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Maternal Employment Status Following the Birth of an Infant

Julie A. Hyde
Grand Valley State University

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MATERNAL EMPLOYMENT STATUS FOLLOWING THE
BIRTH OF AN INFANT

By

Julie A. Hyde

Submitted to
Grand Valley State University
in partial fulfillment of the requirements for the
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Thesis Committee Members:

Mary Horan, Ph.D., R.N.

Cynthia Coviak, M.S.N, R.N.

Frances McCrea, Ph.D.

ABSTRACT

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BIRTH OF AN INFANT

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Julie Anne Hyde

A descriptive correlational study was conducted in partial replication of the Youngblut (1989) study for the purpose of determining the relationship between variables related to mothers' employment status and the infants' developmental status at three months. Families of the sample (n=105) were termed working, non-working or leave of absence (LOA) depending on the mothers' employment status at the infant age of three months.

Variables examined included demographic, reproductive histories, mother - child interaction, employment status, family functioning, neonatal morbidity, developmental outcomes and home/work orientation. Findings revealed that despite a higher SES category than nonworking and LOA families, working mothers also perceived a greater financial need to work, a greater availability of child care and less choice and satisfaction with employment decisions than nonworking or LOA mothers. Working mothers also showed the most incongruence postnatally with their prenatal plans.

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Chapter 1

Introduction

The number of mothers in the labor force is larger than ever before. Grossman (1982) noted that 54 percent of youngsters below 18 had mothers that were employed or looking for work; 45 percent of these children were pre-schoolers. In 1985 nearly half of all new mothers were entering or reentering the labor force soon after giving birth. Sixty percent of mothers were working by the time their youngest child was four years old (Hayghe, 1986). The Bureau of Labor Statistics 1988 data continues to demonstrate this increasing trend in the number of working women and the number of working mothers. In 1988, 65% of working women had children under 18 years old; 52.5% had children under three years old (Foster, Seigel, & Jacobs, 1990). Grossman (1982) cites the mothers' work history, the divorce rate and an increase in unwed mothers as possible reasons for many mothers' returning to work. Hock, Morgan and Hock (1985) found that self perception about employment needs, maternal role function and perception of infant needs plays a role in shaping the decision to work or stay home. Availability of work and child care were not examined.

This study describes the relationship between variables related to the mother's employment status and the infant's developmental progress at three months. Specifically this study describes differences in demographic, attitudinal and infant morbidity variables between women who were employed by the time the full term infant was three months old and those who were not. Relationships among demographic, infant morbidity and development and attitudinal variables were explored. In all, this study examined several aspects identified as omissions in the literature. Previous literature has dealt only with first time mothers and mothers with premature infants and has not considered other parenting experience (eg. stepchildren). Availability of child care, support and family functioning have not been discussed as to the impact on a mother's decision to return to work.

This study will add to nursing knowledge by expanding the data base to women other than first time mothers. Through knowledge of choices women make about the return to work, factors which affect the decision and the impact on the child, nurses who work with pregnant women and new mothers can advise and counsel them as they are faced with making the decision.

The data for this study was collected as part of a larger study conducted by Loveland-Cherry and Horan funded by the National Center for Nursing Research,

#R01-NR01390. This study is a partial replication of the Youngblut (1989) study of maternal employment status following the premature birth of an infant.

Chapter 2

Literature and Theory

Literature Review

As more women are entering the workplace, the probability of a woman returning to work after a child is born is greater than before. Current psychological, sociological and nursing literature was reviewed to explore reasons women work, parent-child attachment, the cognitive development of children of working and nonworking mothers and the outcomes for the child.

Molm (1978) studied the relationship between the employment status of married women and their attitudes toward sex roles. Results indicated there was a small, one way effect between employment status and attitude, with no reciprocal causation. This suggests that external forces may prescribe behavior, with attitude following the behavior. A women may begin to work and develop an attitude toward employment as her employment continues rather than chose employment as a result of her attitude toward employment.

Greenstein (1986) studied the effects of attitudinal factors on perinatal labor force participation and how these attitudes, combined with the demographic variables of age, husband's income and

education, affect the women's return to work after birth. Greenstein found that the attitude of married women in the labor force toward labor force participation had more effect on labor-force participation than did the proximity of the birth event, age, education, husband's income or age at first marriage. Financial need and child-rearing responsibilities were the strongest predictors of employment in Molm's (1978) study of sex role attitudes and employment. Education was not a predictor.

Gordon and Kammeyer's (1980) analysis of the employment of mothers with young children also found that economic need was most highly correlated with employment. Previous employment, number of children, beliefs about mothering and sex-role attitudes were also correlated. This study, also did not indicate that education was related to employment status.

McLaughlin (1982) examined the variables of education, economic well-being and previous labor force experience related to maternal labor-force participation after the birth of the first child. He found that the extent to which a first birth affects the labor-force participation varies with education, economic well-being and previous labor force experience. The greater the education, the economic need or previous experience, the quicker the woman returned to the labor-force after the birth of her child.

Hock (1978) studied the attitudes of working and nonworking mothers of three month old infants regarding perception of infant needs, beliefs about career-related needs and satisfaction with mothering. She noted that working mothers of three month old infants perceived less infant distress at separation, were less anxious at separation and were less apprehensive about other caregivers than were nonworking mothers. Conflict between mothers' plans to work outside the home and their beliefs about infant needs were noted by Hock, Gnezda, and McBride (1984). Hock, Morgan and Hock (1985) studied maternal decisions on employment and examined the variables of individual maternal characteristics and perceptions of infant needs. They found that perception about employment needs, maternal role function and perception of infant needs play a role in shaping decisions to work or stay at home. Availability of work and child care were not examined. DeMeis, Hock, and McBride (1986) studied mothers' feelings about separation from their first-born infants upon returning to work and found that employment preference and employment status are important variables in the feeling and attitudes in the first year. Availability of work and child care were not considered as factors.

Floge (1989) studied the effect of household structure on the employment and continuing education of

mothers of preschool children. She noted that household structure may play a part in the decision of labor force participation by affecting the availability of child care. This was previously noted by Dunlop (1981) when she identified stresses experienced by employed women. Kessler and McRae (1982) noted a significantly positive relationship between a wife's employment and psychological distress among men. They noted that this might be related to children. It may be assumed that this would mean that the male partner is providing child care. Psychological distress among men as related to the wife's employment was not supported by Fendrich (1984), and Staines, Pleck, Shepard and O'Connor (1978). Psychological distress in the male might be assumed however, to have an impact on family functioning and on the support perceived by the working wife.

Hafstrom and Dunsing (1978) studied the reasons wives work. In addition to socioeconomic variables, the results suggest that expectation, satisfaction, aspiration, perception and decision variables need to also be included. This was supported by Robinson, Rotter and Wilson (1982).

Eggebeen (1988) proposed that the determinants of maternal employment for white preschool children from 1960 to 1980 would be mother's education, mother's age, children under the age of six, the presence of a father and family income over what the mother would contribute.

The findings suggest that the most important factors determining the probability of the woman working were the number of preschool children, the age of the youngest child, the woman's age, marital status, level of education and the amount of other family income. The study also suggests, however, that other factors such as societal attitudes toward working mothers, perceived necessity and nonmonetary benefits of work are of increasing importance for understanding which mothers of young children choose to work outside the home.

