THE ROLE CONFLICT OF WORKING MOTHERS:
IDENTITY, COPING & SATISFACTION WITH LIFE

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ABSTRACT

The objective of this study was to explore the determinants that work-family roles can have on working mothers’ identity, satisfaction with life and coping. This research was a quantitative cross sectional design. It is a Correlational descriptive non experimental in nature. 106 females (N=106) responded to online questionnaires. The study strongly supported the hypotheses that work-family roles have an influence on the working mothers’ self-perception across the life span and the domains in which she is engaged in. Significant correlations were found that part time employees have higher self-efficacy, and family-work and work-family support. Neither full time nor part time working mothers felt they had the support where work interferes with family life. The age group of 25-34 years have less coping skills than any other age group. This age group are unhappier compared to other age groups, and are slightly satisfied with life. Professional working mothers have most competency correlate significantly with the self-perception profile, scoring 11 out of 12 of the domains. These findings add new knowledge the area work-family roles of women and can improve future understanding the area of the life span theory and social cognitive theory.
BACKGROUND

The aim of this study is to investigate women’s self-perception across life domains where conflict due to work and family roles can have an influence.

Researchers have investigated working mothers’ roles within the context of work-family and have reported on such topics of interrole conflict between women’s career and parenting roles (Coverman 1989, Laster 2002 and more recently Phanco, 2004); working mothers’ wellbeing and self-esteem (Buehler, C., & O’Brien, M. 2011); multiple role juggling and daily mood states (Williams, K., & Suls, J. 1991); job security, skill discretion and schedule control of working mothers (Carlson, D., et al 2011). Also with regard working women with children research has raised issues concerning the impact of maternal employment and self-esteem of kindergarten girls (Miller, S., 1975); has considered the direct effects of maternal employment on sex differences in children (Hoffman, L.W., 1977) and also, Scarr, S., et al (1989) reviewed the effects of mothers’ employment on marital relations and on the development of children and on mothers themselves.

In view of the research undertaken over many decades, this study intends to investigate working mothers’ self-perception of who they are through life span domains of relationships, sociability, household management, nurturance, physical appearance, work, intelligence, humour, athleticism and self-worth. This research suggests therefore that women’s identity crisis can become apparent during the work-family role conflict that is demanded of her and as a result, her self-perception across other life domains can be affected due to a decline in competency and self-belief.
It is therefore necessary to look at role conflicts of women through the concept of emerging adulthood, as put forward by Jeffery Jenson Arnett (2000), which discusses the individual’s transformation to adulthood, post adolescents. Although Arnett looks at this theory through equal gender, for the purposes of this study, women will be investigated through different life stages, using age, education, employment and job role as predictors. With the immense responsibilities of contemporary women including children, work and relationships, women’s self-perception draws on the question of whether they have emerged as competent adults with an achieved identity in all areas of work and family roles which have a positive or negative influence on criterions of satisfaction with life, general health, happiness, or do they apply some form of coping mechanism to avoid or alter their life.
1. INTRODUCTION

While many women thrive on their motherhood status and are content with it, there are other mothers who feel a need to have a personal identity beyond their role as mother and in effect struggle with the change to parenthood. First and foremost, before becoming a mother, women are individuals, with desires, interests and a career which need to be fulfilled. Becoming a mother is a life changing experience for many women and incurs a new identity as ‘mother’. A typical adult transition to motherhood takes between ‘one and three years before one fully assimilates a new identity’ (Kauranen Jones, G., 2003). This transition to motherhood raises many questions and it is not unusual for a mother to grieve her life before motherhood.

1.1 Traditional Family Structure

The traditional family structure of the 1950’s, where a mother ran the household, attended to all shores, cooking, nurturing and caring for the children, while her husband attended to work outside of the home was typical for a family to function during this period. Talcott Parson (1949) observed marital roles and marital stability and concluded that ‘family functioning is optimised when a husband specialises in market work and a wife in domestic work’ (Barnett & Hyde, 2001). Talcott based this on the fact that marital roles were attributable to biological functions in that ‘women bear and nurse children and that men who cannot perform such biological functions specialise in the realm of work’ (Parsons & Bales, 1955). Therefore, each role within the family structure is
attended to, each skill of mother and father is applied, which in turn ensures the stability of their marriage and their family life. Parson believed that this is a universal theory of how a family should function.

1.2 Family Structure of the 21st Century

In contrast, several developed societies today has seen the family structure dynamically changed and reflecting an ‘increase in the number of dual earner marriages’ since the 1970’s approximately (Bedeian & Burke et al, 1988). Due to the once traditional family structure being superseded by “two working parents” (Bradley & Goggins, 2001), role demands of work and family are in particular consuming women. A possible reason for this is that for some mothers, being a working mother helps them maintain their identity, their independence, self-worth and self-esteem as a woman, outside of the family home. But remaining in work and becoming a working mother can be a challenge, where women feel frustrated and depleted. As a result, women struggle to give 100% to all aspects of working life and family life. The result is conflict and feelings of inadequacy which raise concern for her satisfaction with life and general health. In keeping with research, this changing ideology around gender roles leaves mothers with the “challenging task of creating lives which allow them to be both mothers and workers” (Redshaw & Martin, 2011). This concept has made way to explore elements of roles within work and family. For this research in particular, focus will be given to the area of work-life balance, role conflict and also role enrichment.
1.3 **Work –Family Balance**

The term ‘work-family balance’ refers to ‘the extent to which individuals are equally involved in-and equally satisfied with-their work role and their family role’ (Greenhaus & Singh, Collins & Shaw, 2003). The term also indicates an individual’s overall experience of a positive relationship between work and family roles so that they are ‘beneficial for the physical, mental, and relationship health of the individuals’ (Greenhaus & Singh, 2003). Sandberg (2011) suggests that “the happiest families are those where everyone gets to go out in the world and be an adult and everyone gets enough time to be at home, nurturing the children too”. In addition, there are benefits for holding multiple roles and according to Sieber (1974) there are four benefits- ‘role privileges, overall status security, resources for status enhancement and enrichment of the personality and ego gratification’. In short, the higher the number of role identities an individual has the stronger his or her sense of meaning and existence. Greenhaus and Powell (2006) paper on work-family enrichment considers that work and family roles can enrich and complement each other. These roles are seen as allies and present a more positive approach in reviewing work-family balance.

1.4 **Work –Family Enrichment**

Derived from Seiber’s role accumulation theory, role enrichment explains that having multiple life roles can be ‘psychologically enriching’ and that a person can achieve balance by regulating control over where and when to invest time and energy into the roles.
of work and family. Therefore, work-life family enrichment assumes that work and family balance have ‘instrumental paths’ in an individual’s life. This focuses on how one domain can be of benefit to another domain such as income (to benefit family status) and problem solving skills (to benefit social interactions work life and family life). Therefore performing a type of behaviour or skill in one domain can be rewarded in another domain. Work-life family enrichment also assumes the ‘affective path’, which suggests that ‘positive mood and emotions from one domain can positively impact how one feels and behaves in the other domain’. For example, if an individual has an accomplished day at work, that individual is in high spirits and is in good mood and therefore presents with positive emotions to allocate to the family. Likewise, if an individual has a family life she is very happy with, she is able to bring these positive emotions to work. Further, Clare, Francis & Turner (2011) measured the work-family enrichment amongst Australian workers and explored links between job related resources and workers’ perceptions. Their findings were consistent with the theory of enrichment reflecting that job related resources show a positive impact on interaction between work and family and family and work. Rosabeth Moss Kanter (1977) one of the first thinkers to critique the conception of work and family roles, challenged the assumption at the time that work should be separate from family demands, but in fact, carrying out the dual demands of being a worker and being a family member is necessary for ‘employee effectiveness and also family effectiveness’. Assuming that work and family roles are interdependent but also complementary to each other (Werbel & Walter, 2002) they can work in harmony with each other to the degree that they are ‘interwoven into a single narrative of life’ (McMillan et al, 2011).
1.5 **Work Family Role Conflict**

Where, work-family balance provides the metaphor that work and family relationships can often be at odds and even conflicting, Frone (2003) defines that work-family balance provides ‘low levels of interrole conflict and high levels of interrole facilitation’. However, Goode (1960) theory of role strain indicates that having multiple roles is ‘distracting, depletes resources and results in role strain and overload’. Hence, work-family balance is negated and role conflict is more apparent.

Greenhouse and Beutell (1985) paper on work-family conflict defines work-family conflict as a type of ‘inter-role conflict where work and family roles are incompatible and seen as competing for an individual’s time, energy and behaviours on and off the job’. Ebaugh (1998) examined the concept of role conflict and inclined that roles involve ‘behavioural expectations associated with a position in a social structure’. For example in the case of an employee struggling to carry out the competing roles of workplace demands and family demands, one can experience higher work-family role conflict in circumstances where having to work overtime at short notice conflicts with the need to collect a child from nursery; meeting a work deadline in consequence of missing a child’s school event; being absent or late for work due to sickness of a child. These are stressful events for adults and fulfilling role demands expected of them as an employee and as a parent is conflictive. Further, stress resulting from the ‘excessive demands and pressures arising from the many roles and identities people maintain’ (Rosburgh, 2002) depletes their resources, resulting in role overload’ and role conflict (Front et al, 1992, Jain & Nair, 2013). Wallace, (1997) reinforces this thinking and suggests that ‘juggling multiple roles can be difficult because of the spill over effects of inter-role conflict when work intrudes into one’s family
relationships and vice versa’ Kossek and Ozeki (1998) further affirmed that ‘work to family and family to work conflicts do affect job and life satisfaction negatively.

In view of the research undertaken in the area of work and family roles, it can be assumed that work and family roles require an individual to have a ‘high identity with and sees good quality in investing time and energy into these roles’ (Barnett, 1998, Burke & McKeen, 1994). Indeed maintaining both work and family roles can impact on mother’s psychological well-being, including ‘satisfaction with life, self-esteem and self-acceptance’ (Barnett, 1998, Burke & McKeen, 1994) and in order for her to have positive outcome, her self-perception as parent and provider is important. This will be discussed further below.

