



Parents' transitions into and out of work-family conflict and children's mental health: Longitudinal influence via family functioning



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ABSTRACT

The demands arising from the combination of work and family roles can generate conflicts (*work-family conflicts*), which have become recognized as major social determinants of mothers' and fathers' mental health. This raises the question of the potential effects on children. The current study of 2496 Australian families (7652 observations from children aged 4–5 up to 12–13 years) asks whether changes in children's mental health corresponds with changes in mothers' and fathers' work-family conflicts. Using longitudinal random-effect structural equation models, adjusting for prior child mental health, changes in work-family conflict were examined across four adjacent pairs of biennial data waves. Children's mental health deteriorated when their mother or father experienced an increase in work-family conflict, but improved when parents' work-family conflict reduced. Results held for mothers, fathers and couples, and the key pathways appear to be changes in children's relational environments. These results contribute new evidence that conflicts between the work-family interface are powerful social determinants of mental health which have an intergenerational reach.

1. Introduction

The intersection between work and family life – the *work-family interface* – represents the interaction between two of the most important social domains in adults' lives. There now exists a large literature detailing the impact on adults when *conflict* (*work-family conflict*, *WFC*) between these two domains occurs, a problem experienced by one third of mothers and fathers (Strazdins et al., 2013). Cross-sectional and emerging longitudinal evidence describes sustained and significant impairments in parents' mental health, with flow-on effects to marital conflict and parent-child interaction (Amstad et al., 2011). What is not known is whether this social determinant of adults' health, WFC, also poses risks for children. Does the 'long arm of the job' (Meissner, 1971) reach across generations to shape children's health and wellbeing? If so, how do these impacts occur? Is it through alterations in parent mental health, or because WFC alters family relationships and environments? Do these pathways depend on parent gender, and is there a dose-response effect, whereby the longer parents experience WFC the greater the impact on children? This study addresses these questions and the evidence gaps they represent, using five waves of longitudinal data collected from Australian parents and children over a total of ten years

(child ages 4–5 to 12–13 years). We conceptualize WFC as a dynamic process that can change or persist. The aim of this study is to investigate what happens to children's mental health when parents move into or out of WFC, and when WFC persists. We then seek to explain the mental health consequences for children via changes to three fundamental characteristics of children's relational environment: parents' mental health; parent-child interactions; and the quality of the couple relationship.

Parents' employment is generally considered to be protective for child development, providing income, access to resources, self-esteem, and social connectedness (Stansfeld and Candy, 2006). However, the dual demands of work and care pose a dilemma for contemporary parents, who combine care of children with income generation and job performance in competitive, often insecure, labor markets. *WFC* refers to the strains that arise for parents when these work and family demands are incompatible (Greenhaus and Beutell, 1985). *WFC* is based on the 'scarcity hypothesis', whereby the limited resources of time and energy become taxed to the point of overload (Goode, 1960). Strains occur from competing demands on parents' time (time-based strains) and/or attention (attention-based strains). These lead to fatigue, distress or emotional withdrawal as parents forgo family events or valued

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time with their children for work-related opportunities and expectations (Crouter and Bumpus, 2001). Combined with their physical absence from family routines and activities, these maladaptive responses are likely to be one pathway by which work influences children (Strazdins et al., 2013).

1.1. Parents' WFC and child outcomes

Parenting behaviors and child development are governed by intersecting parent, child, social and environmental determinants. For children, safe physical environments, access to adequate nutrition, and relational environments – whether nurturing or neglectful – are fundamental. Disparities in these factors explain disparities in children's longer-term developmental outcomes (Shonkoff, 2010). We argue that parents' workplace environments are largely unrecognized upstream social determinants of children's outcomes.

Parents' jobs, however enriching, stressful or depleting, are determinants of family resources including parents' time with children and parents' wellbeing (Cooksey et al., 1997; Dinh and Racionero, 2017; Dinh et al., 2017). Poor quality jobs that expose parents to work overload and intensity, low autonomy, long hours and inflexible schedules have been linked to more punitive and harsh parenting behaviors (Crouter and Bumpus, 2001; Perry-Jenkins et al., 2007), reduced emotional availability (Johnson et al., 2013); poorer quality family relationship with children (Cooklin and Westrupp and et al., 2015; Cooksey et al., 1997) and less time together (Cooklin and Westrupp and et al., 2015; Johnson et al., 2013; Repetti, 1994; Strazdins et al., 2006). These associations are evident for both mothers and fathers, challenging the assumption that WFC is only a problem for mothers. Poor quality job conditions are also linked to poorer child and adolescent mental health in cross-sectional studies (Dockery et al., 2016; Johnson et al., 2013), but there is a dearth of longitudinal evidence.