Hoffman (1974) notes that the literature does not support the old societal assumption that the working mother's absence results in emotional and possibly cognitive deprivation for the child. She also notes that there were not adequate data on the effects of maternal employment on the infant. A review of the literature continues to support this lack of data. Schubert, Bradley-Johnson and Nuttal (1980) examined mother-infant communication and maternal employment and found no differences between the working and the nonworking mothers except during the adjustment to a new situation where infants of working mothers took longer to adjust.

Youngblut (1990) reported that employed mothers of preterm infants were more employment oriented and had less choice and satisfaction in regard to the employment than nonemployed mothers. Employed mothers also

reported greater support from others for employment, greater financial need and greater child care availability than nonemployed mothers. There was no significant difference between employed and nonemployed mothers in mother-child interaction or child development when the infant was three or six months of age (1990a).

There is a discrepancy in the literature regarding the correlation of education and employment (Eggebeen, 1988; Gordon & Kammeyer, 1988; Greenstein, 1986; McLaughlin, 1982; Molm, 1978). Only two studies considered social factors or number of children (Eggebeen, 1988; Gordon & Kammeyer, 1980) as variables that impact upon a mother's return to work. Most of the studies have at least one variable that is not included in the others.

Molm (1978), Gordon and Kammayer (1980), McLaughlin (1982), and Eggebeen (1980) noted financial need as a factor in returning to work. Educational level of the woman was not found to be a predictor by Molm (1978), Gordon and Kammayer (1980), or McLaughlin (1982). Hoffman (1974), Schmidt, Bradley-Johnson, and Nuttal (1980), and Smith (1981) found no support for emotional or cognitive development lag of infants of working mothers.

The review of the literature reveals a lack of research involving women with full term infants in families with more than one child, a consideration of

the impact of the availability of child care and choice regarding employment or employment opportunities. With the exception of Youngblut (1989), none of the previous studies examined the number of variables that this study examined.

Conceptual Framework

Youngblut (1989) conceptualized a causal model to explain the way in which maternal employment might impact on preterm infant development. She proposed that the child's development would be affected more by the specific aspects of the mother's employment status and the maternal attitudes toward employment status than whether a mother was working or not working.

It is reasonable to assume that the same aspects of a mother's employment status that would impact on a preterm infant might impact on a full term infant. It might not be whether or not a mother is working that affects an infant but the mother's attitude toward working and mothering that impacts on the infant's development.

The study is a partial replication of an investigation by Youngblut (1989) which addressed maternal employment at three months after the birth of a preterm infant and the variables that were related to maternal employment state. The research design was descriptive correlational. Her convenience sample of 110 families was recruited from two level-III intensive

care nurseries (NICU). Criteria for inclusion in the study were that the infant was less than 37 weeks gestation, appropriate for gestational age, hospitalized in the NICU for more than one week but less than three months, free from anomalies that would interfere with the developmental process and had a mother who was living with a male partner acting as father.

Research Questions

Youngblut (1989) posed eight research questions in her study.

- 1) Do working and nonworking mothers differ on demographic variables?
- 2) Do working and nonworking mothers differ on determinants of appraisal (financial necessity, financial comfort, availability of child care, occupational prestige, congruence, home/work orientation, perceived support from spouse/ partner, friends, parent and the baby's physician) ?
- 3) Do working and nonworking mothers differ on degree of choice regarding their employment status and satisfaction with that choice?
- 4) Do working and nonworking mothers differ on observational ratings of mother-child interaction and on family function?
- 5) Do infants with working and nonworking mothers differ on indicators of neonatal morbidity and on

developmental outcomes at three and six months of age?

- 6) What variables covary with employment status and developmental outcomes?
- 7) Do appraisal, mother-child interaction and family function mediate the effects of maternal employment on the child's development?
- 8) Does the causal model developed for the study adequately fit the data?

This partial replication addressed the first five research questions posed by Youngblut.

Definitions

Appraisal of employment status is defined as how stressful the mother thinks her employment situation is. Appraisal is determined by the mother's rating of the availability of resources, congruence, beliefs and attitudes about mothering and working, and perceived support from significant others. Resource availability refers to the mother's perception of her family's financial need, degree of financial comfort and availability of child care. Congruence is the consistency between the mother's prenatal employment plan and her actual employment status at three months. Beliefs and attitudes about mothering and working are reflected by the mother's home/work orientation and the actual number of hours she is employed outside the home.

Perceived support from others is the mother's perceptions of what she thinks her spouse/partner, parents, friends and the baby's physician think she should do regarding employment status. Occupational prestige is the prestige given to the holder of an occupation by society.

Degree of choice is the freedom the woman felt she had in making the choice to return to work or to stay home. Satisfaction is the degree of being satisfied with the choice made in regard to employment status.

Mother-child interaction is the interaction between the woman and her infant. Family functioning is the quality of relationships within the family and between the family and the community. Family functioning is determined by the indicators of cohesion, adaptability and relationships. Cohesion is the emotional bonding between family members. Adaptability is the family's ability to change "its power structure, role relationships, and relationship rules in response to situational and developmental stress" (Olson & McCubbin, 1982, p. 51). Relationships are the quality of relationships within the family and between the family and the community.

Neonatal morbidity is the degree of illness the infant experiences as reported by the parents. This definition differs from the definition used by Youngblut (1990). Developmental outcomes are the infant's

physical, mental and motor abilities at three and six months of age.

Summary

Maternal employment status is expected to be related to the mother's appraisal of her employment status, family functioning and mother-child interactions. Developmental outcomes are expected to be related to neonatal morbidity, mother-child interactions and family functioning.

Chapter 3

Methodology

Study Design

This study design is descriptive correlational. It is a partial replication of the Youngblut (1989) study. Data were collected as part of the larger study (Loveland-Cherry & Horan, 1989). Human subjects review was obtained as part of the larger study.

Procedure

Potential subjects were identified from birth announcements in the local newspapers. The families were sent an introductory letter (see Appendix A). Interviewers conducted phone calls for screening purposes following mailing of the letter (see Appendix B). Potential subjects were asked the infant's gestational age, sex, birth defects, weight and if a two parent home existed to meet screening criteria of the larger study. After it was determined that they met selection criteria, families of full term infants were matched to preterm families in the Youngblut sample by infant sex and the number of siblings. Both parents were required to agree to participate in the study to be eligible.

Sample

The convenience sample consisted of 105 women who were new mothers of infants between 38 and 42 weeks gestation, weighing between 5 and 10.5 pounds and free of anomalies that would make the parents regard the child as different. The women were living with a male partner acting as father to the infant. The infants returned home from the hospital with their mothers.

Four hundred sixty-four families were sent a letter of introduction. Reasons for not participating in the study (n = 359) included: 1) interviewers were not able to contact them for reasons such as wrong telephone number, no answer, wrong family, wrong address (n = 63); 2) some families could not be matched to families with infants in the preterm study (n = 47); 3) some did not meet criteria for the study, e.g., the infant being less than 38 weeks, having an anomaly or being adopted (n = 19); and 4) some refused and gave no reason, others gave reasons such as too busy, moving or illness in the family (n = 230).