1.6 Mother as Parent

Phoenix & Woollett (1991) indicate that motherhood is frequently ‘romanticised and idealised as the supreme physical and emotional achievement in women’s lives’. According to Oakley (1979) womanhood is often equated to ‘motherhood’ and that all women are perceived as ‘waiting or wanting to be mothers’ (Letherby, 1994). For many women, motherhood is a decision she embraces at a stage in her life, when she feels biologically, financially and emotionally secure. The maternal instinct is an indicator for many women which can initiate questions of her own attributes of whether she will be a good mother, whether she is capable, whether children will fit into her lifestyle etc. In examining this impending major transition, cognitive developmental analyses
suggest that at critical points during the life span, ‘important life changes occur, where individuals become motivated to examine and modify their self-conception to fit the changing circumstances’ (Kohlberg, 1966). Most broody mothers see having a child as a wonderful gift, however, some question this ideal and highlight the high and lows of motherhood. As well as adjusting to motherhood, there are also the hormonal and biological changes a woman undergoes after giving birth, sleep deprivation, learning how to breast feed and indeed juggling work and family. In addition, becoming a parent changes the relationship dynamic of husband and wife. There is a third element to the relationship, a baby, needing nurture and care and in all ways, its physical and emotional needs require a response from the moment it is born. The “Test for Future Parents” by author Colin Falconer considers the joys of parenthood and also sets out parents’ honest review of parenthood such as “it is the hardest, most rewarding, rollercoaster job you will ever have, but there is no pay, you are on duty 24/7 and, at times, it seems like there are few rewards and more positively, “being a parent has its ups and downs, but I wouldn't change my title as "mummy" for anything in the world”. However mother’s new identity raises issues of her purpose in life and motherhood may only be one part of that purpose. There are some mothers who are not totally fulfilled by being just mother and believe that outside of motherhood, they too need to fulfil that part of themselves that they once knew and strived so long to establish i.e. their identity as an individual. This identity in part, was made up of working life.
1.7 Mother as Provider

Women enjoy being a provider to their children. Research undertaken by Care (2012) found that 1,000 working mothers surveyed across the US enjoyed a career in addition to raising a family. 64% of women said that work had no bearing on their ability to be a good mother and 50% said that they felt that having a job made them a good role model for their children. In addition, 8 out of 10 mothers reported that they enjoyed being a parent who worked. Indeed, it would appear that these mothers make their life manageable as both mother and provider. Being a good provider correlates with contemporary working mothers being more educated and financially independent than previous generations, holding important positions in corporate companies, board of managements, and high power political positions. Hoffman, (1974b) confers that ‘education enables mothers to obtain more satisfying employment’ and increases her prospects in injecting income into the family home. It is not surprising therefore, that women who have established a certain level of education, have carved out a career, has financial independence, has travelled and has her own world views, would like to maintain this part of her identity in addition to becoming a mother. However, further research has found that older mothers in particular are suffering a “loss of autonomy and time, loss of appearance, loss of femininity/sexuality and loss of occupational identity” (Shelton & Johnson, 2006). Contrary to this however, younger mothers, as explored by Mitchell & Green (2002), have found that the relationship of child and mother is “viewed as a key, if not a stable phenomenon within their lives”. This analogy, drawing on the timeframe of becoming a mother, would suggest that variables such as age, education, financial independence and a more established individuality prior to becoming a mother would contribute to identity loss in older mothers, as
opposed to a younger mothers, where her individual life experience and education has been compromised due to having a family early in life. Mitchell & Green (2002) looked at the issues of individualism and independence among young mothers with lower socio-economic resources and opportunities and found that the reality is to receive State benefits, which influences their lives and accommodation lived etc and suggested that increasing ‘independence and reflexivity’ may be more of a reality for professional middle class mothers who are more independent of the State.

1.8 Development of Identity

The general term of “identity” conjures words such as gender, religion, orientation, sexuality, culture, traits, life experiences, all of which combine and make us uniquely different to the next person. When we reflect on our identity, often what is brought to mind is “who am I”. Identity defines a person’s individuality and based on this a person perceives and evaluates themselves. To have a sense of self is to have a self-concept of who we are. Beaumeister (1999) defines self-concept as being ‘the individual’s belief about
himself or herself, including the person’s attributes and who and what the self is”. Self-concept is shaped therefore by one person in particular, mother or primary caregiver. How our mother or primary caregiver responded to our physical and emotional needs heavily influence how we expect to be seen by others. Children behave in ways that perpetuate what they have experienced during the very first relationship with their primary caregiver. From a developmental perspective, identity forms at childhood. It is during this initial period when a child realises for the first time they are ‘separate and distinct from others’ (Bee, 1992). Jacque Lacan’s (1949) theory of the mirror stage of development, describes the child (accompanied by its caregiver) upon seeing its reflective image in the mirror understands that it exists outside of itself. Psychoanalysts such as Lacan believe that this identity formation is the beginning of the development of the ego. The ego is dependent upon external objects of another and through language and interaction the frameworks will give each subject its personality. Most studies examining the developmental process of identity formation have concluded the ‘critical period for identity formation changes is in the 18-21 year old age range’ (Munro & Adams, 1977). Research examining identity formation considers this formation from an adolescents to early adulthood point of view, which includes the perception of child rearing items appropriateness with middle adolescent females (Adams, G., et al 1983), sex role orientation and resolution during late adolescent years (Della, P.C., & Dusek, J.B, 1984) identity development from adolescent to adulthood (Waterman, A.S., 1982) and also ego-identity status, the differences between the four identity statusses in adolescents (Read. D., & Adams, G.R., 1984). Diana Baumrind in the 1960’s, through her study of more than 100 preschool age children, and in using naturalistic observation, parental interviews and other research methods identified four important dimensions of parenting
Authoritarian; Authoritative; Permissive and Uninvolved Parenting styles). From a review of each parenting style, it is clear that authoritative parenting provides advantages over the other styles for example, if children perceive their parents’ request as being fair and reasonable, they are more likely to comply with the requests. Secondly, the children are more likely to internalise (or accept as their own) the reasons for behaving in a certain way and therefore achieve great self-control. Authoritative parenting also proves to produce happy, confident and capable children, necessary to their sense of self and a good stepping stone to establishing their identity.

1.8 Working Mothers Self-Perception and Role Conflict

Identity formation is a ‘developmental consequence of multiple life experiences’. Becoming a mother is one such life experience, resulting in further identity formation. The exploration of motherhood is proposed as an ‘essential condition to a healthy identity formation’ (Adams., G., & Jones, R.M. 1983). Several studies of women during pregnancy suggest that a ‘sense of self as a mother is established during pregnancy’ (Leifer, 1980). However, this type of visualisation is not always the case and this ‘self-definitional process during pregnancy may be an important influence on mother’s identity and experience of motherhood’. Consequently, it is common for women to feel anxiety, mood-swings, fatigue and even sadness. Anticipation of motherhood also raises questions of her capabilities, insecurities and purpose. These outcomes are even more compounded with the complexities of life, and are especially
prevalent in the expectation of work and family roles made upon her, all of which play out and spill over into all domains of her life, including love, family, relationships, work etc.

Erikson (1968) wrote ‘young women often ask whether they can “have an identity” before they know whom they will marry and for whom they will make a home’ (p. 283). According to Erikson, until a mother marries, her sense of identity is incomplete. In navigating this apparent incomplete identity therefore, are women suffering a type of diffusion? Are they in a state of crisis during motherhood? When faced with decision making as an adult, conforming to social expectations such as getting married and starting a family, which are very big events and in addition to contending to a career and other adult responsibilities, are women being ‘hemmed down’ by these constraints and limitations which present themselves during adult life and motherhood? In understanding the transition to motherhood and overwhelming responsibility of caring for and nurturing a baby, motherhood can compromise women’s other role positions which naturally lead to a reflection of life before motherhood.

In his theory of the psychosocial stages of development throughout the life span, Erik Erikson denoted that during the stage of adolescents, there is a quest for self-understanding. He proposed that identity is formed during adolescence and he referred to this stage of development as being ‘identity versus role confusion’. Adolescents experience rapid changes in body build, hormones, emotions and cognitive abilities and it is during this stage for the first time they contemplate their roles in society, including career, values, morals and gender roles. During adolescents there is the need to align emotions, thinking and behaviour and try out multiple
possible selves. For example, the adoption of a ‘false self’ - the intellectual, the class clown, the rebellion etc. It is also during this stage of development that adolescents reassess the goals and values set by parents and even their culture. They may reject some and accept some. However, it is agreed that in establishing identity, adolescents must have sense of continuity with past experience and future aspirations. According to Erikson, it is important to ultimately come to a resolution so that the path chosen by an adolescent for adulthood is one that they have consciously chosen. He referred to this as identity achievement. If however an adolescent does not come to these crucial life decisions and arrive at a firm identity, “identity diffusion” will occur and will have detrimental effects during adult life.

1.9 The Importance of an Achieved Identity

A strong identity emerges not only from cognisant consideration of life’s purposes, but also from resolution of the development challenges that characterise childhood years. Having a strong identity in adolescents is dictated by ‘having a strong sense of trust in infancy, autonomy in toddlerhood, ability to play as a pre-schooler and solid work ethic in school years’ (Whitbourne, 2012). If this is not achievable, the issues of childhood re-emerge later in adult life and presents itself as an identity crisis.

1.10 When Identity is not Achieved
Marcia (1966) identified other aspects of identity to include foreclosure, the idea that adolescents adopt their parents or society’s roles without exploring others; identity diffusion, whereby the adolescent is apathetic about taking on a role, there are few commitments or goals; and identity moratorium, where adolescents experiment with many possible selves, this state is temporary, until identity is finally achieved after revaluation of many aspects of their lives are made personal choices. Marcia described these are ‘identity statuses’ and are built around high and low positions of commitment and exploration.

1.11 Emerging Adulthood

Jeffrey Jenson Arnett (2000) theory of emerging adulthood between the periods of 18-25 years is a distinct period of development and he bases evidence for this on demographic; subjectivity and identity exploration. He also bases this idea on Erikson’s prolonged adolescence typical in ‘industrialised societies and on the psychosocial moratorium granted to young people in societies where the ‘young adult, through free role experimentation may find a niche in some section of his society’ (Arnett, 2006). Arnett concurred with Daniel Levinson (1978), who when describing the accounts of the early years of men at midlife, developed a theory of the Novice Phase (17-33 years) and argued that the overriding task of this phase is to move into the adult world and build a stable life structure, contrary to the young person’s experience which included an amount of change, instability, while sorting through various possibilities in love and work in the course of establishing a life structure (Arnett, 2006)
1.12 Are Working Mothers Emerging Adults

Moratorium has altered the nature of development so that marriages and childbirths have been delayed until late twenties/thirties for most people. In the US (1970s) – the median age of marriage was 21 for women and 23 for men. By 1996, it had risen to 25 for women and 27 for men (US Census 1997). There is similar pattern in Europe and postponing these life events until later in life has made the period of emerging adults for exploring various possible life directions in love, work and worldviews. These explorations are part of obtaining broad range of life experiences before taking on enduring and limited adult roles, which are characterised by accepting responsibility for oneself; making independent decisions and becoming financially independent.

Identity theory seeks to understand role related behaviours of individuals in which identity is seen as a ‘dynamic, multifaceted construct of one’s self that helps to mediate the relationship between one’s individual behaviour and one’s social structure’ (McCall & Simmons, 1978). When faced with making adult decisions and responsibilities which reflect our identity achievement or not, it is at this point in our lives, the concept of adult decision making challenges who we really are or not. Role identity is defined in part by the ‘social structure and in part by the individual and collectively, they are said to represent the person’ (Turner, 1978). But who are we, when life becomes all consuming, when roles impact on every aspect of our being that our commitment to ourselves is lost and our identity is undergoing a crisis. Additionally what is mother’s self-perception of herself, has she transitioned as an individual to adulthood or is it just that work and role conflicts make her question her competency as person across the life domains.
1.13 Are Working Mothers Coping

The demands of life require that we adjust. When we perceive challenges to our ‘physical or emotional wellbeing, that exceed our coping resources and abilities, the psychological condition that results is referred to as stress’ (Butcher, J. et al, 2007). Frone, (2003) recognised that the multiple roles workers and parents perform can “leave individuals experiencing stress to a level that detracts from their quality of life”. The psychological stress suffered by individuals can hinder marriages and cause tension between parents. Bedeian & Burke, (1988) suggest that conflict between work and family roles impairs marriages resulting in “poor marital adjustment, inadequate role performance, and decreased verbal communication”. Working mothers face a unique pattern of demands to which she must adjust. Her efforts to deal with stress are called coping mechanisms, however, some individuals can develop long term problems under stress, which may in part be linked to coping skills. Research examining coping skills has drawn on a correlation of alcohol abuse, as a way of coping. Kuntshe, S., Knibbe, R.A., et al, (2011) in their research of “Housewife or working mum” an association between social roles and alcohol use among mothers in 16 industrialised countries, found that in countries which facilitate working mothers, daily alcohol use decreases as female social roles increase. In contrast in countries where there are fewer incentives for mothers to remain in work, the protective effect of being a working mother on alcohol use is weaker. In addition, motherhood, in some societies can be devalued. Working mothers feel the stress of not fulfilling the traditional role of full time mother and this can impact on how women see themselves. This perception to fulfil childrearing role and need for income arising from paid work (while maintaining work status and career development possibilities”) (Redshaw and Martin, 2011)
feelings of inadequacy, low self-esteem and also what others expect from her can spill over into all areas of her life often resulting in this role confusion and even drop out from work to fulfil the fulltime role. Sandberg (2011) tackles the “mommy track” mentality, which, she argues, has caused the current generation of female college graduates to ‘lean out, ramping down their ambition in the expectation that a demanding job is too hard to balance with motherhood’. In a 2007 study of professional women who left the workforce, Sandberg writes that 60% cited their ‘husbands as a critical factor in their decisions’. These women specifically listed their husbands’ ‘lack of participation in child care and other domestic tasks and the expectation that wives should be the ones to cut back on employment as reasons for quitting’. At a conference in advancing women’s leadership, Rosabeth Moss Kanter answered in relation to how men could help more is “the laundry”.

