# THE RELATIONSHIP BETWEEN WOMEN'S WORK AND FAMILY ROLES AND SUBJECTIVE WELL-BEING AND PSYCHOLOGICAL DISTRESS[1]

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Abstract

This chapter examines the relationship between women's experiences - positive and negative - in their work and family roles and their mental health. The questions addressed are: (1) which aspects of women's work are related to their levels of psychological distress and subjective well-being? (2) are the relationships between these aspects of work and mental health affected by a woman's family-role occupancy, that is, by whether or not she has children and by whether or not she is partnered or single? (3) how does the quality of women's experiences in their family roles (as mothers or partners) affect the relationship between work characteristics and mental health?

The data reported in this chapter are from the first wave of a three-wave study of a disproportionate, stratified, random sample of 403 women, ages 25 to 55, who were employed at least half-time in two health-care professions -- social work and licensed practical nursing. The sample was stratified by race, parental status and partnership status. The data were collected in 1985-1986.

The major findings of this chapter are: (1) work-rewards and work-concerns, and their interactions, need to be included in models relating the paid-employee role to mental-health states; (2) there may be gender differences in those aspects of the paid-employee role that are experienced as rewarding and as "of concern"; and (3) analyses aimed at estimating the effects on women's mental health of their multiple roles (i.e., employee, partner, and parent), indicate significantly different patterns of relationships for two dimensions of mental health -- subjective well-being and psychological distress.

## Overview

The aim of this chapter is to assess the effects of women's work and family roles (both the occupancy and quality of these roles) on their mental health.[2] Although there is general concern about the impact of multiple roles on women's mental health, most of the available research examines the impact of individual roles, such as that of mother (by itself) or paid-employee (by itself). For example, we know that mothers report more symptoms of distress than non-mothers (Barnett & Baruch 1985; Veroff, Douvan, & Kulka 1981). Similarly, findings suggest that occupancy of the paid-employee role is associated with high subjective well-being and low psychological distress (Baruch, Biener, & Barnett 1987; Brown & Harris 1978; Thoits 1983).

In those studies of women that do consider both employment and family roles, it is usually assumed that women have family roles and attention is focused on the impact of adding the employee role to the family role. In contrast, the study reported in this chapter starts with the fact of women's employment and asks about the effects on mental health of family-role occupancy and family-role quality.

Our approach also differs sharply from that characterizing mainstream research on men and mental health, which is striking for its neglect of the fact that male workers also function in non-workplace roles. For example, many of the major studies of the stress-illness relationship in men do not even report their subjects' partnership or parental status (see, for example, Rosenman, Brand, Jenkins, Friedman, Straus, & Wurm 1975). This one-dimensional view is most assuredly due to the dual assumptions that the employee-role is men's most salient role and that men's family roles are benign. (These

assumptions have been challenged by empirical findings, see Farrell & Rosenberg 1981 and Pleck 1985.)

Although there is some previous research on the effect of family-role occupancy on the relationships between employment and health, it is generally quite limited. Furthermore, most of it has focused on physical rather than mental health. For example, there is evidence to suggest that for women family-role occupancy moderates the negative effects of workplace stressors on cardiovascular disease (Haynes & Feinleib 1982). Also, some studies suggest that family-role occupancy conditions the physical-health enhancing effects of employment[3] (Waldron & Jacobs in press a; Waldron & Jacobs in press b). With respect to subjective well-being, some studies find a beneficial effect of employment for all women, regardless of marital or parental status (Baruch, Barnett, & Rivers 1984).

Even less attention has been given to the potentially more interesting questions concerning the effects of family-role quality (a subjective variable) on the relationships between workplace roles and mental-health outcomes. Role quality refers to the relative rewards and concerns a woman experiences in a given role. A woman's role quality will be positive as long as her level of reward exceeds her level of concern. Accordingly, role quality can be enhanced by reducing concerns, i.e., stressors, or by increasing rewards. There is general agreement that role quality is an important predictor of mental health.

In our approach to the relationship between role quality and mental health, we focus equally on positive mental health, i.e., subjective well-being, and negative mental health., i.e., anxiety and depression. This dual focus has not been prevalent in mainstream research, which has focused primarily on the stress-illness relationship. A major reason for this

imbalance is the reliance on the medical model that equates positive mental health with the absence of symptoms and consequently ignores the existence of subjective well-being as a distinct construct with its own correlates. In contrast, research within the areas of personality psychology, as well as the adult development literature in general, strongly supports a two-dimensional model (Diener & Emmons 1985; Bryant & Veroff 1984). The underlying premise is that well-being is more than just the absence of symptoms; it is the presence of positive affect. According to this view, knowing that a woman reports few symptoms of anxiety and depression tells us only that she is not experiencing psychological distress; it does not tell us that she is experiencing subjective well-being. Being symptom free is not the same as enjoying positive well-being. In this chapter, we take the following positions: (1) women's mental health is a complex construct consisting of at least two dimensions, positive mental health, i.e., subjective well-being, and negative mental health, i.e., psychological distress; (2) these two dimensions, although negatively correlated, are not merely the mirror image of one another; (3) each dimension has a unique relationship to the aspects of work and non-work roles addressed in this chapter, namely, work rewards, work concerns, family-role occupancy, and family-role quality; and (4) a full understanding of the effects of employment on women's mental health requires both joint consideration of women's work and family roles and separate consideration of the positive and negative mental health dimensions.

The chapter is organized into three sections. In the first, we identify those aspects of work that are related to each of the two mental health dimensions. As you will see, the findings indicate that virtually the same aspects of work predict to both dimensions. Moreover, psychological distress and subjective well-being are correlated at $\underline{r} = -.57$, indicating that each

measure explains 32% of the variance in the other. On the basis of these data, one might conclude that mental health is unidimensional. However, as the data presented in sections two and three will indicate, when we consider the joint effects of women's work and family roles, there is strong support for a two-dimensional model of mental health.

In the second section, we look at family-role occupancy and its effects on the relationship between rewards and concerns at work and the experience of well-being or distress. In the third, we examine family-role quality and its impact on the relationship between the work factors and the two mental-health dimensions. The findings reported in these two sections challenge the unidimensional model of mental health. In brief, the effects on well-being of the work and family variables are independent. More specifically, in every instance the relationship between the work factors and well-being is unaffected by the family-role variables, occupancy or quality. In contrast, the relationship between psychological distress and the work factors is conditioned by family-role occupancy and, in certain instances, by family-role quality. In short, employed women who occupy family roles are less vulnerable to the effects of particular work factors, and employed mothers with challenging jobs are protected from the distress-exacerbating effects of troubled relationships with their children. Only when we look at women in the context of their multiple roles do we see that these two mental health dimensions are not merely opposite ends of the same construct.

## The Study

Data for this chapter come from the first year of a three-year longitudinal study of a disproportionate, stratified, random sample of 403 women, ages 25 to 55, who were employed at least half time at the start of the

study in two health-care professions -- social work and licensed practical nursing. These two professions were selected on the basis of three criteria: (1) they are female professions; (2) they are high-strain professions, i.e., presumably characterized by high-job demand and low-job control; and (3) they are professions with public licensure records, thereby allowing for the identification of populations from which to draw a random sample.

Understanding the relationship between work rewards and concerns and mental-health states among employees in service occupations, such as social work and licensed practical nursing, is of particular importance at this time, since these occupations are part of the fastest growing sector of the American economy. In the next decade, a 26% increase in health-service workers is projected (ASPH and NIOSH 1988). More generally, nine out of every ten new jobs in the next decade will be in the service sector and this sector will continue to employ an increasingly large percentage of women. For example, whereas women represented 44% of the labor force in 1985, they comprised 61% of service-industry employees (Marshall, Barnett, Baruch, & Pleck forthcoming).

All the respondents in this study lived within a 25-mile radius of Boston, and were drawn randomly from the registries of the two given professions. Data were collected from the fall of 1985 to the spring of 1986. Respondents were interviewed in their homes or offices by a trained interviewer. The interviews lasted about 2 hours and covered the rewards and concerns in each of the woman's major social roles, i.e., partner, parent, and paid worker, as well as indices of psychological distress and subjective well-being. Respondents were paid a fee of $10 for participating.

Within the two occupations, the sample was stratified on race, parental status, and partnership status (women who were either married or living with a partner were defined as "partnered"). (See Table One.) The mean

age of the sample was 39.5 years (sd = 7.4). Approximately half of the

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Insert Table One about here

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sample was partnered (n = 194, 49.1%), and roughly half had children (n = 227, 56.3 %). The ages of the respondents' children ranged from less than one year to over 30 years, and the median family size was 2.0 children. Most of the mothers were not caring for young children; only 15% had children under the age of six. In contrast, 45% of the mothers had children 18 years or older. Sixty-one women (15.3%) were black, and 342 (84.7%) were white. On average, the women had been working in their respective occupations for 11 years (the range was 2 to 35 years) and at their current jobs for 6 years. They worked 38 hours per week on average, and 80% worked the same schedule on a regular basis. The mean individual income in 1985 was $24,400 (sd = $2,700).

