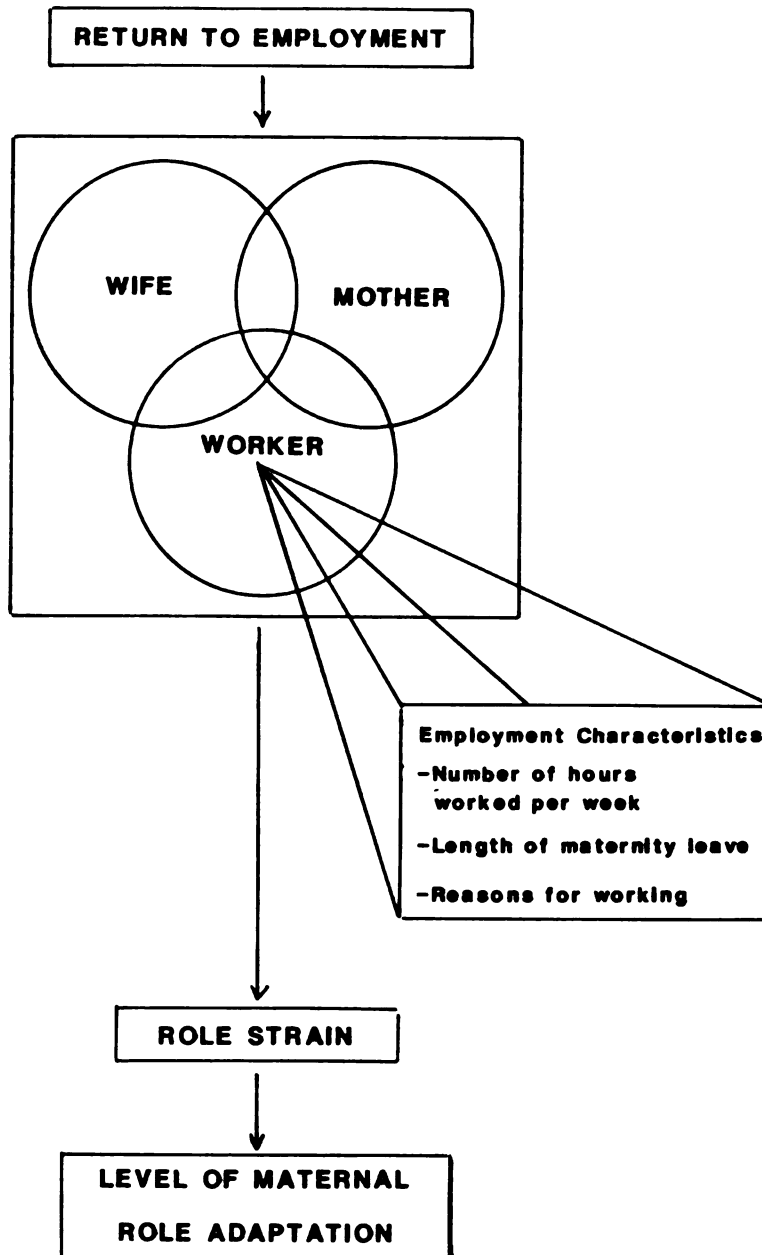


Figure 2. Impact of Return to Employment on Role Strain and Subsequent Level of Maternal Adaptation in Postpartum Period

role strain. Therefore, merely resuming the employment role will cause some role strain to exist for the working mother and influence the level of maternal role adaptation. This is the first type of role strain that Goode (1960) referred to. However, there are other aspects of the working mother's employment situation that may influence the role strain experienced due to the other mechanisms of role strain as suggested by Goode (1960).

One possible mechanism of role strain created by the worker role is that of role incompetence when there has been inadequate time for learning the maternal role before taking on additional role obligations. Specifically, the length of the mother's leave from the employment situation may affect the level of adaptation to the maternal role. A longer maternity leave may allow more time for learning the new role before additional roles expectations are added (Figure 2). However, a longer maternity leave may adversely affect the ease with which a working mother adapts to the occupational role when it is resumed. This relationship will not be investigated in this study but is an area in which further research is needed.

A second characteristic of the working mother's employment situation that may influence the amount of role strain experienced is the number of hours the woman is employed per week. Merely returning to work may place more demands on her time and physical resources than she is able to meet, regardless of the number of hours employed. However, full-time employment may accentuate the role strain experienced because of the increased number of hours required by the work-related role expectations. This may be explained by the type of role strain known as role conflict where there is a conflict for the working mother's time

and energy. Fewer hours worked outside of the home may decrease these demands on the mother, thus decreasing the strain experienced. Role overload may also result and affect maternal role adaptation due to the total demands of all the role obligations on the working mother (Figure 2).

A third aspect of the employment situation that may influence the role strain and the level of maternal role adaptation is the degree of importance of financial or personal incentives as reasons for working (Figure 2). Application of the role strain typology would suggest that the woman who must return to employment for the economic survival of the family might experience strain related to role incongruity or role conflict if her attitudinal expectations of the motherhood role are that mothers should not work outside of the home when they have a young child. For the mother who returns to work for either personal and/or financial reasons and does not believe new mothers must stay at home with young children, role conflict and incongruity may not exist. Therefore, the degree of importance of various reasons for returning to work may influence maternal role adaptation through the effect on the role strain present.

Of course, other occupational situations can exist that may influence the amount role strain present for the working mother at any point in the maternal role adaptation process. These situations may include the specific maternity benefits available, the woman's satisfaction with her job or career, and changes in the employment situation directly resulting from the pregnancy or maternity leave. These variables are beyond the scope of this study but warrant consideration in future research efforts.

Summary of Effect of Return to Employment on Role Strain and the Level of Maternal Role Adaptation

Role theory suggests there is a relationship between the roles a person holds, the amount of role strain present, and the degree of adaptation to a new role. Three characteristics of an employment situation have been identified that may influence the amount of role strain a new mother experiences as she returns to employment outside of the home. These variables are the length of the maternity leave, the number of hours worked per week, and the degree of importance of personal or financial reasons for working.

Role strain in this model is a continuous variable and according to Burr (1972), can range in degree from absent to a high amount. The amount of role strain that results from occupying a role inversely affects the ease of making a transition to the new role (Burr, 1972). As the role strain in a new mother attempting to combine the wife, mother, and worker roles increases, so does the difficulty in the adaptation to this role. The issue for nursing becomes identification of those variables that lessen the role strain and thereby enhance the adaptation to the maternal role.

Summary of Chapter

In summary, role theory has been utilized in this chapter to conceptualize the adaptation to the maternal role in the postpartum period. The concept of role was defined and the stages of adaptation to a role discussed. Role strain was included in the framework as a basis for exploring the impact of the occupational variables of the number of hours worked by the new mother, degree of importance of financial or

personal reasons for working, and the length of the maternity leave after delivery. A review of the literature relevant to the concepts under study will be the focus of Chapter III.

CHAPTER III

Review of the Literature

Overview

Relevant literature pertaining to the study variables of maternal role adaptation and maternal employment are reviewed in this chapter. In addition, research findings regarding role strain in working mothers and literature about interventions with working mothers are included in this chapter. Initially, the historical evolution of the issues of maternal employment and maternity leave will be presented in order to provide the reader with background information on current practices and legislative problems that impact these issues.

Historical Perspectives of Maternal Employment

Women have not always been full-time mothers throughout history, nor have they been separated from the productive economy. In the United States, cultural values and social norms that tell women the role of wife and mother is a full-time occupation and that it is impossible or irresponsible to try to combine it with a career, have originated in the nineteenth century "cult of domesticity" (Harris, 1979).

In colonial America, the economy was characterized by small-scale agricultural, trade, and industry, where the home and the place of business were often one and the same. Wives and children worked alongside the men to contribute to the family income. As economic patterns began to change and industrialization occurred, the work place moved away from the home, leaving women behind as "angels of the hearth" (Harris, 1979).

From 1860 to 1920, more women moved into institutions of higher education and into the professions, though in smaller numbers. Because of the strength of the "cult of domesticity," choosing a career usually meant foregoing marriage and having children (Harris, 1979). "Propriety and ideology demanded that wives remain at home and, in many cases, domestic chores and childbearing drained them of energy that they might have devoted to intellectual activities or a career" (Harris, 1979, p. 79).

In the twentieth century, due to of the scarcity of male laborers during World War I and World War II, there was a dramatic influx of women into the labor force. However, at the end of the wars, most women returned to their domestic roles when the economic and social conditions no longer demanded they be in the labor force (Collins, 1986).

In the 1960s, despite contradictory social expectations, women began to increase their participation in the labor force once again. In 1960, only 30% of all married women were employed outside of the home and only 19% of women with small children were in the labor force (Hayghe, 1982). By 1975, however, 42% of the mothers of preschoolers were employed outside of the home and 53% in 1982 (United States Bureau of the Census, 1983).

{ Among the reasons cited for increased labor force participation of mothers with young children are: (1) an increase in single-parent, female-headed households resulting from the rise in the divorce rate and the increased incidence of births to single women; (2) a need for two incomes in intact two-parent families to ensure economic stability and/or survival in precarious economic times; (3) the impact of the Women's Movement of the late 1960s and the 1970s which has contributed

to a redefinition of attitudes toward women and increased nontraditional options for women's development (Hock, Gnezda, & McBride, 1984); (4) increased educational opportunities for women (Harris, 1979); and (5) a decrease in family size and a less time-consuming housewife role due to technological advances (Hoffman, 1984). Personality variables such as a woman's need for power or achievement, a sense of competence, and a sense of accomplishment or satisfaction from an occupational role that is not conferred by domestic roles are other reasons given for women to seek employment opportunities outside of the home (Hoffman, 1974).

Historical Background Of Maternity Leave Issues

As discussed briefly in Chapter I, since 1978 the United States has had a law that deals with discrimination in the work place related to pregnancy: the Pregnancy Discrimination Act. Prior to that time, working women who became pregnant quit their jobs considerably before their delivery date. In fact, the medical establishment used to recommend that women quit work no later than the sixth month of pregnancy (Bureau of National Affairs, 1987). Women were placed on mandatory unpaid leaves and most of the time, women returning to employment after delivery had to begin again at a lower level job with lower pay (Kamerman et al., 1983).

In the 1960s, the growing women's rights movement began to focus on issues of equality in the work place for women as individuals and workers, not wives and mothers (Kamerman et al., 1983). In the Civil Rights Act of 1964, sex discrimination in the work place was declared unlawful but there was no record of congressional intent regarding whether childbirth and pregnancy-related disabilities were meant to be included. In 1966, the general counsel of the Equal Employment

Opportunity Commission (EEOC) issued an opinion letter. "The Commission policy in this area does not seek to compare an employer's treatment of illness or injury with his treatment of maternity since maternity is a temporary disability unique to the female sex and more or less to be anticipated during the working life of most women employees" (Kamerman et al., 1983, p. 39-40). Therefore, exclusion of pregnancy as a covered risk, was not discriminatory.

In 1972, the EEOC reversed its opinion stating that disabilities resulting from pregnancy must be covered under any health or temporary leave plan available to employees or would be considered discriminatory (Kamerman et al., 1983). The debate continued in the courts and in 1976, the Supreme Court held in Gilbert v. General Electric Corporation that the exclusion of pregnancy-related disabilities from a company's disability insurance program was not sex discrimination (Kamerman et al., 1983).

Of course, the reaction to the Gilbert decision was strong and intense. As a result of the coalition of women's organizations, labor unions, and civil rights groups, the Supreme Court's decision was undone with the passage of the 1978 Pregnancy Disability Amendment (PDA) to Title VII of the Civil Rights Act of 1964 (Kamerman et al., 1983). Pregnancy discrimination, blatant and subtle, persists. In 1981, the EEOC, charged with enforcement of the amendment, recorded 3,693 allegations of discrimination and in 1985, the number had increased to 5,090 charges (Bureau of National Affairs, 1987).

Currently, only 40% of all working women are covered by the PDA because of stipulations regarding business size and the existence of a disability package exempting the majority of businesses in this matter

(Bureau of National Affairs, 1987). However, more and more employers will be forced to provide mandatory pregnancy leave for women. The U.S. Supreme Court ruled in January, 1987, that a California statute mandating employers to provide their employees up to four months of (unpaid) pregnancy leave is not contradictory to the PDA, thus actually providing more benefits for the pregnant woman (Bureau of National Affairs, 1987).

The Family and Medical Leave Act is another issue under debate in the 100th Congress that will require all but the smallest employers to provide 18 weeks of unpaid leave for employees at the birth or adoption of a baby (Bureau of National Affairs, 1987). This act is not a panacea however, for most women who work in lower paying, non-professional jobs might not be able to afford to take 18 weeks off from their jobs without pay. Secondly, women are disproportionately employed in small business, and would thus be exempt from coverage under the bill (Bureau of National Affairs, 1987).

Regardless of the recent progress made in the United States, no comparison can be made to the statutory maternity leave policies of other countries of the world. Seventy-five countries, including many developing nations and every industrialized country except the United States has some variation of a guaranteed job-protected leave and the cash benefit to replace wages for maternity or parental leaves (Kamerman et al., 1983). Among the industrialized nations, the minimum paid leave is 12 weeks, and the modal pattern in Europe has become five months. The maximum is 12 months in Sweden, provided as a parental benefit to both mothers and fathers.] While most countries provide these benefits through a national health insurance program, 16 countries have

such programs despite the absence of health insurance (Kamerman et al., 1983).³

In summary, early legislative efforts attempted to protect working women based on concerns for their childbearing abilities. The Civil Rights Act of 1964 afforded women protection in the work place related to sexually discriminatory practices but excluded pregnancy-related issues. In 1978, the Pregnancy Discrimination Act required that employers treat pregnancy and maternity the same as any other illness or disability treatment provided to a male employee. Current legislative efforts are under debate in Congress to provide unpaid parental leaves during pregnancy. Many other countries in the world already provide maternity benefits to their residents, which includes, on the average, 12 weeks of paid leave from employment. [The United States has no mandated benefits for its 33 million women of childbearing age in the work force (Bureau of National Affairs, 1987).]

Maternal Role Adaptation

Introduction

Although role theory and the process of role adaptation have been studied for over 50 years, it was not until the mid 1960s that the maternal role and a woman's adaptation or transition to that role was studied by a nurse researcher. In 1964, Rubin began to study the adjustments made in a family with the addition of a new member.

Using role theory as the basis for study, Rubin (1967) conducted qualitative research to determine how the maternal role was acquired. Although not confirmed quantitatively, Rubin's (1967) work has been important to the development of a theoretical perspective of maternal role adaptation. The research on maternal role adaptation will now be

presented in chronological order to highlight the evolution of this area of study.

Maternal Role Adaptation Research

In Rubin's (1967) longitudinal study, a convenience sample of five primiparous and four multiparous subjects were interviewed in an unstructured style during their pregnancies and in the first month postpartum. The primiparous women, drawn from both private and university maternity patients at two university hospitals, were interviewed on the average of 23 times and the multiparous women averaged 11 interviews during this period of time. The interviews were conducted during the antepartum, either during the office visit or in the home, and daily during the postpartum stay in the hospital. By not directing or structuring those interviews, Rubin (1967) gathered spontaneous responses to parental adjustment inquiries. To control for subtle changes in the subject who over time is studied, control subjects were interviewed one or two times and the responses of both groups were compared.

Using qualitative methods of analysis, the data collected in these interviews were classified into three dimensions of relevant items that described the earnestness and intensity with which a woman takes into herself the task and meaning of becoming a mother: (1) the self system, including categories of the ideal image, the self image, and the body image; (2) the taking-in process or method; and (3) role models or referents. A high incidence of role-taking behaviors were elicited which increased in the postpartum period and were consistently higher in frequency for multiparous women than for primiparas. Identity or the "I

am the role," was the end point or goal in the process of maternal role-taking (Rubin, 1967).

The operations involved in the "taking in" of the maternal role were placed in five categories by Rubin (1967). They are: (1) mimicry, the adoption of behavioral manifestations or symbols of the status to be achieved; (2) role-play, the acting out of the role specific behaviors; (3) fantasy, the replacement of the stereotypes of mimicry and role-play with original material from the mother's situation; (4) introjection-projection-rejection, the process of searching for a model, matching the model to one's self, and then reinforcing behaviors or rejecting them based on the "fit"; (5) grief work, a letting go of former role incompatible with the new role (Rubin, 1967).

In further work on the formative stages of the maternal-child relationship, especially the postpartum period, Rubin (1977) utilized the term "binding in" to refer to the bonding or attachment that occurred progressively over a period of 12-15 months from the beginning of pregnancy. "Binding in" is an active, intermittent and accumulative process that occurs in progressive stages beginning with the perception of fetal movement and after delivery accelerates, moving from a symbiotic relationship to one of reciprocal yet separate roles, the mother and the child (Rubin, 1977).

The maternal "binding in" processes described by Rubin (1977) are identification, claiming, and polarization. Identification involves recognizing the infant as a separate being with its own appearance and behavior. Claiming of the infant occurs when an association is made between the infant and significant others through statements such as "he looks like his father." Polarization involves the psychological

loosening of the infant from the new mother and the acceptance that the infant is an independent human being. Factors that determine the length of the binding-in process to the role relationship are: (1) the mother's own recovery and state of well-being; (2) the amount and kinds of social significant supports; (3) the endearing nature of the baby itself (Rubin, 1977).

In a more recent publication, Rubin (1984) further addresses the development of the maternal identity during pregnancy and the postpartum period. However, little mention was made of the process of attaining the maternal role. Several case studies were utilized to further describe the concept of maternal identity but no new evidence to validate the concept of maternal role adaptation was presented. Rubin (1984) says of the maternal identity, "the outcome is more than a sentimental attachment and more than a role that is stepped into and out of again. There is a belonging as a part to the whole personality, bound-in and inseparable..." (p. 38).

In summary, Rubin initially attempted to define and describe the process of maternal role attainment and the achievement of the maternal identity as the culmination of this process. She recognized that the process began in the early stages of pregnancy and continued over the first postpartum year. Maternal and infant variables, and social support were considered important in helping the new mother adapt to her new role but Rubin did not measure the effects of these variables on the new role.

Rubin was the first nurse researcher to identify and define the concepts of maternal role and maternal identity. She stimulated further research on the maternal role attainment process and the maternal

identity with her beginning qualitative efforts. However, many gaps still existed in operationalizing the concepts and identifying variables that affected the maternal role.

In 1973, Shereshefsky & Yarrow explored the psychological aspects of a woman's adjustment to a first pregnancy and individual differences in early mother-infant adaptations during the postpartum period.

Semistructured interviews, psychological tests, observations, examinations, and combinations of these methods were utilized to obtain data on a convenience sample of 57 married couples for the purpose of examining adjustment and maternal adaptation in the postpartum period.

The participants, all primiparas, were followed from the third or fourth month of pregnancy, through delivery, and until six months after delivery (Shereshefsky & Yarrow, 1973). The women's age range was from 18-28 years and 79% of the women were of the white race. Of note, 74% of the women in this study had at least one year of college, and 69% had worked outside of the home prior to the birth of the baby. Thirty-two percent of the women engaged in "scientific and professional work", and 34% were engaged in "clerical and sales work" (Shereshefsky & Yarrow, 1973).

The woman's postnatal adaptation to the maternal role was evaluated at one, three, and six months postpartum and 12 scales were developed that comprised the outcome variable, maternal adaptation (Table 1) (Shereshefsky & Yarrow, 1973). The factors in the prenatal and postpartum periods that correlated at statistically significant levels with the maternal adaptation scales were considered to be predictors of maternal role adaptation.

Table 1. Factors Comprising Maternal Adaptation

| |
|--|
| Acceptance of the Maternal Role (1 mo. postnatal) |
| Acceptance of Infant (1 mo. postnatal) |
| Individualization of Infant (1 mo. postnatal) |
| Responsiveness to Infant (amount and quality of physical contact, sensitivity and responsiveness, amount of stimulation, 1 mo.) |
| Responsiveness to Infant (amount and quality of physical contact, degree of expression of affection, 3 mo.) |
| Acceptance of Infant (3 mo. postnatal) |
| Confidence in Maternal Role |
| Acceptance of Maternal Role (3 mo. postnatal) |
| Responsiveness to Infant (6 mo. postnatal) |
| Acceptance of Infant and Maternal Role (6 mo. postnatal) |
| Individualization of Infant (6 mo. postnatal) |
| Mother-Infant Adaptation |

In the early period of mothering, based on evaluations at three, seven and nine months of pregnancy, maternal adaptation could be predicted when the mother had an early interest in and experience with children, adapted well at each stage of pregnancy as indicated by her mood, absence of anxiety, general well-being, and had an overall positive reaction to the pregnancy experience (subjective and objective evaluations) (Sherefshevsky & Yarrow, 1973).

In the postnatal period, the most significant factor that correlated with maternal adaptation in each study period was the husband-wife adaptation and the quality of the relationship with the husband. Of the personality variables under study, nurturant qualities of the woman were also highly related to maternal adaptation (Shereshevsky & Yarrow, 1973). Thus, predictors of maternal role adaptation were identified and measured for the first time in this study.

Of these 57 couples, approximately one-third of the women were found to have special difficulty in the early postnatal period with assuming maternal care of their first-born infant. This difficulty was manifested as intense, disruptive anxiety about infant care or adequacy in the mothering role, overreacting to realistic problems (i.e. feeding adjustments), depression, and hostile attitudes toward the infant. The stresses of these families ranged from financial difficulties to job dissatisfactions in the husband, and made postpartum adjustment harder (Shereshefsky & Yarrow, 1973). Therefore, even with a normal pregnancy and delivery for these women, common facets of everyday life created difficulty in the adaptation to the maternal role.

