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A Psychological
Perspective on the
Health and Well-Being
Consequences
of Parental Employment

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Psychologists study emotional, behavioral, cognitive, and biological processes. For instance, a psychologist asks questions such as, How do individuals react to employment experiences, and why do they react that way? How do those behavioral and emotional reactions influence other family members and their behavior? These questions lead to an analytic approach; an outcome is no longer a single measurable variable, but a series of steps in a process. This often entails an examination of more minute processes, which consist of small, intermediary consequences. Therefore, the study of intermediary outcomes and short-term effects that can cumulate over time are natural avenues for psychologists to pursue. This chapter shows how a psychological perspective can guide the identification, measurement, and evaluation of the effects that parental employment experiences have on children and families.

IDENTIFYING HEALTH AND WELL-BEING OUTCOMES

It may seem pessimistic to assert at the outset that psychologists expect the health and well-being consequences of parent employment to be difficult to detect. However, as discussed below, those effects can be much stronger than they appear because small effects cumulate over time and the effect of employment varies among individuals and groups. If we consider typical health endpoints, such as individual psychological functioning, social adjustment, and physical health, the consequences for individual family members often appear small. The primary reason is obvious: Work and work-family conflict are but one small component of a daily life that is filled with many direct influences on physical and emotional well-being. With respect to children's well-being, in particular, parents' occupations would have, at best, an indirect influence—one that is mediated through work's effect on parents and the parent—child relationship.

Several investigations have examined correlations between parents' work and work-family experiences and various measures of child well-being. Different characteristics of parents' occupations have been examined, such as decision latitude at work, job demands, job insecurity, job tension (Stewart & Barling, 1996), job satisfaction (Stewart & Barling, 1996; Voydanoff, 2004), work pressure (Crouter, Bumpas, Maguire, & McHale, 1999), work stress (Galambos & Maggs, 1990), and hours spent at work (Greenberger & Goldberg, 1989; Harvey, 1998; Voydanoff, 2004). Some researchers have also considered parents' subjective experience of work-family conflict as measured by their reports of interrole conflict (MacEwen & Barling, 1991; Stewart & Barling, 1996), role overload (Crouter et al., 1999; Galambos, Sears, Almeida, & Kolaric, 1995), mood at home after work (Voydanoff, 2004), and satisfaction with the role of employed mother (MacEwen & Barling, 1991).

These studies have also cast a wide net when assessing the well-being of offspring as possible correlates of parental job characteristics. Teens' feelings of self-worth (Crouter et al., 1999), their academic competence (Voydanoff, 2004), their involvement in social activities with friends (Galambos et al., 1995), their positive mood, their feelings of mastery, and their confidence in their ability to cope (Galambos & Maggs, 1990) have all been examined as possible correlates of parents' work-related experiences. Various indicators of maladjustment in adolescent offspring have also been considered, including both internalizing problems, such as depression and symptoms of anxiety (Crouter et al., 1999; Voydanoff, 2004), and externalizing problems, such as difficulty with impulse control (Galambos & Maggs, 1990), problem behaviors, and association with deviant peers (Galambos et al., 1995; Voydanoff, 2004). Researchers have also assessed both externalizing and internalizing problems in school-age and younger children, as well as motivation and performance in

school (Greenberger & Goldberg, 1989; Harvey, 1998; MacEwen & Barling, 1991; Stewart & Barling, 1996). Despite some significant correlations, there is no consistent evidence across the multiple samples and different measures cited here of a direct association between parent job characteristics and child well-being. Having a parent who works in a noxious or stressful job, or one who reports considerable work-family conflict, does not appear to be directly linked to any of these indicators of adjustment or maladjustment of children in the family.