Measures of Mental Health

Psychological distress was assessed by the anxiety and depression subscales of the SCL-90-R, a frequency of symptoms measure (Derogatis 1975). Subjects indicated on 5-point scales (from 0 = not at all to 4 = extremely) how often in the past week they were bothered by each of 10 symptoms of anxiety and 13 symptoms of depression. The decision to combine the scales into a psychological distress score was based on a correlation of .80 between the scales and on the similarity in the pattern of correlations between the anxiety and depression scales and the other variables of interest in the study. The SCL-90-R has high levels of both internal consistency and test-retest reliability. In this sample, coefficient alpha was .88 for depression and .89 for anxiety. These figures are similar to those reported by Derogatis (1983).

Satisfactory test-retest correlations (.82 for depression and .80 for anxiety) have also been reported (Derogatis 1983). For this sample, mean scores for the depression and anxiety scale were .72 and .53, respectively. These scores are within one standard deviation of the mean score for a normative sample of 494 non-hospitalized adult females.

Subjective well-being was assessed by responses to a 14 - item positive-affect scale developed by the Rand Corporation (Davies, Sherbourne, Peterson, & Ware 1985). The women were asked to respond on 6-point scales (from 0 = not at all to 6 = extremely) to such items as, "How often in the past month did you feel relaxed and free of tension?" and "How often in the past month did you expect in the morning to have an interesting day?" In this sample, Cronbach alpha was .94, which is essentially identical with the .96 figure given by Veit and Ware (1983), who also report a one-year test-retest correlation of $r$ = .64. The mean per-item score on subjective well-being was 3.6 for this sample, which is within one standard deviation of the mean for the normative sample.

As expected, the two mental-health measures were negatively correlated ($r$ = -.58, $p < .001$). The moderate strength of the correlation is consistent with both the premise that subjective well-being and psychological distress are not merely redundant measures and with the search for factors that account for the relatively high percent (i.e., 68%) of unexplained variance.

## I. Which Aspects of Work are Related to Mental-Health Measures? [4]

Karasek and his colleagues have identified the combination of high demand and low decision latitude (i.e., control) as strongly associated with several stress-related health problems (Karasek, Schwartz, Theorell 1982). These studies have had a major effect on shaping the research paradigm for the study

of the stress-illness relationship, among men as well as women. However, they were done with all male samples (see, for example Karasek, Schwartz, & Theorell 1982 ; Caplan, Cobb, French, Van Harrison, & Pinneau 1975), as were almost all of the early theory-building studies concerning the relationship between work conditions and stress-related health measures. In this section, we identify the work factors that women experience as rewarding and as "of concern".

The instrument used to assess work rewards and work concerns was empirically derived from the open-ended responses of roughly 100 employed women. They were asked to tell us about the rewarding and the problematic aspects of their jobs. Their responses were tape recorded, transcribed and content analyzed. On the basis of frequency of response, twenty-five work reward and twenty-five work-concern items were identified (see Baruch & Barnett 1986 for a fuller discussion). These items constitute the scales used in this study[5].

To identify which aspects of work are related to women's mental health, the sample was divided into random halves. Exploratory work, guided by previous research, was conducted on the responses of one half of the sample to 25 work-reward and 25 work-concern items[6]. Confirmatory factor analyses were then performed on the responses of the other half of the sample.

Six work-reward factors were identified in one half of the sample and confirmed in the other half, namely: helping others, decision authority[7], challenge, supervisor support, recognition, and satisfaction with salary. Five work-concern factors were identified and confirmed: overload, dead-end job, hazard exposure, poor supervision, and discrimination. Table Two lists the items comprising each factor. (The details of the confirmatory factor analyses are discussed in Barnett & Marshall unpublished).

Insert Table Two about here

Main Effects of Work Rewards and Concerns

To identify those work reward and concern factors that have mental-health consequences, we estimated separate regression models with the two mental-health measures as outcomes and the six rewards entered simultaneously as predictors. We then estimated regression models with the five work-concern factors entered simultaneously as predictors.

In order to control for the relationship between background characteristics and the mental-health measures, all models included the following control variables: socioeconomic status[8], age, race and per capita income[9]. Social workers and licensed practical nurses (LPNs) were included in a single model on the basis of preliminary analyses indicating no differences between the two occupations in the relationships of the independent variables to the mental-health measures.

With well-being as the mental-health measure, four work-reward factors emerged as significant -- helping others, challenge, decision authority, and recognition. With psychological distress as the health measure, three work-reward factors were significant: helping others, challenge, and decision authority. The set of significant work-reward and work-concern factors differed only slightly for the two measures. Thus supervisor support and satisfaction with salary contributed to the level of reward a woman experienced at work; however, neither had an independent impact on her level of distress or well-being. Interestingly, for both well-being and distress, overload was the only

work-concern that remained significant when all four work-concerns were entered into the same regression model. Although poor supervision, hazard exposure, discrimination, and a dead-end job contributed to the level of concern women reported in their paid jobs, none of these factors was uniquely associated with either well-being or distress. In short, not all work rewards or concerns are equal in their ability to affect mental-health measures; some work rewards and concerns may be associated with job satisfaction, but have no mental-health consequences.

These findings suggest that the narrowing of attention onto the two workplace dimensions of demand and decision latitude may be premature. It is important to note that these two dimensions are concerned with tasks and pressures, not with the interpersonal aspects of the workplace. (The same comment applies to two of the other dimensions that Karasek identifies as problematic, namely, noxious stimuli and hazard exposure; the exceptions are supervisor and co-worker support.) To the extent that women compared to men experience different aspects of work as rewarding or problematic, then the search for work-place sources of stress and mitigators of stress will need to be broadened to include those aspects.

Interactions Between Work Rewards and Concerns

The presence of work-rewards, such as decision authority or helping others, may buffer the impact of overload on mental health. Conversely, low levels of reward may exacerbate the impact of overload. To explore these possibilities, we estimated both main and interactive-effects models by creating interaction terms with overload and each of the work-reward factors, e.g., overload x helping others, overload x decision authority, overload x satisfaction with salary. (We focus exclusively on overload since it was the

only work-concern that remained significant when the effects of all four work concerns were estimated simultaneously).

Higher rewards from decision authority were associated with lower psychological distress, as can be seen in Table Three.[10] (Non-significant terms, other than controls, were dropped from the final model.)

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Insert Table Three about here

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It is interesting to note that challenge, which had been significantly associated with psychological distress in analyses that included only work rewards, failed to remain significant when overload was included in the regression model.

Of great importance is the significant interaction between overload and helping others. As can be seen in Figure One, under conditions of low

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concern[11] about overload, the rewards of helping others have little relationship to psychological distress. However, under conditions of high concern about overload, high rewards from helping others are associated with lower psychological distress -- a classic buffering relationship (Cohen & Wills 1985). The converse of such a buffer is also apparent in Figure One -- low rewards from helping others exacerbates the relationship between overload and distress.

With subjective well-being as the mental-health measure, helping others and recognition were positively associated, and overload was negatively

associated (see Table Three). As was the case with distress, challenge, which had been significantly related to well-being in analyses without the work-concern factors, failed to remain significant when overload was included in the regression model. Once again, the interaction between helping others and overload was significant, as shown in Figure Two. We again find a buffering effect of helping others -- when concerns about overload are low, helping others has relatively little impact, when concerns about overload are high, rewards from helping others improves well-being.

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Insert Figure Two about here

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Before proceeding, it is important to keep in mind that the data reported in this chapter are based on self-reports. It is possible, therefore, that response bias may account for the pattern of findings. The interpretative issues are especially difficult when we are dealing with subjective evaluations of role quality. For example, it may be that women who enjoy high subjective well-being (compared to those who do not) are more rewarded from helping others at work, less concerned about overload, and experience their family roles more positively. However, examination of the magnitude of the zero-order correlations indicates only modest correlations between the two mental-health measures and the work-role quality and family-role quality indices. With well-being, $r$'s range from -.29 to .50, with a mean correlation of $\underline{r} = .30$. With psychological distress, $r$'s ranged from -.39 to .38, with a mean correlation of $\underline{r} = .29$. Thus, there is little direct evidence to suggest that response bias played a major part in the pattern of results.

With this caveat in mind, we can answer the first of the three questions addressed in this chapter. The data indicate that subjective well-being and psychological distress are related similarly to specific work-reward and work-concern factors. Concern about overload is associated with low subjective well-being and high psychological distress. That is, women who are concerned about "having too much to do, the job's taking too much out of you, and having to deal with emotionally difficult situations" are at risk for poorer well-being and greater distress. At the same time, for women employed in these health-care occupations, rewards from "being needed by others," "helping others," and "having an impact on other people's lives" buffer the negative impact of overload; high rewards from helping others mitigate the effect of overload. To paraphrase a frequently expressed sentiment, "The hassles at work are all the more intolerable if I can't help someone."