In summary, predictors of maternal adaptation were identified in this study as a positive adaptation to pregnancy in the prenatal period, and the personality variable of being a nurturant woman. In the postpartum period, the husband-wife adaptation and the quality of the relationship with the husband were predictive of adaptation. One third of this study sample reported difficulty and stress in assuming the maternal role. Although this study provided much needed quantitative data on maternal role adaptation, no mention was made of the employment status of the women in the postnatal period even though a significant number of these women were well educated and employed in professional positions prior to delivery.

Another nurse researcher, Mercer (1981, 1982, 1985, 1986a, 1986b, 1986c), has extensively studied the factors that impact on maternal role attainment in the first year of motherhood. Mercer (1985) building on the earlier work of Rubin, defines maternal role attainment as a "process in which the mother achieves competence in the role and

integrates mothering behaviors into her established role set, so that she is comfortable with her identity as a mother" (p. 198). Mercer (1982) operationalized maternal role attainment to include the components of attachment, competency, and acceptance of the role obligation. The strength and relative weights of the relationships between these components and maternal, infant, and confounding variables were the objectives of Mercer's (1982) descriptive, correlational research with 242 first-time mothers.

The participants were all women who delivered their first normal live-born infant at 37 weeks or more gestation in a university-affiliated hospital in the San Francisco area during a 16 month period. Teenagers were recruited from two additional university hospitals. The women, 52% of those asked to participate, were assigned to one of three groups based on age: 15-19 years, 20-29 years, and 30-42 years. Of the overall sample, the older the woman, the more likely she was to be Caucasian, married, and to have a college degree and a higher income level (Mercer, 1986).

The maternal, infant, and confounding variables under investigation as independent variables in this study are found in Table 2 (Mercer, 1982). Interviews and questionnaires provided data on these variables at five test periods: early postpartum, one, four, eight, and 12 months postpartum.

Data on the independent variables were collected utilizing 12 different measures. Maternal role attainment, the dependent variable, was measured with four different scales: Leifer's Feelings About My Baby (FAB), Russell's Gratification in the Mothering Role (GRAT), Blank's interviewer rated Maternal Behaviors (MABE), and the self-report

Table 2. Variables Under Investigation--Mercer (1982)

| | |
|------------------------|---|
| Maternal Variables: | Maternal age Perception of birth experience Early maternal-infant separation Stress Social support Personality traits Self concept Health status Childrearing attitudes Marital status |
| Infant Variables: | Temperament Health status |
| Confounding Variables: | Maternal educational level Ethnicity Socioeconomic status (SES) |

Ways of Handling Irritating Child Behaviors (WHIB) developed by Disbrow, Doerr, and Caulfield (Mercer, 1985). Role strain as a dependent variable, was measured by an adaptation of the Burr et al. (1979) scale on a continuum ranging from "none" to "very high" role strain (Mercer, 1985).

Overall, 37.9% of the variance in maternal role attainment levels was accounted for by the predictor variables: 8.6% by SES ethnicity, and marital status; 16.9% by self concept; 7.4% by maternal attitudes; 1.7% by negative life events (stress); 1.8% by infant related stress; 1.5% by the maternal attitude factor of maintaining control (Mercer, 1986a). Another significant finding was the consistently lower gratification with the role scores for the older age group (30-42 years) as compared to the two younger age groups. It was felt this was related to the older mother's greater number of years in employment and

professional roles that provided more concrete feedback for her role performance than did the maternal role (Mercer, 1982).

These same women were asked at one year postpartum, when they had first felt comfortable with their mothering role. One third of the women said this was accomplished the first two weeks after delivery, 49% by two months, 64% in four months, and 85% within nine months. Ten women had failed to internalize the role by one year after delivery (Mercer, 1985). The assumption here is that comfort with the mothering role is the same as role adaptation. No attempt was made to correlate this feeling of "comfort" with the indicators of role adaptation utilized in this study.

In summary, Mercer has expanded on the work of Rubin with an extensive study of the maternal role attainment process. This process has been found to occur within three to ten months after delivery for most women. Predictors of maternal role attainment included SES ethnicity, marital status, self concept, maternal attitudes toward childrearing, stress, and maternal control maintenance. Mercer also observed that there were lower maternal role gratification scores in the older age group. The findings from this study related to role conflict, and reasons and timing for return to work will be presented at a later time in this chapter.

Walker, Crain, and Thompson (1986a) in a descriptive endeavor, studied 64 primiparous and 58 multiparous women to determine what changes may be occurring in the level of maternal role attainment and maternal identity in the postpartum period. Maternal role attainment was defined as the process of enacting culturally defined behaviors associated with the maternal role which results in the achievement of

the maternal identity. Within an attitudinal framework, measures pertinent to maternal identity were the mother's attitude toward their infants and toward themselves. Maternal self-confidence in caring for infants also provided an indication of attaining the maternal role. A second purpose of their research was to find out what relationship infant sex, maternal age, maternal education and SES had with maternal identity and maternal role attainment in both groups of women (Walker et al., 1986a).

The convenience sample in this study consisted of married, medically low-risk mothers who gave birth to healthy, full term infants at a community hospital. The majority of the mothers were white, had some college education, with the age range for the primiparas being 17-41 years (mean = 25.7 years) and for multiparas, 19-40 years (mean = 29.2 years) (Walker et al., 1986a).

Perceived role attainment was measured using the Pharis Self-Confidence Scale, a 13 item, five point scale that measures a parent's self-confidence in carrying out baby care. Demonstrated role attainment was measured by the maternal subscale of Price's (1977) Maternal-Infant Adaptation Scale (MIAS) (cited in Walker et al., 1986a) which rates maternal-infant interactions. Maternal identity was assessed by two semantic differential scales: *Myself as Mother* which were maternal self-evaluations, and *My Baby* which were evaluations of one's baby (Walker et al., 1986a).

The subjects completed the attitude scales and were interviewed first during the postpartum hospital stay and again during a home visit at four to six weeks after delivery. It was found that maternal attitudes during the postpartum period demonstrated both change and

stability (Walker et al., 1986a). Mothers became more self-confident and positive toward themselves from birth to four to six weeks postpartum. They also viewed their infants less positively at the end of the postpartum period than at the beginning. Multiparas demonstrated more positive attitudes toward themselves and their babies and were more confident in their role than were primiparas. The positive attitudes and self-confidence were stable across the postpartum period for both groups of women (Walker et al., 1986a).

The indicators of maternal identity and role attainment were more extensively interrelated among primiparas than multiparas which indicates that role attainment in this group may be a more significant factor in the formation of maternal identity than among multiparas (Walker et al., 1986a). The four sociodemographic variables examined showed little or no influence on the attitudes of either group of women.

To summarize, mothers became more self-confident and positive toward themselves as the postpartum period progressed although they viewed their infants less positively from birth to six weeks postpartum. Multiparous women viewed themselves more positively and were more confident in their roles than primiparous women. The results of this study have documented what may have seemed obvious to many. However, this study is limited by convenience sampling and in describing the process of maternal role attainment due to the short period of time in the postpartum period that was used for study. More descriptive data about the socioeconomic status of these women is also needed to ascertain the generalizability of these findings.

Curry (1983) studied twenty married, primiparous women to determine the effect of variables such as maternal self-concept, age, SES, support

system, previous experience with children, perceived help from husband and postpartum nurses, perception of the birth, and select infant characteristics on maternal role adaptation. In this descriptive study, self-evaluation and observations of maternal-infant interactions provided data at three collections intervals: at the time of recruitment in the third trimester of pregnancy, 36 hours after delivery, and three months after delivery.

A convenience sample was obtained from a university hospital-setting, obstetrical clinic. The women ranged in age from 20-31 years (mean=24), with a median monthly family income of \$1,000, with a range of \$250-2,500 per month. The mean educational level was 13 years with a range of 12 to 20 years (Curry, 1983).

When the 20 subjects were asked how the adaptation to motherhood had been, 15 described an easy adaptation while five stated it had been difficult for them (Curry, 1983). The only variable that distinguished the two groups prenatally was experience with infants and children: easy adapters having had more experience in this area. This is similar to the results of Shereshefsky and Yarrow (1973). The women who were experiencing difficulty in adapting to the maternal role perceived less support from the nursing staff and less help from their husbands during the postpartum period and also confronted the responsibilities of motherhood without the support of family during the first week at home (Curry, 1983).

Adaptation to motherhood was perceived as difficult by 25% of the women in this sample (Curry, 1983). These mothers also demonstrated fewer maternal attachment behaviors toward their infants when observed at three months postpartum than the easy adapters to the maternal role.

These women had felt unsupported in the hospital and at home and their self-concept was measurably diminished. Curry (1983) felt the lowered self-concept had a negative effect on feelings of maternal attachment and was manifested by fewer attachment behaviors being displayed.

Thus, of the variables under study, experience with children, self-concept, perception of support from nurses, and the perception of the husband's help were the variables most related to maternal role adaptation (Curry, 1983). Many suggestions for nursing interventions were also presented based on the findings of this study. The use of convenience sampling limits the generalizability of the findings and Curry (1983) also felt other variables should have included that are "obviously related to motherhood" (p. 120) and may have interacted with some of the variables under study. These variables included life stress, marital adjustment, and the attitude toward the pregnancy.

In 1981, Lederman, Weingarten, and Lederman embarked on the development of a scale to measure postpartum maternal adaptation. In previous work on the relationship between psychosocial conflicts during pregnancy and complications that arose during labor and delivery, a self-report questionnaire, the Prenatal Self-Evaluation Questionnaire (Lederman & Lederman, 1979) had been developed. Recognizing that maternal role adaptation continued after delivery into the postpartum period, eight scales were developed and subsequently, two of the scales that dealt with support for the maternal role from parents, friends and other family members were combined to form one scale leaving a total of seven scales (Lederman et al., 1981).

The questionnaire was administered to 91 subjects at three days postpartum and 58 subjects at six weeks postpartum in a sample drawn

from three hospitals in Michigan. There were 29 subjects who completed the measures at both time periods. The mothers were all married, had uncomplicated pregnancies, and the mean age was 27 years (Lederman et al., 1981).

The results demonstrated lower intercorrelation coefficients than reliability coefficients indicating that the scales were providing unique information and thus justified the use of separate scales for each dimension (Lederman et al., 1981). The seven dimensions of the Postpartum Self-Evaluation Questionnaire are: (1) Quality of the relationship with the husband; (2) Mother's perception of father's participation in child care; (3) Mother's gratification with labor and delivery experience; (4) Mother's satisfaction with life circumstances; (5) Mother's confidence in ability to cope with tasks of motherhood; (6) Mother's satisfaction with motherhood and infant care; and (7) Support for maternal role from family and friends (Lederman et al., 1981).

In Lederman's study, the relationship with the husband and satisfaction with motherhood decreased over time in the postpartum period (Lederman et al., 1981). The correlations of the repeated measures were statistically significant for all the scales, thus it was felt that early postpartum conflicts and concerns are likely to be predictive of later perceptions as well.

In summary, the Postpartum Self-Evaluation Questionnaire consists of seven dimensions of psychosocial adaptation to the maternal role, and was patterned after a prenatal self-evaluation scale previously developed by the same authors. Literature documentation of the use of

this scale is limited and in this case, the scale used was analyzed using the first six weeks of the postpartum period.

Summary of Maternal Adaptation Research

In summary, maternal role adaptation is a process whereby the new mother achieves competence in the role and integrates the mothering behaviors into her established role set so that she is comfortable with her identity as a mother. The maternal identity is the endpoint of this process which has been observed to occur three to ten months after childbirth. Many authors have identified measurable components or dimensions of the development of the maternal role and variables that impact on the adaptation to this role in the postpartum period.

Although mentioned briefly by Mercer (1985, 1986a), the relationship between maternal employment and maternal role adaptation has not been studied despite the increasingly large numbers of women who return to work soon after the birth of their babies. In the next section of this chapter, the body of literature available on maternal employment will be discussed.

Maternal Employment Research

Contemporary women in America can read about their discontent, stresses, and employment problems in many popular magazines available today. With the large numbers of women in the work force, employment issues for women have many potential readers. There is also a magazine specifically for working mothers that attempts to address issues of interest to this large segment of the work force.

There are many social biases that working mothers have had to contend with as they have attempted to change the social attitudes

toward maternal employment. The following themes were identified in a review of popular books about raising children (Zambrana, 1979):

(1) maternal employment during the early childhood years is detrimental to the child; (2) a woman with a small child should be a mother first and compromise her need to work; (3) the mother who returns to work for financial reasons should only work part-time; (4) the mother should be the primary caregiver as she is the only one who can adequately assume the day-to-day responsibility.

Effect of Maternal Employment on Children

Research on the effects of maternal employment on children and families began to appear in the 1930s as the numbers of women in the labor force increased. Hoffman (1979) reviewed these research efforts that included her own research on the subject which began in 1961. Hoffman (1984) states the early studies began in a climate of disapproval when maternal employment was considered undesirable, a source of maladjustment in children, and the root of other social malfunctions. For instance, in 1934, Gleuck and Gleuck suggested a correlation between juvenile delinquency and maternal employment but failed to control for extraneous variables as did many research efforts of that time invalidating their results (Hoffman, 1984). A general lack of theory and research skills, and insufficient criticism of results when they matched expectations, limits the value of early research efforts on the topic of the effects of maternal employment (Hoffman, 1984).

In the area of the effect of maternal employment on a child's health and development, a review of research findings has not shown a detrimental effect on children during infancy, early childhood, middle

childhood, or adolescence (Hoffman, 1979). In a similar review of maternal employment research, Howell (1973) also concluded there are almost no constant differences between the children of employed and nonemployed mothers. In fact, a number of positive effects of maternal employment have been reported.

Hoffman (1979) found school age children of working mothers are more independent than those of nonemployed mothers. Daughters of working mothers have shown an increase in academic and occupational competence, and positive adjustment, in general, and are higher achievers. The children of working mothers are also more likely to attain a non-stereotyped view of sex-roles compared to children of nonemployed mothers (Howell, 1973).

For adolescents, maternal employment studies have again demonstrated more independence in this age group, as well as better social and personality adjustment, a greater sense of personal worth, better family relations, and better interpersonal relationships at school (Hoffman, 1979). Furthermore, full-time maternal employment may be better suited to the needs of the adolescent when the "hold" on the child should be loosened and it was felt that a working mother finds this easier to accomplish because of an additional source of identity in her job (Hoffman, 1979).

There remain many areas of research to be studied in the area of maternal employment and its effect on a child's development. Investigation of the effects of various day-care alternatives and the development of "latch key children" as related to maternal employment are two areas of study that should be pursued. More longitudinal studies of the effects of maternal employment must also be undertaken.

As prevailing attitudes about maternal employment change, research previously performed should be replicated to verify the stability of previous findings.

Motivation for Return to Employment in the Postpartum Period

Another aspect of maternal employment that has been studied is the woman's motivation for returning to employment after the birth of a child. Until recently, the birth of the first child signalled the end of a woman's education and/or career until the children were grown or at least had started school. With women delaying childbirth, frequently until their thirties, there has been time for a rewarding career and professional advancements, and often this was what prompted the delay in starting a family. These women must often choose whether to forego their established careers to concentrate on the traditional maternal role, or to try to combine the two sets of role expectations.

The decision for a woman to work after the birth of a child usually involves several motivations. Even a single motivation can be traced to a number of social factors. One social factor previously discussed is the effect on the child of maternal employment, both assumed and actual effects. Other social factors may be the Protestant Work Ethic, birth control and being able to limit the family size and childbearing period, and the degree of contact with one's extended family (Hoffman, 1974).

As a result of the number of factors that may influence a woman's motivation to return to work, research about a woman's choice is conflicting. Poloma (1972) reported that when women have young children, they feel the motherhood role supercedes the career roles. Gilbert, Holahan, and Manning (1981) found considerable stress present

in their group of 22 "liberal and career-motivated women" who attempted to combine work and motherhood. Gilbert et al. (1981) concluded that the guilt feelings that resulted were a result of traditional views of motherhood which they were reacting to on an emotional level, although cognitively they no longer agreed with them.

In 1984, Hock, Gnezda, and McBride examined the attitudes of 317 randomly selected mothers, about the maternal role and maternal employment. These first-time mothers had given birth to healthy infants in three large midwestern metropolitan hospitals. The mean age of the mothers was 25.7 years with a range of 20-36 years, and they had completed a mean of 14.23 years of education. The mean head-of-household income was \$18,295. With respect to work status during pregnancy, 88% of the women had been employed (Hock et al., 1984).

The subjects were asked to complete a questionnaire in the maternity ward and three months later. The questionnaire included five Likert-type items designed to measure attitudes toward exclusive maternal care, as well as five items assessing the mothers' orientation toward outside employment versus staying at home. Two scales were then developed from these responses: Exclusive Maternal Care Scale and Home/Employment Orientation Scale (Hock et al., 1984).

Despite the fact that 66% of these women planned to return to work before their child's first birthday, and the average length of the maternity leave was 12.73 weeks, there was a pervasive belief that the maternal role should be a woman's primary role. Of these 317 women, in the immediate postpartum period, 69% stated if given a choice between working full-time and staying home with their child, they would choose

to stay home. Three months after delivery, this number had risen to 75% (Hock et al., 1984).

However, when the responses of these women were compared based on education and age, there were more traditional values in the younger group and also in the less educated group (Hock et al., 1984). This suggests that the older and better educated mother's employment experiences may have led to more personal satisfaction and fulfillment in the employment role and thus, less desire to relinquish employment.

In sum, most of the participants in this study expressed traditional views about the primacy of the maternal role for women. There was also an increased preference for staying at home with their infants versus resuming full-time employment over the first three months of the postpartum period, although in the older and more educated women there was less support for the "motherhood mandate." Further exploration of flexible work schedules and hours is needed to determine if this would impact on the woman's decision to return to work.

Pickens (1982) in a qualitative study of five career-oriented primiparas, 30-33 years of age, described the identity reformulation that took place as the women attempted to combine their career and maternal roles. All five women were college graduates, four with masters degrees, and were chosen while in the postpartum obstetrical unit of a large, urban, teaching hospital. Four of the women were married and had planned their pregnancy, while one was single and had an unplanned pregnancy. Three of the women were school teachers, one had a first-level management job in industry, and the other held a sales position (Pickens, 1982).

Data collection was through unstructured interviews in the postpartum unit, two to three weeks later in the home, and four months after delivery in the home. The interviews were initiated by asking the women, "How is everything going?" and then notes were taken by the interviewer. From these interviews, cognitive processes of identity reformulation were identified and tabulated (Pickens, 1982). From data analysis, it was determined that these women were experiencing an "identity crisis" (Pickens, 1982). (The women expressed discontinuity with many of their former attributes and were now feeling dependent and incompetent in their current roles. These women felt they were presented with a "no-win" situation as they felt frustrated and unfulfilled if they stayed home with the baby, yet worried about missing out on some important events in their baby's life if they went to work. Their solution was to find successful role models after which they could pattern the integration of the two roles. At four months postpartum, the women expressed less identity confusion and felt more positively about themselves (Pickens, 1982).

To summarize, a state of disequilibrium occurred in these career-oriented women during the postpartum period as they assumed the maternal role. They felt incompetent and dependent, and struggle with decisions about returning to work. Due to the small sample size and the characteristics of the sample, the results are not generalizable to the general population of working women. However, some of the cognitive processes and struggles of career women were highlighted in this study. Although without a comparison to a sample of women not returning to work, it is difficult to ascertain whether this state of disequilibrium was a unique experience for these career-oriented women.

The major reason given by women for working is "money" (Hoffman, 1979). This can be interpreted in many ways. Obviously, women who are supporting dependents or are the sole support of the family, need to work for financial gain and this has become more prevalent with the rise in the number of single-parent families. Perception of financial need, of course, varies with the situation and the individual. There are some women who work to maintain a standard of living or achieve the standard of those around them. This situation leads the woman to perceive a financial need for her to work, although Hoffman (1979) refers to this as a "financial desire." Acting on this desire has brought an unprecedented high standard of living to many working-class families.

Money also operates as a motive for maternal employment in another way. The role of housewife and mother is not a paid position and therefore does not tend to carry with it a sense of achievement, competence, and contribution (Hoffman, 1979). No one expresses this more clearly than the woman who reports she is "just a housewife." Bringing home a paycheck, no matter what the money is used for, also brings the woman a sense of achievement and a tangible contribution to the family (Hoffman, 1979). Furthermore, financial necessity, or even added income has been one of the most socially acceptable reasons available for working women who cite this reason in order to avoid negative social sanctions (Hoffman, 1974).

Behrman (1982) studied three groups of women who were first time mothers and asked them about their plans after childbirth in regards to returning to employment. The three groups were randomly selected and consisted of 26 women who remained home full-time, 23 mothers who returned to work full-time, and 21 women who returned part-time to

employment. The mean age of the full-time group was 29.8 years of age and 28.55 for the other two groups. The women in the full-time group also had more total years of education with 17.7 years compared to 16.9 years for the part-time group and 16.4 for the home group. Even more noteworthy was the fact the full-time group of women tended to earn a higher percentage of the total family income. On the average, these women had earned 46% of the family income while women in the part-time and home group contributed 35% and 31%, respectively. All of the women were in professional, technical or managerial positions with no significant differences between groups (Behrman, 1982).

In this descriptive study, the women were asked to rank their reasons for their decision: 46% of the women working full-time cited financial considerations as the primary reason for returning to work, while the wife's needs and career considerations were tied for second in importance in this group at 23%. For the women working part-time, the wife's needs were the primary reason given 43% of the time and the child's needs ranked second with 19% of the women responding positively to this category. In the women who chose to remain at home, 88% of the women said they did so because of the child's needs (Behrman, 1982).