Data Collection

The data were collected in a home visit when the infant was approximately three months old. Interviewers were registered nurses currently enrolled in master in nursing programs at local universities. Upon arrival in the home, informed consent was obtained from both parents (see Appendix C). Demographic data were

collected from both parents. A self-report questionnaire was administered and an interview conducted with each parent (Appendix D) in a room away from the other parent to ensure confidentiality of the information and to prevent influence by the other parent. Data were collected from July 1988 through May 1989.

Instruments

A copy of the instruments used in this study with the exception of the Bayley Scales of Infant Development can be found in the Appendices (see Appendix D). Demographic data were collected to estimate the equivalency of the groups of mothers.

Appraisal was measured by availability of resources, occupational prestige, congruence, home/work orientation and perceived support from significant others. Resource Availability was measured on an 8 point Likert scale of 1 "strongly agree" and 8 "strongly disagree" questioning financial necessity, financial comfort and availability of child care.

The scales for financial comfort and availability of child care were reversed in scoring.

Occupational Prestige was assessed indirectly. Women were asked to indicate their line of work which was then classified in the Hollingshead occupational status groups ranging from 0 (housewife) to 9

(professional). The groups were recoded by Youngblut (1990) to range from 1 to 10.

Congruence between prenatal plans and postnatal employment was measured by asking what the prenatal plans for postnatal employment had been and the number of hours the woman expected to work when she did return. Expected time for return to work was measured in terms of the child's age. The congruence variable was created by Youngblut (1990) from the mothers' recall of when they planned to return to work and the actual time of return to work. Women who planned to return to work by the time the infant was three months of age, and who were working by the time of the interview received a score of 1, as did the women who did not expect to return by three months and who were not working at the time of the interview. Women who had planned to be back to work and were not and women who had not planned to be working at three months but who were working received a score of 0. A score of one indicated congruence and zero indicated incongruence.

Home/work orientation was determined by the response of the mothers to items that asked the number of hours they were employed and surveyed the women's feelings about working and staying home. The number of hours worked per week was asked directly. The women were asked to supply the exact number of hours. On the home/work orientation scale, women were asked to rate

ten items on an 8-point Likert scale ranging from "strongly agree" as one to "strongly disagree" as eight. Youngblut (1989) developed this scale. Some of the items were taken from Hock's published scales (Hock, et al, 1984) on exclusivity of maternal care and work/home orientation, while the remainder of the items were taken from a scale used by Tiedje (1987). The reliability for the entire scale of eighteen items was very low ($\alpha = 0.22$). However reliability for the ten items that represented home orientation was much higher ($\alpha = 0.69$) as was the reliability for the eight items that represented work orientation ($\alpha = 0.66$).

Perceived Support from Others was determined by asking the women to rate four items regarding perceived support on an 8-point Likert scale ranging from "strongly agree" as one to "strongly disagree" as eight (Youngblut, 1989). The items that referenced spouse, parents and the baby's physician were phrased to indicate support for staying home, while the "friends" items queried support for working. The "friends" items were therefore reverse scored and the items summed and given a scale score. Youngblut (1990) reported a very low internal consistency for the scale ($\alpha = 0.34$). The internal consistency for this study was also very low ($\alpha = 0.26$). Youngblut (1990) noted that test-retest reliability was not done and that the support that one receives from one person in the network is not

necessarily correlated with the support of another person in the network.

Degree of choice and the satisfaction with the choice regarding employment were measured by asking two questions: "How much choice did you have regarding your decision?" and "How satisfied are you with your decision?". These were measured on a 10-point scale with one being "no choice" or "not at all satisfied" and ten being "totally my choice" or "very satisfied".

Mother-Child Interaction was measured by a summative score of ratings based on the HOME (Caldwell, 1978). The amount of eye contact, the ability to comfort and the amount of time the mother held the infant was rated by the interviewer on a 3-point likert-type scale. Responsivity to infant cry was rated on a 5-point scale. Amount of toys was rated on a 4-point scale. Items were recoded on a 9-point scale as items were rated on scales with different ranges. Scale scores were calculated by adding the rescaled responses for the five items. Internal consistency was estimated by Youngblut (1990) to be 0.52 at the three month rating and 0.36 at the six month rating. Interrater reliability is not available as observation of maternal child interaction was not a major focus in the larger study.

Family Functioning was measured in part by FACES III, developed by Olson, Portner and Laveene (1985),

which measures family cohesion and family adaptability. The instrument consists of 20 items. Summative scores were obtained for the subscores of cohesion and adaptability. Women rated each item on a 5-point scale ranging from "almost never" as one to "almost always" as five. Olson and associates report internal consistency coefficients of 0.77 for cohesion and 0.62 for adaptability. In this study an internal consistency coefficient of 0.75 was determined for cohesion and 0.59 for adaptability.

Satisfaction with relationships, the third concept of family functioning, was measured with the Feetham Family Functioning Survey (Roberts & Feetham, 1982). The scale uses the Porter format which asks three questions about each item: 1) How much is there? 2) How much should there be? and 3) How important is this to you? Data from question three were not used in this study. Women rated each of the three questions for 25 items on a 7-point scale from one ("little") to seven ("much"). A discrepancy score was calculated by subtracting responses to question one from responses to question two and adding the absolute values. The discrepancy score ranges from 0 to 150, with the lower scores indicating higher satisfaction with family functioning. An internal consistency coefficient of 0.81 and a test-retest reliability of 0.85 for the discrepancy score was reported by Roberts and Feetham

(1982). These were not reported by Youngblut (1990). This study noted a Cronback Alpha coefficient of 0.88.

Neonatal Morbidity was determined by the infant's gestational age, birth weight and neonatal complications as reported by the mother. Youngblut (1990) calculated neonatal morbidity using the indicators of birthweight, complications, gestational age, days on a ventilator, apgars at one and five minutes, length of NICU stay, days on NG feedings, days in an isolette and days on hyperalimentation. Since the indicators were not all appropriate for the full term study, only those noted above were used to determine neonatal morbidity.

Developmental Outcomes were measured with the Bayley Scales of Infant Development (BSID) (Bayley, 1969). The Mental Scale (MDI) has 163 items and assesses sensory-perceptual, verbal, communication and early cognitive development. Early cognitive development is measured by object permanence, problem-solving, formation of generalizations and classification. The Motor Scale (PDI) has 81 items and assesses the development of gross motor and fine motor control. Test-retest reliabilities were reported by Bayley (1969) as 76.4% for the MDI and 75.3% for the PDI. Raw scores were converted to standardized scores according to Bayley's recommendations (1969). Interrater reliability for this study was 0.86 at three months and 0.70 at six months for the MDI. Interrater

reliability scores for the PDI were 0.95 at three months and 0.89 at six months.

Chapter 4

Results

Data analysis was conducted using the Statistical Package for Social Sciences (SPSSx) version 3.0 (SPSS, Inc., 1988). The significance level used was .05. The study sample was divided into three groups: working, nonworking and leave of absence based on the mothers' self report at three months. Responses of the women in each group were compared using analysis of variance (ANOVA) where appropriate. When responses were collapsed into working and nonworking mothers, t-test or chi square statistics were used.

The demographics of the sample follow. In 100% of the families (N=105), the parents were married and living together. The range for years living together was 1 to 18 years, with a mean of 5.80 years (SD = 3.41). Three fourths of the families had been together for four or more years. Mother's age ranged from 22 to 38, with a mean of 29.13 (SD = 3.96). Father's age ranged from 21 to 42, with a mean of 31.36 (SD = 4.69).