Based on these findings, one might question the premise that mental health is two dimensional. However, 68% of the variance between the two measures was unaccounted for and, even though the specific work-reward and work-concern factors associated with the two outcomes were highly similar, the regression models accounted for a larger proportion of the variances in psychological distress than in well-being (29% vs. 18%). Thus, we turn in sections Two and Three to an examination of women's non-workplace roles and role quality in order to discover whether there are significant and meaningful differences in the pattern of relationships between these two mental-health measures and the combination of role occupancy and role-quality variables.

## II. Does Family-Role Occupancy Affect the Relationship Between the Mental Health Measures and the Work Rewards and Work Concern?

This question is of central importance in understanding the relationship between women's experience in the labor force and their experience of subjective well-being and distress. To illustrate, the mental-health benefit of having a job that allows women to interact with others in emotionally meaningful ways may be greater for single than for partnered women. And, women who are mothers may be more or less vulnerable than women who are not mothers to the mental-health effects of specific work factors? We believe that our understanding of the stress-illness relationship in both women and men will be furthered if such interactions between roles are taken into account.

To determine whether family-role occupancy tells us any more about the relationships between work factors and each of the mental-health measures, we looked separately at the main effects of partner-role and parent-role occupancy. We then examined the interaction of each family-role occupancy variable with the work-reward and work-concern factors to assess whether the relationship between work rewards and concerns and the mental-health measures differed for women who were or were not parents or partners. To generate these interaction terms, dummy variables were created for parental status (0 = non-parent, 1 = parent) and partnership status (0 = single, 1 = partner).

### Subjective Well-Being

With subjective well-being as the mental-health measure, the answer is No; family-role occupancy does not affect the relationship between well-being and

the work rewards and concerns. Although partner-role occupancy was significantly related to well-being, none of the interaction terms between family-role occupancy and any of the work-reward or work-concern factors was significant. (The final model, showing only the significant predictors, is presented in Table Four[12].) Thus, regardless of whether an employed health-care provider is partnered or not, the rewards of helping others and recognition

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Insert Table Four about here

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at work are related to high well-being, concern about overload is associated with low well-being, and there is a tendency for helping others at work to condition the negative well-being effects of work overload. This pattern held true regardless of whether the partnered women had children or not.

Parent-role occupancy was unrelated to subjective well-being. The well-being scores of women without children were indistinguishable from those of women with children, and there were no interactions between parent-role occupancy and any of the work factors.

Psychological Distress

With psychological distress as the mental-health measure, the results were very different. Family-role occupancy variables conditioned the relationship between certain work factors and psychological distress.

Looking first at parent-role occupancy (see Table Five), the

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interaction between decision authority and parent-role occupancy was significant. As can be seen in Figure Three, psychological distress

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among women without children, compared to women with children, was much more reactive to the rewards of decision authority at work. Childless women experience high distress when decision authority is low and low distress when decision authority is high. In contrast, among employed mothers, psychological distress is relatively unrelated to decision authority. Stated differently, the fewer roles a woman occupies, the more important decision authority is to her level of psychological distress. Overload at work and the rewards of helping others, in contrast, have similar effects on women, whether or not they have children.

Partner-role occupancy conditioned the relationship between

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psychological distress and helping others at work (see Table Six). Compared to partnered women, the distress of single women is more reactive to this work reward, as can be seen in Figure Four.

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Among single women, there is an inverse relationship between psychological distress and rewards from helping others. When these rewards are high, distress

is low; when they are low, distress is high. In contrast, the psychological distress of partnered women is relatively unaffected by the level of reward from helping others at work. Once again, for women without family roles, psychological distress, but not well-being, is more reactive to the presence or absence of particular work rewards.

Thus, with respect to the relationship between psychological distress and work rewards and concerns, all women are not the same. While women with and without family roles are at risk from high overload at work and reap mental-health benefits from some work rewards, other work rewards are more important to single women and women without children.

In sum, the answer to the question about the effects of family-role occupancy on the relationship between the mental-health measures and the work rewards and work concerns is: It depends on which mental-health measure and which family role. The findings reported in this section support the premise that subjective well-being and psychological distress are separate constructs, each having a distinct pattern of associations between the work factors and family-role occupancy.

## III. Does Family-Role Quality Affect the Relationship Between Mental-Health Measures and Work Rewards and Work Concerns?

How are the effects on mental-health measures of work rewards and concerns affected by family-role quality? Can a problematic job offset the positive effects of good family relationships? Can a job that is experienced as rewarding mitigate the negative-health effects of a poor relationship with one's partner or children? Conversely, can troubled relationships with

partners or children obviate the mental-health benefits of work rewards? Such questions, which are potentially more interesting than the those concerning the effect of family-role occupancy, have received even less research attention.

To address these important questions, we developed measures of partner-role and parent-role quality. As will be remembered, each woman in the study was interviewed about the rewards and concerns she was experiencing in each of her major family roles. Each woman received a total reward and a total concern score for each family role. Partner-role quality was operationalized as the difference between the rewards and the concerns scores for the partner role; parent-role quality, as the difference between the rewards and the concerns scores for the parent role. (See Barnett & Marshall 1988) for a discussion of this score.) Since only women who occupied a role received a role-quality score, the following analyses were performed on subsamples; the effect of partner-role quality was estimated among the 187 women who were partnered, the effect of parent-role quality was estimated among the 211 women were mothers.

Having developed these measures, we first estimated separate main-effects regression models for each mental-health measure with the control variables, the work factors and the appropriate family-role quality scores as predictors. We also created interaction terms to test whether the relationship between the health measures and the work reward and concern factors differed by the level of family-role quality. Finally, for each subsample, we tested whether occupancy of the other social role affected these relationships. For example, among parents we tested the main and interactive effects of being partnered or not on the relationship between the parent-role quality and the mental-health measures.

Subjective Well-Being

Not surprisingly, parent-role quality was a significant predictor of well-being. After controlling for the effects of parent-role quality, however, helping others at work remained significant while the other work factors were only marginally significant, as was the interaction between helping others and overload. (Table Seven shows the final model with only significant independent variables.) Interestingly, parent-role quality did not interact with any of

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the work rewards or with overload. Thus, for example, the positive association between helping others at work and well-being is not lost among women with troubled relationships with children. Moreover, the interaction between parent-role quality and partner-role occupancy was not significant. Thus, the relationship between parent-role quality and subjective well-being was the same for employed mothers who are partnered or single.

Indeed, up to this point in the analyses single mothers have been indistinguishable from partnered mothers. Yet there is a widely-held belief that single mothers are at particularly high-risk for stress-related health problems. The lack of significant differences between partnered and single mothers may well be due to the inclusion of the control variables: SES, age, race and per capita income. It is possible that the vulnerability ascribed to single mothers is attributable primarily to low SES and low per capita income, not to the absence of a partner per se. It is also important to remember that the mothers in this sample do not have young children; the vulnerability of

single mothers may be more apparent among single mothers with young children.

Turning to the well-being of the partnered women, concerns about overload were associated with low well-being, and rewards from helping others with high well-being, even after controlling for the strong effect of partner-role quality. (See Table Eight.) In this subsample, recognition at work and

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the interaction between helping others and overload were only marginally significant ($p < .10$), after controlling for the effect of partner-role quality.

It is again noteworthy that none of the interactions between partner-role quality and the work factors was significant. Thus, helping others and recognition at work were associated with high well-being and overload with low well-being, regardless of whether the woman's relationship with her partner was good or bad. Moreover, neither parent-role occupancy nor the interaction of partner-role quality and parent-role occupancy were significant. In other words, among partnered women, the relationships between well-being and both overload and helping others at work were unaffected by either the quality of the partner relationship or parent-role status or the interaction between the two.

For partnered women, then, the effects on well-being of work rewards and concerns and family-role quality are independent. If their relationships with their partners are good, their well-being is high; if their jobs are "good," i.e., high in helping others and recognition and low in overload, their well-being is high. And, having a bad job does not detract from the well-being advantage they enjoy as a result of having a rewarding partnership. Conversely,

if their relationship with their partner is troubled, they can still derive a well-being advantage from having a good job.

In sum, with respect to well-being, for all employed women the effects of multiple-role occupancy are independent. Both employed partnered women and employed mothers benefit from multiple-role involvement because the arenas of work and family make independent contributions to their well-being.

Psychological Distress

In the subsample of parents, rewards from helping others at work and concerns about work overload made significant contributions to mothers' psychological distress, even after taking into account the quality of their experiences as mothers. However, the interaction of overload and helping others was not significant in the subsample, because of the reduced degrees of freedom.

As expected, employed women who have positive relationships with their children report low levels of psychological distress. The question of interest here is whether parent-role quality interacts with any of the work rewards or with overload. Indeed, the interaction between challenge and parent-role quality was significant, as can be seen in Table Nine.