These results suggest a possible misspecification of the consequences of parental work. Psychologists often conceptualize health and well-being in terms of biological, social, emotional, and behavioral processes that are linked to one another in a cascading flow. Disruptions in these processes can have long-term, cumulative effects, such that symptoms may be observed in the future (Repetti, Taylor, & Seeman, 2002). For example, in job stress research, working in a high-strain occupation (i.e., a job with high demands and low control) is associated with an elevated risk of coronary artery disease (Schnall, Belkic, Landsbergis, & Baker, 2000). However, scientists are often more interested in examining how chronic exposure to certain job characteristics, such as low control or high demands, might be linked to precursors of coronary artery disease, such as high blood pressure, dysregulated stress hormones, or smoking and alcohol consumption (Repetti & Mittman, 2004). Not everyone in a high-strain occupation advances to coronary artery disease. However, many show evidence of behavioral and physiological disruptions that occur earlier in the cascade and that can lead to coronary artery disease. The effects of job strain on these precursors are, therefore, stronger than the effect on a definitive health endpoint such as coronary artery disease. Because of limitations of measurement error and small sample sizes, which can limit the power to detect small effects, it is much easier to observe an association between a stressful occupational characteristic and one of these precursors than to detect the link to actual cases of coronary artery disease.

Just as in occupational stress research, the consequences of work may be most clearly observed early in the health cascade, not at the endpoints. Studies of the immediate effects of work are well suited to an approach that focuses on health processes, rather than health endpoints. Daily diary studies, in which participants record information one or more times each day, have been used to examine the short-term effects of day-to-day changes in work. These studies suggest that adults' daily experiences of overload and distressing social interactions at work are associated with immediate increases in negative mood, minor health complaints, and indicators of physiological arousal, such as blood pressure and heart rate (Barling & Macintyre, 1993; Jamner, Shapiro, Goldstein & Hug, 1991; MacEwen, Barling, & Kelloway, 1992; Repetti, 1993). Although there are fewer studies of the short-term outcomes associated with work-family conflict, at least one study found that

descriptions of work interfering with family or family interfering with work correlated with an increase in reports of negative mood that day (MacEwen & Barling, 1994). Physiological arousal, mood disturbance, and minor physical symptoms are precisely the types of short-term outcomes that one would seek as evidence of a psychological and biological system responding to stress. These short-term responses to work and work-family stressors are evident among employed individuals. If the stressor is chronic and the biological stress response systems are repeatedly activated, these short-term reactions may act as precursors to more significant health problems.

A search for the consequences of parental work experiences early in the cascade process may be especially appropriate for studies of the health and well-being of offspring. According to a risky families model of child health and development presented next, the effect of parents' jobs on health endpoints would not become evident until adolescence or adulthood. During childhood, the consequences would instead be most likely observed in the intermediate pathways or the precursors to physical and mental health. As discussed in the next section, the family environment is an important early component of the cascade that contributes to long-term physical and mental health outcomes.

FAMILY INTERACTION AS A HEALTH AND WELL-BEING OUTCOME

Parents' experiences at work and of a mismatch between their work and family lives appear to shape the way they interact with other family members (Perry-Jenkins, Repetti, & Crouter, 2000). The functioning and well-being of families, as reflected in the quality of parent—child interactions, can certainly stand alone as important outcomes in their own right. However, a focus on the family is also essential to any understanding of the consequences of workfamily stress for child well-being. Conceptual models linking work-family factors to child outcomes all place some form of family social interaction in the central mediating role (e.g., Crouter & Bumpus, 2001). Whether through socialization or spillover, the connection from parental work to child outcome is always assumed to be indirect, with behaviors, events, and emotions that take place within the family playing the central linking role.

There are strong theoretical and empirical rationales for placing family social interaction in this key role, particularly when the outcome of interest is the health of offspring. The social environment in which a child is reared is an integral part of his or her health and development. A risky families model of family characteristics associated with poor long-term health in offspring identified high levels of conflict and aggression, and relationships that are cold, unsupportive, and neglectful as the key pernicious aspects of family social life (Repetti et al., 2002). Research suggests that these qualities

of family relationships, in particular parent—child relationships, help shape the development of stress-responsive biological regulatory systems, emotion regulation processes, social competence, and health behaviors during childhood and adolescence. Taken together, these biological, emotional, and behavioral consequences of early environments, in combination with genetic predispositions, represent an integrated profile of risk for mental and physical health in adulthood.