Mercer (1986a) in her study of 242 primiparous women also asked questions about the woman's plans to return to work following the birth of their infants. Forty-five percent of the two older groups of women indicated they planned to return to work and financial need was the reason most frequently given for their plans; 21% of Group One (aged 15-19 years), 36% of Group Two (20-29 years), and 17% of Group Three (aged 30-42 years) gave that reason (Mercer, 1986a). Twice as many of the women in Group Three, 20% of the sample, indicated they wanted to

return to work which Mercer (1986a) felt reflected their greater progress in career development. About one-third of each group listed both the financial need and the desire to work as their reasons for plans to go to work. The average age of the infants when their mother returned to work was 15 weeks with the average infant in Group One 20 weeks old, Group Two infants 15 weeks, and Group Three infants, were 14 weeks old on the average (Mercer, 1986a).

Behrman (1982) and Mercer (1986a) reported similar findings from their research: financial need was the most frequently stated reason for returning to work after the birth of a first baby. } In both studies, the older women who had more time invested in a career, expressed more of a personal desire to return to work.

Another aspect of maternal employment that has been considered is the woman's satisfaction with and commitment to employment once she returns to work and how this may impact on the woman and her family. A number of studies have indicated that the working mother is more satisfied with her life than is the nonworking mother, and the mother's satisfaction with her maternal role increases her effectiveness as a parent (Gold & Andres, 1978; Hoffman, 1974). Conversely, the woman who must return to work or stay at home when her desire is to do otherwise, may function less effectively as a parent (Collins, 1986).

Jimenez and Newton (1982) studied the relation of reported job commitment to emotions during later pregnancy and early postpartum in 120 married primiparae. The women were randomly selected from the private practices of 16 obstetricians in the Chicago area. The mean age was 26 years with a range of 18-35 years. Thirty-seven percent of the women worked in professional and managerial jobs, 7% in technical jobs,

51% in clerical and service fields, 3% in artistic endeavors and 2% (2 women) had never worked (Jimenez & Newton, 1982).

The women completed a Job Descriptive Index in the prenatal period and a Work Plans Questionnaire in the postpartum period. Jimenez and Newton's (1982) results suggested that women who adapt well to work also adapt well to childbearing. Women who scored higher in positive job commitment had a more positive adjustment to their first pregnancy and early motherhood. Furthermore, those women who reported more interest in their jobs, tended to wait longer before starting a family, worked longer during pregnancy, planned to return to work sooner after delivery, and work more hours than those scoring lower in job satisfaction (Jimenez & Newton, 1982).

Jimenez and Newton's (1982) study underscored the effect that job satisfaction and job or career commitment can have on the motivation to return to work. This supports the findings of Mercer (1986a) and Behrman (1982) as well. Jimenez and Newton's (1982) sample was also more representative of the general characteristics of the female labor force than many of the other studies that have been reviewed. However, this sample was not representative of a broad range of socioeconomic levels.

Majewski (1986) in a correlational, descriptive study utilizing data from a study by Mercer (1981), studied a subgroup of 86 first-time mothers, in order to examine the relationships between employment role attitude, employment status, and the ease of transition to the maternal role. The women were between the ages of 20 and 39 years, currently married, and 55% of the women were engaged in occupational roles by the time the infant was eight months old.

Majewski (1986) found no correlation between a woman's employment role attitude and her subsequent ease of transition to the maternal role in these mothers. This is in contrast to Jimenez and Newton (1982) who found that women who adapted well to work roles also adapted well to the maternal role. The women were also asked to classify their employment as either a job or career, and there were no correlations when the two groups were analyzed separately related to employment role attitude. Majewski (1986) suggested that complaining about work roles is more socially acceptable than complaining about the difficulty in making the transition to the maternal role, and thus may explain this finding which is contrary to the findings of other researchers.

To summarize the research on a woman's motivation to return to work, several reasons and social factors that may affect a woman's decision were revealed in the literature. For many women, traditional values about the primacy of the motherhood role persist. For other women, financial concerns dominate or at least it has been more socially acceptable to cite this reason. Some career-oriented women feel committed to their employment situation and obtain a sense of satisfaction, competence, and independence from working outside of the home. The woman who returns to work or stays home when her desire is otherwise, may function less effectively in any or all of the roles she assumes.

Part-Time Versus Full-Time Postpartum Employment

Very little research has been done on maternal employment and the number of hours a woman works outside of the home per week. In Poloma's (1972) study of 45 dual-career families, 28 of the wives all of whom were high status professionals, did not work at all until their children

were in school; another ten of the women worked part-time; only seven worked full-time. This was the usual pattern of employment for women until more recently. By 1986 in the U.S., the majority of employed mothers worked full-time: 66% of the mothers with children under the age of three and 77% of the mothers with children in the 14-17 year old age group (U.S. Department of Labor, 1986). According to the Bureau of Labor Statistics (1986), full-time workers are those who work 35 hours or more per week and those who work less than 35 hours per week are considered part-time workers.

Dropping out of the labor force or cutting back on career involvement by working fewer hours is not without consequence for a woman's career. Women have difficulty rising to positions of responsibility, lose seniority, and receive smaller economic benefits because of these adjustments in their employment status (Behrman, 1982). For instance, only 15% of all part-time workers in 1979 had basic medical coverage as a benefit of employment and 56% of the part-time labor force consisted of women (Kamerman et al., 1983). In a 1986 reader survey by Working Woman magazine, 25% of the 4,900 women responding said they were mothers and felt motherhood had negatively affected their career. Thirty-seven percent of these mothers said their career advancement had been slowed, 15% said they took a less demanding job and 14% said they had changed to part-time work (Bureau of National Affairs, 1987).

As previously cited, Behrman (1982) had three groups of first-time mothers in respect to the number of hours they would work after delivery: full-time group, part-time group, and the home group. In the part-time group, the average woman was 29 years old, had worked for

about six years, and half had obtained a graduate degree. The decision to return to work part-time resulted only after a great deal of discussion with friends and colleagues, and they were still not sure they would carry out their actual plans. This group of women expressed an interest and investment in their careers but were not sure that involvement in their career would not interfere with their mothering role. "Thus, these women experienced conflictual feelings as they did not want to interrupt their careers but had substantial concern for their child's welfare." Therefore, they felt that a part-time career would be "the best of both worlds" (Behrman, 1982). When these women were asked if they thought they would return to full-time work in the future, 32% replied "yes," 26% replied "no," and 42% were not sure (Behrman, 1982).

In the group of women who planned to return to work full-time, the average woman was 30 years old, had obtained a graduate degree, and had been working in a "prestigious" occupation for approximately six years prior to pregnancy (Behrman, 1982). The decision to return to work was not felt to be a difficult one by the women in this group and they indicated a fair amount of certainty with their plans. They did not see the occupational and maternal roles as incompatible with one another and many women expressed the belief that "it's the quality of the time spent with the child and not the quantity" (Behrman, 1982, p. 105).

The women in the home group were about 29 years old, had a college degree, and had worked for approximately five years prior to starting their families (Behrman, 1982). The decision to quit work was a relatively easy one for this group and at this stage in their lives, the focal role was that of wife and mother. They perceived work as

interfering with their commitment to their children and families (Behrman, 1982).

The women sampled in this study (Behrman, 1982) were urban, middle class, college-educated subjects which limits the generalizability of these results. Furthermore, the opinions expressed were perceptions of how they thought they would manage the postpartum period since the interviews were completed prior to delivery. More research is needed to ascertain how the number of hours worked by a new mother affects her adaptation to the maternal role.

In another study, Moen and Dempster-McClain (1987) analyzed data from the 1977 Quality of Employment Survey to examine the work-time preferences of dual-earner couples with children aged 12 and under. A role strain framework was utilized to illuminate the factors related to an employed parent's stated preference for fewer work hours. Six factors were hypothesized to be related to the preferences of working parents for reduced working hours: gender, family obligations, subjective experience of role strain expressed as work-family interference, current work hours, occupational status and job flexibility (Moen & Dempster-McClain, 1987).

A subsample of 108 dual-earner wives and 116 dual-earner husbands who had at least one child aged 12 or under were drawn from 1,515 respondents interviewed in the larger survey conducted by the University of Michigan's Institute for Social Research (Moen & Dempster-McClain, 1987). The respondents provided information on their spouses as well as themselves in this study. Three classifications of occupational status and work time patterns were identified in the subsample (Table 3).

Table 3. Parental Work-time Pattern by Occupational Status

| <u>Family Occupational Status</u> | <u>Reduced^a</u> | <u>Regular^b</u> | <u>Extended^c</u> |
|-----------------------------------|----------------------------|----------------------------|-----------------------------|
| Total sample (%) | 34.4 | 18.8 | 46.9 |
| Both professional/managerial | 39.3 | 3.6 | 57.1 |
| Mixed | 30.2 | 9.5 | 60.3 |
| Both nonprofessional | 35.3 | 26.3 | 38.3 |

^aReduced=mother works part-time, father works full-time, overtime, or moonlights (part-time=20-34.5 hrs/wk; full-time=34-40.5 hrs/wk; overtime=41+ hrs/wk; moonlight=two jobs).

^bRegular=both work full-time.

^cExtended=both or one works full-time, overtime, moonlights and the other works full-time (Moen & Dempster-McClain, 1987).

Multivariate analysis techniques were utilized to determine work-hour preferences with the six variables under study.

The results revealed that gender is significantly related to work-hour preferences for both self and spouse, with 53% of all wives wishing to work fewer hours while 38% of all husbands wanted to work less (Moen & Dempster-McClain, 1987). Further analysis of those mothers who wanted to work fewer hours revealed they wanted to do so in order to spend more time with their children and it was primarily those mothers who worked full-time or more who stated this preference. Additionally, a preference for a reduced work week was related to perceived strains in managing both work and family roles. In fact, those parents reporting work-family interference were five times more likely than those without such strains to prefer reduced work hours.

A third factor related to a preference for fewer work hours was the actual number of hours worked per week (Moen & Dempster- McClain, 1987). In those couples working regular or extended hours, there was a significantly greater percentage that desired fewer work hours for themselves and their spouse. The other factors investigated (i.e. family obligations, job flexibility, and occupational status of each parent) did not reveal a significant degree of correlation with the preference for fewer work hours. Implications for policy making were also presented in relation to the findings of this study.

In summary, few studies have been done on the postpartum employment of working mothers related to the number of hours worked per week. In one study, only the anticipated work status after delivery was reported. In another study, factors were analyzed that related only to the preference for the number of hours worked. In the latter study, family size and the age of the youngest child in relation to the employment status of the mother were not analyzed. Further research is needed in order to ascertain the impact of maternal employment in a full-time versus a part-time capacity on role strain and role adaptations.

Maternity Leave

Another concern for many women is when to return to work after the birth of their child. For many women, there is no choice about how long the maternity leave will be as this is dictated by company policy. The issue of maternity or parental leave is increasingly a subject of legislative and research efforts (Kamerman et al., 1983; Catalyst, 1983; Catalyst, 1984; Bureau of National Affairs, 1987). These efforts are mainly concerned with the documentation of current corporate

policy and legislation to provide equal disability benefits to all employees and parental leave for both men and women, if so desired. The issue of how the length of the maternity leave affects the maternal-infant interaction and the maternal role adaptation has received less attention.

Maternity Leave Research

With the prevailing social and legislative attitudes about women working after the birth of a child slanted toward the need for a woman to remain at home, little study of the ideal length of a maternity leave has been done. Rather, personal opinions have been expressed that have reflected traditional views of trying to mix motherhood and employment.

In 1980, the entire membership of the American Academy of Pediatrics was polled regarding the members' attitudes toward maternal employment (Heins, Stillman, Sabers, & Mazzeo, 1983). The pediatricians were asked what age a child should be before a mother returns to work (length of maternity leave), to rank the importance of factors that would determine their advice to a mother regarding her working, and under what circumstances they had recommended to a mother that she work, or not work, outside of the home.

Responses were received from 5,758 pediatricians which was a 31% response rate (Heins et al., 1983). The mean age of the respondents was 44 years with a range of 25 to 90 years. When the ages were broken into three groups, less than 37 years, 38-50 years, and more than 51 years old, there was a greater percentage of younger respondents than was characteristic of the membership of the Academy. Also, women composed 25% of the sample, although they comprise only 13% of the total membership of the Academy. Thus, there may be bias' in some of the

results of this survey based on the age and sex of the respondents. Of the respondents, 37% of the women and 27% of the men had mothers who worked outside of the home when they were children (Heins et al., 1983).

When the pediatricians were asked about the child's age at the time the mother returns to work when she does so for her "personal fulfillment," 7% answered three months or less, 26% said three years, 36% said when the child starts school, 29% did not feel that it mattered and 1% said a mother should never work (Heins et al., 1983). When these responses were classified according to the sex and age of the respondent, older respondents were more likely to say "a mother should never work," and less likely to choose "it makes no difference." Women were more likely to choose the latter response (Heins et al., 1983).

When asked open-ended questions about the circumstances under which a mother could return to work, nine categories of answers resulted from content analysis (Heins et al., 1983). In order these responses were: economic reasons (25%), never recommend mother work (22%), mother's emotional needs (18%), mother's fulfillment (15%), child is better off without mother (9%), reassure mother (4%), adequacy of child care (4%), child's age (2%), and mother does important work (1%). When taken together, maternal needs accounted for 37% of all responses (Heins et al., 1983).

In order to determine what factors pediatricians considered when they advised a mother regarding her desire to work, they were asked to rank nine variables on a five point scale (Heins et al., 1983). Adequacy of child care or economic necessity was always ranked highest when the respondents were classified according to age and sex, and the

importance of a women's self-fulfillment decreased as the age of the respondent increased (Heins et al., 1983).

As demonstrated by this polling of pediatricians, bias against maternal employment exists with many of these physicians holding the belief that a mother's place is in the home. For those respondents who did give a mother recommendations regarding the length of her leave from employment, 7% answered three months or less; 26% answered three years; 36% said when child starts school; and 29% said it did not matter (Heins et al., 1983). Also important in respect to interventions for working mothers is the finding that 18% of these pediatricians said they never give advice on this topic.

Another pediatrician, T. Berry Brazelton, has written extensively on the subject of maternal employment and hosts a syndicated television series on parent-child issues. Although clinical research has not been done to support his recommendations, Brazelton in a 1981 publication, stated "at least six months and even a year might be the ideal time span" (p. 12) for the length of the maternity leave. Later, in the same publication Brazelton (1981) states, "I feel that a mother (or father) should be at home and in charge of her or his baby for at least the first four months, as an absolute minimum" (p. 191).

In 1985, Brazelton again states his opinion that the first four months "should be inviolate" (p. 22) and a mother should not leave her baby during this time. Four stages in the parent-infant relationship are described that occur during the first four months of the baby's life. Based on the activities of the dyad (or triad) during these stages, Brazelton states "...a law mandating four paid months of

maternity leave and one month paternity leave would effectively emphasize the importance of this period" (p. 60).

Kamerman et al. (1983) citing current child development research in relation to the length of the maternity leave, concludes there is no definitive answer about what is best for children and their parents. They acknowledge that "...it would appear that the ability of a parent to devote himself or herself to the child, without excessive diversion or external pressure, can have important consequences..." (Kamerman et al., 1983) for child development during the first year of life. Kamerman et al. (1983), recommend a period of at least three to nine months for the length of the maternity leave.

In a survey of 815 two-career families, 36% of the women were back at their jobs within one to eight weeks, 32% took 9-18 weeks, 19% took 19-33 weeks, and 10% took longer for their maternity leave (Catalyst, 1980). The median time of the leave in this survey was 12 weeks.

The Yale Bush Center in Child Development and Social Policy, Advisory Committee on Infant Care Leave--whose members include academics and professionals in child development, business, health, social welfare and law--recommended that leave be available for a minimum of six months with 75% income replacement for three months, and full benefit continuation and job protection for six months (Zigler & Muenchow, 1983). Zigler and Muenchow (1983) stated that although this time limit may seem arbitrary and deserves further study, it is based on family and child health reasons. They state the process by which parents and infants communicate is a subtle and requires time for development. The disruption in family routines and sleep patterns are a

second reason for a prolonged period of leave available for parents (Zigler & Muenchow, 1983).

In sum, many recommendations are given to new mothers regarding when they "should" return to employment in the postpartum period. These recommendations continue to be based on personal opinion, social bias', and child development research. Despite these recommendations for a longer maternity leave, women with infants are returning to work in large numbers early in the first postpartum year. Most recommendations focus on the needs of the infant. Studies on the length of the maternity leave and its effect on the mother and her adaptation to the maternal role have not been reported.

Role Strain

According to role theory, role strain during role transitional periods has been shown to be a universal and "normative" phenomenon. Goode (1960) stated that the problem in these role transition processes is how to make the whole system manageable in order to reduce the strain. For the new mother who returns to work during the first postpartum year, balancing multiple roles successfully has been found to be a source of role strain (Herman & Gyllstrom, 1977; Myers-Wall, 1984; Van Meter & Agronow, 1982). In this study, management of the occupational role in such a way as to decrease overall role strain is the variable under study.

A number of descriptive studies have been done with working women and families, particularly dual-career families, to determine sources of strain and stress in these individuals (Gray, 1983; Hall, 1972; Herman & Gyllstrom, 1977; Johnson & Johnson, 1977; Keith & Schafer, 1980; Majewski, 1986; Mercer, 1985; Miller & Sollie, 1980; Myers-Wall, 1984;

Tiedje, 1987). Much of the literature deals with stress and strain as an inherent aspect of the dual-career lifestyle and attempts to determine what coping strategies are utilized, mainly by women, in managing the strain. Those studies that considered a woman's occupational status as a variable in determining the level of strain will be reviewed.

In an attempt to develop and explore a model for coping with role conflict, Hall (1972) nonrandomly sampled 109 college-educated women in a pilot study, and subsequently, 261 randomly selected college graduates. When these women were asked to list their most prominent roles, those mentioned most frequently were wife, mother, volunteer, and employee. When asked to describe where strains existed between these roles, the following sources of pressure were identified: home (wife and mother role), nonhome (employment), self (personal desires to develop interests), and time. Although "time" did not involve any particular role, it was mentioned so frequently it was included. Finally, the women were asked how they dealt with these conflicts and 16 coping techniques were identified (Hall, 1972).

The 16 techniques were classified into three categories. Type I coping was labelled structural role redefinition, and involved altering external, structurally imposed expectations relevant to a person's position (Hall, 1972). Type II coping was personal role redefinition, changing one's expectations and perception of one's own behavior in a given position. For 33 women in this study, this involved quitting work. Type III coping was referred to as reactive role behavior and entailed attempting to find ways to meet all role expectations. Some

women adapted by demanding more of themselves, while 45 women changed their work schedule to increase their overall efficiency (Hall, 1972).

In sum, Hall (1972) found that the greatest role problem faced by a woman was the conflict arising from multiple roles (inter-role conflict), and was more a matter of role overload and competition for her time rather than an issue of incompatibility (intra-role conflict). In this study, role overload was found to be related to the number of hours a woman works per week. Furthermore, comparing a woman's roles to a man's roles, showed that men do not have fewer roles than women, but they tend to produce less conflict as they demand action of the role holder at different times rather than simultaneously (Hall, 1972).

In 1977, Johnson and Johnson interviewed 28 dual-career families in a cross-sectional descriptive study in order to describe parental adaptation to role strain and identify the techniques used to modify the strain. In this random sample, each family had at least one child under the age of 12, with a mean age of 5.6 years, and the mean number of children was 1.7. All the parents were college educated and in professional positions. No data was given for the age of the parents, number of hours each parent worked, length of the marriage, or ranges of ages of the children and numbers of children in each family.

The interviews of the husbands and wives lasted about two hours and were conducted separately (Johnson & Johnson, 1977). A combination of open-ended questions and forced-choice questions were utilized but no information on the specific data collection tools was made available.

All the women in this study reported major concerns over the conflict between career and their children, and this conflict was referred to by the authors as role strain (Johnson & Johnson, 1977).

The women reported this role strain 116 times and involved emotional depletion, guilt and fatigue. The cause of the role strain 64% of the time centered around child-rearing problems and their guilt and fatigue related to dealing with these problems. Marital or financial problems only accounted for 15% of the reports of strain (Johnson & Johnson, 1977).

Husbands, on the other hand, were either vague or unemotional in their reports of role strain in themselves or their wives (Johnson & Johnson, 1977). In most cases, the men were reported as minimizing or denying any perceived role strain as their technique of resolving strain. A number of techniques were utilized by the women to modify their perceived level of strain.

The most common technique utilized by the women to modify strain was to temporarily lower their career ambitions and assign more time to domestic roles (Johnson & Johnson, 1977). There was no mention made in this study of modifications made in the occupational role other than to say that the women had lowered their career aspirations to avoid higher levels of role strain.

In summary, Johnson and Johnson (1977) interviewed dual career families with young children and found that the wives and mothers in particular, experienced difficulties in respect to the proliferation of role demands in both home and job situations. The greatest strain was in the maternal role and the most common technique utilized by mothers to cope with this strain was to lower their career ambitions and assign more time to the domestic role. Further analysis of how the maternal and occupational roles of women can be modified to lower role strain is needed.

In another attempt to identify the coping strategies utilized by first-time mothers who returned to employment, Myers-Wall (1984) interviewed 42 married women during their postpartum stay and at two months after delivery using Paloma's Coping Strategies scale and an adaptation of Steffensmeier's Ease of Transition instrument. The mean age of the subjects under study was 23.74 years (range 18-33), and all but three of the subjects had been employed prior to pregnancy. At the time of the second interview (two months postpartum), 35.7% of the women had returned to a job outside of the home (Myers-Wall, 1984).