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For employed mothers, high rewards from challenge at work buffered the impact of a difficult parenting experience on distress, as shown in Figure Five. In fact, the psychological distress of women with troubled parent-child

relationships is no worse than that of women with good relationships -- provided they are in challenging jobs. In other words, if there are

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Insert Figure Five about here

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problems with children, a challenging job fully compensates women for the distress-exacerbating effects of a stressful parenting experience. Given popular beliefs about the spillover between home and work, it is noteworthy that we found no interaction between overload at work and parent-role quality. Thus, the impact on psychological distress of difficulties in the parent-role are not compounded by overload at work.

Moreover, the negative impact on psychological distress of poor relationships with children and work-related overload accrue equally to single and to partnered mothers. Stated differently, after controlling for the effects of SES, race, age and per capita income, employed single mothers are at no greater risk of psychological distress from concerns about their relationships with their children or from overload at work than are employed partnered mothers. And mothers, regardless of whether they are partnered or single, are protected by challenging jobs from the psychological distress associated with troubled parent-child relationships.

Among partnered women, partner-role quality did not affect the relationship between the work factors and distress. As seen in Table Ten, we found no interaction between overload at work and partner-role quality,

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indicating that the impact on distress of difficulties with one's partner are not compounded by overload at work. In addition, none of the interactions with work rewards reached significance at the $p < .05$ level, indicating that the impact of rewards at work on distress are independent of the quality of the partner-role.

Of great interest are two findings concerning the effect on psychological distress of occupying two family roles in addition to the paid-employee role.[13] First, the positive association between good partner-role quality and low psychological distress was significantly more pronounced among women who did not have children, as can be seen in Figure Six. When a woman's relationship with her partner was troubled, her distress was higher if she did not have

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Insert Figure Six about here

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children than if she did[14]. Here again, the fewer roles a woman occupies, the greater impact problems in any role has on her mental health.

Second, there was a tendency for the psychological distress of employed women who occupied both the role of partner and of parent to be less reactive to overload at work than was the distress of employed partnered women who were not parents, after controlling for partner-role quality. (See Figure Seven.) To illustrate, under conditions of high-work overload, employed

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Insert Figure Seven about here

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partnered women experienced more distress if they did not have children than if they did. This seemingly counter-intuitive finding fits the model emerging from these data, namely, that the fewer roles a woman occupies, the greater the impact each has on her psychological distress. This model suggests a mechanism by which the psychological distress of women in general benefits from multiple-role involvement, i.e., multiple-role occupancy protects women by reducing the negative impact of particular stressors.

It is important to remember that the analyses reported here are cross-sectional, so that we are unable to determine the direction of effect. While we use a theoretical model that posits that women whose jobs are more rewarding will be less distressed, it is possible that women who are less distressed find their jobs more rewarding. Longitudinal analyses are necessary to clarify such issues.

## Discussion and Conclusions

The major findings of this chapter are: (1) work-rewards and work-concerns, and their interactions, need to be included in models relating the paid-employee role to mental-health states; (2) there may be gender differences in those aspects of the paid-employee role that are experienced as rewarding and as "of concern"; and (3) analyses aimed at estimating the effects on women's mental health of their multiple roles (i.e., employee, partner, and parent), indicate significantly different patterns of relationships for two dimensions of mental health -- subjective well-being and psychological distress.

Mental health is affected by both the presence of work concerns and the absence of work rewards. Subjective well-being and psychological distress are

both associated with concerns about overload at work and by the presence of rewards from helping others and decision authority. Improvements in mental health can, therefore, be achieved by reducing concerns or increasing rewards. Moreover, rewards from helping others at work buffer the negative mental-health effects of overload. In the absence of rewards from helping others at work, the negative effects of overload go unchecked, at least for women in the helping professions. It is important to note that while having a job high in rewards from helping others is central to these employed women's mental health, there are undoubtedly many more women who work in jobs characterized by overload than there are women whose jobs provide them with the rewards of helping others.

The importance for women's mental health of rewards from helping others at work raises the possibility of gender differences in the work-related rewards and concerns that are associated with mental-health measures. Recent work by Haw 1982 and by Johnson and Hall 1988 reaches a similar conclusion. The model generated on male samples by Karasek and his associates received only modest support in the present study. Whereas overload (or demand in Karasek's model) was a consistent predictor of both low well-being and high psychological distress, decision authority (an aspect of decision latitude/control in Karasek's model) was associated only with distress and only among women without children. (However, the work of LaCroix and Haynes (1987) confirmed the Karasek model in a sample of female employees.) In contrast, helping others at work emerged as a consistent predictor of well-being and psychological distress in this sample of employed, female, health-care providers. Main-stream research on men and work (and research within that tradition with female samples) has not addressed this aspect of the paid-employee role. However, it is not possible from our data to disentangle the effects of gender from those of the particular

occupations we studied. It may be that helping others is an important work reward for all employed women, alternatively, helping others may be a reward particular to people (men and women) in health-care occupations, or perhaps in service occupations in general. In either case, the findings indicate the importance of including the reward of helping others in future studies of the relationship between work and health.

When we consider the effects of family-role occupancy and quality on the relationships between the work factors and women's mental health, different patterns emerge for the two dimensions of mental health. It appears that each dimension is associated with a process by which women can benefit from multiple roles. In the case of subjective well-being, the relationships between the work factors (rewards and concerns) and family roles are independent. Family-role occupancy benefits the well-being of employed women in two ways. First, partnered women report higher well-being than single women. Second, the quality of experience in each role -- worker, partner, parent -- makes an independent contribution to subjective well-being. Thus, women benefit by having separate arenas in which to enhance well-being.

In contrast, with psychological distress as the measure of mental health, the relationships are interactive. Family-role occupancy reduces the vulnerability of employed women to the psychological distress associated with low rewards in certain areas of work. With respect to family-role quality, the existence of interactive effects raises the possibility for rewards in one arena to mitigate or exacerbate the negative effects of the experience of stress in the other. Indeed, employed mothers with troubled relationships with their children are protected from negative distress-exacerbating consequences, provided that their jobs are challenging.

In conclusion, the findings presented here demonstrate that women's mental health reflects a combination of their experiences in their multiple roles. If we are to understand the contribution of workplace rewards and concerns to women's mental health, we must include simultaneous study of family-role occupancy and family-role quality. After all, women (and men) function in the worlds of work and of the family and their mental health reflects their experiences in both arenas.



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## Footnotes

1. The data reported in this paper are from a first year of a three-year, longitudinal, interview study, funded by the National Institute of Occupational Safety and Health, (#OHO 1968).

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2. See Barnett & Baruch 1987 for a review of this literature.

3. In the absence of longitudinal data it is, of course, possible that women with better mental health select themselves into the paid-labor force. Ingrid Waldron and her associates (Waldron & Jacobs in press a; Waldron & Jacobs in press b) demonstrate such social selection with respect to the relationship between employment and physical health.

5. Certain aspects of the paid-employee role, such as challenge and decision-authority, have been identified as rewarding. Other aspects have been identified as problematic, e.g., overload, low control, boredom. Rewarding aspects and those that are problematic may, in turn, be related to mental health. However, most of the literature on job conditions has focused on identifying work-stressors, not mitigators of stress or work rewards.

5.These scales have very satisfactory psychometric properties. Test-retest correlation coefficients (over a 1-3 month period) were .88 for work rewards and work concerns; Cronbach alphas were .88 for work rewards and .89 for work concerns.

6. The work-reward and work-concern scales are available upon request from the authors.

7. The term decision authority is used because the items comprising this factor correspond closely to those identified by Karasek et al. (1982), who also uses this term. The four items comprising Karasek's decision authority scale are: (1) freedom as to how I work; (2) allows a lot of decisions; (3) assist in one's own decision; and (4) have say over what happens.

8. Socioeconomic status was determined by summing scores for occupation (2 = social worker, 1 = licensed practical nurse) and years of education. This model of SES was based on results from a principle components analysis indicating that these two variables

contributed equally to the first component.

9. Since roughly 30 women did not provide per capita income data, the number of subjects in the following regressions is less than 403.

10. Tolerance statistics were computed for all regressions to test for collinearity. Results indicated no collinearity problems.

11. High and low concerns or rewards were defined as plus or minus one standard deviation from the mean.

12. Although not shown in Table Four, none of the three-way interaction terms between partner-role and parent-role occupancy and each of the work-reward and work-concern factors was significant.

13. In the interests of brevity, the regression models are not presented.

14. This effect is not apparent under conditions of high partner-role quality.

Table 1

Sample Design

| Parental Status | Partnership Status | | | |
|---|---|---|---|---|
| | Partnered | | Non-Partnered | |
| | LPN | SW | LPN | SW |
| Parent | 59 | 64 | 42 | 64 |
| Non-Parent | 18 | 57 | 36 | 63 |

Note. $n = 403$.