It is perhaps not surprising that, in contrast to measures of child adjustment and maladjustment, studies that include parent-child and parenting outcomes provide more reliable evidence of an association with employment, including work-family conflict. For example, in one study, both mothers and fathers who were employed in jobs that required more complex interactions with people described their approach to controlling their 5- to 7-year-old children as less harsh, and independent observers also rated those parents as warm and responsive during interactions with their children (Greenberger, O'Neil, & Nagel, 1994). Another investigation found that fathers who were more satisfied with their careers showed greater warmth, attentiveness, and responsiveness with their 5-year-old children as rated by independent observers (Grossman, Pollack, & Golding, 1988). In a study of air traffic controllers, fathers whose work teams had a negative social climate (described by coworkers as unsupportive, unpleasant, or conflictive) described their interactions with their children over 3 days as being less positive and more negative in emotional tone (e.g., fewer expressions of affection and more anger; Repetti, 1994). In a recent longitudinal study, mothers' social climate at work was associated with changes in parent-infant interactions 3 months later (Costigan, Cox, & Cauce, 2003). Observers' ratings indicated that both mothers' and fathers' interactions with their 1-year-old child became less child-centered, and parents expressed more negative affect when mothers perceived a more negative social atmosphere at work (e.g., lower morale and less cohesion among coworkers). However, the work social climate of fathers was not associated with changes in parent-child interactions.

Investigations relying solely on parent self-report data have also uncovered significant correlations between parents' descriptions of their jobs and their parenting style or the quality of their interactions with their children (Galambos et al., 1995; Stewart & Barling, 1996). The pattern of significant associations is not replicated in every study (e.g., Crouter et al., 1999; Galambos & Maggs, 1990), nor is it consistently found in studies with multiple measures of work and parenting (e.g., Greenberger et al., 1994; Repetti, 1994). However, there is a trend that suggests an association between parents' work experiences and the quality of the parent–child relationship.

That trend has been replicated in tests of the short-term effect of parents' work experiences on parent-child interaction. One daily diary study of two-parent families compared mothers who were employed full time with those

who were either not employed or who worked fewer than 30 hours each week (Almeida, Wethington, & Chandler, 1999). This investigation focused on the ways in which daily stressors in parents' lives might be linked to tensions in the parent–child relationship, such as disagreements, arguments, or discipline problems. Families with a mother employed full time appeared to be more reactive, at least in the short term, to daily stressors. Experiences such as a marital argument or work overload were more likely to be associated with a short-term increase in parent–child tensions in the families with full-time employed mothers.

In the study of air traffic controllers mentioned earlier, increases in workload and distressing social interactions during the workday were associated with paternal withdrawal later that day, as well as greater use of discipline and a more negative emotional tone during interactions with children (Repetti, 1994). In another study, both mothers and independent observers described mothers as more withdrawn with their preschoolers (e.g., less speaking, fewer expressions of affection) on days when the mothers experienced increases in the same two job stressors (i.e., greater workloads or more negative social interactions with coworkers and supervisors; Repetti & Wood, 1997). Short-term effects are not always observed. An analysis of data from the daily diary study of full- and part-time married mothers noted previously (Almeida et al., 1999) did not reveal a same-day association between self-reports of stressful experiences at work and a single-item measure of tensions or arguments with children at home (Bolger, DeLongis, Kessler, & Wethington, 1989).

Experiences such as role overload in dual-earner couples (i.e., feeling overwhelmed by multiple commitments) and interrole conflict (i.e., the extent to which work interferes with family demands) appear to have similar effects on the parent–child relationship. A sense of greater mismatch between the needs of family and work has been linked to parent reports of more punishment and rejection (Stewart & Barling, 1996), more parent–child conflict (Crouter et al., 1999), and less parental acceptance (Crouter, Bumpus, Head, & McHale, 2001). Employment conditions that directly affect work-family conflict have also been associated with the quality of parent–child interaction. For example, one investigation found that mothers who took shorter leaves following the birth of their child displayed more negative maternal affect and behavior (e.g., insensitivity, expressions of anger or displeasure) during an infant-feeding session (Clark, Hyde, Essex, & Klein, 1997).