Almost all of the parents in the sample were Caucasian with one Hispanic father and mother (2%), and one Native American mother (1%). Religious affiliation, employment status, family income, educational level of

both parents and socioeconomic status are summarized in Tables 1 - 5 respectively.

Table 1

Number of Parents Reporting Religious Affiliation

	Mothers	Fathers
Protestant	54 (51.4%)	47 (44.8%)
Catholic	40 (38.1%)	37 (35.2%)
Jewish	2 (1.9%)	1 (1.0%)
Other	3 (2.9%)	7 (6.7%)
None	6 (5.7%)	13 (12.4%)

Most of the parents in the sample identified their religion as either Protestant or Catholic (80%). No religion was the next largest group identified. A greater number of fathers (12.4%) than mothers (5.7%) claimed no religion.

Table 2

Number of Parents in each Employment Status Group

	Mothers	Fathers
Full Time	24 (22.9%)	102 (97.1%)
Part Time	24 (22.9%)	0 (0%)
Leave of Absence	16 (15.2%)	1 (1.0%)
Not Working	41 (39.0%)	2 (1.9%)

Most fathers were employed full time (97.1%), two were not employed and one was on leave of absence. Almost half (45.8%) of the mothers in the sample were working. Of those mothers who were working half were working full time while the other half of working mothers classified themselves as part time. Sixteen mothers (15.2%) identified themselves as on a leave of absence. There were 41 mothers (39.0%) identified as not working.

Table 3

Family Income

	n	percentage
\$10,000 to \$14,999	1	1.0
\$15,000 to \$19,999	3	2.9
\$20,000 to \$29,999	25	23.8
\$30,000 to \$39,999	22	21.0
\$40,000 to \$49,999	24	22.9
\$50,000 and above	30	28.6

Most of the families in the sample earned over \$30,000 a year (72.5%) with 30 families (28.6%) claiming an income of over \$50,000. Only four families (3.9%) fell in the \$10,000 to \$19,999 range. The remaining 25 families (23.8%) earned \$20,000 to \$29,999 a year.

Table 4

Educational Level

	n	percentage
Some high school		
Mothers	1	1.0
Fathers	1	1.0
High school graduation		
Mothers	31	29.5
Fathers	16	15.2
Some college or special training		
Mothers	30	32.4
Fathers	44	29.5
College graduation		
Mothers	34	32.4
Fathers	31	29.5
Masters degree		
Mothers	9	8.6
Fathers	8	7.6
Doctorate		
Mothers	0	0.0
Fathers	5	4.8

Most of the parents in the study were well educated with over 60% having at least some post high school education. Roughly, forty-one percent of the parents

had graduated from college or held a post graduate degree. Only one mother and one father did not graduate from high school.

Socioeconomic status (SES) was calculated using Hollingshead's four factor index (Hollingshead, 1975). The factors used to calculate the SES are occupation, education, age and sex. Income is not a factor. Occupations are classified into groups ranging from 1 (farm laborers and menial service) to 9 (higher executives, major professionals). Levels of education are assigned numbers ranging from 7 (graduate degree) to 1 (less than seventh grade). The education score multiplied by three is added to the occupational group score multiplied by five. For two income families, both the mother's and father's education by occupational group products are calculated. The two scores are added and divided by two to get an average SES score for the family. When only one parent is working, the SES score is based on that parent.

Table 5

Socioeconomic Status *

	Father Only	Family
<u>M</u>	43.40	43.65
<u>SD</u>	12.04	10.41

* Possible range from 8 - 66

Socioeconomic status (SES) was not greatly different when the SES was determined by the father's status only compared to when the SES was determined by the joint status of both parents. This may be due to income not being a factor in the SES.

Research Question 1: Do working and nonworking mothers differ on demographic variables?

The study sample was divided into three groups based on employment status at the time of the interview: working mothers, leave of absence mothers (LOA), and nonworking mothers. The demographic variables of parents' age, number of children, number of reproductive failures, educational classification, SES classification, whether or not the pregnancy was planned and sex of the infant were examined by group as it might be argued that these variables might influence a woman's employment status. See Tables 6 and 7 for demographic variables between groups.

There were no significant differences noted across groups for the variables of parents' age or number of children. Nonworking mothers had a higher rate of reproductive failures than did the leave of absence group or the working mothers group but this difference was not significant. There were no subjects in many of the cells for the education variable and there was no

logical way to collapse the data so no statistical tests were run for this variable. Table 7 shows the categorical data of educational classification.

Table 6

Demographic Variables by Employment Status

	Employed	Nonemployed	LOA
n	48	41	16
Mother's age			
<u>M</u>	29.06	28.76	30.31
<u>SD</u>	3.80	3.83	4.79
Father's age			
<u>M</u>	31.10	30.81	33.56
<u>SD</u>	4.56	4.36	5.50
Number of children			
<u>M</u>	1.88	1.98	1.94
<u>SD</u>	1.02	1.04	1.06
Number of reproductive failures			
<u>M</u>	.31	.51	.19
<u>SD</u>	.51	.81	.40

Table 7

Number of Mothers and Fathers in each Educational
Classification by Mothers' Employment Status

	Employed	Nonemployed	LOA	Totals
Some high school				
Mother	1	0	0	1
Father	0	1	0	1
High school graduation				
Mother	12	18	1	31
Father	6	10	0	16
Some college				
Mother	9	12	5	26
Father	23	11	6	40
College graduation				
Mother	17	11	6	34
Father	12	12	7	31
Masters degree				
Mother	6	0	3	9
Father	5	1	2	8
Doctorate				
Mother	0	0	0	0
Father	1	3	1	4
Technical/vocational program				
Mother	3	0	1	4
Father	1	3	0	4

Based on Hollingshead's classification system, seventeen families (16.2%) were in the highest SES group, major business and professional. In this group, eight of the families were of working mothers, 7 of nonworking mothers, and 2 of mothers on leave of absence. Fifty-one families (48.6%) were in the medium business, minor professional, and technical group. Of those 51 families, 26 were families of working mothers 12 of nonworking mothers, and 13 of families with mothers on leave of absence. Twenty-six families (24.8%) were in the skilled craftsmen, clerical and sales group. Thirteen of the families in this classification were of working mothers, 12 of nonworking mothers, and 1 of a leave of absence mother. Eleven families (10.5%) were in the machine operators and semiskilled workers classification. Ten of these 11 families were of nonworking mothers, the remaining one family was of a working mother. There were no families in the lowest SES grouping. For the SES categories, the Chi Square was $(6, N = 105) = 22.27, p < .01$. Half of the working womens' families were in the medium business, minor professional and technical category, while half of the nonworking womens' families were in the lower classifications of skilled craftsmen, clerical and sales or the machine operators and semiskilled workers category.

The sex of the infant, and the category of the

pregnancy as planned or unplanned was determined. Thirty nine employed mothers (81.3%), 31 nonemployed mothers (75.6%), and 14 leave of absence mothers (87.5%) reported that the pregnancy was planned. For the sample as a whole, 80% of the pregnancies were planned. There were no significant differences between groups. Twenty five employed mothers (52.1%), 20 nonemployed mothers (48.8%), and 9 leave of absence mothers (56.3%) had male infants. For the sample as a whole, there were slightly more male infants (n= 54) than female infants (n= 51). There was no significant difference between groups.

