Women's Studies International Forum 42 (2014) 19–27

Contents lists available at ScienceDirect

Women's Studies International Forum

journal homepage: www.elsevier.com/locate/wsif

Social support, work hours and health: A comparative study of sole and partnered Australian mothers

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ARTICLE INFO

Available online 1 December 2013

SYNOPSIS

Existing research indicates that sole working mothers have poorer health and well-being than partnered working mothers. The purpose of this comparative study was to investigate whether social support and work hours explained health and well-being differences between sole and partnered Australian sole working mothers. Using data from the Household, Income and Labour Dynamics in Australia (HILDA), the results indicated that sole working mothers have poorer mental and physical health relative to partnered working mothers. Social support and work hours were found to be significant moderators of these associations, such that the poorer health of sole mothers was more pronounced with lower social support and fewer working hours. This comparative study addresses a gap in knowledge on the health differences between mothers.

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Introduction

Sole mothers (that is, mothers without a co-resident parent) experience greater financial hardship and social exclusion, and poorer health and well-being, such as, chronic stress and depression, compared with partnered mothers (Afifi, Cox, & Enns, 2006; Burstrom et al., 2010; Cairney, Boyle, Offord, & Racine, 2003; Crosier, Butterworth, & Rodgers, 2007; Maslach, Schaufeli, & Leiter, 2001). These findings are important because poor health and well-being have implications for daily functioning, work, and familial and parental roles (Cicchetti & Toth, 1990; Price, Nam Choi, & Vinokur, 2002). Furthermore, poorer maternal health and well-being are related to hostile parenting and more behavioural problems in children (ABS., 2008; Cummings & Davies, 1994; Edwards & Maguire, 2011; Lara-Cinisomo & Griffin, 2007; Phelan, Khoury, Atherton, & Kahn, 2007; Spence, Najman, & Bor, 2002).

These are major concerns given that the proportion of sole mothers has increased in many countries, including Australia, the United States, and the United Kingdom (Baxter, 2013; Bureau, 2012). These increases reflects a number of factors including social changes surrounding divorce, and an increase in children born out of wedlock (Amato, 2000; OECD, 2012). A second important trend is the increasing proportion of sole mothers in paid employment (Baxter, 2013; Casey & Maldonado, 2012). In Australia, for instance, there has been an increase from 44% in 1991 to 57% in 2011; this increase has been at a rate faster compared with partnered mothers (Baxter, 2013). This likely reflects the higher number of sole mothers (ABS., 2008), Australian government policy changes requiring sole mothers to work or receive lowered benefits (Commonwealth of Australia, 2005; Costello, 2005) and the greater need for employment due to the rising costs of living (Williams, 2013).

Previous research on working mothers has typically focused on mothers in dual parent families (Afifi et al., 2006; Marshall & Burnett, 1993; Parasuraman & Greenhaus, 2002) and, there has been little comparative research investigating the health and well-being of sole and partnered working mothers. The limited number of studies focusing on sole working mothers have shown that, despite potential health benefits of employment, sole working mothers have poorer health and well-being compared with partnered working mothers (Afifi et al., 2006; Minotte, 2012). For instance, Afifi et al. (2006) and Cairney et al.

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0277-5395/$ – see front matter © 2013 Elsevier Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.wsif.2013.10.010

(2003) reported higher levels of depression in sole working mothers compared with partnered working mothers. While this research has shed some light on the health and well-being of sole working mothers, there is limited understanding of the factors underlying these findings (Cairney et al., 2003). Therefore, this comparative study aims to further investigate the psychological and physical health differences between sole and partnered working mothers by examining potential moderators of these associations.