Table 2

Work-Reward and Work-Concern Factors

| Work-Reward Factors | M | SD |
|---|---|---|
| Helping Others | | |
| 1. Helping others | 3.42 | .69 |
| 2. Being needed by others | 3.13 | .77 |
| 3. Having an impact on other people's lives | 3.23 | .71 |
| Decision Authority | | |
| 1. Being able to make decisions on your own | 3.30 | .72 |
| 2. Being able to work on your own | 3.24 | .75 |
| 3. Having the authority you need to get your job done without having to go to someone else for permission | 2.98 | .86 |
| 4. The freedom to decide how to do your work | 3.24 | .74 |
| Challenge | | |
| 1. Challenging or stimulating work | 2.93 | .80 |
| 2. Having a variety of tasks | 3.12 | .79 |
| 3. The sense of accomplishment and competence you get from doing your job | 2.99 | .79 |
| 4. The job's fitting your interests and skills | 2.99 | .80 |
| 5. The opportunity for learning new things | 2.91 | .86 |
| Recognition | | |
| 1. The recognition you get | 2.53 | .83 |
| 2. The appreciation you get | 2.75 | .80 |

| Table 2 continued | M | SD |
|---|---|---|
| Work-Concern Factors | | |
| Overload | | |
| 1. Having too much to do | 2.43 | .94 |
| 2. The job's taking too much out of you | 2.15 | .93 |
| 3. Having to deal with emotionally difficult situations | 2.35 | .93 |

Note. n = 403.

Table 3

Work-Reward and Work-Concern Factors and Health Measures

| | Psychological Distress | |
|---|---|---|
| | B[a] | SE[b] |
| Socioeconomic status | -.02 | .26 |
| Age | -.12 | .08 |
| Race | -4.23* | 1.67 |
| Percapita income | .04 | .06 |
| Helping others | -3.80*** | 1.14 |
| Decision authority | -4.19*** | 1.04 |
| Overload | 5.15*** | .85 |
| Overload x Helping others | -4.89*** | 1.31 |
| $R^2$ = .29 | | |

Table 3 continued

| | Subjective Well-Being | |
|---|---|---|
| | B[a] | SE[b] |
| Socioeconomic status | -.32 | .25 |
| Age | -.02 | .08 |
| Race | 1.40 | 1.68 |
| Per capita income | .09 | .06 |
| Helping others | 4.54*** | 1.18 |
| Recognition | 2.51** | .95 |
| Overload | -3.25*** | .87 |
| Overload x Helping others | 3.07* | 1.33 |
| $R^2$ = .18 | | |

Note. n = 372

a Unstandardized regression coefficients.

b Standard error of the regression coefficients.

* $p < .05$; ** $p < .01$; *** $p < .001$.

Table 4

Family-Role Occupancy and Psychological Well-Being

| | B[a] | SE[b] |
|---|---|---|
| Socioeconomic status | -.30 | .25 |
| Age | -.05 | .10 |
| Race | 1.91 | 1.67 |
| Per capita income | .10 | .07 |
| Helping others | 4.18*** | 1.17 |
| Recognition | 2.35* | .95 |
| Overload | -3.63*** | .85 |
| Overload x Helping others | 2.47+ | 1.31 |
| Parent-role occupancy | .93 | 1.66 |
| Partner-role occupancy | 3.59** | 1.22 |
| Parent-role occupancy x Partner-role occupancy | -.26 | 2.41 |

$R^2 = .20$

Note. $n = 370$.

a Unstandardized regression coefficients.

b Standard error of the regression coefficients.

* $p < .05$; ** $p < .01$; *** $p < .001$.

+ $.05 < p < .10$

Table 5

Parent-Role Occupancy and Psychological Distress

| | B[a] | SE[b] |
|---|---|---|
| Socioeconomic status | -.07 | .26 |
| Age | -.15 | .10 |
| Race | -4.03* | 1.66 |
| Per capita income | .08 | .06 |
| Helping others | -3.88*** | 1.14 |
| Decision authority | -4.21*** | 1.04 |
| Overload | 4.99*** | .85 |
| Overload x Helping others | -4.49*** | 1.31 |
| Parent-role occupancy | 1.09 | 1.62 |
| Parent-role occupancy x Decision authority | 4.67* | 1.94 |

$R^2 = .31$

Note. $n = 371$.

a Unstandardized regression coefficients.

b Standard error of the regression coefficients.

* $p < .05$; ** $p < .01$; *** $p < .001$.

Table 6

Partner-Role Occupancy and Psychological Distress

| | B[a] | SE[b] |
|---|---|---|
| Socioeconomic status | .03 | .26 |
| Age | -.13 | .08 |
| Race | -4.08 | 1.67 |
| Per capita income | .05 | .06 |
| Helping others | -3.51** | 1.14 |
| Decision authority | -4.28*** | 1.04 |
| Overload | 5.01*** | .84 |
| Overload x Helping others | -4.58*** | 1.31 |
| Partner-role occupancy | -1.03 | 1.19 |
| Partner-role occupancy x Helping others | 5.10* | 2.07 |

$R^2 = .31$

Note. $n = 371$.

a Unstandardized regression coefficients.

b Standard error of the regression coefficients.

* $p < .05$ ; ** $p < .01$; *** $p < .001$.

Table 7

Parent-Role Quality and Well-Being

| | B[a] | SE[b] |
|---|---|---|
| Socioeconomic status | -.57+ | .33 |
| Age | -.18 | .13 |
| Race | 1.13 | 2.07 |
| Per capita income | .29** | .10 |
| Recognition | 2.19+ | 1.30 |
| Helping others | 5.02*** | 1.75 |
| Overload | -2.30* | 1.22 |
| Overload x Help | 4.11+ | 2.16 |
| Parent-role quality | 3.19** | 1.01 |
| | $R^2$ = .24 | |

Note. n = 211.

a Unstandardized regression coefficients.

b Standard error of the regression coefficients.

*p < .05 ; ** p < .01.

+ .05 < p < .10.

Table 8

Partner-role Quality and Well-Being

| | B[a] | SE[b] |
|---|---|---|
| Socioeconomic status | -.42 | .30 |
| Age | -.01 | .10 |
| Race | 2.95 | 2.28 |
| Per capita income | .07 | .06 |
| Recognition | 1.97+ | 1.13 |
| Helping others | 3.33* | 1.44 |
| Overload | -3.06** | 1.02 |
| Overload x Help | 3.01+ | 1.72 |
| Partner-role quality | 5.47*** | .83 |

$R^2 = .39$

Note. n = 187.

a Unstandardized regression coefficients.

b Standard error of the regression coefficients.

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

+ .05 < p < .10.

Table 9

Parent-Role Quality and Psychological Distress

| | B[a] | SE[b] |
|---|---|---|
| Socioeconomic status | -.46 | .33 |
| Age | -.02 | .13 |
| Race | -4.87* | 2.06 |
| Per capita income | -.06 | .10 |
| Helping others | -3.25+ | 1.72 |
| Challenge | .30 | 1.75 |
| Overload | 4.18*** | 1.18 |
| Parent-role quality | -2.67** | 1.00 |
| Parent-role quality x Challenge | 4.29* | 1.78 |

$R^2 = .19$

Note. n = 210.

a Unstandardized regression coefficients.

b Standard error of the regression coefficients.

+ $.05 < p < .10$.

*$p < .05$ ; ** $p < .01$ ; *** $p < .001$.

Table 10

Partner-Role Quality and Psychological Distress

| | B[a] | SE[b] |
|---|---|---|
| Socioeconomic status | .25 | .32 |
| Age | -.29** | .10 |
| Race | -5.89* | 2.34 |
| Per capita income | .06 | .06 |
| Helping others | .81 | 1.47 |
| Decision authority | -4.10** | 1.27 |
| Overload | 3.96*** | .98 |
| Overload x Help | -3.27+ | 1.74 |
| Partner-role quality | -4.59*** | .88 |

$R^2 = .41$

Note. $n = 185$.

a Unstandardized regression coefficients.

b Standard error of the regression coefficients.

*$p < .05$; ** $p < .01$; *** $p < .001$.

+ $.05 < p < .10$.

The Relationship Between Women's Work and Family Roles and Subjective Well-Being and Psychological Distress

Figure Captions

Figure 1. Interaction of overload and helping others at work on psychological distress.

Figure 2. Interaction of overload and helping others at work on psychological well-being.