Research Question 2: Do working and nonworking mothers differ on determinants of appraisal (financial necessity, financial comfort, availability of child care, occupational prestige, congruence, home/work orientation, perceived support from spouse/partner, friends, parent and the baby's physician)?

Mothers' responses to the questions constituting appraisal of employment related variables are summarized in Tables 8 through 12. Table 8 compares financial needs and child care availability.

Table 8

Comparison of Employment Related Variables by
Employment Status (Ranges 1-8)

	Employed	Nonemployed	LOA
<hr/>			
Not financially necessary to work			
<u>M</u>	5.57	2.39	4.25
<u>SD</u>	2.49	1.83	2.54
<hr/>			
Money is tight			
<u>M</u>	4.51	4.00	3.25
<u>SD</u>	2.50	2.36	1.69
<hr/>			
Child care available			
<u>M</u>	3.36	5.61	5.38
<u>SD</u>	2.47	2.20	2.22
<hr/>			

Note: Strongly agree = 1 Strongly disagree = 8

There was a significant difference between the three groups with the statement " not financially necessary to work " . Although differences were not significant, leave of absence mothers noted that money was tight more frequently than nonworking or working mothers. Working mothers agreed that child care was

available significantly more often than did nonworking or leave of absence mothers. Scheffe's post hoc test was performed to clarify differences between groups. It is noted that not all mothers' responded to each question on this questionnaire. Tables 9 and 10 are ANOVA summaries related to Table 8.

Table 9

ANOVA Summary Table for Financial Need to Work by Employment Status

	df	SS	MS	F	p
Employment Status	2	222.37	111.19	21.75	<.001
Within Groups	101	516.25	5.11		
Total	103	738.62			

Table 10

ANOVA Summary Table for Child Care Availability by Employment Status

	df	SS	MS	F	p
Employment Status	2	125.14	62.57	11.53	<.001
Within Groups	101	548.36	5.43		
Total	103	673.50			

The Scheffe post hoc test revealed a significant difference in perception of child care availability and the financial need to work between the group of working mothers and the nonworking mothers and between leave of absence mothers and nonworking mothers ($p < .05$). Working mothers felt that child care was more available; they also felt a greater financial need to work.

Occupational prestige is derived from occupational status. Mothers who were on a leave of absence generally were in a higher occupational classification than nonworking mothers, however there was no significant difference between groups. None of the mothers were in the highest occupational group category although several families were in this category. Table 11 identifies the occupational classifications across groups.

Tables 12 and 13 identify prenatal employment and prenatal plans for postnatal employment. Mothers not employed postnatally were employed less hours prenatally than were mothers in the other two groups. The mode for prenatal plans to return to work for the group of working mothers was three months, leave of absence mothers had a mode of four months, and nonworking mothers had a mode of sixty months.

Table 11

Mothers' Occupational Classifications

	Employed	Nonemployed	LOA
Housewives	0	21	0
Farm laborers/menial service	0	2	0
Unskilled workers	3	2	0
Machine operators, semiskilled	11	3	2
Skilled manual, craftsmen	5	1	2
Clerical, sales	10	5	5
Technicians, semiprof.	12	5	6
Managers, minor prof.	5	2	1
Administrators, lesser prof.	1	0	0
Higher executives, major prof.	0	0	0

Table 12

Prenatal Employment Status

	Employed	Nonemployed	LOA
Hrs. employed prenatally			
<u>M</u>	36.128	20.634	35.250
<u>SD</u>	10.725	20.523	11.258

Table 13

Prenatal Plans for Postnatal Employment Status

	Employed	Nonemployed	LOA
<hr/>			
Plan: When return (baby's age in months)			
<u>M</u>	4.591	41.333	5.444
<u>SD</u>	9.527	32.332	2.877
<hr/>			
Plan: Number of hours per week			
<u>M</u>	29.383	2.0	12.133
<u>SD</u>	12.461	8.829	14.232
<hr/>			

Congruence between prenatal plans and postnatal employment status was examined (see Table 14). Working mothers' were the most incongruent regarding plans to return to work and actual employment status after the birth of the baby of the three groups (62.5%, $n = 30$). Working mothers returned to work sooner than they had anticipated in their prenatal plans. Mothers on leave of absence showed less incongruence with the prenatal plans (12.5%, $n = 2$). Nonworking mothers demonstrated 100% congruence ($n = 41$) with the prenatal plan.

Table 14

Comparison of Prenatal Employment Plans and Actual
Postnatal Employment Status *

	Employed	Nonemployed	LOA	Totals
Congruent	18	41	14	73
Incongruent	30	0	2	32
Totals	48	41	16	105

* Chi Square (2, N = 105) = 43.645, p <.001

Home/work orientation was determined by several items that surveyed the womens' feelings about working and about staying home. Three women in the working mothers group did not respond to this group of items. Table 15 shows the mean and standard deviation for this variable. ANOVA revealed differences among the three groups.

Table 15

Home/Work Orientation by Employment Status *

	Employed	Nonemployed	LOA
Home/Work Orientation			
n	45	41	16
<u>M</u>	38.67	20.20	30.25
<u>SD</u>	11.30	8.21	6.75

* The larger the number the stronger the work orientation

Table 16

ANOVA Summary Table for Home/Work Orientation by Employment Status

	df	SS	MS	F	p
Employment Status	2	7321.93	3660.97	40.28	<.001
Within Groups	99	8997.44	90.88		
Total	101	16319.37			

A Scheffe's post hoc test was conducted to clarify the differences between the groups. Working mothers and mothers on leave of absence differed significantly ($p < .05$) in home/work orientation from the nonworking group

of mothers. Working mothers also differed significantly from the leave of absence mothers on home/work orientation ($p < .05$). Working mothers had a stronger work orientation than did either the nonworking mothers or the leave of absence mothers. Leave of absence mothers also had a stronger work orientation than the nonworking mothers (see Table 15). Nonworking mothers had the lowest work orientation.

The scale for perceived support consists of four items asking the mother if her parents, coworkers, infants' physician and spouse supported her working. The reliability for the perceived support scale was very low ($\alpha = 0.26$) for this study so the data will not be discussed. Only the mean and standard deviation will be shown.

Table 17

Comparison of Perceived Support by Employment Status

	Employed	Nonemployed	LOA
Perceived Support			
<u>M</u>	22.79	17.77	20.80
<u>SD</u>	3.38	5.32	5.10
n	47	39	15

Research Question 3: Do working and nonworking mothers differ on the degree of choice regarding their employment status and satisfaction with that choice?

Mothers were asked how much choice they had in their decision to work and how satisfied they were with that choice (see Tables 18 -20).

Table 18

Comparison of Employment Status and Degree of Choice
Regarding Employment Status and Satisfaction with Choice

	Degree of Choice		Satisfaction		<u>n</u>
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	
Employed	6.51	3.10	6.94	2.42	42
Not Employed	8.44	2.64	9.10	1.46	37
LOA	8.63	2.09	9.00	1.97	16

Table 19

ANOVA Summary Table for Choice and Employment Status

	df	SS	MS	F	p
Employment Status	2	101.45	50.72	6.52	<.05
Within Groups	101	785.59	7.78		
Total	103	887.04			

Table 20

ANOVA Summary Table for Level of Satisfaction with
Employment Status

	df	SS	MS	F	p
Employment Status	2	116.19	58.09	14.29	< .05
Within Groups	100	406.41	4.06		
Total	102	522.60			

Significant differences were found between the groups on both variables and Scheffe's post hoc test was performed. Working mothers reported significantly less

choice regarding employment status than did nonworking and leave of absence mothers ($p < .05$). Leave of absence mothers and nonworking mothers were more satisfied with their decision regarding employment status than were working mothers.

