Combining work and family: Rewards or risks for children's mental health?

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ABSTRACT

Prevailing child psychopathology paradigms focus on caregiving in isolation from market work. Yet most children's caregivers — mothers and fathers — are also employed. Although policy and academic debate has voiced concerns that employment could hamper mothers' capacity to care, less emphasis is given to the benefits generated by mothers' jobs. By contrast, theories of child mental health often view fathers' employment as beneficial, indeed necessary, for children's wellbeing, and few problematise fathers' capacity to combine work and care. This paper aims to integrate these seemingly contradictory concerns. We consider whether mothers' and fathers' rewards from combining employment with childcare may be protective for children's mental health, and whether their conflicts and dilemmas generate risks. Analyses use cross-sectional data from a representative survey of families with 4–5 year old children (Growing Up in Australia Study). We restricted our sample to employed parents ($N = 2809$ mothers; 3982 fathers), using data gathered in 2004. While a majority of parents reported benefits and rewards from working (work-family facilitation), more than one third also reported difficulties and conflicts (work-family conflict). When mothers or fathers experienced conflict we found elevations in young children's emotional and behavioural symptoms, with the risks compounding if both parents experienced conflict between work and family. Associations persisted after adjusting for family socioeconomic circumstances and composition, and they were not offset by work-family facilitation. We did not find evidence for heightened vulnerability to work-family conflict in families with few socioeconomic resources. However, among these disadvantaged families we observed stronger protective associations with children's mental health when parents had rewarding and supportive jobs. Our study extends current paradigms of child mental health by considering the interplay between care environments and market work. Jobs which help mothers and fathers to combine employment with caregiving could yield health benefits across generations.

Introduction

Although parents' employment usually takes place outside the home, jobs can have powerful and immediate influences on family life. Daily routines, tempo and interactions are shaped by work (e.g., Daly, 2004; Perry-Jenkins, Repetti, & Crouter, 2000) and reflect the mix of resources and strains present in each family and in the jobs that parents' hold. We propose that the work-family interface generates important and largely unrecognised determinants of children's mental health. Our logic is based on the following propositions: (a) the majority of children are raised by caregivers (single or coupled) who also have jobs (OECD 2011), therefore the strains and resources flowing from parent employment may be salient to children; (b) mothers and fathers seek employment in labour markets which expect employees to be unencumbered by care responsibilities (Glass, 2000), and this generates conflicts as well as rewards from employment; (c) the rewards and the conflicts from combining work with family care represent additional sources of influence (both positive and negative) on children's mental health because they alter children's family environments; and (d) the risk and protective factors for children are not confined to mothers' but are also evident for fathers' employment. We test for connections between the work-family interface and young children's mental health with a cross-sectional analysis of a large, nationally representative dataset. Our intention is to quantify how children's mental health may be connected to their parents' difficulties and rewards from holding jobs while raising children.

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Work-family facilitation and conflict

Employment is a source of family status and inclusion as well as income; support from workmates and colleagues can be protective of mental health, and jobs are foundational to identity and self-esteem (Danzinger, Carlson, & Henly, 2001; Pugliesi, 1995). Some jobs (notably those characterised by autonomy) develop parents' skills, attitudes and knowledge; benefiting children by improving the quality of their care, bolstering the family's human and cognitive resources and providing income (Cooksey, Menaghan, & Jekielek, 1997; Parke, 2004). Thus, combining employment with caregiving has the potential to redress poverty, improve parenting and build family resources, and therefore to protect children's health. We use the term *work-family facilitation* to refer to the rewards and supports jobs give to parents (Marshall & Barnett, 1993).

Work-family conflict refers to parents' difficulties managing employment and family care. It is a concept based on the scarcity hypothesis where, because of limits to time, attention and energy, combining work and care responsibilities creates competing demands and overload (Greenhaus & Beutell, 1985; Marshall & Barnett, 1993). In Australia, work-family conflict is widespread. Over a third of all employed mothers and fathers of young children say they never have enough time to do their job, and two out of three fathers miss out on family activities because of their jobs — as do about two in five mothers (Baxter, Gray, Alexander, Strazdins, & Bittman, 2007). Work conditions are key drivers of conflict, especially long and inflexible hours, insecurity, low overall satisfaction and low autonomy (Byron, 2005; Galinsky, 1999; Greenhaus & Beutell, 1985).