Myers-Wall (1984) identified four role commitments that conflicted with new parenthood: work, social life, marriage, and housekeeping roles. Using correlational techniques, it was found that the use of coping strategies was especially useful in dealing with conflicts between the woman's social and work roles and eased the transition to parenthood. It was determined that employment and social life roles clash with parenthood primarily due to location conflicts and conflicts in expectations. The coping strategies utilized were holding a positive view of the situation, establishing a salient role, compartmentalizing roles, and compromising standards. These strategies seemed to be more appropriate for dealing with social life and employment role conflicts than for marital and housekeeping roles and thus accounted for the stronger correlations (Myers-Wall, 1984).

The use of these coping strategies resulted in less disruption in one's living pattern, better overall adjustment to parenthood, more satisfaction with the changes that did occur, and higher marital satisfaction and harmony (Myers-Wall, 1984). It was recommended that these strategies be incorporated into instructions for new mothers who

intended to return to the labor force while adjusting to the new demands of parenthood, thus enhancing their effectiveness in both roles.

In 1983, Gray surveyed 232 married, women doctors, lawyers and professors about their attitudes toward their roles and how they cope with role conflicts. The women were randomly selected from an urban area in the East and were administered a 64 item fixed-choice questionnaire that also included one open-ended and demographic data questions. More in depth information was obtained through hour long personal interviews with 15 subjects randomly chosen from various subgroups of the original sample (Gray, 1983).

The participants in this study were evenly representative of the three professions, with an average age of 39 years and a range of 25 to 69 years (Gray, 1983). In a typical week, the women averaged 46.0 hours worked and 23 of the women or 9.9% said they worked part-time. The average number of children was 1.7 and 68 women or 29.3% had no children (Gray, 1983).

In this descriptive survey, it was revealed that 77% of the women often experienced strains between their home and career roles (Gray, 1983). Of the women, 46% felt that their family was more important than their career, 46% stated it was impossible to rank the relative importance of these roles, and 8% said their careers definitely came first. Over 80% said that their husbands, colleagues, and parents were supportive of their careers (Gray, 1983).

An analysis of the coping strategies used by these women revealed 80% of the women reported family members helped with chores, they had reduced standards within certain roles, and they rotated their attention among roles, depending on which need was most pressing (Gray, 1983).

Other commonly used strategies were eliminating certain activities within roles, developing new attitudes to reduce conflicts, and carefully scheduling and organizing activities. These strategies were all closely related to satisfaction with these roles. The two strategies that were rarely used were keeping roles totally separate and eliminating roles. Nearly 47% of the women stated that had no "conscious" strategies for dealing with role strain (Gray, 1983).

Gray's (1983) work documents the presence of role strain in employed professional women, however, the age of the child or the presence of the child in the home at the time of the survey was not reported. Furthermore, the process of role adaptation was not discussed in this study.

In another report of data from earlier research efforts, Mercer (1985) asked the 242 first-time mothers she studied to report the amount of role strain they perceived. A five-point scale ranging from "none" to "very high" levels of strain was utilized at four, eight, and 12 months postpartum. At four months, 18% of the women reported high or very high levels of role strain. This increased to 16% at eight months and 21% at one year. Only 13% did not report any perceived role strain. Even with increased experience in the maternal role, the perceived strain did not decrease and Mercer (1985) felt this may be reflective of the increase in employed mothers from 55% at eight months to 62% at one year. However, comparisons of levels of role strain in employed versus nonemployed mothers at the same periods of time showed no difference in the groups (Mercer, 1985).

Majewski (1986) using a subgroup sample of 86 women from Mercer's (1984) larger sample, attempted to further correlate and describe the

relationship between role conflict and the ease of transition to the maternal role. Role conflict between pairs of life roles was measured utilizing the Role Conflict Scale (RCS) developed by Holohan and Gilbert (1979). The transition to the maternal role was measured with a seven item scale (Blank, 1964) and Mercer's (1985) 14 item maternal behaviors scale.

Majewski (1986) found no difference between groups of employed and unemployed mothers in relation to the extent of perceived role conflict as measured by the RCS. However, when the employed mothers were separated according to job versus career, those mothers with careers experienced significantly more conflict on subscales of the RCS. The woman who perceives her employment as a career may feel greater involvement and personal investment in a career, and thus more conflict between roles (Majewski, 1986).

Another explanation offered for differences in levels of conflict was related to the personality variables of the women: women with jobs being more easy-going and less goal oriented than women with careers and also may have selected less demanding jobs in anticipation of difficulty with their roles as mothers (Majewski, 1986). However, irregardless of employment status, those mothers with higher levels of perceived role conflict had greater difficulty in making the transition to the maternal role. Thus, role strain and role conflict were found to impede the transition to the new role (Majewski, 1986).

Tiedje (1987) went beyond the role strain/conflict model for analyzing the coping effectiveness of employed mothers. Included in the conceptual framework was the "role enhancement" concept to help explain a woman's experience in coping with multiple roles. That is, there are

potential benefits, satisfactions, or rewards as well as strains, for women occupying multiple roles. Utilizing 65 faculty women and 93 mid-level business managerial women who were married and had at least one child under the age of five, a personal interview and data from a pre-interview questionnaire provided data for analysis in this study (Tiedje, 1987).

To measure perceptions of inter-role combinations, Conflict and Enhancement subscales of the Role Concurrence Perception Scale (RCPS) (Tiedje, 1987) were utilized. The overall findings of this study revealed that neither the conflict or enhancement hypothesis alone is an adequate explanation of a woman's experience in their social roles in relation to their coping effectiveness (Tiedje, 1987). Rather, role enhancement and role conflict must be viewed as coexistent and intermingling (Table 4). Differences in a woman's perceptions of role conflict and enhancement are also associated with differences in coping effectiveness (Tiedje, 1987). Although professional women with preschool children experience conflicts in their roles of wife, mother, and worker, they also experience satisfactions and rewards that enhance coping effectiveness (Tiedje, 1987).

Table 4. Inter-role Concurrence Typology: Family & Career Roles

| | | <u>Enhancement</u> | |
|-----------------|------|----------------------------------|-----------------------------------|
| | | Low | High |
| <u>Conflict</u> | High | Low enhancement High conflict | High enhancement High conflict |
| | Low | Low enhancement Low conflict | High enhancement Low conflict |

In summary, role strain during role transition periods has been shown to be a universal and "normative" phenomenon. In particular, role strain and conflict exists for working mothers between employment roles and parenting roles. Women consistently reported more work-family strain than men in dual career families. Strain was also found to impede the transition to the maternal role. Numerous coping strategies have been identified and include lowering role expectations or compromising standards, compartmentalizing roles, holding a positive view of the situation, scheduling and organizing activities, utilize social supports, and lowering career aspirations. Research also suggests that role enhancement coexists with role conflict/strain to affect coping effectiveness in women with multiple social roles. More research is needed to study the relationship between manipulation of the occupational role as a coping strategy and the maternal role adaptation process during the first postpartum year.

Interventions With Working Mothers

Although this study of the maternal role adaptation process and occupational variables that may affect the process does not include an intervention as part of the conceptual framework, a review of interventions will be included as a basis for recommendations for interventions with working mothers that will be presented in Chapter VI.

Childbirth education has long been recognized as an important aspect of the parental preparation for the labor and delivery experience. Many of these classes do include some anticipatory guidance for couples regarding postnatal parenting concerns. However, very few educational programs have been developed that specifically address the

working mother and issues pertinent to this now predominant parenting situation.

Cronenwett (1976) addresses the need for postpartum guidance for new parents stating that hospital-based maternity nurses are inconsistent in providing information related to the problems of parenthood and textbooks on maternity nursing omit or do little to emphasize this important area. Postpartum support groups were started in 1975 in Michigan through the LaMaze Association of Ann Arbor (Cronenwett, 1976). These groups were designed to allow new parents to share experiences, feelings, and coping strategies as they dealt with the immediate postpartum period and the transition to parenthood. One of the major foci of the groups during the first six months was the problem of role changes. All of the primiparas had returned to work at least on a part-time basis during the course of the group meetings. Most of the mothers were intensely searching for a way to integrate their maternal feelings into their previously established identities (Cronenwett, 1976). Later discussions focused on other relationships such as the marital and immediate family (grandparents) interactions. The groups became a source of information and a means of providing support for the families involved.

In a retrospective analysis of women who had attended the postpartum support groups, Cronenwett (1980) attempted to determine the characteristics of women who had used this form of support, the needs that were met by participating in this group, the types of discussions most meaningful to group members, and the factors affecting group affectiveness in providing support.

Questionnaires were returned from 66 married caucasian women who had participated or were still participating in groups (Cronenwett, 1980). The mean age for the respondents was 27 years, the median education was that of a college graduate, and the median income was \$15,000 per year. Primiparas accounted for 73% of the group and 70% of the women had returned to work before participating in the groups. None of the groups were couple groups but 52% of the women reported being in groups where babies attended the sessions (Cronenwett, 1980).

When asked why they had joined the postpartum support group, 24 of the respondents (36%) expressed a desire to talk with other persons in the same situation (Cronenwett, 1980). The reason mentioned by 27% of the women was a desire to meet new people with children their child's age. Over 80% of the women believed all of their initial expectations and needs had been met by the group experience.

When the women were asked to select topics that had been the most meaningful to them, negative feelings about parenting were most important when the baby was less than six months old (Cronenwett, 1980). Talking about working or not working outside of the home was most important when the baby was over six months old. Discussing the labor and delivery experience was important to the women irregardless of the infant's age. When asked how the topics were chosen for discussion, 73% of the women mentioned the recognition of the universal nature of their feelings and the reassurance that their situation was normal (Cronenwett, 1980).

The length of time a woman remained in the group was significantly related to whether she was working outside of the home or not (Cronenwett, 1980). Seventy-seven percent of the mothers who returned

to work stayed in the groups for a year or more while 85% of the mothers who did not return to work were in their group for one year or less. This was the only variable that significantly affected the length of time in the group (Cronenwett, 1980).

In sum, postpartum support groups can provide opportunities for new mothers to "norm" with other women in similar situations, offer social contacts, and allow new mothers to discuss their labor and delivery experiences. Women who worked outside of the home tended to remain in the groups for longer periods of time. Possibly this was related to the need of better-educated and older women for a group where the maternal role is esteemed and validated or the norming aspect of the group interaction may account for this phenomenon.

In 1985, Collins and Tiedje began a quasi-experimental intervention study with 35 married primiparas who were planning to return to work at least 20 hours per week within six months of the birth of their child. The data used for analysis in this author's research is from this intervention study. The women responded to advertisements about a group that would meet six times to discuss issues pertinent to working mothers. Those women who could not attend the group sessions were asked to be a part of the control group and answer questionnaires at four points in time: pretest (pre-intervention), two and four months after returning to work, and one year after the infant's birth (Collins & Tiedje, in press).

The primary objective of Collins and Tiedje's research (in press), was to examine the effects of a pilot intervention on the well-being of married women resuming employment following the birth of their first child through comparison of an experimental and a control group. The

measures utilized were Lederman and Weingarten's Postpartum Self-Evaluation Questionnaire, Osipow and Spokane's Measure of Occupational Strain, Depuy's General Well-being Schedule, Cohen Perceived Stress Evaluation Questionnaire, and Pearlin's Role Satisfaction subscales.

The women who participated in this study were on the average 30.4 years old with a range of 24 to 38 years of age (Collins & Tiedje, in press). The educational background revealed 24.2% had completed high school and some technical training, 42.4% were college graduates, and 23.3% had attended graduate school or had a graduate degree. After returning to work, 32.4% of the women worked 20-35 hours per week, 38.2% worked 36-40 hours, and 29.4% worked more than 40 hours per week. When asked how important their employment was for economic survival, 15.2% stated it was "not important or not too important," 51.6% answered "somewhat important," and 33.3% felt it was "very important." There were no initial differences between the control and experimental groups on demographic, work, or family functioning variables (Collins & Tiedje, in press).

Collins and Tiedje (in press) reported lower levels of work strain and higher levels of well-being at work for those mothers who had attended the group sessions when measured at two and four months after return to work. However, participation in the sessions did not appear to influence marital or parental well-being or postpartum adaptation at the two and four month data collection times. Qualitatively, the participants were very positive about the opportunity for "norming" in the group, and appreciated the information and role modeling provided by the nurse facilitators.

A number of authors, as a result of research with new mothers and parents during the postpartum period have recommended various nursing interventions for these groups (Hardin & Skerrett, 1981; Kutzner & Toussie-Weingarten, 1984; Sheehan, 1981). These interventions include anticipatory guidance, counseling, education, and role modeling by the professional nurse. However, these interventions were discussed in a one-to-one nurse-client relationship rather than group interventions. Research on the effectiveness of these interventions during the postpartum period is lacking. Nor has research specifically looked at interventions designed to facilitate maternal role adaptation.

In summary, the literature on interventions during the postpartum period with new mothers (parents) has usually given recommendations for intervention rather than studying the effect of interventions with the exception of two studies reporting group education and support group results. More research is needed that documents the outcomes of nursing interventions during the postpartum period.

Chapter Summary

In this chapter, a review of the literature has been presented relevant to the variables in this study of maternal role adaptation and maternal employment from historical and research perspectives. In addition, role strain literature was reviewed as it pertained to these variables, and interventions with mothers and parents in the postpartum period were also examined.

Maternal role adaptation has been defined as a process whereby the new mother achieves competence in the role and integrates the mothering behaviors into her established role set so she is comfortable with her identity as a mother. The endpoint of this process is the achievement

of maternal identity and has been observed to occur within three to ten months after the birth of the baby. Increasingly, women with children are returning to work during the period of time in which maternal role adaptation is taking place, yet the relationship between maternal employment and role adaptation has not been studied.

There are various aspects of a woman's employment situation after the birth of her first child that can vary and thus may affect maternal role adaptation. This study is specifically concerned with the length of a woman's maternity leave, the number of hours that a woman works and the level of choice about returning to employment. The literature reveals that little research has been done to study each of these variables in respect to maternal role adaptation. Currently the issues being raised about maternity leave deal with the child's growth and development and business/economic issues of maternity leave rather than the mother's role adaptation.

Role strain has been shown to be a universal and normative phenomenon during role transition periods. In working women, role strain and conflict exists between employment roles and parenting roles and has been found to impede the transition to the maternal role. Numerous coping strategies utilized by working women have been identified. In this study, the employment variables will be analyzed as precursors or moderators of role strain and the subsequent effects on maternal role adaptation. Previously this has not been reported in the literature on role strain.

The intervention literature regarding facilitating maternal role adaptation in working mothers is also scarce with only two research efforts reported. Postpartum education, counseling, and anticipatory

guidance for working mothers has been lacking in childbirth education programs, maternity nursing texts, and the clinical practices of professional nurses. This may be due in part to the lack of research with contemporary women choosing to combine employment and motherhood. This study can contribute to this body of knowledge and provide research-based information to guide health promotion interventions with a growing segment of the population.

In this chapter the relevant literature pertaining to the study variables has been reviewed. The methods for examining these variables and the procedures used are presented in Chapter IV.

CHAPTER IV

Methodology and Procedures

Overview

This study was designed to identify and describe the relationship between select occupational variables and maternal role adaptation during the postpartum period for first time mothers who return to work. Data for this study were collected as part of a grant from the American Nurses Foundation, "Promoting Positive Well-Being in Employed Mothers," conducted by C. Collins and L.B. Tiedje.

The study design for the original project was a quasi-experimental, repeated measures design with two groups of women. One group of women was assigned to participate in a six-session, group nursing intervention designed to promote the well-being of women returning to employment following the birth of a first child. A second group of women served as a control group that completed the same measures without attending the group intervention sessions. Data were collected on both groups at intake, two and four months after returning to work, and one year after the birth of the baby.

In this chapter the concepts under study are operationally defined. In addition, the criteria for selection of the original sample along with data collection procedures, instrument selection, and human rights protection from the original project are presented. A discussion of the methods of statistical analysis for this study concludes this chapter.

Research Questions

This study will be directed at answering the following research question: Is there a relationship between 1) length of maternity leave, 2) number of hours worked per week by the new mother, and 3) reasons for working after the birth of a first baby, and the degree of maternal role adaptation as measured at two months after return to employment?

Specifically:

1. Is there a relationship between the degree of importance placed on financial incentives as a reason for returning to work after the birth of a first baby and the degree of maternal role adaptation as measured at two months after return to employment?
2. Is there a relationship between the degree of importance placed on personal motivations as a reason for returning to work after the birth of a first baby and the degree of maternal role adaptation as measured at two months after return to employment?

Hypotheses

The following hypotheses are tested in this study:

1. Women who have longer maternity leaves will have a higher degree of maternal role adaptation at two months after return to employment.
2. Women who work full-time will have lower degrees of maternal role adaptation at two months after return to employment than women who work part-time.

Sample

In the original study, women who were interested in attending group nursing intervention sessions were asked to call for dates and times of group sessions. Those women who called expressing interest in the group were entered on a contact sheet. They were then called by the one of

the principal investigators of the original project, and given information about the group sessions. The individuals wishing to participate in the study were entered into the intervention group or control group based on whether or not the group was starting at the time the potential participant contacted the Expectant Parent Organization.

A total of 35 control and experimental group participants were identified for inclusion in the original study. Of these, 17 were entered into the control group and 18 into the experimental group subject to a six-session group intervention. Two of the control group subjects were lost: one subject had not returned to work during the first postpartum year and one subject was not married and not living with the father of the baby, and therefore did not meet the study criteria. One control group participant completed two of the measures and requested to be dropped from the study as she was moving out of state. The final sample was voluntary and not randomly selected.

Study Procedures

After a participant had been identified as a control group subject, they were assigned a code number and sent a packet of information which included the following:

1. Introductory cover letter
2. Control group consent form
3. Initial pretest questionnaire (Appendix A)
4. Postcard for notification of return to work
5. Preaddressed, stamped return envelope

Records were maintained and dates for administration of successive questionnaires were calculated. At two and four months after the actual return to work date, questionnaires were mailed to the control group

participants with a cover letter and a preaddressed, stamped return envelope. The fourth measure was similarly mailed to the subjects at one year after the birth of the woman's infant.

The experimental subjects participated in one of three groups that met six times in the postpartum period, prior to the woman's return to employment. During the first class, the participants signed a consent form and completed the self-administered pretest questionnaire. Again, records were maintained and dates for administration of successive questionnaires were calculated. The two month (Appendix B), four month, and one year questionnaires were mailed to the participants at the appropriate times in a manner similar to the control group participants.

The intervention for the experimental group participants consisted of flexible sessions at the home of one of the principal investigators, where individual concerns, discussion, and informality were considered more important than the content for any particular session. A number of different concerns were discussed at each session depending on group concerns and needs.

The final sample for this study included these participants from both the control and experimental groups. There were no significant differences between the two groups concerning sociodemographic variables. Nor were significant differences found between control and experimental groups on maternal role adaptation (Collins & Tiedje, in press). But in this study, the focus is not on assessing the effects of the experimental intervention; rather, the primary interest lies in correlating attributes and behavioral choices of subjects with an outcome variable measuring maternal adaptation.

Timing of Data Collection

The level of maternal role adaptation in the original study was measured at three distinct points after the participants returned to employment: two and four months after the return to employment and one year after the birth of the infant. For this study, the two month measure was used for data analysis to evaluate maternal role adaptation in relation to the resumption of the worker role.

Operationalization of the Study Variables

Maternal Role Adaptation

Maternal role adaptation is defined as a process occurring during the first postpartum year in which the mother achieves competence in the maternal role and integrates the mothering behaviors into her established role set (Mercer, 1986a). In this study, maternal role adaptation was measured by using scores from the subscales of the instrument, Postpartum Self-evaluation Questionnaire (PSEQ) (Appendix C). Two of the seven subscales were utilized: The Mother's Confidence in her Ability to Cope with the Tasks of Motherhood; and The Mother's Satisfaction with Motherhood and Infant Care. On each of the items in the subscales, subjects were given five Likert-type response options ranging from "never or almost never" to "always or almost always." Both positively and negatively worded statements were used on the questionnaire to prevent response bias. Scores on the negatively stated items were reversed. Higher scores on the subscales are indicative of poorer maternal role adaptation.

One subscale of the PSEQ, entitled "Mother's Confidence in Her Ability To Cope with the Tasks of Motherhood", was operationalized as the mother's doubts about her ability to parent, specifically as her

ability to interpret her infant's behaviors and to meet his or her needs (Lederman et al., 1981). After distinguishing between confidence in skills and satisfaction with the mother role, the subscale, "The Mother's Satisfaction with Motherhood and Infant Care," was developed to measure the mother's pleasure with the nurturant activities and a relative preference for a motherhood role versus other roles (Lederman et al., 1981). The interscale correlations of these two scales were reported by Lederman et al., (1981) as 0.25 and 0.35 at three days and six weeks postpartum, respectively. The other subscales of the PSEQ deal with conceptual issues of maternal support, marital relationships, and the delivery experience which do not help explain the relationship between employment and maternal role adaptation within a role theory perspective.

Validity of Postpartum Self-Evaluation Questionnaire

Validity refers to the degree to which an instrument measures what it is intended and presumed to measure. Content validity is concerned with adequate sampling of content. There are no objective methods to confirm the adequacy of content coverage of an instrument. One way to establish validity is to rely on experts to determine if items are representative of the trait to be measured (Polit & Hungler, 1987). Another type of validity is predictive validity. This type of validity refers to the adequacy of an instrument in predicting some criterion to be observed at a future time. Information on the validity of this instrument has been requested from the authors.