Role strain theory

Role strain theory could provide an important framework to investigate health and well-being in sole mothers. Role strain theory (Marks, 1977; Michel, Kotrba, Mitchelson, Clark, & Baltes, 2011; Spencer-Dawe, 2005) proposes that individuals have finite resources (such as time, energy and attention) available to balance roles, such as work and family obligations. Within this context, resources are "objects, personal characteristics, conditions or energies that are valued in their own right or that are valued because they act as conduits to the achievement or protection of resources" (Hobfoll, 2001, p. 339). Resources are valued and sought after by individuals and/or society as a whole (Grandey & Cropanzano, 1999; Hobfoll, 1989), and have important implications for mental and physical health (Hobfoll, 2001; Wright & Cropanzano, 1998). For example, dwindling resources are associated with burnout (Wright & Cropanzano, 1998), and a perceived lack of social support is related to high levels of depression (Md-Sidin, Sambasivan, & Ismail, 2010). Importantly, when an individual manages multiple, competing roles (such as work and family) it can exhaust available resources, and consequently generate role strain (Hargis, Kotrba, Zhdanova, & Baltes, 2011; Kinnunen, Feldt, Geurts, & Pulkkinen, 2006; Michel et al., 2011). In turn, prolonged role strain has the potential to impair health, resulting in depressive symptoms and burnout (Ahola et al., 2006), and can also inhibit the ability to recover from stressors, further contributing to poor health and well-being.

Sole working mothers may experience poorer health and well-being because of greater role strain due to higher demands of parenting alone, and lower resources available to balance work and family demands compared to partnered mothers, yet studies comparing these two groups of women are limited. For example, working mothers face many demands in meeting work and family obligations, and resources play a critical role in their ability to meet these demands. A combination of low resources and high demands leads to difficulties meeting multiple responsibilities (Goode, 1960; Kinnunen et al., 2006). It is feasible then that sole working mothers experience greater role strain because they have fewer resources (e.g., time and social support) available to balance work and family demands compared with partnered working mothers (Burke & Greenglass, 1988). Access to fewer resources could underlie the health and well-being problems observed in sole working mothers relative to partnered working mothers. Although working mothers rely on numerous resources to help meet the demands of work and family. As noted below, social support and time could be two resources especially relevant to sole mothers, and are investigated in this paper.

Social support

While there are numerous conceptualisations of social support in the literature, this study focuses on perceived social support, that is, the support individuals perceive is available to them from others in their lives (Hewitt, Turrell, & Giskes, 2012). Perceived social support is the "general sense that one is loved and cared for by others and that these others would help once they are really needed" (Schwarzer & Leppin, 1991, p. 102). These perceptions potentially improve coping, self-esteem and competence, and social support provides a sense of belonging and attachment (Berkman, Glass, Brissette, & Seeman, 2000; Gotlieb, 2000). Moreover, perceived social support contributes to health outcomes such as improved mental and physical well-being (Schwarzer & Leppin, 1991).

The psychological and practical benefits of social support make it an important resource for mothers in meeting work and family demands (Md-Sidin et al., 2010). Perceived social support could benefit working mothers by improving self-esteem and coping skills (Gotlieb, 2000), meeting the innate human needs of belonging and companionship (Berkman, 1995). Further this perceived support is considered to assist in coping with stressful events as individuals have greater resources. Consequently perceived social support is important when considering the resources and demands of working mothers.

There is evidence that sole working mothers have lower perceived social support levels than partnered working mothers, which could be attributable to lack of a resident spouse (Cairney et al., 2003). Furthermore, Cairney et al. (2003) found that perceived social support, together with stress, accounted for nearly 40% of the differences in depression between sole and partnered working mothers. These differences may be attributed to the protective effects of perceived social support (Hewitt et al., 2012; Schwarzer & Leppin, 1991). Therefore, it is possible that inadequate perceived social support contributes to greater role strain in sole mothers, which could partially explain their poorer health and well-being compared to partnered working mothers.

Work hours

Time is another valuable resource for working mothers, and there are many factors that can place a demand on time. There is considerable evidence that many mothers experience time poverty, that is, a lack of time to meet their work and family obligations (Harvey & Mukhopadhyay, 2007). Family responsibilities, such as parenting, maintaining relationships with spouse or non-resident parent, and managing a household, place great demands on mothers by limiting the amounts of time they have to meet different roles. Further demands can be placed on time for mothers who combine paid employment with a family. For example, time spent at work takes away the time available to meet family obligations, and these effects may be more pronounced with increasing work hours. That is, role strain could be more pronounced when the mother has less time to meet work and family roles. This could explain why longer work hours are often linked with poorer health and well-being in mothers (Floderus, Hagman, Aronsson, Marklund, & Wikman, 2009). Furthermore, there is evidence that many sole mothers have greater constraints on their time than

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