Research Question 4: Do working and nonworking mothers differ on observational ratings of mother-child interaction and on levels of family function?

There were no significant differences in mother-child interaction or family functioning between the groups. See Table 21 for means and standard deviations.

Table 21

Comparison of Employment Status and Mother Child Interaction and Level of Family Functioning

	Mother Child Interaction		Family Functioning	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Employed	8.48	1.24	24.23	10.93
Not Employed	8.56	1.05	23.78	12.24
LOA	8.44	1.32	22.18	11.97

Research Question 5: Do infants with working and nonworking mothers differ on indicators of neonatal morbidity and on developmental outcomes at three and six months of age?

Mothers were asked the infant's birth date and the expected date of birth, infant birth weight and number of problems the infant has had. Bayley developmental testing was performed at three and six months of age for the infants.

Table 22

Comparison of Employment Status and Gestational Age in Weeks, Birth weight in Grams and Number of Problems with the Baby

	Gestational Age		Birth weight		Problems	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Employed	39.67	1.06	3543.50	428.32	1.83	.38
Not Employed	39.79	1.13	3692.17	374.49	1.68	.47
LOA	39.86	.62	3362.94	538.10	1.69	.48

Table 23

ANOVA Summary Table for Birth weight in Grams by
Employment Status

	df	SS	MS	F	p
Employment Status	2	1329947.11	664973.55	3.65	< .05
Within Groups	102	18575570.74	182113.44		
Total	104	19905517.85			

Table 24

Comparison of Developmental Outcomes at Three and Six
Months by Employment Status

	Employed		Nonemployed		LOA	
<hr/>						
Bayley Scales of Infant Development - Motor (BSIDPDI)						
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
3 mo.	110.44	12.29	113.80	15.99	112.13	16.35
6 mo.	116.23	12.67	114.68	12.72	118.19	13.45
Bayley Scales of Infant Development - Mental (BSIDMDI)						
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
3 mo.	111.40	10.55	111.73	11.78	111.88	12.31
6 mo.	110.62	9.58	108.97	12.68	109.31	14.05

There were no significant differences between groups in gestational age or the number of problems with the baby. Scheffe's post hoc test was performed to clarify the differences between the groups in birth weight. Nonworking mothers had significantly larger babies than did leave of absence mothers. While nonworking mothers also had larger babies than did working mothers the difference was not significant. There were no significant differences in developmental outcomes at either three or six months between groups.

Summary

For the demographic variables of age, number of children, number of reproductive failures, infant sex, and whether or not the pregnancy was planned, there were no significant differences between groups. For the demographic variables of SES status, and mothers' educational classifications a significant Chi Square was obtained. Families of working women were in a higher SES category than nonworking women. High school being the highest degree held occurred more frequently in the nonemployed group (43%) than in the working group (25%) or the LOA group (6%). More college graduates and post graduate degrees were found in the employed group (48%) and the LOA group (57%) than the nonemployed group (27%).

For the second research question, significant differences were found on the variables of financial

need, child care availability, congruence between prenatal plans for postnatal employment and actual postnatal employment, home/work orientation and perceived support. Working mothers and those on LOA felt it was financially necessary to work more strongly than nonworking mothers. Working mothers felt child care was more available than nonworking mothers or mothers on leave of absence. The status of nonworking mothers was 100% congruent with prenatal plans while the status of working mothers was the most incongruent with prenatal plans regarding postnatal employment. Working mothers were found to have a stronger work orientation than nonworking or LOA mothers. Leave of absence mothers were found to have a stronger work orientation than nonworking mothers. Working mothers also perceived more support for their decision than did nonworking mothers. There was no significant difference on the variable of financial comfort.

Significant differences between groups were noted on both the variables of satisfaction and choice for research question number three. Working mothers felt they had less choice in the decision to return to work than did the other groups. Nonworking and LOA mothers reported greater satisfaction in their decision regarding employment.

There were no significant differences on the variables of mother-child interaction, levels of family

functioning or developmental outcomes for the fourth and fifth research question. There was a significant difference noted on the indicator of birthweight between groups but none for gestational age and number of problems with the baby. Nonworking mothers were noted to have infants with greater birthweights than working or LOA mothers.

The next chapter will discuss the findings of this study, its limitations, implications for nursing practice and direction for further research.

Chapter 5

Discussion

The purpose of this study was to describe the relationship between variables related to mothers' employment status and the infants' developmental status at three months. The study supported Youngblut's (1990) findings that employed mothers were more work oriented, felt less choice and were less satisfied with their decision regarding their employment status than nonworking or leave of absence mothers. Amstey and Whitbourne (1988) noted that women who retained their full time work status after the birth of the infant also had a stronger work orientation during pregnancy. The study also supports Youngblut's (1990) findings that working mothers perceived greater support, a greater financial need to work and greater child care availability than LOA or nonworking mothers. The findings in this study differed from those of Youngblut (1990) in that LOA mothers had a stronger work orientation than nonworking mothers and that employed and LOA mothers had a higher educational level than nonworking mothers. The study also differed from Youngblut's in that working womens' families were in higher SES categories than nonworking womens' families.

This is despite the fact that income is not a factor in the Hollingshead four factor index which was used to determine SES category. It was interesting to note that nonworking women had larger infants than LOA or working women.

As with the Youngblut study (1990) this study noted no difference in mother-child interaction between the three groups. This is also supported by Rabinovich, Suwalsky, and Pedersen (1986), and Riesch (1984). In this study, working women felt greater support than did the other two groups. Rudd and McKenry (1986) noted that family emotional support was a significant factor in job satisfaction.

Limitations

A major limitation of this study was it's homogeneity of subjects and the nonrandom sampling. All of the women were married and almost all were Caucasian. Therefore, generalizing the results to a larger population is inappropriate.

Another limitation to the study was the instrumentation used to measure mother-child interaction and home/work orientation. These instruments were used only once previously in the Youngblut study. The instrument used to measure mother-child interaction relied on subjective interpretation by the interviewer. Interrater reliabilities were not obtained. The reliability for the entire eighteen item

home/work orientation scale was also low. The alpha's for the subscale of perceived support was extremely low and may have been a function of the limited number of items for this variable. One might question the appropriateness of combining these three variables of perceived support, home orientation and work orientation on one scale. Other aspects of work orientation and satisfaction were not examined. For example, workload was found by Rudd and McKenry (1986) and Sekaran (1983) to be the most useful variable in explaining variation in satisfaction.

Another limitation of the study was the measurement of infant development. The Bayley scales measure only motor and mental development and therefore exclude other areas included in development, such as socialization.

Implications for nursing practice

This study has several implications for nursing practice. Nurses need to be aware that many mothers who return to work after the birth of an infant feel they have little choice in the matter. Talking with mothers and allowing them to vent their anxieties may assist them with decision making regarding employment status. Incorporation of this problem area into parenthood preparation classes might provide new insights and stimulate further discussion between the couples.