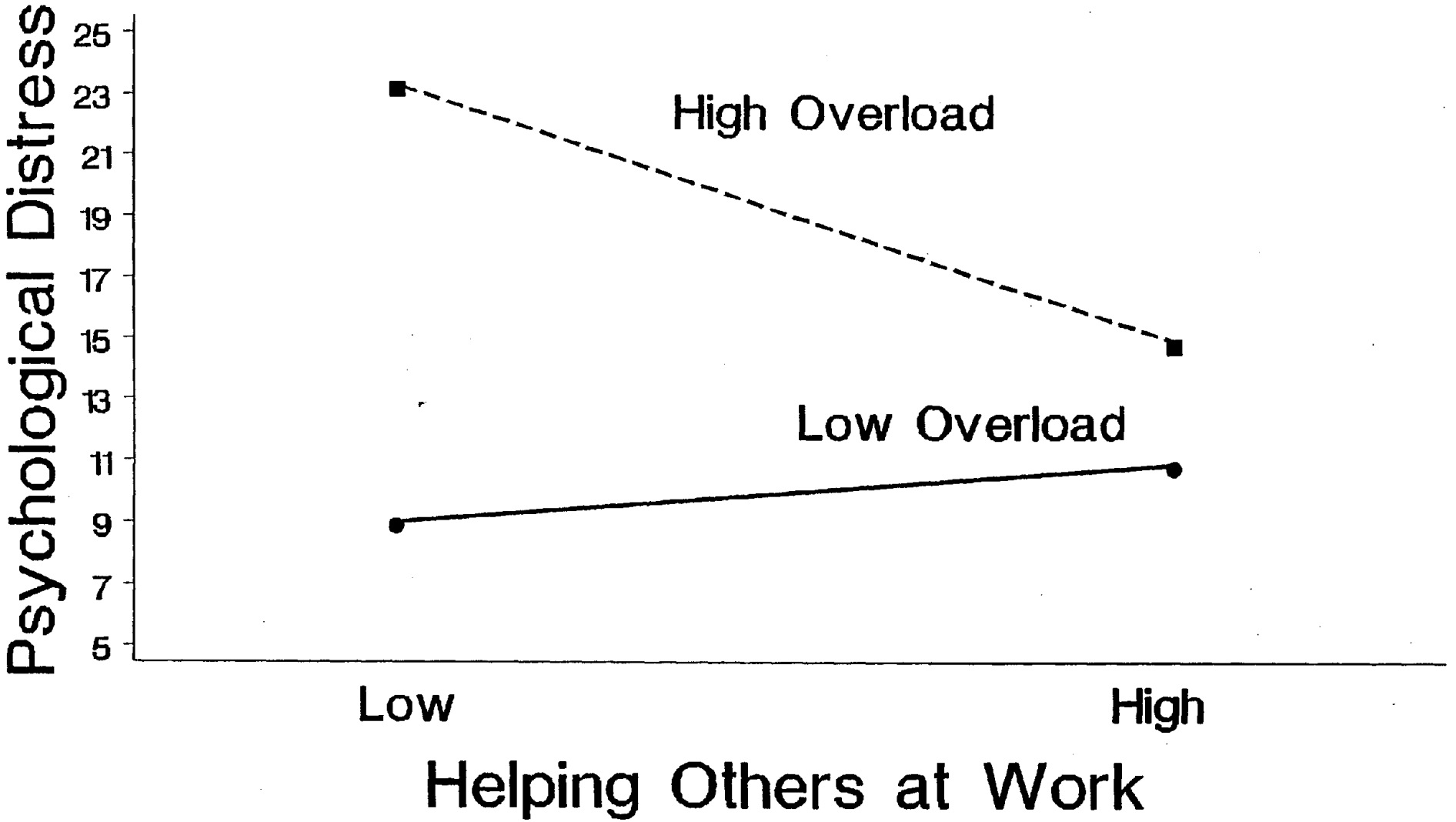
Figure 3. Interaction of parent-role occupancy and decision authority at work on psychological distress.

Figure 4. Interaction of partner-role occupancy and helping others at work on psychological distress.

Figure 5. Interaction of parent-role quality and challenge at work on psychological distress.

Figure 6. Interaction of partner-role quality and parent-role occupancy on psychological distress.