### 1.14 Hypotheses

Based on current research put forward:

1. It is hypothesised that work-family self-efficacy will influence women’s self-perception within the arena of work and family role demands.

2. It is hypothesised that there will be a correlation between full and part employment of working mothers, which will influence her self-efficacy in work, family domains and self-perception across life domains.
(3) It is hypothesised that there will be a relationship between working mothers’ self-perception, age and level of education achieved, which will influence her identity.

(4) It is hypothesised that there will be a correlation between working mother’ self-perception, satisfaction with life, general health and happiness.

(5) It is hypothesised that there will be a correlation between working mother’ coping mechanism, satisfaction with life, general health and happiness.
2. METHODOLOGY

Before undertaking this study, a Research Proposal and Ethics Form was submitted to The Department of Psychology and the Department of Psychology Ethics Committee, Dublin Business School for ethical approval. The Proposal and Ethics Form are central in attaining ethical approval and to move forward with this chosen research study. The hypotheses, predictor and criterion variables including method of analysis and reasoning for this study were accepted.

2.1 Participants

The total sample population for this study was 106 females (N=106). This sample was by of convenience sampling (subjects from social networking site). Female participants were recruited using the social networking site, Facebook and Social Community Forums, EU Mom and Rollarcoaster. A combination of online surveys were compiled using Survey Monkey. The surveys were distributed via a link from Survey Monkey to Facebook. Both EU Mom and Rollarcoaster permitted the surveys to be included in the appropriate discussion boards also via a link from Survey Monkey. 66 responses were received from Facebook and a total of 40 responses were received from EU Mom and Rollarcoaster. Ages of participants range from 25 years to 64 years (mean age range 35-44 years [2.96]).
Participation was voluntary and without incentive or reward. The convenience sampling consisted of female working women, with at least one child from all demographic areas or society. An analysis of the responses are represented in the Demographic Table (Table 1).

Table 1

Descriptive Statistical Results of Reponses received from the Demographic Questions, highlighting women’s age, education, employment and job role.

<table>
<thead>
<tr>
<th>Descriptive Statistic</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-34</td>
<td>24</td>
<td>23</td>
</tr>
<tr>
<td>35-44</td>
<td>64</td>
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<td>45-54</td>
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<tr>
<td>55-64</td>
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<td>2</td>
</tr>
<tr>
<td><strong>Education:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junior Certificate</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Leaving Certificate</td>
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<td>18</td>
</tr>
<tr>
<td>College Degree, BA</td>
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<td>41</td>
</tr>
<tr>
<td>Masters Degree</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>PhD</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>20</td>
<td>19</td>
</tr>
</tbody>
</table>
**Employment**

<table>
<thead>
<tr>
<th>Type</th>
<th>Part-time</th>
<th>Full-time</th>
<th>Unemployed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>36</td>
<td>68</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>34</td>
<td>64</td>
<td>2</td>
</tr>
</tbody>
</table>

**Job Role**

<table>
<thead>
<tr>
<th>Role</th>
<th>Part-time</th>
<th>Full-time</th>
<th>Unemployed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Leader</td>
<td>8</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Manager</td>
<td>7</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Senior Manager</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Management</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Owner</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td>18</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>IT</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>12</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Civil Servant</td>
<td>22</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td>17</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

2.2 **Design**

This research is a quantitative cross sectional design. It is a Correlational descriptive non experimental in nature. No treatment interventions were conducted during the course of this study. Variables in this Correlational research included demographic variables such as age, education, employment, job role. The predictor variables (PV) were working mothers, age, education, full/part time employment and job role. The criterion variables (CV) were work and family Conflict, identity, coping, general health, happiness and satisfaction with life.
2.3 Materials

This study relied on participants completing surveys, which were accessed anonymously through Survey Monkey links via Facebook, EU Mom and Rollarcoaster. An explanatory cover letter explaining the study was also attached to the surveys, which comprised of (1) Demographic overview of participants; (2) Work-Family Self Efficacy Inventory and Work-Family Support Inventory (Cinnamon, 2003); (3) Self Perception Profile for Adults (Messer & Harte, 2012); (4) Brief Cope Inventory (Carver, 1997); (5) General Health Questionnaire (Goldberg, 1978, 1997); (6) Satisfaction with Life (Diener et al, 1985)

2.3.1 Work-Family Self efficacy Inventory & Work Family Support Inventory

The Work-Family Conflict Self-Efficacy Scale (WFC-SES) (Cinnamon, 2003) was designed to measure an individual’s beliefs in their ability to manage work-family and family-work conflict (Hennessy 2005). This questionnaire was adapted for this study and is looks at the balancing roles experienced by women (and men) who maintain professional and personal responsibilities to both work and family life. Participants were asked to rate their confidence (0 complete lack of confidence - 9 complete confidence) in their ability to perform behaviors successfully by circling the appropriate number. This scale measures the perceptions of self-efficacy to manage work-family conflict and family-work conflict.
The words "work" and "job" refer to all work-related activities that you do as part of your paid employment. The word "family" refers to domains of family life including being a parent, being a spouse/partner, and overall home life. The 10-item scale consists of two subscales, work-family conflict self-efficacy and family-work conflict self-efficacy, each of which is measured with five items, for example, items 1, 3, 6, 9, and 10 assess work-family conflict self-efficacy (WFC-SE), and items 2, 4, 5, 7, and 8 assess family-work conflict self-efficacy (FWC-SE). Cronbach’s Alpha measured .948 which indicates good consistency and reliability.

2.3.2 **Self Perception Profile for Adults “Who Am I” Inventory**

The Self-Perception Profile for Adults, Messer. B., & Harter. S. 2012 Revision of 1986 Manual, Department of Psychology, University of Denver, was adapted to measure an individual’s profile of perceived competencies across different domains. While other measures have identified specific domains, Harter’s inventory measures other salient dimension such as intellectual or occupational performance and in particular for this study, women’s self-perception on nurturance, intimate relationships household management. Harter identified 12 domains in total which also included, sociability; job competence; athletic competency, physical appearance; adequate provider; morality; sense of humour; global self-worth. Harter’s approach in developing this new scale was to adopt a differentiated approach to the components of an adult’s perceived sense of competency. The new approach reflects the belief that a person typically does not view themselves as equally competent in all domains. The questionnaire consists of 50 questions in total, with four subscales pertaining to each domain (except for global self-worth, which includes 6 subscales). Within each
subscale, half of the items are worded such that the first part of the statement reflects high competency and the other half of the statement reflects low competency. For this study however 26 questions were administered. Specific subscales can be lifted from the instrument, provided that all items on a given subscale are administered. For example, in each subscale, there were four items referring to the position of the individuals form. In each subscale, items keyed positively (+) present the more competent or adequate self-description in the first part of the statement, and items keyed negatively (-) present the less competent or adequate self-description first. Items are scored 4, 3, 2, 1, where 4 represents the most competent or adequate self-judgment and 1 represents the least competent or adequate self-judgment. The item scores for those with the most adequate description on the left are scored 4, 3, 2, 1 (from left to right); whereas the item scores for those with the most adequate description on the right are scored 1, 2, 3, 4 (from left to right). Cronbach’s Alpha measured .798 which indicates good consistency and reliability.

2.3.3 Brief Cope Inventory

The 28 item Brief Cope (Carver, 1997) [Abbreviated of COPE Inventory, Department of Psychology of the University of Miami, Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989)] is a measurement of the different ways an individual deals with problems and how they have been coping with the stress in their life. Each item says something about a particular way of coping. The items ask what an individual has been doing to cope with present stresses. Each item says something about a particular way of coping and participants are asked to value each item between 1-4 as follows: 1= I haven’t been doing this at all, 2 = I’ve been doing this a little
bit, $3 = I've$ been doing this a medium amount, $4 = I've$ been doing this a lot. The higher the scores indicate a greater use of these coping strategies. These 28 items where then factored to decide the best group of four types of coping which were Approach Coping (1, 2, 7, 12, 14, 17, 20, 24, 25), Avoidance Coping (3, 6, 8, 13, 16, 18, 19, 26, 28), Altering Consciousness (4, 11, 22, 27) and Seeking Support (5, 10, 15, 21, 23). Item 9 did not load on to any of the four types of coping and so was excluded. Items were computed with no reversal of coding required. The Brief Cope Inventory has proven to be useful in health related research, and in particular, Carver has used this inventory to measure the coping strategies of breast cancer suffers (Carver, 1997). Cronbach’s Alpha measured .775 which indicates good consistency and reliability.

2.3.4 General Health Inventory

Goldberg’s (1978) General Health Questionnaire was established to measure transitory distress. For this study, GHQ-12, (Goldberg, 1992) was used. GHQ-12 is the most extensively used screening instrument for common mental disorders (Lopez & Dresch, 2008). Each item of the GHQ assess the severity of a problem using a four point scale, for example “less than usual” to “much more than usual”. A scoring scale of 0, 0,1,1 is used with some items reversed scored (2,5,6,9,10,11). Questions range from 1 to 12 with a mean score of 3 or higher indicating caseness or significant distress and a risk of developing a transitory stress-related illness. The GHQ is considered a satisfactory instrument for the initial evaluation of distress symptoms. Cronbach’s Alpha measured .521.
2.3.5 Satisfaction with Life Inventory

The Satisfaction with Life Scale (SWLS) was developed by Diener et al. (1985). This scale is designed to assess the participant’s perception of how their satisfaction with their life. The original Satisfaction with Life Scale consisted for 48 questions, but was reduced over time to eliminate redundancies of wording and with minimum costs in terms of alpha reliability (Diener & Pavot, 1993). The SWLS used in this study consists of five questions. Using the scale of between 1 “strongly disagree” and 7 “strongly agree”, participants indicated their agreement to a statement. Scores are added together to give an overall total. Higher scores indicate greater degree of satisfaction with life. For example, scores between 31-35 indicates “extremely satisfied” or scores of 5-9 indicates “extremely dissatisfied”.

Cronbach’s Alpha measured .905 which indicates good consistency and reliability.