Reliability of Postpartum Self-Evaluation Questionnaire

Reliability, in the sense of internal consistency of an instrument refers to the extent to which all items of the instrument are equally

good indicators of a concept or attribute in question (Polit & Hungler, 1987). A second meaning of reliability refers to reproducibility of results: a measure is reliable to the extent that repeated application of the instrument produces the same results. The less the scores of an instrument are influenced by error, the greater the reliability of the instrument. One of the most useful indices of reliability in the first sense, internal consistency, is the Cronbach's alpha. The range of values of the alpha coefficient is from 0.00 to 1.00 if the correlations among the items are, on the average, positive. The higher the coefficient, the higher the degree of internal consistency (Polit & Hungler, 1987). Its value depends both on the size of the average correlation among the items of the scale and the number of scale items.

In the Lederman et al. (1981) study, the reliability coefficients of the subscales of the Postpartum Self-evaluation Questionnaire range from .62 to .82 at three days postpartum and .73-.90 at six weeks postpartum. In that study, reliabilities for the two subscales of interest here, at three days and six weeks postpartum were as presented in Table 5. Reliability coefficients for the same two subscales, and with the present data on 35 subjects, have already been reported: The two month measure yielded an alpha of .76 on the Satisfaction With Motherhood subscale and .85 on the Mother's Confidence subscale (Collins & Tiedje, in press).

Length of the Maternity Leave

The length of the maternity leave is defined as the period of time from the birth of the baby to the return of the mother to employment outside the home. This variable was calculated in this study from a question on the pretest asking the date of birth of the infant and the

Table 5. Reliability Coefficients of Specific PSEQ Subscales
(Lederman et al. 1981)

| Subscale Name | 3 days pp | 6 weeks pp |
|--|------------------|-------------------|
| Mother's Confidence In Ability to Cope with Tasks of Motherhood | .80 | .74 |
| Mother's Satisfaction with Motherhood and Infant Care | .62 | .78 |

actual date of return to employment obtained when a card was returned by the participant. The length of the maternity leave was recorded in units of weeks.

Number of Hours of Employment

The participants were asked on the two month measure to indicate how many hours they worked per week. Eight categories were provided ranging from "less than 15 hours per week" to "over 45 hours per week." Each category of hours worked per week will be correlated with an indicator of maternal role adaptation.

Mother's Reasons for Working

The mother's reasons for working are divided into two major categories: psychological and social reasons on the one hand, and financial reasons on the other. To measure these dimensions, seven questions, formulated by the principal investigators, were asked on the pretest. These items probed the importance of various reasons for working to these first time mothers.

Conceptually, three questions of this instrument related to financial motivations as reasons for working. They were "It is necessary for economic survival," "To get more than basic necessities,"

and "To get ahead financially." The response choices ranged from "not at all important" to "very important." In the original study, the reliability of this subscale was .65 on the pretest measure (Collins & Tiedje, in press). An attempt was made to improve the reliability coefficient of this subscale with deletion of the question about getting ahead financially. These data are presented in Chapter V.

The remaining four questions of this instrument formed another subscale that addressed various personal motivations and their importance to the new mother as a reason for working outside of the home. These questions were related to feelings of independence and satisfaction, liking one's job, to get out of the house and away from children, and to have contact with adults. Again, the response choices ranged from "not at all important" to "very important." In the original study, the reliability of these four items was .77 when asked on the pretest (Collins & Tiedje, in press).

Each of the reasons for working subscales were correlated separately with the indicators of maternal role adaptation at two months after return to employment in order to investigate a relationship between the independent and dependent variables. Due to the small sample size and the lack of variability that resulted, no attempt was made to create an index of the variations in reasons for working between personal and financial motivations and subsequently investigate correlations.

Extraneous Variables

Extraneous variables are defined as independent variables that may influence the results of the study (Polit & Hungler, 1987). The sociodemographic data of maternal age, educational level and occupation, family income, length of employment in same agency, and sex of the

infant were obtained on the pretest measure. These items were utilized as extraneous variables and no attempt was made to control for the effects of these variables on maternal role adaptation; rather analysis will be limited to a descriptive level.

Human Subjects Protection

The rights of the respondents were protected through adherence to standard criteria set forth by the Michigan State University Committee on Research Involving Human Subjects. Potential subjects contacted the Principal Investigators who described the intervention and the study. If the subject agreed to participate in either the control or experimental groups, they were asked to sign a consent form. The consent form provided an explanation of the research, including the purpose of the study, the use of the results, and assurances of anonymity and confidentiality (Appendix D). Confidentiality and anonymity were assured through the use of code numbers on the instruments used for data collection and analysis.

Statistical Analysis of the Data

Data from both the control and experimental groups at two separate data collection points were examined for this study: pretest and two month measure. The subscales and sociodemographic data utilized for analysis and the measure from which each were obtained are summarized in Table 6.

Descriptive statistics were used to characterize the sample in terms of sociodemographic attributes. Descriptive statistical analysis allows for presentation and summary of quantitative attributes of sample subjects (Polit & Hungler, 1987). Specifically, means, standard deviations and ranges were reported for maternal age and length of the maternity leave.

Table 6. Location of Data and Subscales on Study Measures

| <u>Data</u> | <u>Pretest</u> | <u>Two Month</u> |
|------------------------------|----------------|------------------|
| Hours worked | | X |
| Maternal educational level | X | |
| Maternal age | X | |
| Maternal occupation | X | |
| Infant sex | X | |
| Family income | X | |
| Length of Employment Agency | X | |
| Reasons for Working | X | |
| Maternity leave (calculated) | X | |
| Subscales of PSEQ | | X |

Hours worked, maternal age, educational level, family income, occupation, length of employment with the same agency, and infant sex were reported as frequency distributions. Tables summarizing the sociodemographic and extraneous variables are presented in Chapter V.

In order to describe the respondents' scores on the scales employed in this study, subscale means, ranges, and standard deviations were calculated for the Reasons for Working subscales, and for indicators of maternal role adaptation at two months postpartum. In each case, Cronbach's alpha was used to determine the internal consistency of all the subscales and interscale correlations were calculated to ascertain relationships among the different concepts being measured. Reliabilities of each of the measures were calculated on the Maternal Role Adaptation subscales. Tables summarizing the results are reported in Chapter V.

The first hypothesis regarding the length of the maternity leave and the level of maternal role adaptation was answered by computing a correlation coefficient using the Pearson Product Moment (Pearson's r). This procedure is used to describe the relationship between the

independent variable (measured at pre-test), length of the maternity leave (interval variable) and the dependent variable of maternal role adaptation (measured at post-test). The Pearson r summarizes the magnitude and direction of a linear relationship between two variables (Polit & Hungler, 1987). The value ranges from -1.00 to +1.00. All correlations between -1.00 and 0.00 are indicative of negative relationships, implying that as the score on one measure increases, the score on the other measure decreases. Coefficients that range from 0.00 to +1.00 are indicative of positive relationships between the measures or variables (Polit & Hungler, 1987). The higher the absolute value of the coefficient, the stronger the relationship.

The second hypothesis concerning the number of hours worked per week and the level of maternal role adaptation was investigated using a one-way analysis of variance. This statistical technique is used to test the significance of the difference between means for two or more groups (Polit & Hungler, 1987). The one way analysis of variance was computed to obtain a F-ratio statistic. This statistical value contrasts variation between treatment groups with variation within groups. If the variation between groups is large relative to variation within groups, then the probability that the independent variable does not affect the dependent variable is correspondingly small (Polit & Hungler, 1987). Eight categories of hours of work per week were investigated in relation to the subscales of the PSEQ at two months after return to work to compare mean scores of each of the groups with the indicators of maternal role adaptation.

The two research questions regarding the degree of importance of financial and personal reasons for working were correlated separately

with the indicators of maternal role adaptation using the Pearson r technique. Again, no attempt was made to create a typology of reasons for working due to the small sample size utilized for this study.

Finally, multiple linear regression was utilized in an attempt to describe the combined simultaneous influence of the length of the maternity leave, the number of hours of employment per week, and the degree of importance of various reasons for working on the level of maternal role adaptation at each of the periods of data collection. When two or more independent variables are used to predict the magnitude of a relationship, the index of correlation is the multiple correlation coefficient, symbolized as " R " (Polit & Hungler, 1987). When squared, this statistic indicates the proportion of variance in the dependent variable accounted for by the combined simultaneous influence of the independent variables. This is to say, R^2 does not have negative values and only shows the strength of the relationship between several independent and a dependent variable, not the direction of a relationship. The R^2 statistic is also referred to as the coefficient of determination (Polit & Hungler, 1987).

Summary

In this chapter the methodology for this research was described and discussed. Specifically, topics addressed were the research questions, the sample characteristics, operational definitions of the variables under study, study procedures, human subjects protection, and data analysis procedures. In Chapter V an analysis of the data and findings relevant to the research questions are presented.

CHAPTER V

Data Presentation and Analysis

Overview

A description and analysis of the sample, and an interpretation of the research findings is discussed in this chapter. Reliability measures of the subscales and mean scores of each are presented. Data relevant to each of the research questions are presented to examine the relationship between the major study variables of employment characteristics and maternal role adaptation. The findings of this study in relation to the findings of similar research are also interpreted.

Sample Characteristics

The sample for which data was available and analyzed for this study consisted of 33 married women who had recently delivered their first baby and returned to employment outside of the home. The subjects all completed a pretest measure and a measure timed to two months after their return to employment.

Sociodemographic Characteristics of the Sample

The sociodemographic variables addressed in this study include: maternal age, maternal education and occupation, family income, infant sex, and the length of employment in same agency. Frequency distributions and percentages of these variables are presented in Table 7. The sample consisted primarily of college educated women, with a mean age of 30.3 years (S.D.=3.4), reporting a total family income of over \$45,000 per year. The majority of the women reported employment

in a professional or managerial occupation and over half of the sample reported at least one to five years in their current position.

Table 7. Sociodemographic Characteristics of Sample

AGE X=30.3 years S.D.=3.4 Range=24-38 years

MATERNAL EDUCATION--Highest grade completed

| | <u>Frequency</u> | <u>Percent</u> |
|---------------------------|------------------|----------------|
| High School graduate | 1 | 3.0 |
| 1-3 years of college | 3 | 9.1 |
| Technical school graduate | 4 | 12.1 |
| College graduate | 14 | 42.4 |
| Some graduate school | 4 | 12.1 |
| Graduate degree | 7 | 21.2 |

OCCUPATION

| | |
|---|------|
| Professional or managerial | 72.7 |
| Technical, sales, or administrative support | 27.3 |

FAMILY INCOME

| | | |
|-------------|----|------|
| \$15-19,999 | 1 | 3.0 |
| \$20-24,999 | 1 | 3.0 |
| \$25-29,999 | 1 | 3.0 |
| \$30-34,999 | 3 | 9.1 |
| \$35-39,999 | 3 | 9.1 |
| \$40-44,999 | 5 | 15.2 |
| \$45-49,999 | 4 | 12.1 |
| \$50-54,999 | 2 | 6.1 |
| \$55-59,999 | 0 | 0.0 |
| \$60,000 + | 13 | 39.4 |

INFANT SEX

Male=15 (45.5%)
Female=17 (51.5%)

LENGTH OF EMPLOYMENT IN SAME AGENCY

| | | |
|--------------------|----|------|
| Less than one year | 2 | 6.1 |
| 1-5 years | 17 | 51.5 |
| 6-10 years | 10 | 30.3 |
| New job | 3 | 9.1 |

Employment Characteristics of Sample

Two of the independent variables analyzed for this study were the number of hours the mother worked per week and the length of the maternity leave. The number of hours worked per week was reported on the measure obtained two months after the return to employment and consisted of eight categories of hours ranging from "less than 15 hours" to "greater than 45 hours." The frequency distribution of this variable is reported in Table 8. Of note, over 72% of the participants were working more than 35 hours per week at two months after return to employment.

Table 8. Weekly Hours Worked Two Months After Return to Employment

| <u>Category</u> | <u>Frequency</u> | <u>Percent</u> |
|---------------------|------------------|----------------|
| Less than 15 hrs/wk | 2 | 6.1 |
| 15-20 hrs/wk | 3 | 9.1 |
| 21-25 hrs/wk | 2 | 6.1 |
| 26-30 hrs/wk | 1 | 3.0 |
| 31-35 hrs/wk | 1 | 3.0 |
| 36-40 hrs/wk | 14 | 42.4 |
| 41-45 hrs/wk | 8 | 24.2 |
| More than 45 hrs/wk | <u>2</u> | <u>6.1</u> |
| | 33 | 100.0 |

The length of the postpartum maternity leave was calculated from two questions on the pretest requesting the birthdate of the infant and the date of return to employment. This variable is reported in intervals of "weeks" in Table 9. The mean length of the maternity leave was 16.19 weeks (S.D.=7.24) with a range of 5.71 to 39.71 weeks. One third of the participants had returned to work at three months

postpartum and by six months postpartum, nearly 85% of the women had resumed employment. The maternity leave variable is also a measure of the infant's age at the time of the mother's return to work since it was calculated from the infant's birth date.

Table 9. Length of the Postpartum Maternity Leave

| <u>Length of Leave</u> | <u>Frequency</u> | <u>Percent</u> |
|------------------------|------------------|----------------|
| 0-4 weeks | 0 | 0.0 |
| 5-8 weeks | 2 | 6.1 |
| 9-12 weeks | 9 | 27.2 |
| 13-16 weeks | 9 | 27.2 |
| 17-20 weeks | 5 | 15.2 |
| 21-24 weeks | 3 | 9.1 |
| 25-28 weeks | 3 | 9.1 |
| 29-32 weeks | 1 | 3.0 |
| 33-36 weeks | 0 | 0.0 |
| 37-40 weeks | <u>1</u> | <u>3.0</u> |
| | 33 | 99.9 |

The infant's age at the time of data collection for the first measure of maternal role adaptation (two months after return to employment) is found in Table 10. One third of the infants were three months old at the time of their mother's return to work and at least three-fourths of the infants were over six months of age when their mothers returned to the work force.

The other independent variables to be investigated in this study are the importance of financial and social reasons for working. These variables will be discussed along with the other instrument utilized for data collection, the PSEQ, in the next section of this chapter dealing with the reliability of the instruments.

Table 10. Infant's Age At Time of Measurement of Maternal Role Adaptation

| <u>Infant's Age</u> | <u>Frequency</u> | <u>Percent</u> |
|---------------------|------------------|----------------|
| 0-1 month | 0 | 0.0 |
| 1-2 months | 2 | 6.1 |
| 2-3 months | 9 | 27.2 |
| 3-4 months | 9 | 27.2 |
| 4-5 months | 5 | 15.2 |
| 5-6 months | 3 | 9.1 |
| 6-7 months | 3 | 9.1 |
| 7-8 months | 1 | 3.0 |
| 8-9 months | 0 | 0.0 |
| 9-10 months | <u>1</u> | <u>3.0</u> |
| | 33 | 99.9 |

Reliability of Instruments

Reliability coefficients for each of the scales pertaining to the research questions were obtained. In this section, a description of the procedures used to determine the reliabilities and the values obtained are reported.

Postpartum Self-Evaluation Questionnaire

The Postpartum Self-Evaluation Questionnaire (PSEQ) was used to measure the dependent variable, maternal role adaptation. The PSEQ consists of seven dimensions or indicators of postpartum maternal role adaptation. The statistical procedure used to determine the internal consistency of the subscales was Cronbach's alpha. The alpha reliabilities of the subscales ranged from .73 to .89 at two months following return to employment. The alpha values of all the subscales are reported in Table 11.

Table 11. Coefficient Alphas--PSEQ

| <u>Subscale</u> | <u>2 Months</u> |
|---------------------------------------|-----------------|
| Confidence in Parenting | .82 |
| Satisfaction with Parenthood | .74 |
| Relationship with Spouse | .89 |
| Spouse Participation In Child Care | .89 |
| Gratification with Labor and Delivery | .85 |
| Satisfaction with Life Circumstances | .73 |
| Support from Family and Friends | .78 |

The interscale correlations for the subscales of the Postpartum Self-Evaluation Questionnaire were calculated using Pearson's r . They range from .11 to .55 and are reported in Table 12. The interscale correlation was .50 ($P < .01$) between the Parent Satisfaction subscale and the Confidence in Parenting subscale used in this study. This is a moderate level of correlation between the two subscales.

Importance of Reasons for Working

Two subscales were created from seven questions on the pretest regarding the importance of financial and personal reasons for working after the birth of a first baby. The financial subscale was composed of three questions and the remaining four items formed the social reasons subscale. A Pearson r was calculated yielding an interscale correlation of .035 between the two subscales. This is low interscale which indicates separate dimensions or reasons for working are measured by these items.

The internal consistency of both subscales was ascertained with Cronbach's alpha. The alpha reliability obtained for the financial subscale was .63 with three questions included in the analysis. However, if the question about "getting ahead financial" was removed

Table 12. Interscale Correlations of PSEQ Subscales

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-----------------------------|-------|--------|-------|-------|-------|-------|-------|
| 1) Parent Satisfaction | 1.000 | | | | | | |
| 2) Confidence in Parenting | .50** | 1.000 | | | | | |
| 3) Relationship with Spouse | .33 | .23 | 1.000 | | | | |
| 4) Spouse Participation | .41* | .50** | .41 | 1.000 | | | |
| 5) Satisfaction with Life | .35* | .25 | .40* | .40* | 1.000 | | |
| 6) Gratification with L & D | .50** | .22 | .16 | .26 | .20 | 1.000 | |
| 7) Support from Family | .46** | .55*** | .43* | .11 | .28 | .53** | 1.000 |

*p < .05
 **p < .01
 ***p < .001

from the subscale, the alpha could be raised to .70. The two questions pertaining to "economic survival" and "basic necessities" were considered conceptually similar to one another and for the purpose of analysis in this study, the financial subscale consisted of two questions and the question about "getting ahead financially" was omitted.

The personal reasons subscale achieved an alpha reliability of .75 with a four item format. The alpha scores could not be improved through

further deletions of items. The alpha reliabilities for these subscales are reported in Table 13.

Table 13. Reasons for Working Subscales--Alpha Coefficients

| <u>Subscale</u> | <u>Alpha</u> |
|----------------------------|---------------------|
| Financial Reasons: | .63 |
| Economic survival | |
| Basic necessities | |
| Get ahead financially | .70 if item deleted |
| Personal Reasons: | .75 |
| Independence/Satisfaction | |
| Like job | |
| Out of home/away from kids | |
| Contact with adults | |

Research Questions

The hypotheses and research questions to be answered are:

Question 1. Is there a relationship between the degree of importance placed on financial incentives as a reason for returning to work after the birth of a first baby and the degree of maternal role adaptation as measured at two months after a return to employment?

Question 2. Is there a relationship between the degree of importance placed on personal motivations as a reason for returning to work after the birth of a first baby and the degree of maternal role adaptation as measured at two months after a return to employment?

Hypothesis 1. Women who have longer maternity leaves will have a higher degree of maternal role adaptation at two months after return to employment.

Hypothesis 2. As the number of hours worked per week increases, women will have lower degrees of maternal role adaptation at two months after return to employment.

Study Results

In this section, the data analysis procedures used to answer the hypotheses and research questions of this study are presented. In addition, the degree and direction of any significant relationships among the variables are discussed. A probability of .05 has been chosen to indicate statistical significance for all procedures used in data analysis.

Mean scores and standard deviations for each of the instruments and their subscales were calculated and are presented in Table 14. The mean scores for all the subscales of the PSEQ ranged from 1.72 to 2.11 (range 1-5). Only two of the seven subscales of the PSEQ were used for data analysis in this study. The subscales that were omitted dealt with conceptual issues of maternal support, marital relationships, and the delivery experience which do not help explain the relationship between employment and maternal role adaptation within a role theory perspective. The Confidence in Parenting subscale mean was 2.07 (S.D.=.46) and the Satisfaction with Parenthood subscale mean was 1.95 (S.D.=.40). Lower scores on the subscales are indicative of better maternal role adaptation.

The response options for the PSEQ subscales ranged from "never or almost never" (score=1) to "always or almost always" (score=5). Higher scores on the PSEQ are indicative of poorer maternal role adaptation. The participants in this study had achieved a fairly high degree of

Table 14. Mean Scores and Standard Deviations--PSEQ

| <u>Scale</u> | <u>2 Months</u> |
|---------------------------------------|------------------|
| Confidence in Parenting | 2.07 S.D.=.46 |
| Satisfaction with Parenthood | 1.95 S.D.=.40 |
| Relationship with Spouse | 2.11 S.D.=.62 |
| Spouse Participation in Child Care | 1.84 S.D.=.59 |
| Gratification with Labor and Delivery | 2.00 S.D.=.76 |
| Satisfaction with Life Circumstances | 2.11 S.D.=.54 |
| Support from Family and Friends | 1.72 S.D.=.46 |

maternal role adaptation by two months after return to employment as measured by the PSEQ.

Mean scores and standard deviations for the two subscales of the Reasons for Working instrument are included in Table 15. The four response options ranging from a minimum of one for "not at all important" to a maximal score of four for "very important." Higher scores were indicative of greater importance of personal or financial reasons for working.