The characteristics of the parent-child relationship that appear to be shaped by parents' experiences at work—the amount of warmth and responsiveness, on the one hand, and harshness, punishment, rejection, and conflict, on the other—are the types of interactions that modulate children's risk for poor health (Repetti et al., 2002). This is precisely the type of process model at the core of most of the research described here: Parental employment experiences are linked to a child well-being outcome through a par-

enting or parent-child-mediating variable (Crouter et al., 1999; Galambos & Maggs, 1990; Galambos et al., 1995; Harvey, 1998; MacEwen & Barling, 1991; Stewart & Barling, 1996). In most cases, a direct link from the work role variable to the child well-being endpoint was not established. However, the evidence typically supported a series of connections along a chain of variables that connected a work or work-family experience with a child health or adjustment outcome.

THE ROLE OF MODERATOR VARIABLES

There is no reason to expect all families to respond to job stressors and work-family conflict in the same manner. The characteristics or qualities that distinguish families that respond in one way from families that respond in another way are referred to as *moderator variables*. Some studies have tested characteristics of families and individual family members as possible moderators of the health and well-being consequences of parents' employment experiences. The research discussed next indicates that the quality of family relationships, as well as the gender, personality, psychological adjustment, and attitudes of individual family members, may all act as moderators.

At least two investigations into the effects of mothers' employment on child development have identified parenting characteristics as important moderator variables. A study of 9- to 12-year-old children's school performance and conduct examined the role of parental monitoring—that is, parents' daily knowledge of their children's companions, activities, and whereabouts-in dual- and single-earner families (Crouter, MacDermid, McHale, & Perry-Jenkins, 1990). (The mothers in single-earner families worked fewer than 15 hours per week.) Consistent with other research cited here, there was no pattern of across-the-board differences between the children growing up in single-earner families and those growing up in dual-earner families. However, child gender and parental monitoring acted as significant moderator variables; although there were no average differences between children in the two family types, there were subgroup differences. Sons, but not daughters, in dual-earner families were more likely than other children to get into trouble, quarrel, and fight, but only if their parents were not keeping track of their daily activities and experiences. The conduct of sons in dual-earner families who were well monitored did not differ from that of other children.

Moorehouse (1991) found similar results between changes in mothers' employment and children's social and cognitive competence as indicated by first-grade teachers' ratings and school grades. In this case, Moorehouse found that the consequences of changes in maternal employment were moderated by the mothers' parenting styles. When mothers frequently shared activities with their children, such as reading books and telling stories, any potentially

disruptive effects of changes in employment on children's social and cognitive competence seemed to be mitigated. The evidence suggested that both cognitive and social outcomes suffered when two conditions were met: a mother had either increased or decreased her hours at work during the previous 3-year period and she relatively infrequently spent time in shared child activities. Among families whose mothers frequently engaged in shared child activities, there were no differences between the children whose mothers changed their employment situation and those whose mothers remained stably employed or stably nonemployed. In both of these studies, aspects of maternal employment were associated with child well-being outcomes, but only for a portion of the families. Mothers' employment seemed to matter only in families with less parental monitoring or less intensive parent—child involvement.

Moderators and Parenting

It is not surprising that the effects that parental employment experiences have on the parent-child relationship also vary for different families. For example, in two of the studies mentioned before, the association between parenting style and parents' job characteristics differed for mothers and fathers (Costigan et al., 2003; Greenberger et al., 1994). In one investigation, the link between work and parenting also varied depending on whether the child in the family was a son or daughter (Greenberger et al., 1994). A study examining the association between a short maternity leave and mother-child interactions indicated that the quality of the mother's interactions with her infant was affected only when the mother showed fairly high levels of postpartum depressive symptoms or when her infant had a difficult or fussy temperament (Clark et al., 1997). There was no association between a relatively quick return to work (a maternity leave of 6 or fewer weeks) and the amount of positive maternal affect and behavior with the baby (e.g., warm tone of voice, cheerful mood, expressions of pleasure and enjoyment) for the other mothers in the study.