This study conceptualizes the work-family interface as an important point of entry between labor markets, work conditions and the 'transfer of health' to children. Inter-role pressures between work and family may be relatively small, but are daily and cumulative (Demerouti et al., 2004), resulting in psychological, emotional and cognitive impairments (Greenhaus and Beutell, 1985). To date, several cross-sectional studies have linked parents' WFC to children's behavior problems (Strazdins et al., 2013; Vieira et al., 2016).

Few studies have investigated these associations across time. One exception is Chee et al. (2009) study of 340 employed mothers. Work-related adversities (long hours, irregular scheduling) were associated with WFC and poorer maternal mental health at baseline. Unexpectedly, maternal distress was associated with a decrease in adolescent distress and problem behaviors one year later. Further research is warranted to ascertain the effect of parents' WFC on children over time.

1.2. Transitions in WFC as a determinant of child outcomes

WFC is dynamic, yet very few studies model it this way. Employees change jobs and alter workloads or roles within jobs resulting in changes in WFC (Cooklin et al., 2016; Kinnunen et al., 2004). Studying parents' movements into and out of WFC (transitions) and persistence in WFC advances theory and evidence by testing the extent to which child outcomes change in response to both *increases* and *decreases* in WFC.

Strazdins et al. (2006) pose three key pathways via which WFC affects children's relational environments – through parent wellbeing, parent-child interactions, and inter-parental relationships. Parents with optimal mental health have capacity to provide warm, nurturing and stimulating environments for their children, while parental stress and mental health difficulties are associated with poorer quality parent-child interactions, less warmth, more irritability and less consistency (Conger et al., 2002). Children who experience parental anger or

hostility, frequent rejection or low warmth are less able to self-regulate, and are more likely to have conduct and aggression problems and emotional symptoms such as withdrawal and anxiety (Giallo et al., 2014). Similarly, children raised in environments with high marital conflict show more fearfulness, withdrawal and emotional insecurity into adolescence (Brock and Kochanska, 2016).

What evidence is there that WFC acts as an upstream 'stressor' on children's relational environments? Entry into, or persistence in WFC is associated with poorer parent mental health for both mothers and fathers (Cooklin et al., 2016). Cross-sectional research has linked WFC with parenting stress (W. Goodman et al., 2011). The few studies that have looked specifically at parent-child interactions report an association between WFC and increased irritability and less emotional stability, for mothers and fathers (Baxter and Smart, 2011; Kinnunen and Mauno, 1998; Lau, 2010), which in turn have been cross-sectionally linked to variations in children's internalizing and externalizing behaviors (Vieira et al., 2016). WFC also appears to erode the couple relationship, marital satisfaction, and the quality of emotional exchanges between parents in both cross-sectional and longitudinal research (Fellows et al., 2016).

In summary, there is theoretical and empirical support for the hypothesis that WFC can erode the family relational resources important to children's mental health. Few studies test this connection directly, robustly or dynamically. Does moving into WFC have immediate consequences to parents' relationship, parenting and mental health? What happens when WFC is relieved, for example? While it is assumed that mothers' WFC may be the most important, comparisons with fathers' WFC have yet to be undertaken. In Australia, the predominant pattern is for mothers to work part-time, fitting their work around family responsibilities (Charlesworth et al., 2011). Conversely, Australian fathers face more frequent exposure to WFC because of long work hours (e.g. over 45 h/week), and a reluctance to access some of the job conditions that would ameliorate WFC (e.g. flexible scheduling, paid family-related leave). Thus paternal WFC may be widespread and its impact long-lasting (Cooklin and Giallo and et al., 2015). Analyses are therefore stratified by gender to ascertain differences or similarities in influences. Finally, there may be a compounding effect on children if both parents experience WFC simultaneously. Research indicates that fathers' and mothers' WFC 'crosses over' to affect each other's wellbeing, compounding strains, poor mental health and conflict in the couple relationship (Demerouti et al., 2005; Fellows et al., 2016). If both parents 'enter' into WFC and if these conflicts persist, it is plausible that the risks to children's mental health are amplified.

1.3. The current study

We investigate the importance of mothers' and fathers' WFC transitions for their children's mental health, focusing on children in dual-earner families – the most prevalent family form in Australia. We ask if there are differences in the pathway and effect size for mothers relative to fathers, if any effects are amplified when they combine in couples, and how such influences on children occur. Specific hypotheses and analyses are:

H1). Children whose mothers *or* fathers move into WFC (conscript), or experience persistent WFC will show worse mental health compared with children whose parents do not. Children whose mothers or fathers move out of (escape) WFC will show a corresponding improvement in mental health, although their mental health may be poorer relative to children whose parents do not ever report WFC.

H2). Children whose mothers *and* fathers move into, or experience persistent WFC will show worse mental health compared with children whose parents have different WFC, have escaped from WFC, or do not ever report WFC.

H3). The relationship between parents' WFC transitions and child

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