Hypothesis 1--Length of Maternity Leave and Maternal Role Adaptation

The first hypothesis regarding the length of the maternity leave and the level of maternal role adaptation was tested by computing a Pearson's *r* between length of maternity leave and the subscales of

Table 15. Mean Scores and Standard Deviations--Reasons for Working Subscales

| <u>Pretest</u> | | |
|-------------------|------|----------|
| Personal reasons | 3.26 | S.D.=.56 |
| Financial reasons | 2.92 | S.D.=.81 |

mother's satisfaction with motherhood and mother's confidence in her ability to cope with the tasks of motherhood. The Pearson correlation coefficients are reported in Table 16. There were no statistically significant relationships found between the length of the maternity leave and subscale scores of maternal role adaptation. Although not statistically significant, the weak correlation between the length of the maternity leave and the Satisfaction with Parenthood was in the hypothesized direction. That is to say, as the length of the maternity leave increased, the satisfaction with parenthood in the new mother also increased after returning to employment. However, no unequivocal causal interpretation can be given for this condition. Longer maternity leave may increase satisfaction with parenthood. However, it is just as plausible to assume that satisfaction with parenthood may be a determinant of the length of the maternity leave for those women who have some options related to the amount of time they can be away from their job and maintain a position with the same employer.

Since the maternity leave was an interval variable that ranged from less than six weeks to over 39 weeks of leave, scatterplots were obtained of the maternity leave variable correlated with the measure of the maternal role adaptation to investigate for the presence of a

Table 16. Pearson's r For Length of the Maternity Leave and Indicators of Maternal Role Adaptation

| | <u>Confidence 2 Months</u> | <u>Satisfaction 2 Months</u> |
|-----------------------------------|--------------------------------|----------------------------------|
| Length of Maternity Leave (weeks) | r=-.0017 P=.993 | r=.1535 P=.410 |

nonlinear relationship between the variables. No significant patterns were apparent in the score distributions of the scatterplots.

Hypothesis 2--Hours Worked per Week and Maternal Role Adaptation

A one way analysis of variance was the statistical technique used to answer the second hypothesis about the number of hours worked per week by the new mother and the level of maternal role adaptation. There were eight categories of hours that were investigated with the parenthood satisfaction and confidence in parenting subscales of the PSEQ to test the significance of differences between mean scores on the subscales as the hours worked per week varied. There were no statistically significant differences between the means of the subscales as the hours worked per week increased (Table 17). In addition, the mean scores of each of the subscales as the hours worked per week varied are reported in Table 18. There was no consistent pattern of variation in the mean scores as the hours worked per week increased.

Research Question 1--Importance of Financial Reasons for Working and Maternal Role Adaptation

The first research question regarding a relationship between the degree of importance of financial reasons for working and the level of

Table 17. Analysis of Variance in Measures of Maternal Role Adaptation as Hours Worked Per Week Varied

| <u>Subscale</u> | <u>F-ratio</u> | <u>F Probability</u> |
|------------------------------|----------------|----------------------|
| Satisfaction with Parenthood | .8102 | .5872 |
| Confidence in Parenting | .5213 | .8099 |

Table 18. Mean Scores of PSEQ Subscales as Hours of Employment Varied

| <u>Category</u> | <u>Frequency</u> | <u>Satisfaction</u> | <u>Confidence</u> |
|------------------|------------------|---------------------|-------------------|
| < 15 hours/week | 2 | 1.88 | 2.31 |
| 15-20 hours/week | 3 | 1.82 | 2.18 |
| 21-25 hours/week | 2 | 2.19 | 2.19 |
| 26-30 hours/week | 1 | 1.69 | 1.31 |
| 31-35 hours/week | 1 | 2.23 | 2.00 |
| 36-40 hours/week | 14 | 2.05 | 2.11 |
| 41-45 hours/week | 8 | 1.72 | 1.97 |
| > 45 hours/week | 2 | 1.95 | 2.07 |

maternal role adaptation was investigated using Pearson's r correlation. The results of this analysis are reported in Table 19. There were no statistically significant relationships between the importance of financial reasons for working and maternal role adaptation subscale scores at two months after return to employment. However, both of the subscales did have a negative correlation with the importance of financial reasons for working. For the respondents who placed greater importance on financial reasons for working, both satisfaction with parenthood and confidence in parenting were somewhat lower. In addition, the confidence in parenting subscale had a stronger negative correlation ($r=-.23$) than did the satisfaction with parenthood subscale ($r=-.04$).

Table 19. Correlation Coefficients for Reasons for Working and PSEQ Subscales

| | <u>Financial Reasons</u> | <u>Personal Reasons</u> |
|------------------------------|--------------------------|-------------------------|
| Satisfaction with Parenthood | r=-.04 P=.83 | r=.20 P=.27 |
| Confidence in Parenting | r=-.23 P=.20 | r=.28 P=.12 |

Research Question 2--Importance of Personal Reasons for Working and Maternal Role Adaptation

The second research question regarding a relationship between the degree of importance of personal reasons for working and the level of maternal role adaptation was investigated using a Pearson's r correlation. Table 19 contains the correlation coefficients for this investigation. There were no statistically significant relationships between personal reasons for working and subscale scores at two months after return to employment. Both subscales correlated in a positive direction with the importance of personal reasons for working. For respondents who placed greater importance on personal reasons for working, both satisfaction with parenthood and confidence in parenting were somewhat higher. The Confidence in Parenting subscale had a slightly stronger correlation ($r=.28$) than the Satisfaction with Parenthood subscale ($r=.20$).

Multiple Regression With Independent Variables

Multiple linear regression was employed to investigate the combined simultaneous influence of the length of the maternity leave,

number of hours worked per week, and the degree of importance of personal and financial reasons for working on the level of maternal role adaptation at two months after return to employment. No significant predictors of maternal role adaptation were found when the total PSEQ score or the satisfaction with parenthood subscale scores were regressed on the independent variables. The multiple linear regression of the confidence in parenting subscale with the independent variables resulted in 13.8% of the variation predicted by these variables. Examination of the beta weights in this regression reveal the strongest predictors to be the importance of personal and financial reasons for working. The R^2 values are reported in Table 20.

Other Findings

In addition to calculating mean scores and standard deviations for the subscales of the PSEQ, a total scale score on the PSEQ was computed. The total PSEQ mean was 1.98 with a standard deviation of 0.36. This mean score was in the same range as the values for the individual subscales.

The total PSEQ score was utilized as an indicator of maternal role adaptation to investigate a relationship between this dependent variable and the length of the maternity leave. Consistent with the findings obtained when the subscale scores were utilized, there was no statistically significant relationship between these variables ($r=.05$, $P=.81$).

Correlation coefficients were also obtained for total PSEQ scores and financial and personal reasons for working. These values are reported in Table 21. No statistically significant relationships were found between these variables. The importance of financial reasons for

Table 20. Coefficients of Determination for Independent Variables with PSEQ Subscales

| | | |
|---|--------------|-------------|
| <u>Dependent Variable:</u> Total PSEQ with | <u>Beta:</u> | |
| <u>Independent Variables:</u> | | |
| Length of Maternity Leave | -.013 | |
| Number of Hours Worked per Week | -.055 | |
| Personal Reasons for Working | -.071 | |
| Financial Reasons for Working | -.223 | |
| | $R^2=.059$ | F sig.=.778 |
| <u>Dependent Variable:</u> Satisfaction with Parenthood with | | |
| <u>Independent Variables:</u> | | |
| Length of Maternity Leave | .140 | |
| Number of Hours Worked per Week | .087 | |
| Personal Reasons for Working | .236 | |
| Financial Reasons for Working | -.065 | |
| | $R^2=.064$ | F sig.=.753 |
| <u>Dependent Variable:</u> Confidence in Parenting Abilities | | |
| <u>Independent Variables:</u> | | |
| Length of Maternity Leave | .041 | |
| Number of Hours Worked per Week | -.043 | |
| Personal Reasons for Working | .277 | |
| Financial Reasons for Working | -.239 | |
| | $R^2=.138$ | F sig.=.368 |

Table 21. Correlation Coefficients for Reasons for Working and Total PSEQ Scores

| | | |
|------------|--------------------------|-------------------------|
| | <u>Financial Reasons</u> | <u>Personal Reasons</u> |
| Total PSEQ | r=-.23 P=.20 | r=-.06 P=.73 |

working continued to have a negative relationship when correlated with the total PSEQ scores. However, the correlation between the importance of personal reasons for working and the total PSEQ scores became negative, albeit slight ($r=-.06$), when previously this correlation was in a positive direction.

Summary of Data Presentation

The first research question did not produce statistically significant relationships between the financial reasons for working subscale and indicators of maternal role adaptation at two months after return to employment. There was a weak, negative relationship between financial reasons for working and the confidence in parenting subscale of the PSEQ. The second research question produced weak, positive relationships between the personal reasons for working subscale and both of the PSEQ subscales at two months after return to employment although neither reached statistical significance.

There were no significant relationships found between the length of the maternity leave and indicators of maternal role adaptation at two months after return to employment. Thus, the first hypothesis could not be confirmed. The correlation between the length of the maternity leave and the satisfaction with parenthood subscale was in the hypothesized direction (positive). The second hypothesis was also not confirmed as no significant relationships were found between the number of hours worked per week and indicators of maternal role adaptation at two months after return to employment. There also was no discernible pattern of variation in the mean subscale scores as the hours worked per week varied.

A multiple linear regression including length of the maternity leave, number of hours worked per week, and personal and financial reasons for working as independent variables with indicators of maternal role adaptation revealed a small proportion of variance could be predicted in the confidence in parenting subscale by these variables. Similar relationships were not apparent with the satisfaction with parenthood subscale or the total PSEQ scores.

Interpretation of Results

Sociodemographic Characteristics of Sample

The sociodemographic variables of the participants in this study will be discussed and compared to those of subjects in related research. The sociodemographic characteristics of importance for interpretation of the data include: maternal age, maternal occupation, maternal education, and family income.

Maternal Age. The range of maternal age of the participants in this sample was 24 to 38 years with a mean age of 30.3 years (S.D.=3.4 years). The mean age of these primiparous women is higher than samples utilized by other researchers (Curry, 1983; Hock et al., 1984; Jimenez & Newton, 1982; Lederman et al., 1981; Myers-Wall, 1984; Shereshefsky & Yarrow, 1973; Walker et al., 1986a). However, this higher age is consistent with the current trend for delaying childbirth until age 30 or older in order to continue their education and begin a career (O'Connell & Bloom, 1987).

Maternal Occupation. In this study, 72% of the women were employed in professional or managerial occupations as categorized by a listing of job titles in the Dictionary of Occupational Titles (U.S. Department of Labor, 1977). This predominance of career women is consistent with the

higher mean age of the participants in this study and the national trend of delaying childbirth to begin a career.

Maternal Education. The educational level of the participants revealed a very homogenous group as 75% of the women were college graduates and 21% had obtained a graduate degree. Only one participant reported completion of high school as the highest educational level obtained.

Many researchers have utilized similarly well educated samples in maternal role adaptation research (Behrman, 1982; Curry, 1983; Gilbert et al., 1984; Gray, 1983; Hall, 1972; Hock et al., 1984; Johnson & Johnson, 1977; Majewski, 1986; Pickens, 1982; Shereshefsky & Yarrow, 1973; Tiedje, 1987; Walker et al., 1986). However, education was not discussed as a confounding variable related to maternal role adaptation except to say that women over 29 years of age who had graduated from college, and who had attended graduate school had more adaptive behaviors than younger mothers (Ralph, 1977).

Family Income. Over 39% of the participants in this study reported a family income of \$60,000 or more per year. This is of course well above the national average but is consistent with the age, occupation, and education characteristics of this sample. Only three participants reported a family income less than \$30,000 per year. Financial motivations of the participants for working will be discussed in a later section.

In summary, the sociodemographic profile of the participants in this study revealed a homogenous sample related to maternal age, occupation, education, and family income. Although widely recruited, members of lower socioeconomic groups did not choose to participate in this study.

Statement of Hypotheses and Research Questions

The hypotheses and research questions of this study will be presented along with a brief review of the findings pertinent to each question. A discussion of the findings and comparison to the research literature will also be included.

Hypothesis 1. Women who have a longer maternity leave will have a higher degree of maternal role adaptation at two months after return to employment. No statistically significant relationships were found between the length of the maternity leave and total scores or subscale scores on the instrument (PSEQ) used to measure maternal role adaptation at two months after returning to employment. This is not surprising, given the small sample size. It is, therefore noteworthy to report that the correlation was, at least, in the hypothesized direction.

A review of the literature failed to identify any studies on the relationship between the length of the maternity leave and subsequent maternal role adaptation. Hock et al. (1984) did observe a higher quality interaction between mothers and infants in those dyads where the mother did not return to work until at least four months after the infant's birth. Current literature related to recommendations for the length of the maternity leave and the return to employment is based on personal opinions and social bias (Brazelton, 1981; Heins et al., 1983; Kamerman et al, 1983; Zigler & Muenchow, 1983).

Another problem is the lack of variability in the total and subscale scores on the PSEQ and may help to explain the lack of a significant relationship between the length of the maternity leave and maternal role adaptation. The mean score on the total PSEQ at two months after return to employment was 1.98 reflecting a relatively high

level of maternal role adaptation at this time. The coefficient of variation (standard deviation divided by the mean) was less than one, reflecting little variation in the overall scores. Similar observations can be made on the mean scores and standard deviations for the subscales of Confidence in Parenting and Satisfaction with Parenthood that were utilized for data analysis. A more heterogeneous sample may yield different results if research is repeated. Timing the measures to the date of the return to employment rather than two months after the resumption of employment may also yield different results. Theoretically, this may produce a greater variation in the scores related to role strain that occurs as a new role is added to one's total set of role expectations.

Another explanation for the lack of significant findings may be that these women had progressed through most or all of the stages of maternal role adaptation as described by Thornton and Nardi (1975) and Rubin (1967). The length of the maternity leave is also a measure of the age of the infant. The timing of the first measure of maternal role adaptation was two months after returning to work. For the women in this study, the infants ranged from 13.71 weeks to 47.71 weeks (over three months to nearly 12 months) of age at that time. Mercer (1981) observed that maternal role adaptation usually occurred within three to ten months after delivery. Therefore, the women in this study may have already progressed sufficiently through the stages to elude measurement of major differences in role adaptation.

More research is needed to confirm or deny the existence of a relationship between the length of the maternity leave and maternal role adaptation in another sample of first time mothers. Although the

correlation between the satisfaction with parenthood subscale and indicators of maternal role adaptation was in the hypothesized direction, a longitudinal study is needed to determine if satisfaction with the parenthood role results in women taking longer maternity leaves when possible or if a longer leave results in more satisfaction with the new role.

This research on the length of the maternity leave and indicators of maternal role adaptation is especially important at the present time with national interest peaking on the subject of legislating the length of maternity/parental leaves. A woman's adaptation to her new role must be considered in order to formulate a holistic policy.

Hypothesis 2. As the number of hours worked per week increases, women will have lower degrees of maternal role adaptation at two months after return to employment. There were no significant differences between the mean scores on the PSEQ subscales as the number of hours worked per week increased when measured at two months after a return to employment.

The number of hours that a woman works outside the home after the birth of a first child may indicate general preferences of women. A majority of employed mothers in the U.S. work full-time (greater than 35 hours per week) (U.S. Department of Labor, 1986) as was characteristic of the women in this sample. Various reasons have been cited for this pattern of employment such as loss of seniority and smaller economic benefits with part-time work, personal or career goals, and perceived compatibility between occupational and maternal roles (Behrman, 1982). Moen and Dempster-McClain (1987) found that of all the women in their study, 53% wished they could work fewer hours per week. Furthermore, women who worked full-time and preferred to work part-time wanted to do

so in order to spend more time with their children (Moen & Dempster-McClain, 1987). In the current study, desire to work less or more hours was not measured. This may be an important variable determining the outcome of maternal role adaptation. The number of hours worked per week by a new mother may not affect maternal role adaptation, however, research is lacking that confirms or denies the presence of such a relationship.

The lack of a significant relationship between the number of hours worked per week and the indicators of maternal role adaptation in this study may be a result of the lack of variability in both variables. Nearly three-fourths of the women in this study reported working more than 35 hours per week. The lack of variability in the mean scores and standard deviations on the total PSEQ and subscale scores has already been discussed. More research is needed on the relationship between the number of hours a working mother is employed per week and the effect of increased hours of employment on maternal role adaptation with a more heterogeneous group. Documentation certainly exists regarding the desire of many women to work fewer hours in order to spend more time with their children. Again the issue of measuring role adaptation at a relatively late time in the postpartum period may have also affected the variability in the PSEQ scores. Measurement earlier in the postpartum period may produce different results if more role strain is being experienced. This also assumes that maternal role adaptation is best done sequentially (i.e. maternal adaptation first followed by employment adaptation) rather than simultaneously.

Research Question 1. Is there a relationship between the degree of importance placed on financial incentives as a reason for returning to

work after the birth of a first baby and the degree of maternal role adaptation as measured at two months after a return to employment? There were no significant relationships between the importance of financial reasons for working and maternal role adaptation total or subscale scores at two months after a return to employment although the correlations were consistently in a negative direction.

The literature pertaining to reasons for working, consistently supports the importance of financial reasons as the major motivation for women returning to work after childbirth (Behrman, 1982; Hoffman, 1979; Mercer, 1981). It should also be noted that it has been more socially acceptable for women to cite "financial need" as a reason for returning to employment. It is unclear how women define "financial need" and dimensions of this variable need to be defined in future research. Studies that have investigated a possible relationship between financial motivations for working after childbirth and maternal role adaptation were not identified in the current literature.

The negative correlation between the importance of financial reasons for working and indicators of maternal role adaptation is better understood after reviewing the subscale items. The Satisfaction with Parenthood subscale contains items relating to feeling overburdened with all the demands made on the mother, too many responsibilities overall, and dissatisfaction with the amount of time available for other activities. As the new mother feels a greater financial burden and more need to work for financial reasons, satisfaction with the parenthood role may decrease related to feeling overburdened, dissatisfied, and having too many responsibilities in all the roles assumed.

The Confidence in Parenting subscale correlated more strongly in a negative direction with the financial reasons for working subscale. Some of the items on the confidence subscale relate to doubts about being a good mother, wanting to be a better mother, and not giving enough attention to the baby. The women who feel obligated to work for financial reasons (and possibly not for personal reasons) may have a more traditional attitude that women with babies should not work, thus casting doubt on their ability to be good mothers. Johnson and Johnson (1977) observed that guilt and anxiety over perceived failures are the greatest problem for working mothers. This may be reflected in some of the items of this confidence in parenthood subscale.

A possible explanation for the lack of a significant relationship identified in this study between financial motivations and maternal role adaptation, aside from the small sample size, may be the homogeneous nature of the group of women in this study. The mean score of 2.92 (S.D.=.81) indicated that most of these women felt working for "economic survival" or to be able to purchase "nice things" was at least "somewhat important." Another explanation may be the interrelationship of confounding factors that were not identified and investigated in this study, such as the percent of the total family income produced by the woman and financial benefits (i.e., health insurance) associated with the woman's employment.

More research is needed to further investigate the nature of a relationship between the financial motivations for employment and maternal role adaptation. The use of a larger sample and a more heterogeneous group, especially in terms of socioeconomic status, may enhance research efforts.

Research Question 2. Is there a relationship between the degree of importance placed on personal motivations as a reason for returning to work after the birth of a first baby and the degree of maternal role adaptation as measured at two months after a return to employment? The correlations between personal reasons for working and the Satisfaction with Parenthood subscale and the Confidence in Parenting subscales were low and positive but did not reach levels of statistical significance.

An explanation for the correlation in a positive direction between these variables may be related to some of the characteristics of the participants in this study: older, well educated women in professional or managerial positions. These women are more likely to be self-confident, independent, and satisfied with their career role. This in turn, may affect their confidence in their mothering abilities (especially decision-making abilities of which there are at least three items on this subscale) and their satisfaction with the motherhood role.

Majewski (1986) investigated the relationship between employment role attitude, or the extent to which an individual reported contentment or being pleased with her occupation, and the ease of maternal role transition. No significant correlations were observed between these two variables in Majewski's (1986) study. (Tables were not available with data from this analysis to determine the nature of any correlation.) However, Jimenez and Newton (1982) found that a positive commitment to work was correlated with a more positive adjustment to a first pregnancy and early motherhood.

The findings of Jimenez and Newton (1982) related to a more positive adjustment to early motherhood in women with a positive work commitment may be particularly relevant to the overall lack of

statistically significant findings in this study. As a whole, these women had a very positive commitment to work and thus may have progressed through the stages of role adaptation before the PSEQ instrument was administered. The findings of this study also suggest that positive maternal role adaptation is possible in working mothers. Documentation of what are "good" or "poor" adaptation scores on the PSEQ related to the stages of role adaptation has not been determined and are needed to help identify those mothers experiencing difficulty in role adaptation.

Multiple Linear Regression Analysis. An investigation of the simultaneous influence of the length of the maternity leave, the number of hours worked per week, and the degree of importance of personal and financial reasons for working on the level of maternal role adaptation failed to identify any significant predictors of adaptation at two months after return to employment related to the dependent variables of the total PSEQ scores and the Satisfaction with Parenthood subscale. A small proportion of variance (13.8%) in the Confidence in Parenting was explained by the independent variables, with the Personal Reasons for Working variable having the largest Beta weight in this regression. The possible explanation for this relationship was previously discussed in regard to the second research question.

Mercer (1982) found that 38% of the variance in maternal role adaptation in her study could be predicted by a cluster of variables: self concept, maternal child-rearing attitudes, negative (bad life events) stress, and infant-related stress with educational level, ethnicity, and marital status controlled. It should be noted variables other than those under investigation in this study were utilized in

Mercer's (1982) study. In addition, Mercer (1982) used different measures of maternal role adaptation. Future attempts to explain variance in maternal role adaptation should include more variables such as those used by Mercer and the variables under investigation in this study.