A study of parental monitoring in dual-earner families compared three groups: a "high mother demands" group (in which mothers experienced long work hours, intense work pressure, and considerable role overload), a "high father demands" group (in which the fathers experienced long work hours, intense work pressure, and considerable role overload), and a "low demands" group (Bumpus, Crouter, & McHale, 1999). On average, there were no differences in the degree to which parents in these three groups kept aware of their children's daily experiences, activities, and whereabouts. However, parental monitoring differences appeared when the gender of offspring and the quality of the parents' marital relationship were taken into account. Parents in the "high father demands" group were less knowledgeable about their children's daily lives only if there were young boys in the family and they reported

a less happy marriage. Under any other family circumstances, the authors found no differences in parental monitoring among the three groups. The research discussed here indicates that the effect of parents' work and workfamily experiences on the parent—child relationship depends on any number of moderator variables: characteristics of the child, such as gender and temperament; characteristics of the parent, such as psychological functioning; and the quality of other relationships within the family, such as the parents' marital relationship.

The short-term effect of work experiences on parent-child interaction also appears to vary across families. In the daily report study of mothers and their preschoolers noted earlier, daily job stressors had a stronger effect on the parenting behavior of mothers with lower psychological well-being scores (more symptoms of depression and anxiety) and those who reported engaging in more of the classic Type A behaviors (feeling pressed for time, getting upset at having to wait for anything; Repetti & Wood, 1997). These mothers not only were more socially withdrawn on higher job-stress days, but also had more aversive interactions with their preschool-age children on those days. However, among the mothers who reported high levels of psychological well-being and little Type A behavior, day-to-day variation in parent-child interaction did not correlate with experiences at work. Findings such as these indicate that a weak or nonsignificant correlation between parents' employment experiences and individual or family well-being may not always reflect a uniformly weak effect. Depending on a family's circumstances, the effect of job characteristics and work-family stressors on health and well-being can range widely.

IMPLICATIONS FOR RESEARCH AND INTERVENTION

A psychological approach in examining the consequences of parental employment has implications for research design and intervention. The choice of health outcomes and sampling strategies are discussed within the context of the small effect sizes typical in this field. In this section, I discuss how a psychological perspective influences the design of effective interventions.

Conceptualizing Health and Well-Being Outcomes

A psychological perspective as described here regards health as a cumulative process. Some steps occur early in the health process, perhaps within minutes, hours, or days of a precipitating event. Over time and with repeated exposure, the small steps may accumulate, functioning as stages in a health

process. These stages may be reached only over relatively long time spans, perhaps months or years. However, each step, whether short or long, is an intermediate outcome critical to the process. In any research study or intervention, the choice of outcome must be consistent with the time frame of the study or intervention. With respect to the health consequences for children of parental employment, particularly when the children are young, research and theory point to emotion regulation and social competence as parts of a cascade of influence (Repetti et al., 2002). Early disruptions in these processes continue to have an effect on development in future stages. The health and well-being consequences of parents' work and work-family stress for children would be most easily detected in intermediate developmental processes that act as precursors to later physical and mental health.

The consequences of parental employment for health endpoints, such as psychopathology and illness, may exist in childhood, but the effect sizes appear to be quite small. Perhaps health endpoints are reached only among children and families with certain vulnerabilities or perhaps only among children whose parents work in unusually stressful occupations. Either way the overall effects in a random sample would be so small that a very large study would be required to observe them. An alternative would be to follow children and families over longer spans of time in longitudinal studies. At later stages in development, the effects of parental work would have accumulated, causing the effects on health endpoints to be stronger and easier to detect. Therefore, the conceptualization of health and well-being—whether as an immediate reaction to an event, a developmental deficit that acts as a precursor, or a hard health endpoint—determines when effects will be observed and their magnitude.

Choosing a Sampling Strategy

One reason that effect sizes in work-family research can be small is because of the role played by moderator variables. The effect of employment-related stress on health and well-being varies by group differences, such as gender, family characteristics, and individual differences. Consider the research discussed previously indicating that sons in dual-earner families that do not monitor their children's activities well are more likely to get into trouble (Crouter et al., 1990). In that study, the average difference between the children in single- and dual-earner families was too small to be detected at the aggregate level. However, once the analysis accounted for group differences based on child gender and parental monitoring, associations between parent earner status and child behavior were detected. The effect was substantial enough within a certain subgroup of children, yet too weak to be detected in the random sample.

The important role of moderator variables suggests that investigations of the health consequences of employment adopt one of two sampling strategies.