Our operationalisation of work-family conflict includes pressures arising from the family and affecting work performance, and pressures arising from employment that affect family role performance. Work-to-family and family-to-work conflict tend to have reciprocal, cross-domain effects and therefore we combine them (e.g., Huang, Hammer, Neal, & Perrin, 2004). Because the potential for conflict and facilitation varies by parents' occupational status, income, and work hours, these variables and parent age are addressed in our model. Care demands in families vary by the age and number of children, and by chronic child illnesses, so we adjust for these in our models (Byron, 2005; Greenhaus & Beutell, 1985; Hyde, Else-Quest, Goldsmith, & Biesanz, 2004). Family composition, lack of childcare and poor parent health may also directly influence children's mental health, potentially inflating estimates of the influence of parents' facilitation or conflict. Our analysis therefore considers the associations between work-family conflict and facilitation after adjustment for family socio-demographic characteristics, careloads, childcare, and presence of health problems in parents or children.

Child mental health and work-family conflict and facilitation: is there a connection?

This study builds on accumulating evidence for a 'long reach of the job' into family life and children's health (Menaghan, 1991). Extant research has considered the spillover of work stress into the home, discovering that parent mood and mental health are potent transmission mechanisms (e.g., Menaghan, 1991; Perry-Jenkins et al., 2000). Several lines of research also reveal connections between parents' work schedules, conditions, overload and work stress to more irritable, reactive and withdrawn interactions with children (e.g., Repetti, 1994; Strazdins, Clements, Korda, Broom, & D'Souza, 2006), which in turn compromise child and adolescent well-being (e.g., Chee, Conger, & Elder, 2009; Crouter & Bumpus, 2001; Strazdins, Shipley, Clements, Broom, & Obrien, 2010). Parents' work-family conflicts also influence behaviours related to

physical health, with recent research revealing that parents' work-family stress can disrupt family meal frequency and adolescent dietary behaviours (Bauer, Hearst, Escoto, Berge, & Neumark-Sztainer, 2012). Thus the work-family interface, through its influence on parent mental health and family interactions, has the potential to alter aspects of the family environment that are critical to children's mental health.

Our modelling of the linkages to children's health builds on the approach developed by Grzywacz and Bass (2003). This research showed that the rewards and conflicts from combining employment with caregiving are important determinants (both positive and negative) of adult mental health. Given the rising prevalence of work-family strain (Winslow, 2005) there remains the question of whether parents' conflict (or facilitation) are also risk (or protective) factors for their children's mental health. The convergence of mothers' and fathers' participation in the labour market then raises a further question — is the association evident for both parents? This argument parallels recent theory on the importance played by fathers (as well as mothers) in determining children's mental health (e.g., Connell & Goodman, 2002; Leis & Mendelson, 2010). We therefore expect that:

Hypothesis 1. For employed mothers and for employed fathers, their work-family facilitation shows protective associations with child mental health, and their work-family conflict shows detrimental associations with child mental health.

Linking parents' work-family conflict and facilitation to children's mental health: parent mental health and parent–child interactions

The next hypothesis tests whether parent mental health and parent–child interaction are the mechanisms linking conflict and facilitation to children's mental health. Our study concentrates on families with young children aged between 4 and 5 years old, when care demands are high and work-family conflict may peak (Bianchi & Milkie, 2010). This is also a time when children's mental health is closely connected to the quality of the family environment. During this stage of family life we expect that work-family facilitation is protective for child mental health because rewarding and supportive jobs promote parents' mental health (e.g., Chandola et al., 2004; Grzywacz & Bass, 2003; Steinmetz, Frese, & Schmidt, 2008). Conversely, we expect that parents' experience of conflict will be a health risk to children, because work-family conflict is an influential driver of parents' distress and mental health problems. We therefore expect at least part of the linkages to children is due to the influence on parents' mental health from conflict and facilitation (Grzywacz & Bass, 2003).

However, parents' work-family conflict and facilitation could influence children's mental health through parenting. Irritable or hostile parenting is a powerful determinant of child mental health (Repetti, Taylor, & Seeman, 2002). Although few studies have directly tested it, a link between parenting and work-family conflict (or facilitation) is suggested by related research. For example, work stresses and schedules conflict with family time together, constraining opportunities for family activities and increasing pressure on relationships, which despite parents' best efforts, can lead to more angry and irritable interactions (e.g., Bauer et al., 2012; Crouter & Bumpus, 2001; Repetti, 1994). In contrast, jobs characterised by autonomy, cognitive complexity and requiring initiative and discretion have been shown to predict authoritative parenting practices, suggesting that work related rewards and benefits might support thoughtful, less-reactive parenting (Parcel & Menaghan, 1994).

Thus the 'reach' of parents' work-family conflict or facilitation into children's lives and well-being may be due to (positive and negative) changes in the quality of children's family environment,