2.3.6 Happiness Questionnaire

Subjective happiness is a key determinant and measurement of wellbeing within individuals. For this study, a Happiness Questionnaire such as Lyumbomirksy & Lepper (1997), was not given to participants, but instead, participants were only asked to rate their level of overall happiness with life on a scale of 1 to 10, with 1 meaning “not at all happy” and 10 “thoroughly happy”.
2.4 Procedure

Participation in this study was voluntary and participants were reminded in the cover letter that they had the choice to withdraw from the study at any time. Participants were assured that strict guidelines of confidentiality and anonymity would be followed at all times and that there would be no identification of willing participants in this study. Initial collection of surveys from Survey Monkey indicated that there was originally 187 participants who accessed the surveys, but 81 participants withdrew from the study, leaving 106 participants who completed the surveys.
3  RESULTS

Data Analysis used to carry out the results of surveys undertaken where descriptive statistics and inferential statistics. Information was input onto the IBM SPSS 20 statistical analysis database and computed as follows:

3.1  Descriptive Statistics

Work-Family Self Efficacy & Family-Work Self Efficacy & Support

Descriptive Statistics showed that for Work family Self-Efficacy (N =103), Family-Work Self Efficacy showed (N = 103) and Work-Family Support (N= 100). Figure 1 below demonstrates the means and standard deviations of each.

<table>
<thead>
<tr>
<th></th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>St. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Family Self Efficacy</td>
<td>2</td>
<td>9</td>
<td>5.73</td>
<td>1.56</td>
</tr>
<tr>
<td>Family Work Self Efficacy</td>
<td>2</td>
<td>9</td>
<td>5.52</td>
<td>1.59</td>
</tr>
<tr>
<td>Work-Family Support</td>
<td>11</td>
<td>56</td>
<td>35.70</td>
<td>10.35</td>
</tr>
</tbody>
</table>

Work-Family and Family-Work Self Efficacy assessed situations where women are conflicted by working roles and family roles. Women rated their confidence levels on the basis of how they perceive they deal with conflict that may arise in work and family life (0 meaning “no confidence” to 9 meaning “complete confidence”). 2 was the lowest rated score and 9 was the highest rated 9 (see Figure 1 above). Where work interferes with family life showed a mean of 5.73 and where family interferes with work showed a
mean of 5.52. Women’s self-efficacy is her belief and ability to deal with conflict that may arise in both scenarios. Both means would reflect a “somewhat confidence” level in dealing with conflict in work and family life. The work-family support assessed how working mothers perceived support given by partners, friends, family and employers. The higher the score, the more support a participant feels. In this case, results showed a mean score of 35.70 out of 56, showing that women feel there is high support.

**Self-Perception Profile for Adults**

The self-perception profile for adults assess adults competency across 12 life domains. Working mothers rated themselves between 1 and 4 on how they perceive themselves to be across all life domains. In analysing identity as part of this study, age, level of education, employment and job role were predictors in understanding adults’ self-perception.

**Self-Perception Profile: Age**

Descriptive statistics carried out showed the following age groups: 25-34 years (N=24), 35-44 years (N = 64), 45-54 years (N-16) 55-64 years (N=2). Figure 2 below shows the mean and standard deviation of each age group with the self-perception profile,

**Figure 2**

<table>
<thead>
<tr>
<th>Domain</th>
<th>25-34 Years</th>
<th>35-44 Years</th>
<th>45-54 Years</th>
<th>55-64 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Sociability</td>
<td>2.30 .635</td>
<td>2.59 .835</td>
<td>2.66 .651</td>
<td>2.50 .707</td>
</tr>
<tr>
<td>Job Competence</td>
<td>2.80 .868</td>
<td>3.05 .800</td>
<td>3.00 .966</td>
<td>3.50 .707</td>
</tr>
</tbody>
</table>
In analysing the data in Figure 2, women in the age group of 55-64 years are considered to be more competent in domains of: job competence (mean = 3.50), nurturance (mean = 4.00), athletic abilities, (mean = 2.50), physical appearance (mean = 2.50), morality (mean = 3.75), household management (mean = 4.00), intimate relationships (mean = 3.00), sense of humour (mean = 3.50) and global self-worth (mean = 3.38). Women in the age group of 45-54 years perceive themselves to be more competent in the areas of sociability (mean = 2.66) and intelligence (mean = 3.00) and women in the age group of 35-44 years perceive themselves to be an adequate provider (mean = 2.81).

### Self-Perception Profile: Education

Descriptive Statistics were carried out to examine women’s highest level of education. For the self-perception profile of adults the following data was produced: Junior Certificate (N=2), Leaving Certificate (N=19), College Degree, BA (N=43), Masters Degree (N=18), PhD (N=3) and Other (N=30). In understanding further, level of education, statistics were carried out to assess job competency, adequate provider and intelligence (see Figure 3).
Figure 3

<table>
<thead>
<tr>
<th>Education</th>
<th>Job Competence</th>
<th>Adequate Provider</th>
<th>Intelligence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Junior Certificate</td>
<td>M = 4.00</td>
<td>M = 4.00</td>
<td>M = 3.25</td>
</tr>
<tr>
<td></td>
<td>St.D = .000</td>
<td>St.D = .000</td>
<td>St.D = .354</td>
</tr>
<tr>
<td>Leaving Certificate</td>
<td>M = 2.94</td>
<td>M = 2.78</td>
<td>M = 2.44</td>
</tr>
<tr>
<td></td>
<td>St.D = .889</td>
<td>St.D = 1.018</td>
<td>St.D = .922</td>
</tr>
<tr>
<td>College Degree, BA</td>
<td>M = 2.94</td>
<td>M = 2.84</td>
<td>M = 2.87</td>
</tr>
<tr>
<td></td>
<td>St.D = .881</td>
<td>St.D = .825</td>
<td>St.D = .844</td>
</tr>
<tr>
<td>Masters Degree</td>
<td>M = 2.94</td>
<td>M = 2.53</td>
<td>M = 3.36</td>
</tr>
<tr>
<td></td>
<td>St.D = .838</td>
<td>St.D = .962</td>
<td>St.D = .763</td>
</tr>
<tr>
<td>PhD</td>
<td>M = 2.67</td>
<td>M = 2.17</td>
<td>M = 3.17</td>
</tr>
<tr>
<td></td>
<td>St.D = 1.258</td>
<td>St.D = .764</td>
<td>St.D = .577</td>
</tr>
<tr>
<td>Other</td>
<td>M = 3.15</td>
<td>M = 2.88</td>
<td>M = 3.10</td>
</tr>
<tr>
<td></td>
<td>St.D = .651</td>
<td>St.D = .626</td>
<td>St.D = .576</td>
</tr>
</tbody>
</table>

From data produced in Figure 3, those women who achieved junior certificate as their highest level of education, perceive themselves to be competent in the areas of job competency (mean = 4.00), adequate provider (mean = 4.00). Women who achieved a Masters Degree perceive themselves to be more competent in the area of intelligence (mean = 3.36) and women, with PhD level of education, perceive themselves to be inadequate in the areas of job competence (mean = 2.67) and adequate provider (mean = 2.17).

Self-Perception Profile: Full & Part Time Working Mothers

Descriptive Statistics show that 36 women are engaged in part time employment and 68 women are engaged in full time employment. Pie Chart 1 shows that 63% of women who cut working hours subsequent to having children. Bar chart 1 below
demonstrates the reasons as to why mothers cut working hours subsequent to having children (i.e. expensive crèche fees, no family support etc). To further understand full and part time working mothers adequacy the domains of job competency, nurturance, adequate provider, household management and global self-worth were analysed (see Figure 4).

**Figure 4**

<table>
<thead>
<tr>
<th>Employment</th>
<th>Job Comp</th>
<th>Nurturance</th>
<th>Adequate Provider</th>
<th>Household Management</th>
<th>Global Self Worth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>2.98</td>
<td>3.16</td>
<td>2.70</td>
<td>2.69</td>
<td>2.66</td>
</tr>
<tr>
<td>St. Deviation</td>
<td>.804</td>
<td>.760</td>
<td>.814</td>
<td>.891</td>
<td>.713</td>
</tr>
<tr>
<td>Part Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>2.99</td>
<td>3.53</td>
<td>2.94</td>
<td>2.89</td>
<td>2.83</td>
</tr>
<tr>
<td>St. Deviation</td>
<td>.914</td>
<td>.520</td>
<td>.938</td>
<td>1.015</td>
<td>.786</td>
</tr>
</tbody>
</table>

Results in Figure 4 show that women engaged in part-time employment (mean = 2.99), and full-time employment (mean = 2.98) perceive themselves to be adequate in the area of job competence. Women engaged in part time employment are more competent in areas of nurturance (mean = 3.53), adequate provider (mean = 2.94), household management (mean = 2.89) and global self-worth (mean = 2.83).
I CHOSE TO BE AT HOME MORE WITH MY CHILDREN
CRECHE FEES WERE TOO EXPENSIVE
NO WORK SUPPORT

34
16
3.5

Part-time working mothers & reason for cutting hours

Mothers who cut working hours subsequent to having children

Pie Chart 1

Bar Chart 1
Self-Perception Profile: Job Role

Descriptive statistics showed that there were diverse areas of employment in which women were engaged: Team Leader (N=8), Manger (N=7), Senior Manager (N=4), Management (N=6), Owner (N=2), Professional (N=18), IT (N=3), Education (N=12), Civil Servant (N=22), Administration (N=17) and other (N=6). Figure 5 below shows the descriptive statistics of job role within the self-perception profile of adults, to include the domains of sociability, physical appearance, morality, intimate relationships and humour are interpreted. In analysing sociability, those women employed in management perceived themselves as competent in the area of sociability (mean = 2.92). In contrast, senior managers had less competence in sociability (mean = 2.13). Competency in physical appearance showed that managers perceive themselves to be satisfied with how they look (mean = 3.07) with those women in administration having the lowest competency in their physical appearance (mean = 1.75). The domain of morality saw that those women in management perceived themselves to have high morals (mean = 3.60) and women who are owners, scoring lower (mean = 2.75). Owners and IT personnel perceive themselves to be competent in the area of intimate relationships (mean = 4.00). In contrast women in administration scored lower at (mean = 2.53). Women in IT can laugh at themselves, while perceiving themselves high in humour (mean = 3.67) with owners lower at (mean = 2.50).
Figure 5

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Sociability</th>
<th>Physical Appearance</th>
<th>Morality</th>
<th>Relationships</th>
<th>Humour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Leader</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>2.69</td>
<td>2.44</td>
<td>3.50</td>
<td>3.38</td>
<td>3.19</td>
</tr>
<tr>
<td>St. Deviation</td>
<td>.594</td>
<td>.678</td>
<td>.598</td>
<td>.694</td>
<td>.594</td>
</tr>
<tr>
<td>Manager</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>2.50</td>
<td>3.07</td>
<td>3.50</td>
<td>3.43</td>
<td>3.14</td>
</tr>
<tr>
<td>St. Deviation</td>
<td>1.041</td>
<td>.886</td>
<td>.577</td>
<td>.838</td>
<td>1.180</td>
</tr>
<tr>
<td>Senior Manager</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>2.13</td>
<td>2.63</td>
<td>3.50</td>
<td>2.88</td>
<td>2.88</td>
</tr>
<tr>
<td>St. Deviation</td>
<td>.250</td>
<td>.479</td>
<td>.408</td>
<td>.854</td>
<td>.854</td>
</tr>
<tr>
<td>Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>2.92</td>
<td>2.58</td>
<td>3.60</td>
<td>3.40</td>
<td>3.40</td>
</tr>
<tr>
<td>St. Deviation</td>
<td>.376</td>
<td>.492</td>
<td>.652</td>
<td>.548</td>
<td>.418</td>
</tr>
<tr>
<td>Owner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>2.25</td>
<td>2.25</td>
<td>2.75</td>
<td>4.00</td>
<td>2.50</td>
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Education
Coping

In this study, coping was divided into four subscales: avoidance coping, approach coping, altering consciousness and seeking support. Under each subscale, descriptive statistics examined age, full and part time employment, work-family/family-work self-efficacy and support.