Summary of Findings

In sum, there were no statistically significant relationships identified in this study between 1) length of the maternity leave, 2) number of hours worked per week, and 3) the importance of financial or personal reasons for working and the level of maternal role adaptation. The sociodemographic profile of the sample revealed a homogeneous group of women participating in this study and very little variability was observed in total and subscale scores on the instrument used to measure the level of maternal role adaptation in the postpartum period, and in the importance of financial or personal reasons for working in this study sample. Weak, positive relationships were identified between personal reasons for working and subscales of the PSEQ. Weak, negative relationships were identified between financial reasons for working and subscales of the PSEQ.

The research literature related to the hypotheses and research questions of this study is scarce, indicating a lack of investigation by other researchers into issues of maternal employment characteristics and maternal role adaptation.

A description and analysis of the sample, and an interpretation of the research findings has been discussed in this chapter. Reliability measures and mean scores of the subscales were presented as well as data relevant to each of the research questions. An interpretation of the

findings of this study in relation to the findings of similar research was also discussed. Implications for future research along with a nursing framework for assessment and interventions with working mothers in primary care settings will be discussed in Chapter VI.

CHAPTER VI

Summary and Conclusions

Overview

A correlational study was conducted to identify and describe the relationship between select employment variables and maternal role adaptation during the postpartum period for first time mothers who return to work. Data for this study had been collected as part of a grant from the American Nurses' Foundation, "Promoting Positive Well-Being in Employed Mothers," conducted by C. Collins, PhD, and L.B. Tiedje, PhD.

Select aspects of role theory were used to guide the investigation. The concept of role strain as conceived of by Goode (1960) and the stages of maternal role adaptation occurring in new mothers during the postpartum period as formulated by Thornton and Nardi (1975) were utilized. The research questions and hypotheses were generated from these role theory frameworks.

The thirty-three participants were first time mothers who completed one measure prior to returning to work and the a second measure of indicators of maternal role adaptation timed at two months after their return to work. There were no statistically significant findings indicative of a relationship between the length of the maternity leave, the number of hours worked per week, personal and financial reasons for working and the level of maternal role adaptation.

Although conclusive findings did not result from this investigation, trends in the data were observed. Weak, positive relationships were identified between the importance of personal reasons for working and subscales of the PSEQ. Weak, negative relationships were identified between the importance of financial reasons for working and subscales of the PSEQ. These trends can provide guidance for future research on the relationship between employment and maternal role adaptation.

The research literature related to the hypotheses and research questions of this study is scarce. Implications for future research will be presented in this chapter. In addition, a nursing framework for assessment of and interventions with first time mothers returning to work will be discussed. Implications for the Clinical Nurse Specialist in primary care settings will be identified from this nursing framework.

Recommendations for Further Research

A number of recommendations for future research can be suggested based on this study. The recommendations are based on the limitations suggested in interpreting the findings of this research as well as the lack of research previously done on maternal role adaptation. Use of the role theory perspective for further inquiries will also be presented.

A methodological limitation of this study was the small sample size available for data analysis. There were too few participants to allow for much variation in the scores on the instruments and subscales. As a result, statistically significant findings were not observed. Future research on the relationships between select employment variables and maternal role adaptation should have a sample of about 100 or more women.

Another limitation in this research effort was the homogenous sample that was obtained in relation to the educational level, occupational position, and socioeconomic status of the participants. Greater effort must be made to include women with lower family incomes, less education, and other than professional or managerial employment positions. It may have been possible for those participating in this research to buy household and childcare assistance to reduce total role responsibilities and thus reduce role strain.

An additional methodological concern in this research was the timing of the measure to two months after the return to employment. Future efforts should consider administration of the maternal role adaptation measure nearer the date of return to work. Two months after a return to employment may have allowed time for renegotiation or reorganization of role responsibilities in an attempt to lessen role strain. A measure timed to the date of return to employment or one to two weeks after resuming the worker role, may produce more variation in the indicators of maternal role adaptation.

More data should also be collected on how the length of the maternity leave was determined (i.e. personal choice versus company dictated policy). This could provide more information for the financial and personal reasons for working variable.

The scarcity of maternal role adaptation research related to occupational characteristics of the mother has previously been noted. Current legislative efforts aimed at mandating maternity and parental leave benefits in the United States lack a strong research foundation upon which to base recommendations. The recommendations of social and political forces are based on personal opinions, social bias', and child

development research. Studies on the effect of the length of maternity leave on maternal role adaptation have not been reported. Federally funded grants should be sought to study maternity/paternity leave with worker productivity as the dependent or outcome variable.

Similarly, research on full-time versus part-time employment in working mothers is also lacking except to document personal preferences. No research has been attempted to longitudinally document the effects of varying work hours on maternal role adaptation. This is especially important as the profiles of women working in the United States have changed so rapidly in the last ten years.

Finally, more experimental research is needed on nursing interventions designed to facilitate maternal role adaptation in working women. Documentation exists of strong support from working mothers who have benefited from attendance in postpartum support groups (Collins & Tiedje, in press). Only one study has been reported that evaluated the effectiveness of a nurse-facilitated postpartum support group designed to enhance well-being in working mothers (Collins & Tiedje, in press).

Aspects of role theory were chosen to guide this study that focused on the role strain present when multiple roles were assumed by the new mother. This framework was adequate to explain the presence of role strain when considering the resumption of the worker role for new mothers. In retrospect, redefining role strain to include both positive (rewards and satisfactions) and negative outcomes may provide a more balanced perspective. Measures of personal strain/well-being may provide more detailed information about the various types of role strain present when a new mother returns to work.

Furthermore, role expectations were not measured in this study within the role theory framework. Role expectations were defined as the duties, obligations, rights, and privileges of any occupant of a role (Sarbin & Allen, 1968). Social and psychological adjustment followed by adaptation to a role were described as the reactions to role expectations. To better understand variations in adaptation when multiple roles are assumed, a measure of perceived role expectations should be included in future research. When role expectations are measured, specific causes of role strain can be ascertained and better guide interventions with working mothers or dual-career families.

To summarize, many suggestions for methodological changes have been proposed to improve the quality of research efforts on maternal role adaptation. Research on maternal role adaptation and maternal employment characteristics in general is also lacking and deserves more study. Recommendations for future research within an enhanced role theory perspective were given. In the next section of this chapter a conceptual framework will be presented as a basis for nursing assessment and interventions with working mothers to facilitate maternal role adaptation.

Conceptual Framework for Nursing Assessment and Interventions

Although select aspects of role theory were used to generate hypotheses and research questions for this study, inadequate guidance for assessment and interventions is provided by this framework alone. A framework that is specific to the nursing process and the nursing perspective is better suited to guide nursing endeavors with clients. Sister Callista Roy's (1981, 1984, 1986) nursing theory, "An Adaptation

Model," will be presented to serve as a guide for nursing assessment and interventions with working mothers.

In Roy's (1986) model the focus is on the individual, who is viewed as an adaptive system, and on stimuli from the environment acting on this individual to affect the level of adaptation. The goal of Nursing, according to Roy, is to promote adaptation. It is this concept of adaptation which links the person and nursing (Fitzpatrick & Whall, 1983).

According to Roy (1981), adaptation is a response to the environment that results in survival. Adaptation is a process that consists of the adaptive system, the individual, responding to the external (environmental) stimuli and the internal (self) stimuli. These stimuli are mediated by focal, contextual, and residual stimuli which together form the adaptation level of the individual. These stimuli lead to activation of the coping mechanisms and produce the outcomes of either adaptive or ineffective responses (Figure 3).

A person's ability to respond positively, or to adapt, depends on the degree of change taking place and the state of the person coping with the change. Nurses aim to increase the adaptive responses and decrease ineffective responses thus promoting adaptation (Roy, 1984). In this study, the focus of nurses would be the mother, and she becomes known as the adaptive system in the Roy (1986) model.

According to Roy there are three classes of stimuli which provide input to the adaptive person and form their adaptation level. These are focal, contextual, and residual stimuli. The focal stimuli are those which are confronting the person immediately. The contextual stimuli are all other environmental influences. Finally, the residual stimuli

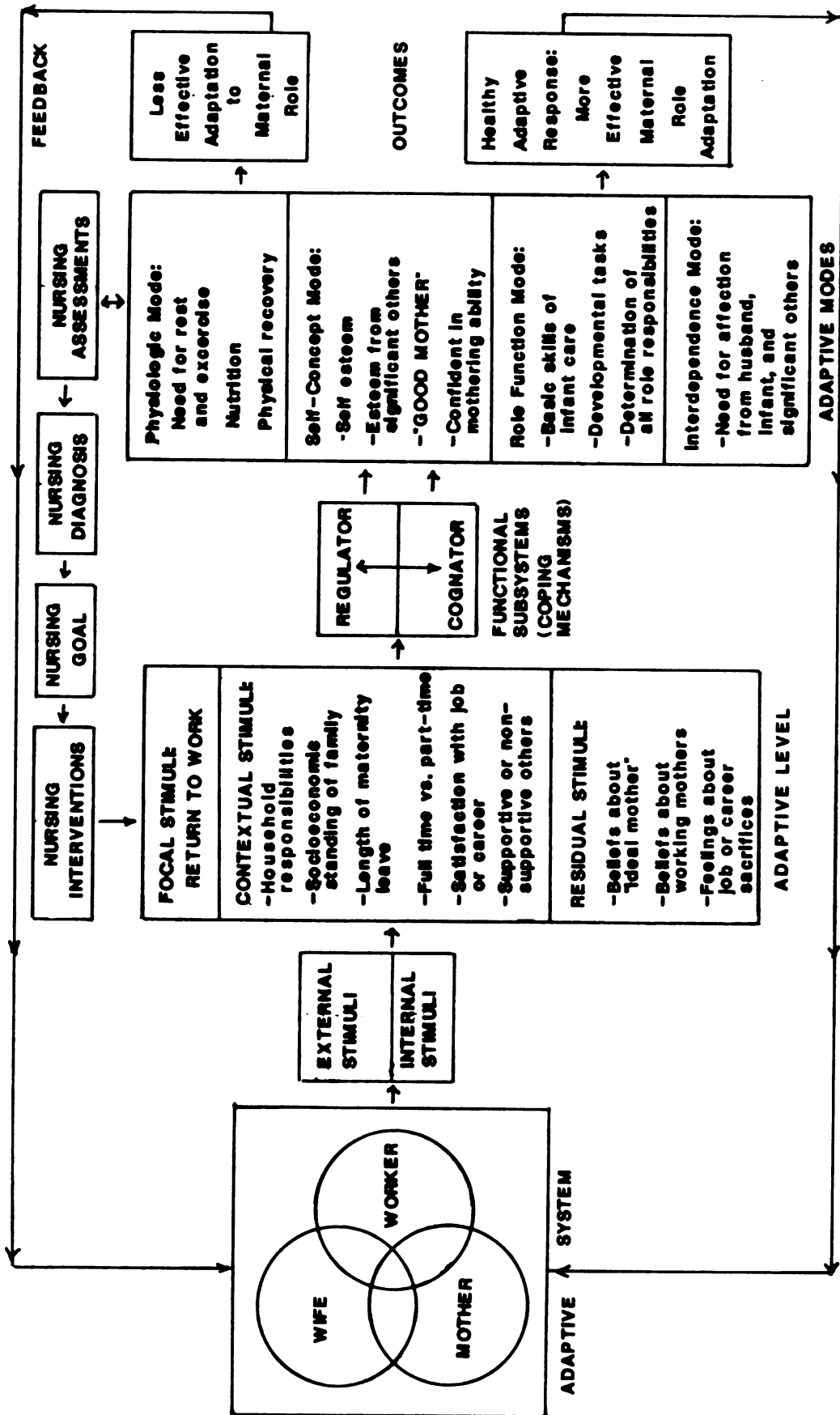


Figure 3. Roy's Adaptation Model and Maternal Role Adaptation

are beliefs, attitudes, and experiences which have an indeterminate effect on the present situation (Roy, 1984).

In this study, the focal stimulus is the event which most attracts the mother's attention. This stimulus is judged to have the strongest effect on the person and has also been referred to as a stressor (Roy, 1981). The return to work after the birth of a baby is the focal stimulus for the new mother who may still be in the process of adapting to the mothering role (Figure 3). Learning how to manage the role responsibilities of a job/career in addition to the duties she has assumed as a mother will command her attention and consume most of her energy.

The contextual stimuli are the other environmental influences that contribute to the effect of the focal stimulus (Figure 3). They can be present either from within or without, but are not the center of attention or focus of one's energy expenditure. These factors will however, influence how the individual will deal with the focal stimulus (Roy, 1986). The mother who is returning to work may have a decision to make about when to return to work after the birth of her child. Will her maternity leave be six weeks, three months or even six months in duration? A second decision may be how many hours per week to work. Will she work part-time or full-time?

Impacting on both of these decisions is the economic status of the family and whether the mother needs to return to work for the income gained through her employment. Is the income necessary for the economic survival of the family or is it to enhance the financial situation of the family? Is she desirous of a job outside of the home to satisfy a

personal need? The personal need could be a feeling of independence, self-satisfaction, socialization, or career advancement.

Yet another contextual stimuli will be the support the mother will receive from her partner, relatives, and friends when she returns to work. Will she be responsible for all the child care activities and household tasks as well as her occupational responsibilities? Will her partner be available to feed and bathe the baby, get up with the baby at night, do the shopping, and clean their home?

The residual stimuli are another group of factors whose effect is not always apparent or measurable. They are only possible influences on the situation (Roy, 1986). In the mother returning to work, a residual stimulus may be her beliefs about what constitutes an "ideal mother" or whether mothers should work outside the home after having a baby. Another group of residual stimuli might be the mother's feelings about her job/career. Is her career equally or even more important than the mothering role to her? How much is she willing to "sacrifice" of her career for her new baby (Figure 3)?

These three classes of stimuli which form the mother's environment are constantly changing and the significance of any stimulus can change. What is focal at one time may become contextual and later even slip far enough into the background to become residual (Roy, 1986). Whatever category the stimuli fall into, they pool to form the adaptation level of the mother.

Roy's (1986) model of adaptation also describes two internal processes of the person known as the regulator and the cognator. These mechanisms for coping receive input from the environment and from changes in the person's internal state and produce responses. The

responses are carried out through the effectors. The four effectors are the physiologic, self-concept, role function, and interdependence modes (Roy, 1986). It is through these categories that responses of the individual can be carried out and the adaptation level can be observed.

The physiological mode is associated with the way a person physically responds to stimuli from the environment. Stimuli activate the coping mechanisms which in turn produce physiologic behaviors. The five basic needs are oxygenation, nutrition, elimination, activity and rest, and protection (Roy, 1986). The working mother will need to meet these basic physiological needs in order for adaptive status to be achieved. The degree to which these physiologic needs were being met was not measured in this study.

The self-concept mode is one of three psychosocial modes of functioning in this model. The self-concept mode is the manifestation of behavior and the level of adaptation relative to a person's beliefs and feelings about one's self at a given time. The self-concept mode is viewed as having two subareas: the physical self and the personal self. One component of the personal self is the self-ideal and this relates to what one would like to be or is capable of doing (Roy, 1986). For the new mother, the self-ideal may relate to being a good mother and having confidence in her abilities to understand her baby's needs and provide for her infant adequately (Figure 3).

The role function mode consists of the performance of duties based on positions in society and is the mediator between the internal and external worlds of the person. The goal of this mode is social integrity: the need to know who one is so that one can act (Roy, 1986). The mother will have the developmental tasks of her age group to achieve

and also the need to attain the basic skills to carry out her maternal role such as infant care skills (Figure 3). The developmental tasks of this age group would be such things as learning to be interdependent with partner, assisting the child to gradually become independent, building and maintaining a mutually satisfying marriage relationship, learning to be a competent wife, and becoming a good parent (Duvall, 1977). In addition, the return to employment adds role responsibilities associated with the worker role.

The interdependence mode is concerned with one's relations with significant others and is the mode in which affectional needs are met. The relationships in this mode differ from those in the role function mode in that they serve the purpose of providing nurturing relationships for personal growth (Roy, 1984). The mother will have a need for affection from her significant others: partner, mother, father, and baby. The mother's support systems, such as colleagues at work, relatives, and friends will form another group that can provide love and respect, although it usually would be in a less intense form (Figure 3). This mode, although important to the overall adaptation process, was not investigated in this study.

In the new mother who is in the process of adapting to the maternal role and then returns to work, there are many changes taking place at one time. The potential exists for many ineffective responses or behaviors to be present which would make it difficult for her to meet all of her role obligations, thus disrupting the process of goal achievement. This may result in inadequate functioning in one or more adaptive modes and would lead to less effective adaptation to the maternal role.

Adaptive responses of individuals are those responses that promote the integrity of the person in terms of the goals of survival, growth, reproduction and mastery. These responses act as feedback or further input into the system, allowing the person to decide whether to increase or decrease efforts to cope with the stimuli. In this study, the healthy adaptive response is adaptation to and internalization of the maternal role by the mother. The healthy adaptive response would be observed in the working mother who demonstrates adaptive behaviors in the role function, interdependence and self-concept modes.

Roy's Adaptation Model (1986) states that nursing intervention begins with an assessment of the behavior in each of the four adaptive modes: physiologic, self-concept, role function, and interdependence. The nursing assessment is then focused on determining the focal, contextual, and residual stimuli contributing to each behavior (Figure 3).

Nursing intervention is aimed at managing the person's internal and external stimuli configuration by removing, increasing, decreasing, or altering the focal, contextual, and residual stimuli. The outcomes are evaluated and modifications made as necessary (Roy, 1984).

In summary, the adaptive system in this model is the mother who is returning to employment after the birth of her baby. There are numerous stimuli called the focal, contextual, and residual stimuli which activate the mother's coping mechanisms resulting in adaptive behaviors. These adaptive behaviors are carried out in four categories known as the physiologic, self-concept, role function, and interdependence modes. The outcomes of the adaptive modes in this study are either the healthy adaptive response, the adaptation to the maternal role, or an

ineffective adaptation to the maternal role secondary to role strain (Roy, 1984, 1986).

Nursing intervention begins with assessment of the adaptation level and the adaptive modes. Interventions are aimed at managing the mother's adaptation level stimuli. The outcomes of the intervention are evaluated and modifications made if the healthy adaptive response of maternal role adaptation has not been achieved (Roy, 1984, 1986). In the next section of this chapter nursing implications based on Roy's (1986) Adaptation Model and the research findings of this study will be presented.

Implications for Nursing Interventions

This section of the chapter will describe the implications for nursing practice based on the research findings of this study focusing on the role of the Clinical Nurse Specialist in a primary care setting. Based on the literature, in general, nursing interventions during the postpartum period with new mothers are lacking. However, opportunities for intervention are certainly not lacking.

The Clinical Nurse Specialist (CNS) in certain primary care settings would have the opportunity to begin assessment and interventions during the prenatal period as contact is made by working women for prenatal care. Anticipatory guidance for potential problematic situations (eg. finding childcare, delegating tasks) should be provided to working women who plan to return to employment after delivery.

Although conclusive findings were not found in this study, the conceptual framework suggests the potential for role strain exists in those women attempting to combine the wife, mother, and worker roles.

Prenatal counseling about the length of the maternity leave should be based on the time needed for physiological healing after delivery as well as the time needed to learn the skills associated with the maternal role which will vary with the individual's past experiences with child care activities.

Anticipatory guidance should also be provided to working women about the number of hours they will work per week after delivery. Again, conclusive findings about the number of hours worked per week and the effect on maternal role adaptation are lacking. It is suggested by role theory that the potential for role overload and strain exists as the total number of role responsibilities increases. Documentation of women's preferences for working fewer hours per week in order to spend more time with their children does exist (Moen & Dempster-McClain, 1987) and these findings can be presented for discussion with the client.

Postpartum assessment by the CNS of first time mothers planning to return to employment can be based on the framework suggested by Roy (1986). Initial assessment by the CNS begins with the four adaptive modes of the new mother. Physical examination can be used to assess the status of the physiological mode related to the nutritional, elimination, and activity and rest patterns of the mother. The role function mode would include an assessment of the new mother's perceptions of her ability to meet her role demands. Observations of mother-child interactions would provide an assessment of the level of mother-infant attachment and the mother's ability to perform childcare activities.

The self-concept mode may also be assessed through observation of the mother's ability to care for her infant and the congruence of this

assessment with the mother's stated confidence in performing various tasks. The interdependence mode can be evaluated through observations of the new family unit for evidence of developing nurturing relationships. The mother's perception of adequate support from family, friends, and her spouse would be an indicator of a satisfactory response in the interdependence mode.

If effective responses by the new mother are observed in all of the adaptive modes, the nursing assessment would be that of a healthy adaptive response. In this study, the healthy adaptive response is adaptation to and internalization of the maternal role by the new mother who has returned to employment. If a healthy adaptive response is not observed, a second level of assessment by the CNS must be initiated.

The second level of assessment according to Roy's (1986) model involves evaluation of the focal, contextual, and residual stimuli contributing to the behaviors exhibited in the four adaptive modes. The CNS through interviews with the working mother can determine if the return to employment has become the focal stimulus triggering maladaptive responses. Questions about the woman's employment situation can provide information on the contextual stimuli and whether such factors as the hours worked per week, the financial status of the family, and the length of the maternity leave are contributing to strain. Although not confirmed in this study as impacting on maternal role adaptation, theory does suggest a relationship between these variables and maternal adaptation behaviors.

Finally, evaluation of feelings or beliefs in the working woman about more traditional motherhood behaviors may identify residual stimuli that are impacting on the adaptive mode behaviors of the working

mother. Assessment of personal reasons for working such as feelings of independence and satisfaction derived from employment may be additional residual stimuli that affect the adaptive modes.