Figure 7. Interaction of parent-role occupancy and overload at work on psychological distress among partnered women.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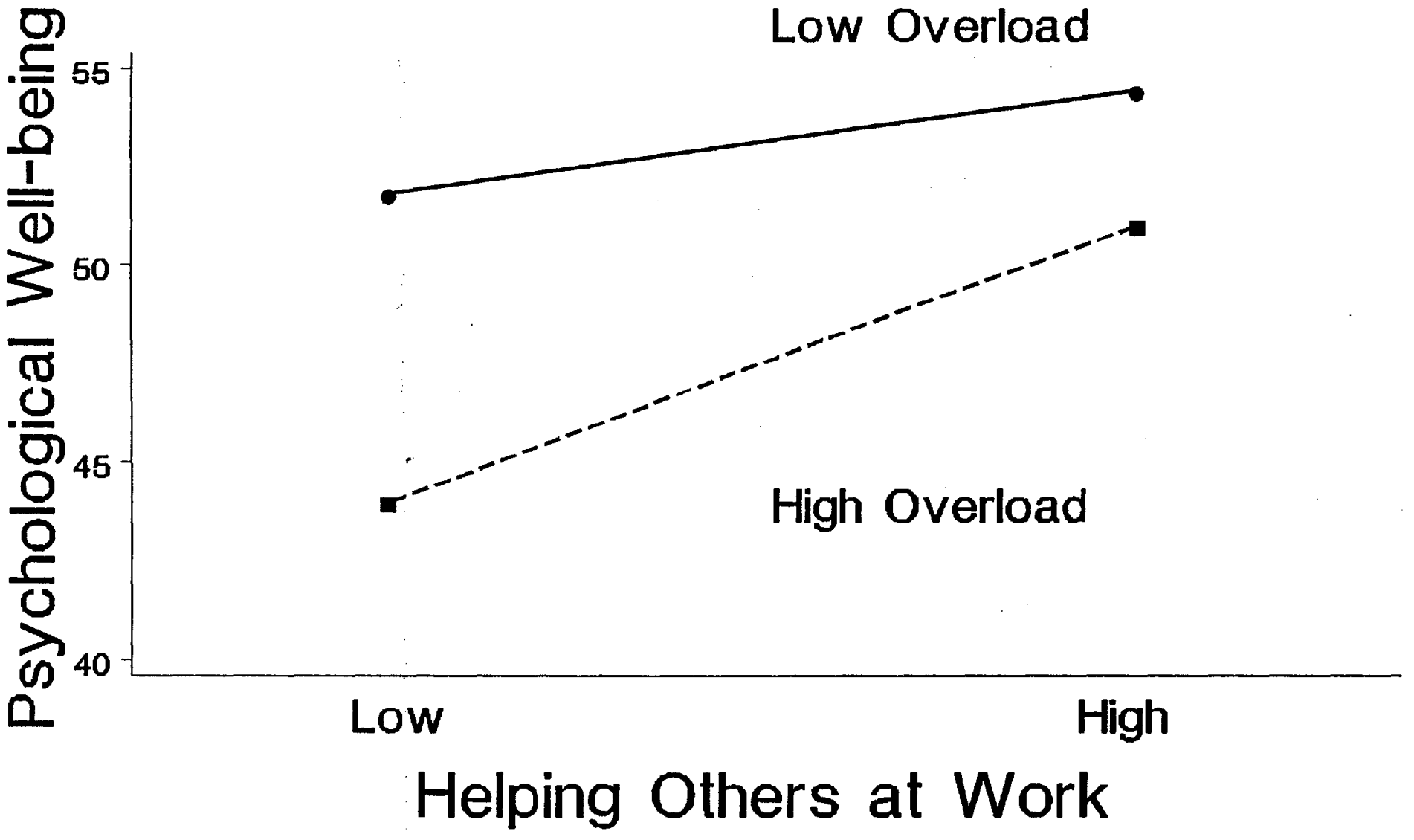
Low Overload
Low
High
Helping Others at Work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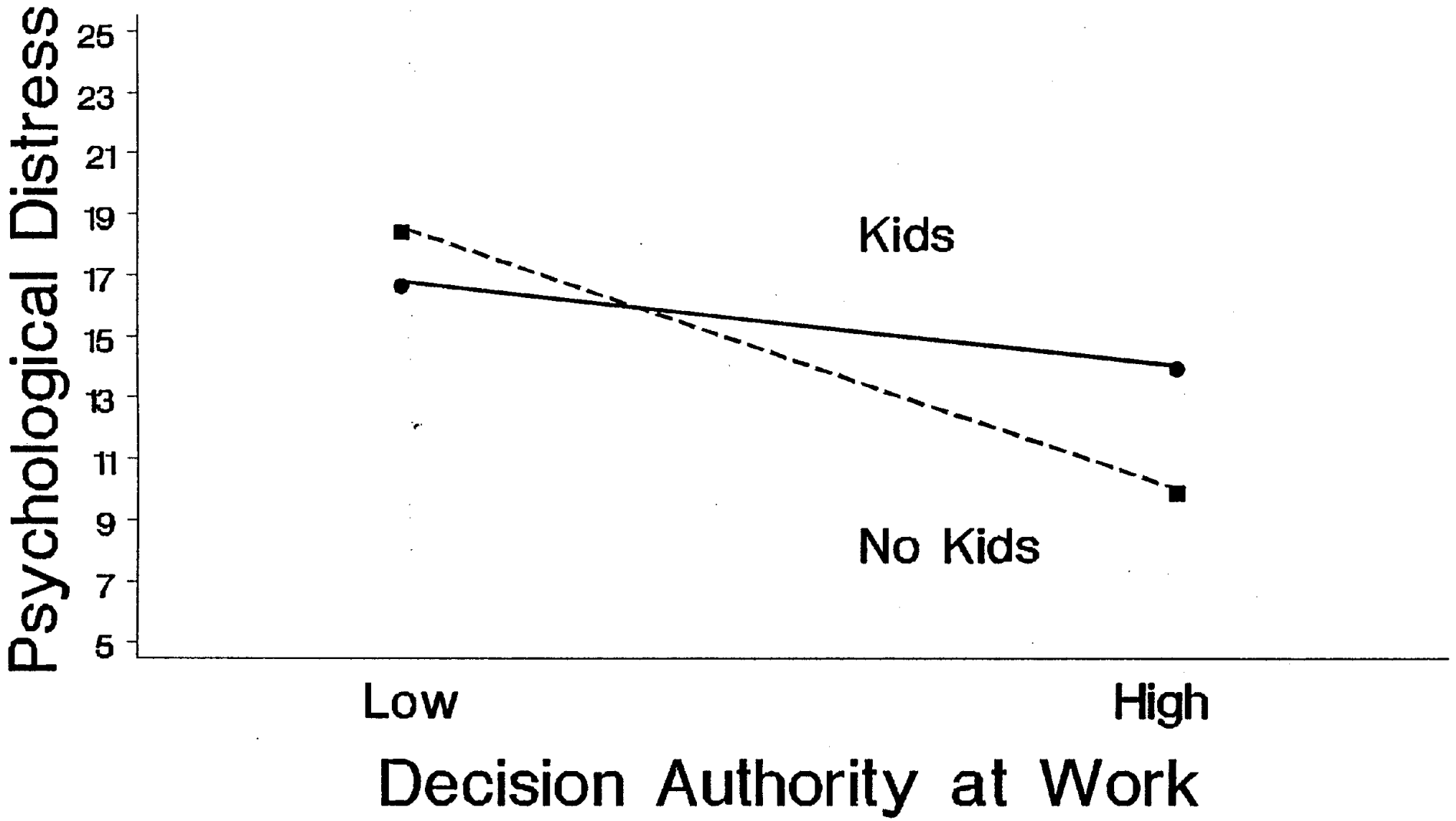
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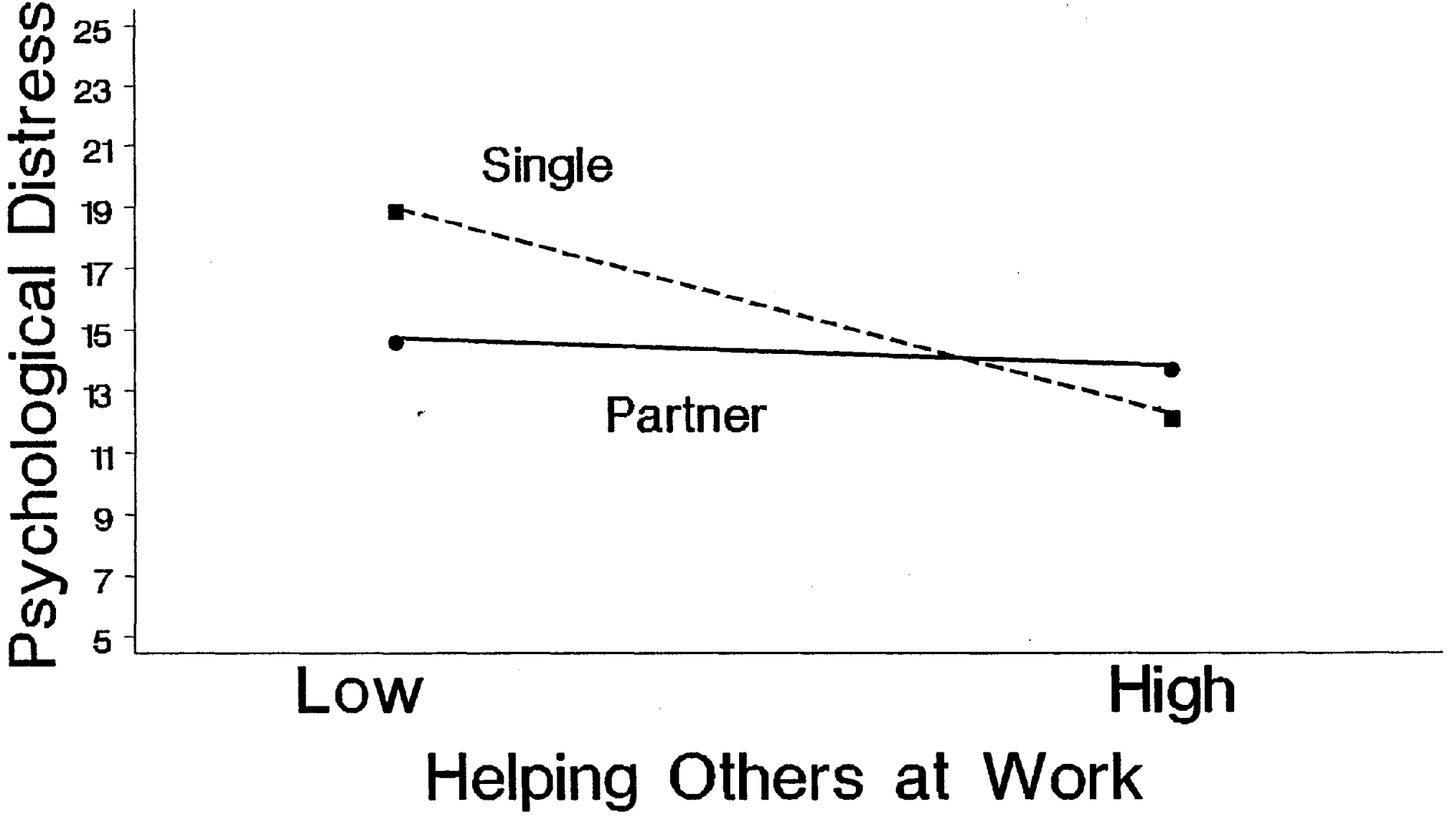