Nurses could become active in political lobbying for extended parental leaves, assisting employers in

seeing the benefits to the organization and to the employee with part-time employment or job sharing as an option. Nurses could become active in lobbying leaders in the health care industry and assist them in seeing the benefits a true choice in returning to work could mean.

Recognition of the ambivalence new mothers feel between home and work can help bring these feelings into perspective and with support might increase the satisfaction the women have with employment. Nurses can support mothers in the decision process by reinforcing that the literature has no firm evidence that working has negative effects on the child. Women might also be assisted in voicing their need for support from significant others and defining what "support" means to them.

Suggestions for further research

Considerable research needs be done on the relationship between mothers' employment status and infant development. Instruments need to be tested and validity achieved. A lack of valid and reliable instruments for these studies limits investigators. As each study uses a different instrument, the ability to compare results is lost as is the opportunity to validate the use of a tool. A study that examines the impact of previous reproductive failures in the decision to work or stay home is also needed. A longitudinal

study that extends into the child's early adulthood would give a more complete view of the impact of the mothers' employment status.

Summary

The main purpose of this study was to answer the following question: "What is the relationship between variables related to the mothers employment status and the infant's developmental status at three months?" In this study, the findings indicated there was no relationship between a woman's employment status and her infant's developmental outcome at three months. Additional findings revealed that despite a higher SES category than nonworking and LOA families, working mothers also perceived a greater financial need to work, a greater availability of child care and less choice and satisfaction with employment decisions than nonworking or LOA mothers. Working mothers also showed the most incongruence postnatally with their prenatal plans.

Certainly many questions remain unanswered about the variables and the importance of each in determining a woman's employment status after the birth of an infant and the relationship between a woman's employment status and the developmental outcomes of her infant as the infant matures. Nurses need to continue to assist women in identifying their feelings and concerns related to the decision to stay home or return to work after the birth of infant. There is a continued need for research

to be directed toward the effect of a mothers'
employment status has upon our children.

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Manuscript submitted for publication.

APPENDICES

Appendix A

Letter to Parents

Dear Parents:

We see from the birth announcements in the newspaper that you have recently had a new baby. Congratulations! Dr. Carol Loveland-Cherry, The University of Michigan, and I, Dr. Mary Horan, Grand Valley State University, are registered nurses conducting a study about families with new babies. We are particularly interested in understanding how families adjust to the birth of a preterm infant. In order to do this, we need to know how parents react to the birth of a full term infant. We expect that the information you give us will help nurses better guide and counsel other families who experience the birth of premature and full term infants.

The study is under the direction of Dr. Loveland-Cherry and myself, and in no way is connected to your infant's care. The study involves separate, private interviews with each parent, done in your home by nurses specially trained for the project. Total time involved for each visit is about one and one half hours. The study will continue until your baby is 18 months old. Interviews and assessments will be done at 3 months, 6 months, 9 months, 12 months, and 18 months. At this time we are looking for families with healthy, full term babies who are similar to the premature infants and their families in the study.

_____, a nurse who is an interviewer for the project, will contact you soon by telephone to further explain the study, and to answer any questions you may have. It will be necessary for the interviewer to ask preliminary screening questions to determine if your family is eligible to participate. If your family is eligible, and you are willing to participate, the interviewer will schedule an appointment to meet with you in your home. You can decide at any time not to continue participating in the study, even after the study has begun. All information will be kept confidential. Thank you for your willingness to be contacted about this study.

Sincerely,

Dr. Mary Horan, Ph.D., R.N.
Grand Valley State University

Appendix B

Telephone Contact -- Sample Verbatim

For the purposes of subject recruitment, interviewers will be telephoning families who have been identified from newspaper announcements, and whose addresses and telephone numbers will be obtained from the telephone book. As announcements do not indicate when the baby is born, if the baby is a full term infant, or if there are older siblings in the family, it will be necessary to screen the families by telephone to determine if they meet study criteria and if they have characteristic that match the preterm infant families already recruited. It is suggested, therefore, that the interviewer making initial telephone contact with these families use the following procedure for the telephone contact.

TELEPHONE CONTACT

"Hello, I'm _____, a registered nurse, and an interviewer for the study conducted by Dr. Mary Horan at Grand Valley State University (Dr. Loveland-Cherry at the University of Michigan). Within the past week, you should have received a letter that briefly described the study. Do you recall receiving that letter?"

(If not, proceed with a brief summary of the study, as described in the letter, including the administration of the Bayley test at each visit, the completion of questionnaires with interviewer and on own, and mailed questionnaire completion around the first birthday. Stress how important the information will be when obtained, and that it is necessary for a comparison with the families in the study who have a preterm infant.

If the parent does recall the letter, ask if there are any questions at that point, and then state that you will be explaining the study more fully after you ask some questions which are necessary to determine if the family is eligible to participate.)

"the letter was an overview of the study, and was to let you know ahead of time that I would be calling. Is the study of interest to you? If yes, "Then let me ask you a few question to see if you can participate in the study."

"We saw from the newspaper that your new baby was a boy (girl). Is this correct?"

"Can you please tell me your baby's birthdate? (must

be on or after April 15, 1988)"

"Was your baby born earlier or later than he/she should have been?" (If so, how long? Baby must have been at least 38 weeks, and less than 42 weeks gestation at birth).

"What was your baby's birth weight?" (Birth weights should be between 5 and 10.5 pounds. Birth weight is the most important criteria, as weight is the measurement used to determine if infant is small or large enough for gestation age (Whaley & Wong, 1987, p. 371).

"Did your baby go home with you (with his/her mother) or did he/she have to stay in the hospital?" (must have gone home with the mother).

"Does your baby have any medical problems that you know about?" (Infant should be free from serious congenital anomalies).

"Are both the baby's father and mother living together?" (If the biological parents are not living together, ask if there is any male partner living with the mother who acts as the baby's father).

"How many children do you have?" (Match to preterm infant families on list)

At the end of the screening questions, tell the parent if the answers have indicated eligibility for the study. If the family is eligible proceed with the following:

"The main interest of the study is how families adjust to the birth of a premature infant. In order to do this, we need to know how parents react to the birth of a full term infant. If you agree, I will come to your home to do an assessment of your baby. The assessment involves measuring his/her progress and growth. While I am there, I will be asking you and the baby's father/mother to complete a questionnaire and answer some questions. The questions involve how you feel about the experience of having a full term infant, and how it has affected you and your family. The home visit will take about 1 1/2 hours and will be done five times during the next year and a half. All information about you and your baby will be kept confidential. Even though you agree to allow me to come to your home for the first visit, you may change your mind and withdraw from the study at any time."

"I realize that this will cause you some

inconvenience, but I urge you to consider participation, as the knowledge gained will be of great benefit to parents who will have similar experiences in the future."

"If you agree, I would like to make an appointment to come to your home at a time that is convenient for both you and the baby's father/mother. At that time, I will review the study again, and will ask you to sign a form indicating your agreement to participate."

(If parent declines participation:

"Thank you for talking with me. If you change your mind before your baby is three months old, you can the research project office at _____.")