Coping: Age Groups

Figure 6 below demonstrates the type of coping mechanisms of all age groups. From reviewing this table, it would appear that all age groups rated themselves low on altering consciousness as a way of coping. The age groups of 25-34 and 35-44 years require more support from others. The age group of 25-34 and 34-45 years would also appear to engage in avoidance and approach as a way of coping in situations.

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Administration

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### Figure 6

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<th>Altering Consciousness M = 2.35 SD = .721</th>
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**Coping: Full & Part Time Employment**

Descriptive Statistics (Figure 7) shows that there were no real difference in coping mechanisms of women who engaged in full time employment and women who engaged in part time employment.
<table>
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<td>Approach Cope</td>
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**Outcome Variables of Satisfaction with Life, General Health and Happiness**

Descriptive statistics showed the following: Satisfaction with Life (N=99), General Health (N=104) and Happiness (N=99). These outcome variables were analysed against age, full and part time employment and highest level of education to understanding which group presented more satisfaction with life, general health and happiness.

**Satisfaction with Life: Age Groups**

Where a score of between 5-9 is considered “extremely dissatisfied” with life and a score of between 31-35 is considered “extremely satisfied” with life, working mothers in the age group of 25-34 years showed a mean = 22.41 (SD = 8.06); 35-44 years showed a mean = 23.95 (SD = 6.50); 45-54 years showed a mean = 22.25 (SD = 6.03) and working mothers aged 55-64 years showed a mean = 22.00 (SD = 6.03). The satisfaction with life inventory demonstrated that there was no real difference in mean in each age group and that working mothers are “slightly satisfied” with life.
Satisfaction with Life: Employment

Descriptive statistics showed that working mothers in part time employer are more satisfied with life with a mean score of 25.32 (SD = 6.60), whereas working mothers in full time employment had a lower mean score of 21.89 (SD = 6.59).

Satisfaction with Life: Education

Descriptive statistics showed that working mothers who achieved junior certificate as highest level of education are more satisfied with life, with a mean score of 26.00 (SD = 4.24). Working mothers with a master degree showed a lower satisfaction with life, with a mean of 20.59 (SD = 8.87).

General Health: Age Groups

The general health of participants showed that those aged 25-35 years had a mean score of 3.26 (SD =1.91), working mothers aged 35-44 years had a mean score of 2.59 (SD = 2.107), working mothers aged 45-54 years had a mean score of 1.63 (SD = 2.06) and participants aged 55-64 had a mean score of 1.50 (SD = 2.12). A mean score of 3 or higher indicates caseness or significant distress. In all age groups, the mean score falls just below the mean of 3.
General Health: Employment

The general health of participants engaged in full and part time employment showed that those women in full time employment had a higher mean score of 3.03 (SD = 2.11) compared to those women in part time employment who had a lower mean score of 1.75 (SD = 1.85). Working mothers therefore in fulltime employment would indicate caseness or distress (with a mean of 3).

General Health: Education

The general health of women who achieved Masters Degree and PhD levels of education showed that they are at greater risk of caseness or distress with a mean score or higher, working mothers who achieved Masters degree had a mean score of 3.50 (SD = 1.82) and working mothers who achieved a PhD had a mean score of 4.67 (SD = 4.16).

Happiness: Age Groups

Happiness was rated on a scale of 1-10, 1 meaning “not at all happy” and 10 meaning “thoroughly happy”. Results showed that working mothers aged 25-34 years had a mean 6.45 (SD = 1.94), working mothers aged 35-44 years had a mean score of 7.12 (SD = 1.65), working mothers aged 45-54 years had a mean score of 6.75 (SD = 1.98) and working mothers aged 55-64 years had a mean score of 8.00 (SD = 1.41). Statistics show that women in the age bracket of 55-64 years would appear to be happier.
Happiness: Employment

For working mothers engaged in part time employment descriptive show that they have a mean of 7.26 (SD = 1.65) on the level of happiness, showing that they are happier than full time working mothers, who have a mean of 6.68 (SD = 1.79).

Happiness: Education

Descriptive statistics show that working mothers who achieved junior certificate level or education are “very happy”, with a mean of 8.00 (SD = .000) whereas women who achieved PhD level of education are “mildly happy” with a mean score of 4.00 (SD = 2.64).
3.2 Inferential Statistics

The objective of this study is to investigate the strength of the relationship that work-family roles have on women, their impact on coping mechanisms, satisfaction with life, general health, happiness and in addition working mothers’ identity.

Work- Family Self Efficacy & Family- Work Self Efficacy

Work-Family/Family Work Self Efficacy: Age

Using Spearman Rho, correlations were carried out to examine if there was relationship between age and work-family self-efficacy and family-work self-efficacy. Results found there was a strong relationship between family-work self-efficacy (rs (24) = .710, p = .000). Within the group of working mothers aged 25-34 years. Working mothers aged 35-44 years had a strong relationship with family-work self-efficacy (rs(62) = .942, p=.000) and a strong relationship with work-family support (rs(60) =.358, p = .006). Working mothers aged 45-54 years had a strong relationship with family-work self-efficacy (rs (14) = .930, p=.000) and a strong relationship with work-family support (rs (15) = .677, p=.008). These results would indicate that neither age group felt that they had confidence in situations where work interfered with family (i.e. work-family self-efficacy). However, with support from a partner, family, friends etc, results show that in particular working mothers of 35-44 and 45-54 year age groups have control over situations
where family interferes with work. Therefore, Spearman’s Rho correlation would indicate that based on results, there is a significant relationship between age and family-work self-efficacy and a strong relationship between age and work-family support.

**Work-Family/Family-Work Self Efficacy: Self Perception Profile**

To determine working mothers’ work-family self-efficacy and family-work self-efficacy within the 12 domains of self-perception profile for adults, a Pearson’s Correlation was carried out to predict a positive relationship between the self-perception of working mothers and their level of self-efficacy within the work-family domains. Results found that the mean score for work-family self-efficacy was 5.73 (SD = 1.56) and for family-work self-efficacy the mean score was 5.52 (SD = 1.59). A Pearson co-efficient found that working mothers work-family self-efficacy had a strong significant positive relationship with sociability (r (102) = .261, p = .008), job competency (r (101) = .495, p = .000), adequate provider (r (100) = .500, p = .000), household management (r (99) = .368, p = .000), intelligence (r (100) = .207, p = .007), humour (r (100) = .208, p = .038) and global self-worth (r (101) = .393, p = .000). Results for family-work self-efficacy found a strong positive significant relationship with sociability (r (102) = .294, p = .003), job competency (r (101) = .513, p = .000), physical appearance (r (101) = .203, p = .042), adequate provider (r (100) = .432, p = .000), household management (r (99) = .341, p = .001), intelligence (r (100) = .318, p = .001) humour (r (100) = .225, p = .25) and global self-worth (r (101) = .352, p = .000)
Work-Family/Family-Work Self Efficacy: Employment

Statistics also carried out on full time and part time employment to examine the variances of the two groups showed that part time employees have more self-efficacy than full time employees. An independent t-test found that within the work-family self-efficacy, part time employees (mean = 6.10, SD=1.46) have higher self-efficacy than full time employees (mean = 5.55, SD=1.60). The 95% confidence limit demonstrated that the population mean difference of the variables lies somewhere between -.089 and 1.20. An independent sample t-test found that there was a statistically significant difference between work-family self-efficacy of part time and full time employees (t (99) = 1.71, p = .090). An independent t-test also found part time employees (mean = 5.95, SD =1.49) had a higher self-efficacy within the family-work self-efficacy than full time employees (mean = 5.31, SD = 1.62). The 95% confidence limit shows that the population mean difference of the variables lies somewhere between -.025 and 1.31. An independent sample t-test found that there was a statistically significant difference between the family-work self-efficacy of part time and full time employees (t (99) = 1.90, p = .059).

Self-Perception Profile of Working Mothers

Self-Perception profile: Age
Spearman’s Rho correlation was carried out, to consider identity competency in all age groups of working mothers and their level self-perception. Results analysed found that working mothers aged 25-34 years had a significant association with physical appearance (rs (22) = .452, p = .035), adequate provider (rs (21) = .585, p = .005), intelligence (rs (21) = .456, p = .038) and global self-worth (rs (22) = .458, p = .032). The age group of 35-44 years was found to have significant association with nurturance (rs (64) = .356, p = .004), athletic ability (rs (64) = .350, p = .005), physical appearance (rs (64) = .340, p = .006), intimate relationships (rs (64) = .274, p = .028), intelligence (rs (64) = .339, p = .006) and global self-worth (rs (64) = .386, p = .002). The age group of 45-54 years was found to have a significant association with household management (rs (16) = .547, p = .035).

Self-Perception Profile: Education

In examining if there was a relationship between the level of education achieved self-perception profile of working mothers, a Spearman’s Rho correlation found that working mothers who achieved leaving certificate as their highest level of education, have a significant association with nurturance (rs (18) = .730, p = .001), physical appearance (rs (18) = .596, p = .009) and global self-worth (rs (18) = .545, p = .019). Working mothers who achieved a degree/BA have a significant association with job competence (rs (43) = .356, p = .019), physical appearance (rs (43) = .316, p = .039), intimate relationships (rs (42) = .399, p = .009) and intelligence (rs (41) = .479, p = .002). Working mothers who achieved a master degree have a significant association with job competency (rs (18)
and humour (rs (18) = .656, p = .003). No significant association was found with those that achieved PhD level of education.

**Self-Perception Profile: Employment**

In examining if there was a relationship between fulltime and part time employment self-perception of working mothers, a Spearman’s Rho correlation was carried out and found that working mothers engaged in full time employment have a significant association between job competence (rs (66) = .318, p = .009), nurturance (rs (66) = .286, p = .020), physical appearance (rs (66) = .507, p = .001), morality (rs (65) = .276, p = .026), household management (rs (65) = .281, p = .023), intimate relationships (rs (65) = .340, p = .006), intelligence (rs (65) = .412, p = .001) and global self-worth (rs (66) = .381, p = .002). Working mothers engaged in part time employment, Spearman’s Rho found that there was a significant association between nurturance (rs (36) = .332, p = .048), intelligence (rs (35) = .347, p = .041) and global self-worth (rs (36) = .395, p = .017)

**Self-Perception Profile: Job Role**

A Spearman’s Rho was also carried out to identify if there was a relationship between the job role of working mothers and their self-perception. For working professional mothers a significant association was found with nurturance (rs (18) = .486, p = .041), athletic
ability (rs (18) = .705, p = .001), physical appearance (rs (18) = .532, p = .023), morality (rs (18) = .578, p = .012), household management (rs (18) = .499, p = .035), intimate relationships (rs (18) = .589, p = .010) intelligence (rs (18) = .608, p = .007) and global self-worth (rs (18) = .601, p = .008). For working mothers, employed as civil servants, a significant association was with physical appearance (rs (21) = .681, p = .001), intelligence (rs (21) = .632, p = .002) and global self-worth (rs (21) = .602, p = .004). Mothers working in administration, a significant association with physical appearance (rs (16) = .562, p = .024), and also working mothers who categorised themselves as other employment, a significant association was with job competency (rs (6) = .820, p = .046), household management (rs (6) = .820, p = .046) and global self-worth (rs (6) = .861, p = .028).