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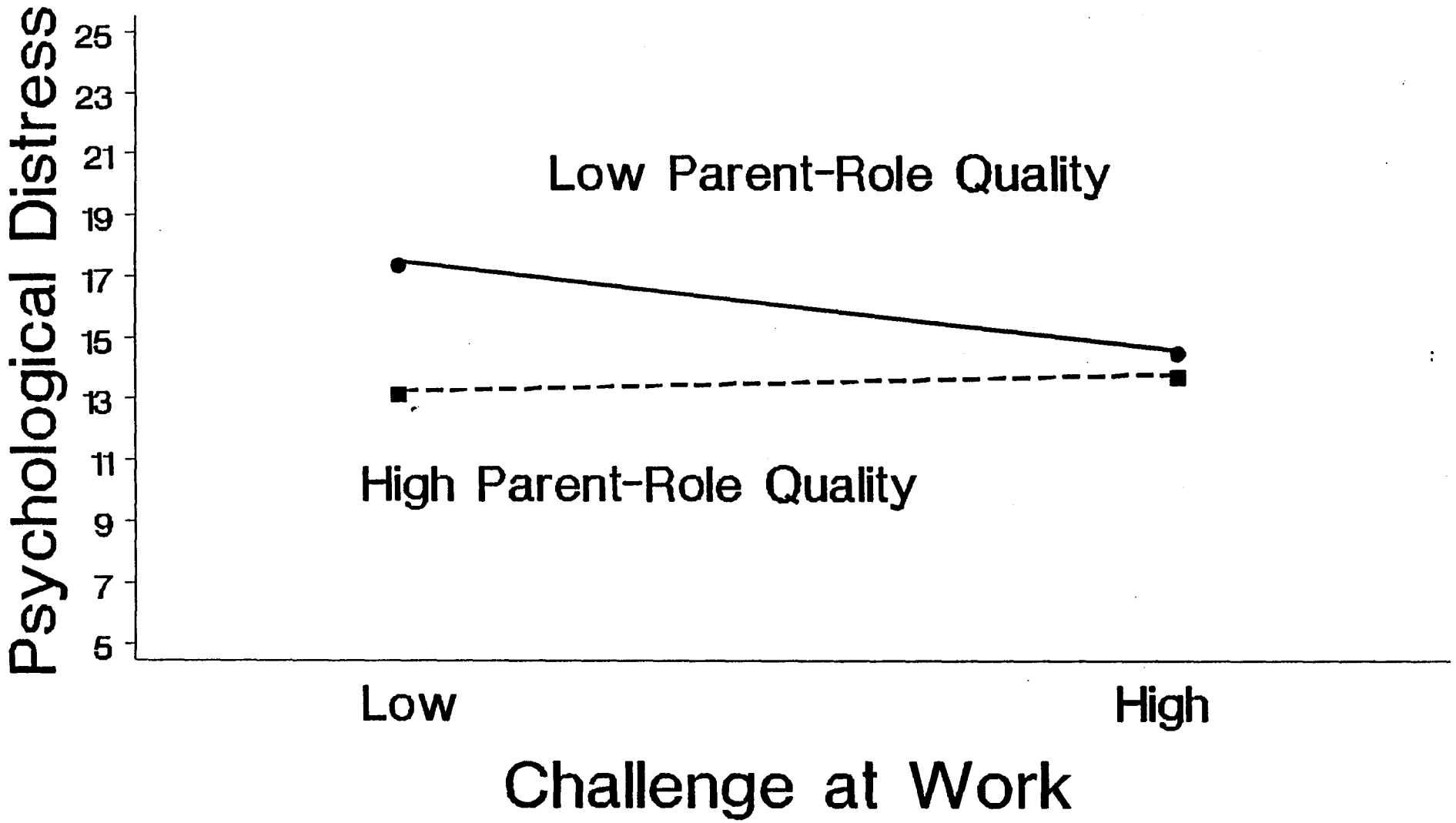
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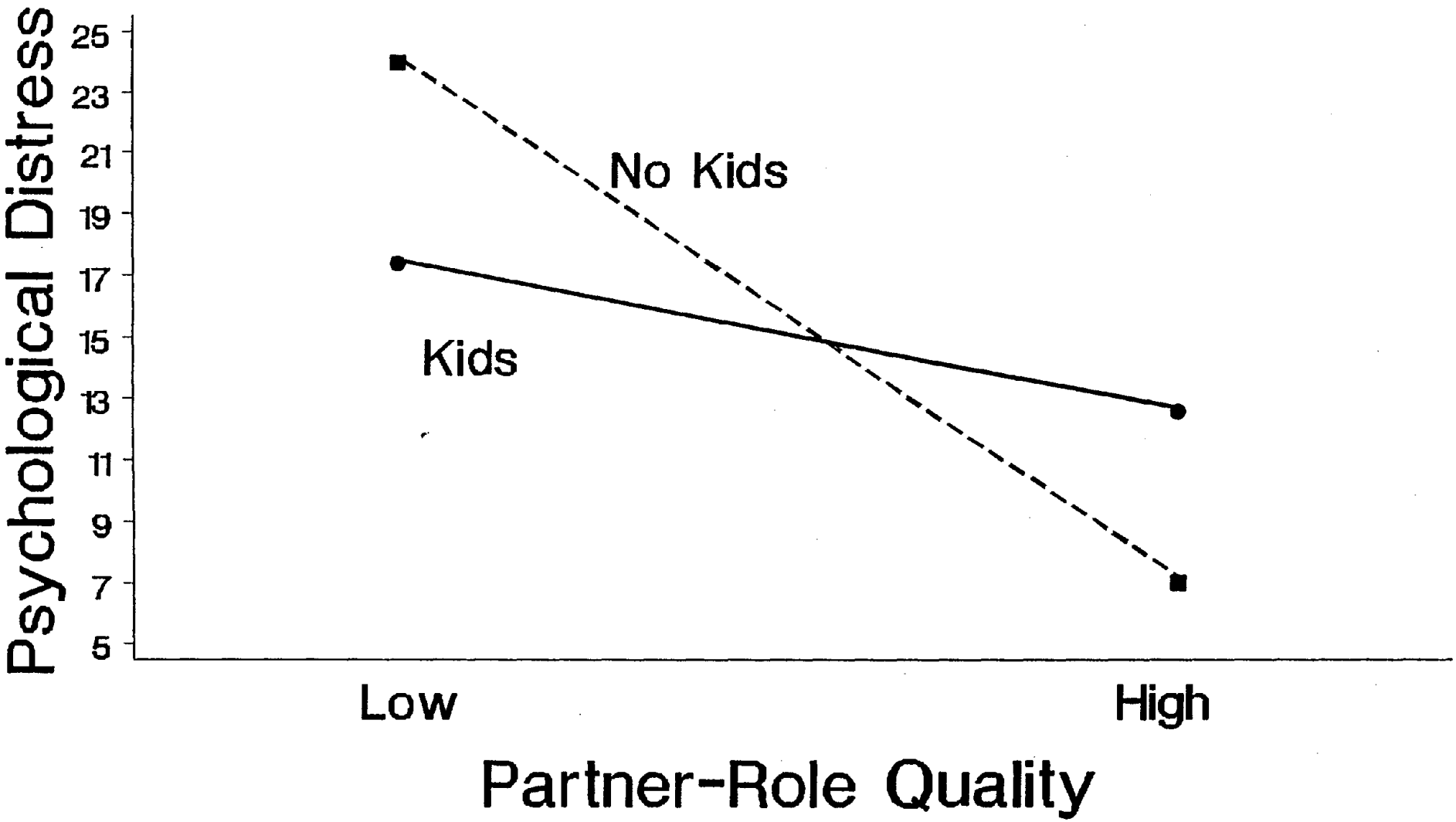
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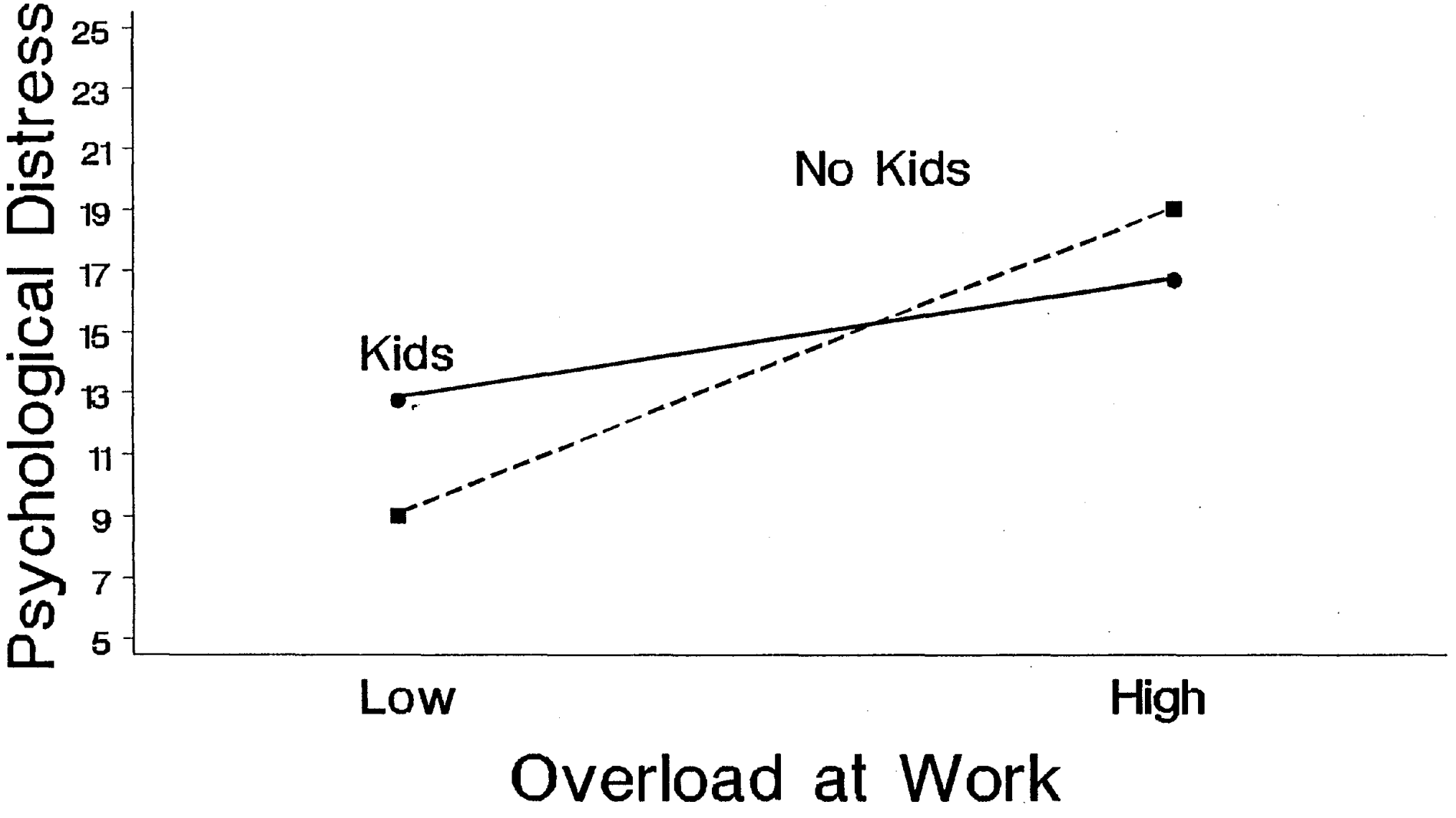
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Overload at Work