(If the parent agrees to participate:

"As I indicated, I will need to talk with you and the baby's father/mother at the first visit, which should be around the baby's 3 month birthday. When can we schedule an appointment so that I could meet both of you and do an assessment of your baby? It would be best to do so when the baby would be rested and fed. If you have other children, it would be important for them to be busy and supervised elsewhere, if possible. It is often difficult for children when new babies get so much attention. I will also need a table to do part of the assessment; one where I can sit opposite of you and the baby. A kitchen table or dining room table is fine. If this is a problem, I can bring a small card table with me.")

If the family does not meet the study criteria, or cannot be matched with current preterm infant families, close the call in the following manner:

"Thank you for your time and patience in answering the screening questions. Your family is not eligible to participate because _____ (explain to them briefly why their family was not eligible to participate.)

"Congratulations, again, on the birth of your baby. I and the research project wish you good luck in the growth of your family."

Family ID _____ (1-3)
 Card _____ 07 (4-5)
 Site _____ (6)

Section VII

Mother's Interview 1-S

We are interested in understanding what things influence a woman's decision to work outside the home or to stay home with a new baby.

1. How much choice did you have regarding your decision?
Please CIRCLE the number.

1	2	3	4	5	6	7	8	9	10	
no									totally	
choice									my choice	_____
										(7-8)

2. How satisfied are you with your decision?
Please CIRCLE the number.

1	2	3	4	5	6	7	8	9	10	
not at									very	
all satisfied									satisfied	_____
										(9-10)

3. What things contributed to your decision to work or to stay home?

a.	_____	(11-13)
b.	_____	(14-16)
c.	_____	(17-19)
d.	_____	(20-22)

4. How many hours per week do you spend in paid employment?
_____ hours per week
(23-24)

5. How many hours per week do you spend in volunteer work, such as church, school committees, clubs?
_____ hours per week
(25-26)

Family ID _____

Section VII

6. How many hours per week do you spend in school (high school, trade school, college, etc.)? _____ hours per week
(27-28)
7. How many hours per week did you spend in paid employment before the baby was born? _____ hours per week
(29-30)
8. How many hours per week did you spend in volunteer work, such as church, school, clubs, before the baby was born? _____ hours per week
(31-32)
9. How many hours per week did you spend in school (high school, trade school, college) before the baby was born? _____ hours per week
(33-34)

Now please think about the time before the baby was born. We would like to know what your plans were for going to work or school after the baby's birth.

10. Had you planned on going to work or school after the baby's birth? Please CIRCLE the word.
Yes 1 No 2 (skip questions 11 and 12) _____
(35)
11. When had you planned on returning to work or school after the baby's birth? when the baby is _____ months old _____ months
(36-38)
12. How many hours per week had you planned to work or go to school after the baby's birth? _____ hours per week
(39-40)

Family ID_____

Section VII

The following statements are reasons that women often give as factors that influence their decisions about working outside the home or staying home with the baby. Please rate each reason on the scale from 1 to 8 to indicate how each one applies to you. WRITE THE NUMBER ON THE LINE NEXT TO THE QUESTION.

- | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|----------|---|---|---|---|---|---|----------|
| | strongly | | | | | | | strongly |
| | agree | | | | | | | disagree |
| 13. Working outside the home makes me more interesting and intellectually stimulating to my husband/partner. | | | | | | | | _____ |
| | | | | | | | | (41) |
| 14. My parents think I should stay home with the baby. | | | | | | | | _____ |
| | | | | | | | | (42) |
| 15. Working outside the home helps me to better appreciate the time I spend with my child(ren). | | | | | | | | _____ |
| | | | | | | | | (43) |
| 16. My life would not be complete without a career. | | | | | | | | _____ |
| | | | | | | | | (44) |
| 17. Quality child care is readily available for my child(ren). | | | | | | | | _____ |
| | | | | | | | | (45) |
| 18. Working outside the home causes or would cause me to miss out on some of the rewarding aspects of being a parent. | | | | | | | | _____ |
| | | | | | | | | (46) |
| 19. If I stayed home, it would be difficult to go back to my job/career later. | | | | | | | | _____ |
| | | | | | | | | (47) |
| 20. I prefer staying home with my child(ren). | | | | | | | | _____ |
| | | | | | | | | (48) |
| 21. My friends think I should work outside the home. | | | | | | | | _____ |
| | | | | | | | | (49) |
| 22. My baby is sicker than other babies. | | | | | | | | _____ |
| | | | | | | | | (50) |
| 23. It is not financially necessary for me to work outside my home. | | | | | | | | _____ |
| | | | | | | | | (51) |
| 24. My baby needs things that only I can supply. | | | | | | | | _____ |
| | | | | | | | | (52) |
| 25. Working outside the home makes me feel good about myself. | | | | | | | | _____ |
| | | | | | | | | (53) |
| 26. My husband/partner does not want me to work outside the home. | | | | | | | | _____ |
| | | | | | | | | (54) |
| 27. I find self-fulfillment in being a full time mother. | | | | | | | | _____ |
| | | | | | | | | (55) |

Family ID_____

Section VII

Please continue to use the 1 to 8 rating scale, with 1 as strongly agree and 8 as strongly disagree.

28. Money is tight right now. -----
(56)
29. The baby's doctor told me that I should not work
outside the home. -----
(57)
30. Working outside the home often causes or would cause
me to be tired, irritable, or short-tempered with my
family. -----
(58)

Family ID_____

B. Describe the parent-child interaction.

Mark number of applicable statement for both mother and father.

- | | Mother | Father |
|--|--------|--------|
| A. 1. Held the baby most of the time | | |
| 2. Held the baby some of the time | | |
| 3. Did not hold the baby | | |
| 4. Unable to assess time held | ----- | ----- |
| | (37) | (38) |
| B. 1. Had frequent eye contact with the baby | | |
| 2. Had occasional eye contact with the baby | | |
| 3. Had no eye contact with the baby | | |
| 4. Unable to assess eye contact | ----- | ----- |
| | (39) | (40) |
| C. 1. Responded immediately to baby's cry | | |
| 2. Responded to baby's cry within 5 minutes | | |
| 3. Responded to baby's cry within 10 minutes | | |
| 4. Responded to baby's cry after 10 minutes | | |
| 5. Did not respond to baby's cry at all | | |
| 6. Unable to assess response time
(substitute older child's demands for crying) | ----- | ----- |
| | (41) | (42) |
| D. 1. Able to comfort baby most of the time | | |
| 2. Able to comfort baby some of the time | | |
| 3. Not able to comfort baby | | |
| 4. Unable to assess comforting ability | ----- | ----- |
| | (43) | (44) |

Family ID_____

- E. 1. Many available age appropriate toys
2. Some available age appropriate toys
3. Few available age appropriate toys
4. No available age appropriate toys

(45)

- F. 1. Many age appropriate books
2. Some age appropriate books
3. Few age appropriate books
4. No age appropriate books

(46)

Describe any other observations about the parent-child interactions and home environment that seem appropriate.

1. -----
(47-48)
2. -----
(49-50)
3. -----
(51-52)

Describe the baby's room, including condition of bed/crib, colors, crib toys, etc.

- Condition of crib -----
(53-54)
Colors -----
(55-56)
Toys -----
(57-58)
Other:
1. ----- 2. -----
(59-60) (61-62)

Please explain any situations where you were unable to assess the item.

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**70 74 FFFS - Mother
75-78 FACES III Mother's Interview 1-S**

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