Coping

Avoidance coping, approach coping, altering consciousness and seeking support are the four subscales used to examine if there is a relationship between age, full and part time employment and work-family and family-work self-efficacy.

Coping: Age

Spearman’s Rho was carried out to look at the association of age and coping. Working mothers aged 25-34 years, a significant association was found with approach cope (rs (22) = .625, p = .002) and seeking support (rs (22) = .518, p = .013). Working mothers
aged 35-44 years, a significant association was found with approach cope (rs (61) = 471, p = .000) and seeking support (rs (61) = .457, p = .001). Working mothers between the age group of 45-54 years, a significant association was found with approach cope (rs (16) = .867, p = .001) and seeking support (rs (16) = .855, p = .001).

**Coping: Employment**

With regard to approach cope, a significant association was found with full time working mothers (rs (64) = .527, p = .001) and part time working mothers (rs (35) = .619, p = .001). There was also a significant association with seeking support for full time working mothers (rs (64) = .540, p = .001) and part time working mothers (rs (35) = .610, p = .001)

**Coping: Work-Family/Family-Work Self-Efficacy**

Coping was also analysed under the work-family and family-work self-efficacy, to consider if there was a relationship with coping and working mothers level of self-efficacy. A Pearson’s correlation was carried out to predict the outcome that as work-family self-efficacy and family-work self-efficacy increased there would be a decrease in coping mechanisms. Results showed that work-family self-efficacy had a mean of 5.75 (SD = 1.56). A Pearson correlation co-efficient found that there was a strong negative relationship
between work-family self-efficacy with avoidance cope (r (99) = -.386, p = .000), approach cope (r (99) = -.245, p = .015), altering consciousness (r (99) = -.103, p = .312) and seeking support (r (99) = -.129, p = .129).

Results also showed that family-work self-efficacy had a mean 5.52 (SD 1.59). A Pearson correlation co-efficient found that there was a strong negative relationship with family-work self-efficacy against avoidance cope (r (98) = -.292, p = .003), approach cope (r (98) = -.156, p = .126) and seeking support (r (98) = -.095, p = .353). It is expected that if working mothers have self-efficacy in areas of work and family life, the need for coping mechanisms will decrease.

**Outcomes of Satisfaction with Life, General Health and Happiness**

A Pearson’s correlation co-efficient was carried out to determine the relationship of predictors of age, full and part time employment, job role, self-perception profile, work family life support, coping against outcome variables of satisfaction with life, general health and happiness. See Figure 8 for results.

**Figure 8**

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Job Role
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Approach Cope .279
Altering consciousness
Seeking Support .286
Sociability .266 -.251 .342
Job Competency .210 -.327 .287
Nurturance .232
Athletic Ability
Physical Appearance .435 -.246 .404
Adequate Provider .496 -.445 .593
Morality .282 -.205 .237
Household Management .202 -.201
Relationships .401
Intelligence
Humour -.323 .359
Global Self Worth .461 -.450 .531
WFC Support .445 -.323 .500

To show the cumulative effect of the set of predictor variables against the criterion variables, a multiple regression was performed to explain further their contribution to working mother’s satisfaction with life, general health and happiness.

**Satisfaction with Life**

A multiple regression was used to test whether sociability, job competence, physical appearance, adequate provider, morality, household management, intimate relationships, global self-worth and work family support were predictors of satisfaction with life. The results of the regression indicated that two predictors explained 36% of the variance ($R^2 = .36, f \ (9, \ 80) = 6.55, p<.001$). It was found that adequate provider predicted satisfaction with life ($\beta = .265, \ p = .024, \ 95\% \ CI \ .28 - 3.93$) as did work-family support
(β = .235, p < .022, 95% CI = .022 - .278). Dissatisfaction with life was affected by lower levels of household management (β = -.139, p = 1.40) and job competency (β = -.050, p = -.489).

**General Health**

A multiple regression was used to test whether age, employment, avoidance cope, approach cope, seeking support, sociability, job competency, physical appearance, adequate provider morality, household management, humour, global self-worth and work-family support were predictors of satisfaction with life. The results of the regression indicated that four predictors explained 36% of the variance (R² = .36, f (14, 76) = 4.67, p < .001). It was found that employment (β = .270, p = 2.96, 95% CI = .365 – 1.52), avoidance cope (β = .111, p = .830, 95% CI = -.712 – 1.72), approach cope (β = .114, p = .877, 955 CI = -.405 – 1.04), seeking support (β = .159, p = 1.19, 95% CI = -.307 – 1.21) and household management (β = .106, p = 1.03, 95% CI = -.223-.700) significantly predicted good general health for working mothers (i.e. general health was positive when coping mechanism and household management were positive).

General health was affected by lower levels of predictors of age (β = -.150, p = -1.60), work family support (β = -.101, p = -.981) sociability (β = -.055, p = -.477), job competency (β = -.054, p = -.491), physical appearance (β = -.041, p = -.363) adequate provider (β = -.115, p = -.978) morality (β = -.042, p = -.372), humour (β = -.176, p = -1.75) and global self worth (β = -.178, p = -1.23). These results showed that general health in work mothers decreased when these predictors decreased.
**Happiness**

A multiple regression was used to test whether education, avoidance cope, sociability, job competence, nurturance, physical appearance, adequate provider, morality, relationships, humour, global self-worth and work family support were predictors of working mothers’ level of happiness. The results of the regression indicated that seven predictors explained 54% of the variance ($R^2 = .54$, $f (11, 79) = 10.66$ $p < .001$). It was found that work-family support ($\beta = .226$, $p = 2.66$, 95% CI = .009-065), nurturance ($\beta = .087$, $p = 1.14$, 95% CI = -.173-.645), physical appearance ($\beta = .115$, $p = 1.16$, 95% CI = -.144-.647), adequate provider ($\beta = .273$, $p = 2.76$, 95% CI = .157-.966), intimate relationships ($\beta = .050$, $p = .582$, 95% CI = -.225-.410), humour ($\beta = .213$, $p = 2.53$, 95% CI = .102-.845) and global self-worth ($\beta = .250$, $p = 2.07$, 95% CI = .023–1.14) significantly predicated a high level of happiness in working mothers:

Happiness was effected by lower levels of predictors of level of education ($\beta = -.235$, $p = -3.22$), avoidance cope ($\beta = -.070$, $p = -.812$), job competency ($\beta = -.100$, $p = -1.08$) and morality ($\beta = -.177$, $p = -1.33$). These results showed that there was a level of unhappiness in working mothers, when there was a decrease in these predictors.
4 DISCUSSION

Contemporary working mothers face the challenge of creating lives where they can be both a mother and a provider. This paper set out to investigate if there is an influence on women’s self-perception which can become apparent during the work-family role conflicts. Due to the pressure of maintaining a busy work life and family life, mothers’ competency and self belief can decline and her self-perception across other life domains can be affected.

In investigating this further, it is believed that age, level of education, job role and working hours challenge a mother’s level of competency in the work-family roles she plays and in effect can impact on her identify. In considering women’s self-perception in the arena of work and family life, it is therefore necessary to examine the psychological outcomes of satisfaction with life, general health and happiness. This paper also put forward the concept of emerging adulthood (Jeffery Jenson Arnett, 2000), which discusses the individual’s transformation to adulthood, post adolescents. With the immense responsibilities of working mothers, women’s self-perception draws on the question of whether they have emerged as competent adults, in particular, the age group of 25-34 years, with an achieved identity in all areas of work and family roles. Results from analysis are outlined in hypotheses below.

4.1 Hypothesis 1

Work-Family and Family-Work Self Efficacy sought to understand women’s self-belief and ability to deal with conflicted situations that may arise due to work roles conflicting with family roles and vice versa. Descriptive statistics indicate that women felt they had
a “somewhat confidence” level in managing conflict where work interfered with family life and family life interfered with work life. To further investigate working mothers’ level of confidence, the ‘self-perception profile for adults’ (Messer & Harter, 2012) was administered to assess their competency across other life domains that may be affected where work and family roles collide and spill over into other areas of their life.

Spearman’s Rho found that working mothers in all age groups have a strong correlation with family-work self-efficacy, that is, they can invest in family roles even when under pressure due to work responsibilities. Spearman’s Rho also found that working mothers aged 35-44 and 45-54 had a strong relationship with work-family support, but working mothers aged 25-34 years did not have a relationship with work family support, i.e. this age group do not feel they have the support from a partner, family, friends or employer in situations where conflict arose due to family demands conflicting with work demands. In addition where work collides with family life, results indicate that neither age group felt they could manage incidents in which work life interferes with family life (i.e. they have low work-family self-efficacy). This result would correlate with Ebaugh’s (1998) concept of role conflict where, due to an expectation associated with a position within a work environment, working mothers can experience higher work-family role conflict, where work demands interferes with family demands. For example, working mothers did not feel they could invest in work when under pressure due to family responsibilities or to succeed in a work role, although there are many family difficulties outside of work.
Based on these results therefore, it is correct to say that a strong significant relationship exists with all age groups and family-work self-efficacy. Working mothers aged 35-44 and 45-54, have a strong relationship with work-family support. However, there is no correlation with work-family self-efficacy in any age group, thus, an impact which effects women’s identity within the work place. Hypothesis 1 indicated that work-family self-efficacy would influence women’s self-perception within the arena of work and family role demands. Based on results outlined, the null can be accepted.

4.2 Hypothesis 2

An independent t-test found that within the work-family self-efficacy, part time working mothers have higher self-efficacy than full time working mothers (t (99) = 1.71, p = .090). In addition, it was found that within the family-work self-efficacy, part time working mother have a slightly higher self-efficacy than full time working mothers (t (99) = 1.90, p = .059).

Part-time mothers also have higher self-efficacy in managing situations where work interferes with family, contrary to full time working mothers. Perhaps this is due to the type of job responsibility of full time working mothers, where they may be engaged in a more responsible roles or have deadlines to meet within a fulltime working schedule. Part time working mothers would have more room to and time to manage conflicts that may arise. In addition both full time and part time working mothers are equally competent
in job competency and feel they can provide adequately. Again part time working mothers feel on par with full time working mothers in that they can equally provide. This may be due to the support of a partner or a good income stream that mothers feel they are providing adequately, while still nurturing children. This would concur with Bar Chart 1, where 34% of part time mothers decreased working hours to be at home with their children. However, with regard to family domain, results show that full time working mothers, as well as part time working mothers feel they are equally competent nurturers and equally have management over their household. Indeed a Pearson’s Correlation found a positive relationship between the self-perception of working mothers and their level of self-efficacy with job competency and adequate provider. Spearman’s Rho concurred with this and found that working mothers engaged in full and part time employment have a significant association with job competency and additionally, intelligence.

Unlike part-time workers, Spearman’s Rho correlation found that working mothers engaged in full time employment have a significant association with physical appearance, morality and intimate relationships. In further breaking down the job role of women and examining their identity, analysis found that working mothers employed in management perceived themselves as more competent in the area of sociability. In contrast, senior managers had less competence in this area. Managers are more competent in their physical appearance while women in administration are not happy with how the look. Working mothers who are in management perceive themselves to have high morals, while those women who are owners have lower moral competency. Owners and IT personnel perceive themselves to be competent in the area of intimate relationships. In contrast women in administration are
not competent in areas of intimate relationships, and finally women in IT can laugh at themselves, while working mothers who are owners have lower competency in humour. For working professional mothers a significant association was found with nurturance, athletic ability, physical appearance, morality, household management, intimate relationships, intelligence and global self-worth. Mothers employed as civil servants have a significant association with physical appearance, intelligence and global self-worth and also working mothers who categorised themselves as other employment, a significant association was with job competency household management and global self-worth.