Nursing interventions with the working mother begin after an assessment of the adaptive modes and the environmental stimuli confronting the woman has been completed. The nursing interventions are designed to help the working mother manipulate environmental stimuli in both home and work roles in order to reduce strain and promote adaptation.

Specific interventions with working mothers would be derived based on theory and advanced clinical judgment of individual situations. Role-playing with the working mother to enhance role negotiation and role bargaining skills may be indicated for the woman who does not perceive adequate support from her spouse or co-workers. Time and stress management strategies may be indicated if a working mother is experiencing role overload and cannot decrease the number of hours spent in her home and work roles.

The findings of this study revealed a negative correlation between the importance of financial reasons for working and both satisfaction with parenthood and confidence in parenting. On the other hand, those women who place greater importance on personal reasons for working had somewhat higher levels of satisfaction and confidence. For those women who report a need to work out of economic necessity rather than for personal reasons, the CNS in anticipation of lower levels of satisfaction and confidence may initiate discussion with the working mother related to these areas of adaptation. The CNS would allow the working mother to express and explore any concerns or problems in a non-

judgmental atmosphere. Facilitation of problem-solving through helping the mother identify and describe problems, generate possible solutions, evaluate all the possible outcomes, and determine the alternatives to be implemented is a major intervention for the CNS in this situation.

Strategies to manipulate the environmental stimuli of the working mother would be designed, implemented, and reassessment of the adaptive response would determine the need for further intervention. If the healthy adaptive response, maternal role adaptation, is observed the goals of the nursing intervention have been achieved. If maladaptive responses are observed, alternative management strategies are designed and implemented until maternal role adaptation has been facilitated.

To summarize, nursing interventions with working mothers begin in the early prenatal period with anticipatory guidance for potentially problematic situations in the postpartum period. Postpartum interventions begin with an assessment of the adaptive mode behaviors to determine the level of maternal role adaptation achieved. If maladaptation is observed, further assessment and manipulation of the environmental stimuli is indicated until a more healthy adaptive response is observed in the working mother. Interventions could include anticipatory guidance, role playing, counseling sessions, and time and stress management techniques. Areas that should be addressed with women through pregnancy and the postpartum period have been summarized in Table 22. Examples of questions are included that would allow nurses to assess the stimuli confronting women and the resources available.

Table 22. Nursing Assessment of Working Women Through Pregnancy and Postpartum

Early Pregnancy

Occupational Safety

"Tell me about your job and describe a usual day."

Postpartum Return to Work

"What are your plans for working after the baby comes?"

"What arrangements have you made for childcare?"

Late Pregnancy

Maternity leave

"How long will you continue to work?"

"What are your expectations about returning to work?"

"What are agency policies for maternity leave and do you have any choice in the matter?"

Breastfeeding

"Are you planning to breastfeed your baby?"

"What are your plans for breastfeeding after going back to work?"

Childcare

"What arrangements have you made for childcare?"

"What are your expectations for a care provider?"

Partner and family support

"What are the feelings of significant others about your decisions to go back to work?"

Early Postpartum (delivery to two weeks postpartum)

General adaptation

"How are you managing?"

"Are your expectations being met?"

Childcare

"What arrangements have you made for childcare after your return to work?"

Six Weeks Postpartum

Maternity leave

"What are your plans for returning to work?"

"What are the expectations of significant others related to your return to work?"

Childcare

"How are arrangements for childcare progressing?"

"What problems do you anticipate?"

Table 22 (cont'd).After Return to Employment and Throughout First Postpartum Year

General adaptation

"How are you managing?"

"How are things at home? at work?"

"Is there anything you want to do differently?"

"What is (has been) most troublesome for you?"

Childcare

"How are your childcare arrangements working out?"

Breastfeeding (if appropriate)

"How is breastfeeding going? Any problems/concerns?"

Clinical Nurse Specialist Education and Practice

Various role characteristics of the CNS in primary care have been identified. The role characteristics that may be most important to the CNS engaged in maternal role adaptation research or clinical practice will be described.

The CNS in an assessor role has been highlighted throughout the assessment process with the working mother. Continued assessment of progress made toward healthy maternal role adaptation will be necessary throughout the intervention phase of the client-CNS relationship.

As a clinician, the CNS formulates the nursing diagnosis when an adaptation problem is identified and formulates the nursing interventions based on theory and advanced clinical judgment, promoting client participation in modifying the environmental stimuli to reduce strain. The counselor and educator roles of the CNS are highlighted as the client is assisted to identify those contextual stimuli presenting the most difficulties. As a planner and collaborator, strategies would be designed in conjunction with the working mother to reduce the strain

experienced as increased role responsibilities are encountered with the resumption of the worker role.

The CNS as an advocate, leader, and consultant with expertise in the area of maternal employment issues may be involved in formulating legislative policy for maternity/parental leave by providing expert testimony to legislators. The researcher role for the CNS would involve further investigation into the effects of employment on maternal role adaptation. Until the time that more evidence is available, the CNS may also serve as a role model to clients attempting to combine many roles simultaneously.

Expanded roles for nurses in primary care settings are becoming more prevalent. Extended contact with the new mother and family unit exists as comprehensive and continuous care is provided in this setting. As a result, in the educational preparation of Clinical Nurse Specialists the trend for increasing numbers of mothers with young children in the work force must be considered. While most advanced nursing education programs address normal pregnancy and prenatal preparation of the new mother, little attention has been given to postpartum adaptation especially in regard to employment considerations.

The CNS must be prepared to provide anticipatory guidance for women considering a resumption of employment and have a repertoire of stress and time management techniques. The CNS should also be knowledgeable about issues and concerns of working mothers and be prepared to function as a facilitator of group sessions with working mothers as the situation warrants.

The CNS whose focus is on families should be prepared with family interventions designed to support the dual worker/career lifestyle.

From a research and theory based perspective, the nurse prepared at the graduate level should understand the implications for potential family and individual health problems as a result of the multiple roles lifestyle. The CNS must be aware that the manifestations of mothering/parenting difficulties may be subtle and identified only after a thorough and focused assessment of the family unit. This type of assessment is beyond the scope of the medical model of practice that is focused on disease recognition and treatment. This assessment is also beyond basic nursing educational programs.

In summary, a number of role characteristics of the CNS have been identified that are pertinent to primary care practice and facilitation of maternal role adaptation. These include assessor, clinician, planner, collaborator, educator, counselor, researcher, leader, advocate, consultant, and role model. In addition, the educational preparation of the CNS should include advanced knowledge and skills for assessment and interventions with working mothers and dual worker/career families in support of the changing work force trends in the United States today.

Summary

Aspects of role theory were used to generate hypotheses and research questions to guide this correlational study to identify and describe the relationships between employment characteristics and maternal role adaptation in first time mothers who returned to work. Literature support and previous research on the existence of such relationships is lacking. Thirty-three primiparous women completed one measure prior to returning to work and a second measure of indicators of

maternal role adaptation timed at two months after a return to employment.

The length of the maternity leave and the number of hours worked per week after the return to employment were hypothesized to have an effect on the maternal role adaptation of the new mother. Although there was no evidence to support these hypotheses in this study, methodological problems may have been a contributor. Therefore, these variables should not be abandoned as assessment and intervention with new mothers occurs.

Importance of personal and financial reasons for working were found to have weak although not statistically significant relationships with indicators of maternal role adaptation related to confidence in parenting and satisfaction with parenthood. The importance of personal reasons for working correlated positively with the subscales while the importance of financial reasons for working were negatively correlated with the same subscales.

Roy's (1986) model of adaptation provided the framework for assessment of behaviors of the working mother in four modes: role function, physiologic, interdependence, and self-concept. If the healthy adaptive response, adaptation to the maternal role is not apparent, nursing assessment is then focused on the environmental stimuli of the new mother. The nursing intervention is directed at managing these focal, contextual, and residual stimuli until the adaptive response has been facilitated. Interventions suggested for the Clinical Nurse Specialist within the primary care setting were anticipatory guidance, role-playing, counseling sessions, and time and stress management techniques. Early and continued nursing intervention

may enhance well-being and role adaptation in new mothers facing multiple role obligations.

Further research on maternal role adaptation both by nurses and professionals in other disciplines is needed as the number of employed mothers with young children and infants is increasing. Currently this research is lacking. Legislative policy decisions related to maternity and parental leave during the postpartum period must also focus on maternal role adaptation issues when these benefits are being considered.

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APPENDIX A
Pretest Questionnaire

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOU AND YOUR FAMILY.

1) What was your age at your last birthday? _____

2) What is your marital status:

_____ Single, never married
 _____ Married
 _____ Separated

_____ Widowed
 _____ Divorced

3) Are you currently living with the father of your baby?

___ YES ___ NO

4) What is the highest level of education you completed?

_____ Some elementary school (grades 1-7)
 _____ Completed elementary school (8th grade)
 _____ Some high school (9-11 years)
 _____ Graduated from high school
 _____ Some college or technical training beyond high school (1-3 years)
 _____ Graduated from technical program
 _____ Graduated from college
 _____ Some graduate school beyond bachelor's degree
 _____ Graduate degree (please specify _____)
 _____ Other (please specify _____)

5) What is your occupation? _____

6) What is the date of birth of your baby? _____ (month) _____ (date) _____ (year)

7) What is the sex of your baby? ___ Male ___ Female

8) When do you expect to return to work (list the specific date when you plan to go back to work)?

_____ (month) _____ (date) _____ (year)

9) When you return to work, how many hours per week do you plan to work? Please include work you do at home for your job.

| | |
|-----------------------------------|------------------------------|
| _____ Less than 20 hours per week | _____ 36 - 40 hours per week |
| _____ 21 - 25 hours per week | _____ 41 - 45 hours per week |
| _____ 26 - 30 hours per week | _____ over 45 hours per week |
| _____ 31 - 35 hours per week | |

10) How long have you been employed in the job you will be returning to after your baby's birth?

| | |
|--------------------------|-------------------------------------|
| _____ less than one year | _____ 6 - 10 years |
| _____ 1 - 5 years | _____ this will be a new job for me |

-2-

vi19 11) Taking into consideration all sources of income, which of the ranges includes your total family income before taxes last year?

| | |
|-----------------------------------|-----------------------------------|
| <u> </u> Less than \$10,000 | <u> </u> \$35,000 - \$39,999 |
| <u> </u> \$10,000 - \$14,999 | <u> </u> \$40,000 - \$44,999 |
| <u> </u> \$15,000 - \$19,999 | <u> </u> \$45,000 - \$49,999 |
| <u> </u> \$20,000 - \$24,999 | <u> </u> \$50,000 - \$54,999 |
| <u> </u> \$25,000 - \$29,999 | <u> </u> \$55,000 - \$59,999 |
| <u> </u> \$30,000 - \$34,999 | <u> </u> \$60,000 and above |

PEOPLE HAVE DIFFERENT REASONS FOR WORKING. BELOW ARE SOME OF THESE REASONS. PLEASE INDICATE HOW IMPORTANT EACH OF THESE REASONS IS TO YOU.

| | | (1) <u>NOT AT ALL</u> <u>IMPORTANT</u> | (2) <u>NOT TOO</u> <u>IMPORTANT</u> | (3) <u>SOMEWHAT</u> <u>IMPORTANT</u> | (4) <u>VERY</u> <u>IMPORTANT</u> |
|---|-------------------|--|---|--|--|
| <u>vi20</u> 12) It is necessary for economic survival | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u>vi21</u> 13) To get a little more than the basic necessities; to buy nice things | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u>vi22</u> 14) To get ahead financially | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u>vi23</u> 15) It gives a feeling of independence and self-satisfaction | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u>vi24</u> 16) I like what I do on my job | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u>vi25</u> 17) To get out of the house and away from children from a while | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u>vi26</u> 18) To have contact with adults and their ideas | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u>vi27</u> 19) If you were to get enough money to live as comfortably as you'd like the rest of your life, would you continue to work? | | | | | |
| | <u> </u> YES | <u> </u> NO | <u> </u> Undecided | | |
| | (1) | (2) | (3) | | |

PEOPLE HAVE DIFFERENT KINDS OF FLEXIBILITY IN THEIR JOBS. PLEASE CIRCLE THE RESPONSE THAT BEST DESCRIBES YOUR JOB.

vi28 20) How much choice would you say you have over which days you work?

| | | | | |
|------------|-------------|------|----------|-------------|
| GREAT DEAL | QUITE A BIT | SOME | A LITTLE | NONE AT ALL |
| (5) | (4) | (3) | (2) | (1) |

-3-

- V129 21) How much choice would you say you have over which hours you work on a particular day?
- GREAT DEAL (5) QUITE A BIT (4) SOME (3) A LITTLE (2) NONE AT ALL (1)
- V130 22) How much choice would you say you have over where (at office or home) you do you work?
- GREAT DEAL (5) QUITE A BIT (4) SOME (3) A LITTLE (2) NONE AT ALL (1)

PLEASE ANSWER THE FOLLOWING QUESTION ABOUT YOUR RELATIONSHIP AS A COUPLE.
INDICATE HOW OFTEN EACH STATEMENTS APPLIES TO YOUR RELATIONSHIP.

- | | (1) | (2) | (3) | (4) | (5) |
|---|--------------|----------------|-----------|------------|---------------|
| | ALMOST NEVER | ONCE IN AWHILE | SOMETIMES | FREQUENTLY | ALMOST ALWAYS |
| <u>V131</u> ___ 23) We ask each other for help. | | | | | |
| <u>V132</u> ___ 24) When problems arise, we compromise. | | | | | |
| <u>V133</u> ___ 25) We approve of each other's friends. | | | | | |
| <u>V134</u> ___ 26) We are flexible in how we handle our differences. | | | | | |
| <u>V135</u> ___ 27) We like to do things with each other. | | | | | |
| <u>V136</u> ___ 28) Different persons act as leaders in our relationship. | | | | | |
| <u>V137</u> ___ 29) We feel closer to each other than to people outside our family. | | | | | |
| <u>V138</u> ___ 30) We change our way of handling tasks. | | | | | |
| <u>V139</u> ___ 31) We like to spend free time with each other. | | | | | |
| <u>V140</u> ___ 32) We try new ways of dealing with problems. | | | | | |
| <u>V141</u> ___ 33) We feel very close to each other. | | | | | |
| <u>V142</u> ___ 34) We jointly make the decision in our relationship. | | | | | |
| <u>V143</u> ___ 35) We share hobbies and interests together. | | | | | |
| <u>V144</u> ___ 36) Rules change in our relationship. | | | | | |
| <u>V145</u> ___ 37) We can easily think of things to do together as a couple. | | | | | |
| <u>V146</u> ___ 38) We shift household responsibilities from person to person. | | | | | |
| <u>V147</u> ___ 39) We consult each other on our decisions. | | | | | |
| <u>V148</u> ___ 40) It is hard to identify who the leader is in our relationship. | | | | | |
| <u>V149</u> ___ 41) Togetherness is a top priority. | | | | | |
| <u>V150</u> ___ 42) It is hard to tell who does which household chores. | | | | | |

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!!!

APPENDIX B
Two-Month Questionnaire

Please answer the following questions about your job.

- ☐ YES ☐ NO
- If yes, please explain what has happened: _____
- _____
- _____

[illegible]

[illegible]

My husband helps at home when he can.

I worry about how we will manage on our present income.

My husband enjoys holding the baby.

My parent(s) think I should take better care of the baby.

I feel gratified about giving birth.

My husband avoids helping with child care.

I would prefer to go to work or classes and have someone else care for the baby.

I am unsure of what to do for the baby when s/he cries.

My parent(s) seem to like the way I care for the baby.

Friends or relatives think I am a good mother.

I feel good about how I handled myself during labor and delivery.

My parent(s) show little interest in the baby.

I feel relaxed and secure about my future.

[illegible]

7. Please think about all the pleasures and problems that go with parenting. Taking everything into consideration, during the past month, how often has parenting made you...

Feel happy?

Feel satisfied?

Feel frustrated or angry?

Enjoy yourself?

Feel insecure?

Feel unhappy?

[illegible]

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!

4/18/86

APPENDIX C
PSEQ Subscales

POSTPARTUM SELF-EVALUATION QUESTIONNAIRE SCALES

QUALITY OF RELATIONSHIP WITH SPOUSE

My husband is understanding (calms me) when I get upset.

I feel close to my husband.

It is hard to talk to my husband about the problems I have.

My husband criticizes me as a wife.

My husband would rather spend time at work or a hobby than be with me.

My husband cares about how I feel.

My husband makes me feel I am a burden to him.

My husband and I have problems with our marriage.

I can share my thoughts and feeling with my husband.

Discussions with my husband end in arguments.

My husband lets me down when I need him.

When I am feeling down or depressed, my husband reassures me.

My husband helps at home when he can.

POSTPARTUM SELF-EVALUATION QUESTIONNAIRE SCALES

PERCEPTION OF SPOUSE'S PARTICIPATION IN CHILD CARE

My husband participates in the care of the baby.

My husband feels caring for the baby is not his responsibility.

My husband helps with child care.

My husband spends time with the baby.

My husband gets annoyed when I ask him to help with the care of the baby.

My husband wants to share in the care of the baby.

My husband shows an interest in the baby.

When the baby cries, my husband ignores him/her.

My husband dislikes caring for the baby.

My husband enjoys holding the baby.

My husband avoids helping with child care.

POSTPARTUM SELF-EVALUATION QUESTIONNAIRE SCALES

GRATIFICATION FROM THE LABOR AND DELIVERY EXPERIENCE

Childbirth left me with a feeling of accomplishment.

I am proud of my last delivery.

I think about unpleasant and frightening things that happened during labor and delivery.

I feel joyful when I remember the birth of the baby.

I feel bad about the way I reacted to the pain of labor.

I feel satisfied with the care I received in labor and delivery.

I feel my labor and delivery was a good experience.

I feel disappointed in the delivery experience I had.

I feel good about how I handled myself during labor and delivery.

POSTPARTUM SELF-EVALUATION QUESTIONNAIRE SCALES

SATISFACTION WITH LIFE SITUATION AND CIRCUMSTANCES

The baby is a financial burden for us.

I am satisfied with the amount of time we spend together as a family.

My home seems too cramped for my child(ren) to play in.

There is hope for a steady income for my family.

I am pleased with my home life as it is.

There is enough money for all my family's basic needs.

Our home seems too small for all of us.

I worry about how we will manage on our present income.

I feel relaxed and secure about my future.

We need more things than we can afford to buy.

POSTPARTUM SELF-EVALUATION QUESTIONNAIRE SCALES

CONFIDENCE IN ABILITY TO COPE WITH TASKS OF PARENTHOOD

I know what my baby likes and dislikes.

I wonder whether I make the right decisions for my baby.

When the baby cries, I can tell what he/she wants.

My patience with the baby is limited.

I have doubts about whether I am a good mother.

I would like to be a better mother than I am.

I feel that I know my baby and what to do for him/her.

I am nervous when I hold the baby.

The baby seems like a stranger to me.

I trust my own judgment in deciding how to care for my baby.

I know what my baby wants.

I worry that I am not giving enough attention to the baby.

I am unsure of what to do for the baby when s/he cries.

POSTPARTUM SELF-EVALUATION QUESTIONNAIRE SCALES

SATISFACTION WITH PARENTHOOD AND INFANT CARE

It is boring for me to care for the baby and do the same things over and over.

I am dissatisfied with the amount of time I have for activities other than childcare.

I enjoy taking care of the baby.

I am angry about having too many responsibilities as a mother.

When feeding, diapering, and bathing the baby, I wish I could be doing something else.

I am glad now that I had this baby.

I lose my temper when I am with the baby.

I enjoy being a mother.

I like to hold and cuddle the baby after a feeding or bath.

Since I have become a mother this time, I feel depressed and lonely.

I feel overburdened with the many demands made on me as a mother.

I would prefer to go to work or classes and have someone else care for the baby.

It bothers me to get up for the baby at night.

POSTPARTUM SELF-EVALUATION QUESTIONNAIRE SCALES

SUPPORT FOR PARENTAL ROLE FROM FAMILY AND FRIENDS

Friends or relatives reassure me as a mother.

My parents criticize me as a mother.

I can talk to some of my friends or relatives about questions I have concerning motherhood.

I have friends or relatives who encourage me to care for the baby in my own way.

My parent(s) are interested in the baby.

I can rely on friends or relatives to help me with the baby when necessary.

My parent(s) make me feel like there is little I can do right.

My parent(s) think I should take better care of the baby.

My parent(s) seem to like the way I care for the baby.

Friends or relatives think I am a good mother.

My parent(s) show little interest in the baby.

APPENDIX D
Consent Form

CONSENT FORM

The program in which we are asking your participation is designed to learn more about how health care professionals can assist women who combine employment and parenthood. If you agree to participate in this program, you will be asked to complete a questionnaire about your well-being at two and four months following your return to employment and one year after your baby's birth. Each of the questionnaires will require about one-half hour to complete.

If you agree to participate in this study, please sign the following statement:

- 1) I have freely consented to take part in a study of women returning to employment following the birth of a baby, being conducted by the College of Nursing at Michigan State University and the Expectant Parents Organization of Lansing.
- 2) The study has been described and explained to me and I understand what my participation will involve.
- 3) I understand that I can withdraw from participating in this study at any time. Withdrawal from this study will not change the availability of services to me through the Expectant Parent Organization of Lansing.
- 4) I understand that the results of this study will be treated in strict confidence and, should they be published, my name will remain anonymous. I understand that within these restrictions, results can, upon request, be made available to me.
- 5) I understand that no beneficial results can be guaranteed as a result of participating in the study.

I, _____, state that I understand what is required
(print name)

as a participant and agree to take part in this program.

Signed _____
(signature of participant)

Date _____

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