Very large, diverse samples can detect small effects and the types of group differences that moderator variables reflect. An alternative approach, involving carefully selected, more homogeneous samples, offers two advantages. First, although this strategy may limit the generalizability of the findings, it allows researchers with a relatively small study size to detect effects that are small in the general population. That is because health and well-being processes are influenced by many factors. Selecting more homogeneous samples reduces variance in health processes owing to factors extraneous to the main focus of the research study, thereby increasing the chances of detecting a relatively small effect with a relatively small sample. Second, moderator effects found in large-sample studies can be further investigated in samples that are selected to reflect the subgroups of interest. For example, the finding that sons of dualearner parents who do not monitor their children well are at increased risk of getting into trouble is intriguing, but that finding alone does not reveal what is happening in those families or, if the goal is to reduce child behavior problems, how to intervene. One could address those issues in a follow-up study of dual-earner families who vary on parental monitoring and who have 9- to 12-year-old sons. Of course the findings from such a study may not generalize to sons who are older than age 12 or younger than age 9 or to daughters in dual-earner families. However, intensive measurement procedures, such as observations or repeated measures, are more feasible in studies with fewer participants. Limited generalizability can be offset by more dense information and greater precision of measurement.

The Design of Experimental Interventions

Experiments are essential for testing causal models. An experiment with random assignment and meaningful control conditions is the only way to determine whether an employment-related experience affects health and well-being. The design of any experiment, including an experimental intervention, requires a clear conceptual base to guide the choice of variables to manipulate and those to target for change. Psychological interventions typically do not target the ultimate outcome—the health endpoint—directly. Instead the intervention is designed to change a variable earlier in the cascade—one that precedes the health endpoint, such as cognitions, motivations, behaviors, or feelings.

A process approach to defining health and well-being facilitates the design of effective interventions. Knowing that parental employment experiences are associated with particular health endpoints does not necessarily convey any information about the processes that connect work to health. It is only through an understanding of the intermediate steps linking a work or workfamily variable to a health outcome that we can begin to design interventions that have a desired outcome. The work of social-developmental psychologist

Daphne Bugental illustrates this point. Bugental identified a cognitive bias in some individuals that results in certain beliefs about children and their behavior, which in turn increases the likelihood that the parents will maltreat their children. From this theoretical and empirical base, she developed a cognitively based prevention program for parents who were at risk for child maltreatment and abuse. The intervention was tested in a random-assignment, experimental design, including a support-based comparison condition. The program achieved its goal to reduce child abuse by fostering parents' ability to view problems as controllable, solvable challenges with a remarkable level of success (Bugental et al., 2002). Note that the intervention did not directly target the abusive behavior. Instead it was aimed at changing parents' cognitions. By construing the family well-being outcome as a process consisting of a mix of behaviors, emotions, motivations, and cognitions, Bugental was able to pinpoint a step in the process at which she could intervene and effect real change. The intervention research not only provided the strongest possible test of Bugental's model of the role that parent attributions play in child maltreatment, it also showed how and why strong psychological theory and empirical findings provide the power to design highly effective interventions.

CONCLUSION

Psychologists approach the study of health, well-being, and employment by thinking about processes composed of multiple, intermediary steps that unfold over time and the role moderator variables play in shaping the effects at each stage. This perspective helps explain why effects sizes in this area of research are often small, and it has important implications for research design and the development of effective interventions.

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Work-Family Mismatch Through a Child Developmental Lens

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In this chapter, we shift the focus from workers to workers' children. We further narrow the focus to workers who are mothers. We explore whether maternal employment creates a mismatch with the developmental needs of children. We use the term *mismatch* to refer to the degree of correspondence between demands of the workplace and needs of workers—and in this case the children as well. Although the research on maternal employment has found no widespread negative implications for children's development, and indeed finds effects ranging from negative to neutral to positive, recent research has indicated that maternal employment may pose a mismatch with developmental needs at two ends of the age continuum—infancy and adolescence—although only for specific groups of families.

The particular focus on maternal employment and children, in part, reflects demographic changes in recent decades. A report of the Committee on Family and Work Policies of the National Research Council and Institute of Medicine (Smolensky & Gootman, 2003), which includes national data from