With regard to identity it would appear that professional working mothers in comparison to the job roles of other working mothers are overall more competent in 11 out of the 12 domains of the self-perception profile. These professional mothers seem to have the best of both work and family and have transitioned well across these life domains. However, it is interesting to note that they do not feel they are an adequate provider.

Hypothesis 2 indicated that there is a correlation between full and part employment and job role of working mothers, which will influence her self-efficacy in work, family and self-perception across life domains. Results as highlighted found there is a difference in the self-efficacy of full and part time mothers, which influences her self-perception across life domains. It is also apparent that
professional working women are more competent than any than other mothers, perhaps due to level of education achieved, logical thinking, support from employer, partner etc.

4.3 Hypothesis 3

It is predicted that there is a relationship between working mothers’ self-perception, age and level of education achieved, which will influence her identity.

Spearman’s Rho correlation was carried out, to consider identity competency in all age groups of working mothers and their level of self-perception. Results analysed found that working mothers aged 25-34 years had a significant association with physical appearance, could provide adequately, feel they are intelligent and have high global self-worth. The age group of 35-44 years was found to have significant association with nurturance, can provide adequately, athletic ability, physical appearance, intimate relationships, intelligence and global self-worth. The age group of 45-54 years were found to have a significant association with household management, sociability and intelligence. Data analysed showed that women in the age group of 55-64 years are considered to be more competent in domains of job competence, nurturance, athletic ability, physical appearance, morality, household management, intimate relationships, sense of humour and global self-worth.
Analysis would suggest that competency in life domains varies across age groups. The 25-34 year age group, scored lowest on the self-perception profile, with the 55-64 year age group scoring 9 out of the 12 domains of the self-perception profile. It would appear that as one become older, there is a transaction across domains, in which working mothers achieve identity, for example, the 35-44 year age group scored 7 out of the 12 life domains, however, there was a fall off within the 45-54 age group, where there is a decline in self-perception of this age group, scoring 3 out of the 12 life domains.

Statistics carried out to examine women’s highest level of education showed that women who achieved junior certificate level perceive themselves to be competent in their job and feel they are adequate provider. A Spearman’s Rho correlation found that working mothers who achieved leaving certificate, have a significant association with nurturance, physical appearance, and global self-worth. Women who achieved a Masters Degree perceive themselves to be more intelligent and have a significant association with job competence, physical appearance and intimate relationships. While women with PhD level of education, perceive themselves to be inadequate in the areas of job competency and adequate provider. Statistics carried out would infer that those mothers who achieved junior certificate are more competent in job and providing than those women at the highest end of education, PhD level, who perceive themselves to be inadequate in the areas of job competency and adequate. This result is contrary to Hoffman, (1974b) who suggested that ‘education enables mothers to obtain more satisfying employment’ and increases her prospects in injecting income into the family home and in more in keeping with research undertaken by Mitchell & Green (2002)
that younger mothers (perhaps with little education or life experience as an individual) relationship with child is the stable “phenomenon within their lives”. Their horizons and education achievement have been compromised and they are happy with what they have achieved in job role and providing adequately.

4.4 Hypothesis 4

The satisfaction with life inventory demonstrated that each age group of working mothers are “slightly satisfied” showing no real difference. Descriptive statistics showed that working mothers in part time employment are more satisfied with life than full time working mothers. Statistics also showed that working mothers who achieved junior certificate as highest level of education are more satisfied with life in comparison to working mothers with a master degree who showed a lower satisfaction with life. The results of the multiple regression indicated that two predictors explained 36% of the variance of satisfaction with life, adequate provider and work-family support. Dissatisfaction with life was effected by lower levels of household management and job competency.

General health of working mothers showed that those aged 25-35 years had a mean score of 3.26, working mothers aged 35-44 years had a mean score of 2.59, working mothers aged 45-54 years had a mean score of 1.63 and working mothers aged 55-64 had a mean score of 1.50. A mean score of 3 or higher indicates caseness or significant distress. This would indicate a low general health for mothers aged 25-34 and also mothers aged 35-44, who scored just under the mean. It is also interesting to note that as women age,
their general wellbeing improves. The general health of participants engaged in full and part time employment showed that those women in full time employment had a higher mean score of 3.03 compared to those women in part time employment who had a lower mean score of 1.75. Working mothers therefore in fulltime employment would indicate caseness or distress. In addition, the results of women who achieved Masters Degree and PhD levels of education showed that they are at greater risk of caseness or distress. A Multiple regression also indicated that four predictors explained 36% of the variance of general health. It was found that employment, avoidance cope, approach cope, seeking support, household management significantly predicted good general health for working mothers (i.e. general health was positive when coping mechanism and household management were positive). However, general health was affected by lower levels of predictors of work family support, sociability, job competency, physical appearance, adequate provider, morality, humour and global self-worth. These results showed that the general health of working mothers decreased when these predictors decreased.

Statistics show that women in the age bracket of 55-64 years would appear to be happier, with women in the 25-34 year age group unhappier. Statistics also show that part time working mothers are happier than full time working mothers. Working mothers who achieved junior certificate level or education are “very happy”, whereas those who achieved PhD level of education are “mildly happy”. A multiple regression used to test predictors effect on happiness showed that work-family support, nurturance, physical appearance, adequate provider, intimate relationships, humour and global self-worth significantly predicated a high level of happiness in working mothers. Happiness was effected by lower levels of predictors of level of education, avoidance cope, job
competency and morality. These results showed that there was a level of unhappiness in working mothers, when there was a decrease in these predictors.

Hypothesis 4 predicated that working mother’s self-perception across life domains will influence her satisfaction with life, general health and happiness. In this regard, results showed that part time workers are happier than full time working mothers. Women with junior certificate level of achievement are more satisfied with life than other educated women. They are also very happy with life in comparison to PhD educated mothers who are mildly happy. Being an adequate provider and having work-family support increased women’s satisfaction. Also, the general health for mothers aged 25-34 and aged 35-44 is lower than other age groups. Mothers in full time employment also have lower general health than those in part time employment. On this basis, the null can be accepted. Results confirming that women’s self-perception of themselves does have an effect on their satisfaction with life, general health and happiness.

5.5 Hypothesis 5

Results found that the age groups of 25-34 and 35-44 years require more support from others. This age group would also appear to engage in avoidance cope and approach cope as a way of coping in situations. Spearman’s Rho also showed that working mothers’ aged 25-34, 35-44 and 45-54 year age groups had a significant association with approach cope and seeking support. With regard to employment, statistics showed that there were no real difference in coping mechanisms of women who engaged in full time
employment and women who engaged in part time employment. However, approach cope and seeking support in particular had a significant association with full time part time working mothers.

These results are contrary to research undertaken by Kuntshe, S., Knibbe, R.A, et al (2011) in which they found an association between social roles and alcohol use among working mothers. Altering consciousness among working mothers was not found in this study.

A Pearson’s correlation was also carried out to predict the outcome that as work-family self-efficacy and family-work self-efficacy increased there would be a decrease in coping mechanisms. Results found that there was a strong negative relationship between work-family self-efficacy with avoidance cope, approach cope, altering consciousness and seeking support. This would indicate that the less support felt in the work environment, the more working mothers engaged in some of coping. Results also showed that family-work self-efficacy had a strong negative relationship with avoidance cope, approach cope and seeking support. Again, as situations declined and mothers felt low in self-efficacy in areas of work and family life, the need for coping mechanisms will increase. If self-efficacy was high however, the need for coping mechanisms would decrease.

Hypothesis 5 predicted that satisfaction with life, general health and happiness will influence working mother’ coping mechanisms. Due to satisfaction with life of full and part time working mothers, results found that approach cope and seeking support where high on their scoring. Results also confirm the lack of work-family self-efficacy, which indicates that less support felt in the work
environment, the more working mothers engaged in some form of coping. On this basis, satisfaction with life, general health and happiness are in decline and coping is required, therefore the null can be accepted.

4.5 **Strength of Study**

This study examined the self-perception of working mothers across four life spans. This study was based on the theory of emerging adulthood, as put forward by Jeffrey Arnett. This theory is a new concept which follows that emerging adulthood is the life event that occurs after adolescent and before adulthood. One of the strengths of this study is that it puts forward the idea that women can be investigated further to examine their transition from emerging adulthood to adulthood and to examine if they have achieved an identity. In particular, the age group of 25-34 and 34 to 44 years, where they are feeling pressure of work and family domains and are seeking some form of support to help cope. This study also highlights the decline is competency for women in the age group of 44-54 years. This is a particular stage in the life span that could be examined further across these life domains to include biopsychosocial models and the social cognitive theory model.

4.6 **Limitations**
One of the limitations of this study was that an Importance Rating Scale was not requested to be completed by participants as part of the self-perception profile for adults. Adults do not feel equally competent in all domains and all domains are not equally as important. With this in mind, the Importance Rating Scale was developed to identify the discrepancy scores in the domains, which are then subtracted by the competence scores in all domains. Results from this would indicate low competency scores which are said to affect self-concept. In addition, According to Harter’s (1999) model of self-worth, an examination of the “discrepancy” between the individual’s perceptions of competence and his/her rating of importance for each domain will have implications for his/her level of self-worth. Further research into this area could be applied, to get exact scores of competency and self-worth.

As with any research, there were restrictions with time and population. A broader field of demographics, to include the male population and working fathers and even parenthood could be beneficial to understanding their transition within the life span of a working parent.

It would also be beneficial to undertake this study based on two job roles specific to its industry. For example to compare two groups only working mothers who are teachers and working mothers who are employed in the private sector. It would be beneficial to see the elements of satisfaction with life, support, annual leave, maternity benefit etc.
The general health inventory in this study scored just above .5 where .7 and above is more appropriate. The validation of this inventory for this study needs to be examined further.

4.7 Implications and Application

This study is helpful in highlighting aspects of women’s self-esteem, confidence and identity within the frame work of the work-life family roles she plays. It is useful to examine the varying age groups of women with this the arena of work and family. This study could be applied further in examining the life span theory to include the work-life family balance of working mothers and consider further their psychological, cognitive and biological wellbeing these role demands have on her.

4.8 Conclusion

This study strongly supports the hypotheses that work-family roles have an influence on the working mothers self-perception across the life span and the domains in which she is engaged in. Significant correlations were found that part time employees have higher self-efficacy, and family-work and work-family support. Neither full time nor part time working mothers felt they had the support where work interferes with family life (i.e. the support from working colleagues and employers). The age group of 25-34 years have less coping skills than any other age group and require that they need approach cope and seek support from others. It is this group that could be the group who has grown out of the emerging adult years, whereby they are struggling with the responsibility of family and work and are being hemmed down by the constraints made upon them. This age group are unhappier compared to other age
groups, and are slightly satisfied with life. This suggestion could be due to achievement of identity or a longing for a moratorium. However, they score high on physical appearance, feel they can provide adequately, are intelligent and have high global self-worth. Professional working mothers correlated significantly with the self-perception profile of adults and this would seem that they are the most confident and have the most self-belief. Generally all age groups have control over their household and all age groups are competent in nurturing. Overall, working mothers have global self-worth in that they have perception of their worth, they are pleased with themselves and the kind of person they are. In conclusion however, identity issues and competency do play out when work and family lives collide, and it is apparent that this occurs when situations within work interferes with family life and results inadequacies for the contemporary working mother. As this research did not uncover directly identity of individuals such as identity achievement or moratorium, further research in this area could be relevant in conjunction with work- family roles. Also further research could look at the age group of the younger more uneducated working mothers and the notion that as they get older, (such as the 45-54 year age group) do their sense of self-perception decline, due to their limitations of education and work prospects.
REFERENCES


Messer, B., & Harte, S., (1986). Self-Perception Profile for Adults (Revised 2012). *Department of Psychology*, University of Denver


Oakley, A., (1979). Becoming a Mother, Oxford: Martin Robertson


www.care.com
APPENDICES

(Questionnaire Pack Distributed to Participants)
Title of Research:
The Role Conflict of Working Mothers and its effect on Identity, Coping & Satisfaction with Life

Researcher:
My name is Deborah Whelan and I am conducting research as part of my final year thesis in the Department of Psychology, Dublin Business School.

Purpose of Research:
This research explores the role conflict of working mothers within the work-family life balance. This research is being conducted as part of my BA (Hons) Psychology and will be submitted for examination.

You are invited to take part in this study and participation involves completing an online questionnaire that looks at the role conflict of working mothers and its effect on identity, coping and satisfaction with life.

Your participation in completing the questionnaire is entirely voluntary and so you are not obliged to take part. The questionnaires will take approximately 20 minutes to complete. All results are anonymous and confidential. Thus, responses cannot be attributed to any one participant. For this reason, it will not be possible to withdraw from participation after the questionnaire has been collected.

The questionnaires will be securely stored and data from the questionnaires will be transferred from the paper record to electronic format and stored on a password protected computer.

It is important that you understand that by completing and submitting the questionnaire that you are consenting to participate in this study.

Should you require any further information about this research, please contact Deborah Whelan at
My supervisor is Dr Chris Gibbons and can be contacted at

Thank you for taking the time to complete this survey
### Demographic Questions

1) **Age**  
   - ____ 28-24  
   - ____ 25-34  
   - ____ 35-44  
   - ____ 45-54  
   - ____ 55-64  

2) **Do you have children?**  
   - _____Yes  
   - _____No  

3) **Highest level of education completed:**  
   - _____Junior Certificate  
   - _____Leaving Certificate  
   - _____College Degree, B.A.  
   - _____Masters Degree  
   - _____M.D.  
   - _____Ph.D.  
   - _____Other (please specify) ___________  

4) **Are you employed _____part-time or _____full-time?**  

5) **Did you cut working hours subsequent to having Children: _____Yes _____No**
6) Reasons for decreasing work hour

I chose to be at home more with my children
Crèche fees too expensive
No family support
No work support
Other

7) Job Title: _____________________________
The Work/Family Conflict Self-Efficacy Scale was designed to measure an individual’s beliefs in her ability to manage work-family and family work conflict.

Please rate your confidence: 0,1,2,3,4,5,6,7,8,9 - 0 being (complete lack of confidence) and 9 being (complete confidence) in your ability to perform the following behaviors successfully by circling the appropriate number (0-9).

The words "work" and "job" refer to all work-related activities that you do as part of your paid employment.

The word "family" refers to the following domains of family life that pertain to you including being a parent, being a spouse/partner, and overall home life.

How confident are you that you could...  

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<th>Behavior</th>
<th>No Confidence</th>
<th>Complete Confidence</th>
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<tr>
<td>1) Fulfill your job responsibility without letting it interfere with your</td>
<td>0 1 2 3 4 5 6</td>
<td>7 8 9</td>
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<td>family responsibilities.</td>
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<td>2) Attend to your family obligations without it affecting your ability</td>
<td>0 1 2 3 4 5 6</td>
<td>7 8 9</td>
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<td>to complete pressing tasks at work.</td>
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<td>3) Manage incidents in which work life~interferes with family life.</td>
<td>0 1 2 3 4 5 6</td>
<td>7 8 9</td>
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<td>4) Fulfill all your family responsibilities despite</td>
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going through a trying and demanding period in your work.  

5) Manage incidents in which family life interferes with work life.  

6) Fulfill your family role effectively after a long and demanding day at work.  

7) Invest in your job even when under heavy pressure due to family responsibilities  

8) Succeed in your role at work although there are many difficulties in your family  

9) Invest in your family role even when under heavy pressure due to work responsibilities.  

10) Focus and invest in work tasks even though family issues are disruptive.  

0 1 2 3 4 5 6 7 8 9
Appendix IV

Work-Family Conflict Support Inventory

Thank you, please continue. Below are a list of questions which measure an individual’s level of perceived support in work-family and family-work conflict.

Please rate your level of perceived support: 1,2,3,4,5,6,7
1 being (no support) and 7 being (complete support)

1) On a scale from 1 (no control) to 7 (complete control), how much control do you have over your work responsibilities?

1 2 3 4 5 6 7

no control complete control

2) On a scale from 1 (no flexibility) to 7 (complete flexibility), how would you describe your work hours?

1 2 3 4 5 6 7

no flexibility complete flexibility

3) On a scale from 1 (no support) to 7 (complete support), how would you describe the level of support you feel from your partner for conflict that arises as a result of work interfering with family responsibilities?

1 2 3 4 5 6 7
4) On a scale from 1 (no support) to 7 (complete support), how would you describe the level of support you feel from your partner for conflict that arises as a result of family responsibilities interfering with work?

1  2  3  4  5  6  7

5) On a scale from 1 (no support) to 7 (complete support), how would you describe the level of support you feel from your family members and friends for conflict that arises as a result of work interfering with family responsibilities?

1  2  3  4  5  6  7

6) On a scale from 1 (no support) to 7 (complete support), how would you describe the level of support you feel from your family member and friends for conflict that arises as a result of family responsibilities interfering with work?

1  2  3  4  5  6  7
7) On a scale from 1 (no support) to 7 (complete support), how would you describe the level of support you feel from your boss/supervisor for conflict that arises as a result of work interfering with family responsibilities?

1  2  3  4  5  6  7

no support       complete support

8) On a scale from 1 (no support) to 7 (complete support), how would you describe the level of support you feel from your boss/supervisor for conflict that arises as a result of family responsibilities interfering with work?

1  2  3  4  5  6  7

no support       complete support
These next items deal with ways you’ve been coping with the stress in your life. The stress issue is the ‘it’ in some of the items! There are many ways to try to deal with problems. These items ask what you’ve been doing to cope with present stresses. Each item says something about a particular way of coping and please avoid answering on the basis of whether how you’ve been coping seems to be working or not—just whether or not you’re doing it. Use these response choices and try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can by circulating the number 1, 2, 3 or 4 which best describes you.

Coding categories:

1 = I haven’t been doing this at all
2 = I’ve been doing this a little bit
3 = I’ve been doing this a medium amount
4 = I’ve been doing this a lot

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<tr>
<td>1</td>
<td>I’ve been turning to work or other activities to take my mind off things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>2</td>
<td>I’ve been concentrating my efforts on doing something about the situation I’m in.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>3</td>
<td>I’ve been saying to myself &quot;this isn’t real.&quot;</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>I’ve been using alcohol or other drugs to make myself feel</td>
<td>1</td>
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<td>5.</td>
<td>I've been getting emotional support from others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>6.</td>
<td>I've been giving up trying to deal with it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>7.</td>
<td>I've been taking action to try to make the situation better.</td>
<td>1</td>
<td>2</td>
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<td>8.</td>
<td>I've been refusing to believe that it has happened.</td>
<td>1</td>
<td>2</td>
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<td>9.</td>
<td>I've been saying things to let my unpleasant feelings escape.</td>
<td>1</td>
<td>2</td>
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<td>10.</td>
<td>I've been getting help and advice from other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>11.</td>
<td>I've been using alcohol or other drugs to help me get through it</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>12.</td>
<td>I've been trying to see it in a different light, to make it seem more positive.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>13.</td>
<td>I've been criticizing myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>14.</td>
<td>I've been trying to come up with a strategy about what to do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>15.</td>
<td>I've been getting comfort and understanding from someone.</td>
<td>1</td>
<td>2</td>
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<td>16.</td>
<td>I've been giving up the attempt to cope</td>
<td>1</td>
<td>2</td>
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<td>17.</td>
<td>I’ve been looking for something good in what is happening.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18.</td>
<td>I’ve been making jokes about it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19.</td>
<td>I’ve been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20.</td>
<td>I’ve been accepting the reality of the fact that it has happened.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>21.</td>
<td>I’ve been expressing my negative feelings</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>22.</td>
<td>I’ve been trying to find comfort in my religion or spiritual beliefs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>23.</td>
<td>I’ve been trying to get advice or help from other people about what to do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>24.</td>
<td>I’ve been learning to live with it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>25.</td>
<td>I’ve been thinking hard about what steps to take.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>26.</td>
<td>I’ve been blaming myself for things that happened.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>27.</td>
<td>I’ve been praying or meditating.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>28.</td>
<td>I’ve been making fun of the situation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
The General Health Questionnaire  
(Goldberg, 1978)

Thank you. Please continue. The following items ask about your general health over the past few weeks. Please answer all the questions simply by circling or emboldening the answer that you think most nearly applies to you. Remember that we want to know about your present and recent complaints, not those you had in the past. It is important that you try to answer all the questions.

Have you recently:

<p>| | | | | |</p>
<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Been able to concentrate on whatever you’re doing?</strong></td>
<td>Better than usual</td>
<td>Same as usual</td>
<td>Less than usual</td>
<td>Much less than usual</td>
</tr>
<tr>
<td><strong>2. Lost much sleep over worry?</strong></td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td><strong>3. Felt that you are playing a useful part in things?</strong></td>
<td>More so than usual</td>
<td>Same as usual</td>
<td>Less useful than usual</td>
<td>Much less useful</td>
</tr>
<tr>
<td><strong>4. Felt capable of making decisions about things?</strong></td>
<td>More so than usual</td>
<td>Same as usual</td>
<td>Less so than usual</td>
<td>Much less capable</td>
</tr>
<tr>
<td><strong>5. Felt constantly under strain?</strong></td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td><strong>6. Felt you couldn’t overcome your</strong></td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
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</tr>
<tr>
<td>7. Been able to enjoy your normal day-to-day activities?</td>
<td>More so than usual</td>
<td>Same as usual</td>
<td>Less so than usual</td>
<td>Much less than usual</td>
</tr>
<tr>
<td>8. Been able to face up to your problems?</td>
<td>More so than usual</td>
<td>Same as usual</td>
<td>Less able than usual</td>
<td>Much less able</td>
</tr>
<tr>
<td>9. Been feeling unhappy and depressed?</td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td>10. Been losing confidence in yourself?</td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td>11. Been thinking of yourself as a worthless person?</td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td>12. Been feeling reasonably happy, all things considered?</td>
<td>More so than usual</td>
<td>About same as usual</td>
<td>Less so than usual</td>
<td>Much less than usual</td>
</tr>
</tbody>
</table>
Finally, the last items examines an individual’s overall satisfaction with life. Below are five statements that you may agree or disagree with.

Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

___ In most ways my life is close to my ideal.
___ The conditions of my life are excellent.
___ I am satisfied with my life.
___ So far I have gotten the important things I want in life.
___ If I could live my life over, I would change almost nothing.
Happiness

On a Scale of 1-10, 1 meaning “not at all happy” to 10 meaning “thorougly happy” how happy are you