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MOTHERS EXPERIENCING ROLE CONFLICT

Prevalence of Depression Among Mothers Experiencing Role Conflict

By

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MOTHERS EXPERIENCING ROLE CONFLICT

Abstract

Research shows mothers and women have higher levels of role conflict and depression. The purpose of this study was to expand on the literature surrounding mothers with role conflict and their depression levels. The main hypothesis was mothers experiencing total role conflict have higher levels of depression compared to non-mothers. Additionally, four sub hypotheses were examined. A cross-sectional study was conducted. Long Island University students and staff, who were women, responded to a survey that included five demographic questions, the PHQ-9 scale, and The Role Conflict Scale. Total sample size was $n = 36$ with 18 respondents being mothers. Three hypotheses showed significant findings, however, only two were supported. Limitations include a small sample size, limited population, and research design. Based on the findings, the following conclusions can be drawn:

1. Mothers experience higher levels of role conflict than nonmothers
2. Mothers with Parent vs. Self role conflict tend to show high levels of depression
3. Levels of Professional vs. Self role conflict is associated with depression levels in non-mothers

Keywords: mothers, women, role conflict, depression, PHQ-9, Role Conflict Scale

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Chapter 1: Prevalence of Depression among Mothers Experiencing Role Conflict

Role theory is the idea that a person's behavior is determined by the roles they play in life (Turner, 1996). Often, individuals hold too many roles and they conflict with each other causing what is known as role conflict (Turner, 1996). Women experience higher levels of role conflict (Powell & Reznikoff, 1976; Spurlock, 1995) and are 3 times more likely than men to experience depression (Wetzel, 1994). Interestingly, Wetzel (1994), quoted "the roots of depression in women are directly related to their roles" (p.94). Women who are fully employed and who are mothers often feel greater inter-role conflict due to not being able to meet the demands placed on them (Gordon, et al., 2012; Hemmelgarn & Laing, 1991; Schneider & Waite, 2000). Often this causes distress and affects their emotional well-being (Gordon, et al., 2012; Hemmelgarn & Laing, 1991; Schneider & Waite, 2000). There is a high prevalence of depression among mothers as well and it is often associated with not being able to meet role expectations and feelings of inadequacy (Kruger et al., 2014; Sheperd-Banigan, et al., 2016; Wachs, et al., 2009; Zubair, et al., 2021). Additionally, higher levels of depression in mothers can affect the well-being of their children (Connelly, & O'Connell, 2021; Guerrero, et al., 2021; Joyner, et al., 2021; Wachs, et al., 2009).

Statement of the Problem

Based on the background it is clear that depression affects women at a higher rate than men. Women are often conflicted with the expectations society places on them and it is ever rising due to women taking on more roles in the workforce compared to being sole caretakers of children. Now more than ever, women are expected to excel at their careers while also being sole caretakers of their children. This could lead to exhaustion, burnout,

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mental health related issues, and feelings of inadequacy (Spurlock, 1995; Powell & Reznikoff, 1976). Most often, women are left conflicted and in positions where they have to choose between careers and motherhood (Schneider & Waite, 2000). Based on a qualitative study (Bowyer et al., 2021), womens' (based in the UK) experiences of juggling being a mother, wife and working were pointed out. For example, numerous mentions of being stretched too thin, little time for self care, unable to balance, being drained, and feelings of inadequacy in all roles were noted. Below you will find an experience of work-life balance among a mother (Boweyer, et al., 2021):

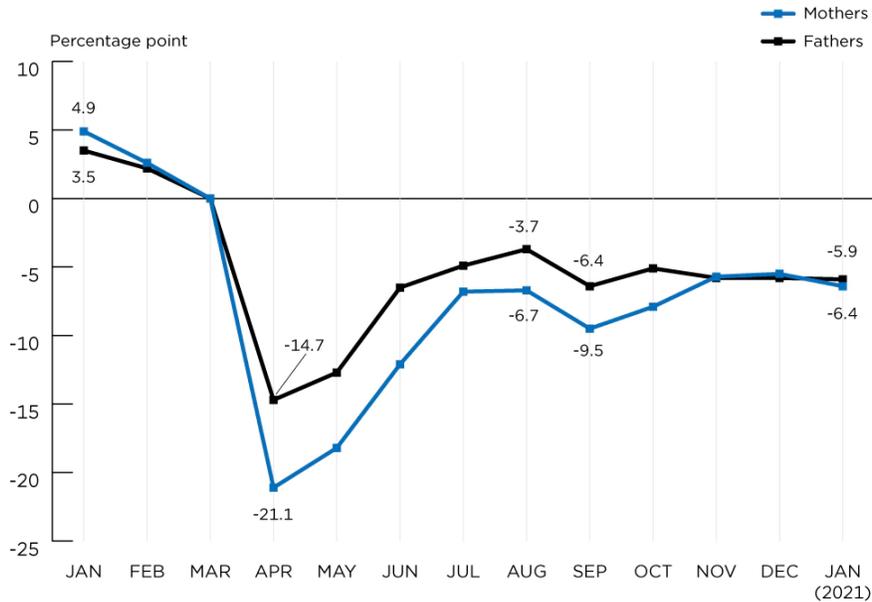
And then I would come home and it was as though I was floundering. My second shift would begin, and there was no one to share the burdens of parenting. I resented not having help from anyone. This is not who I was. I was a successful person who made things happen. And I felt stuck in a quagmire of shattered expectation, disappointment and exhaustion. (p. 323)

Additionally, we saw recently with the COVID-19 pandemic, women were left with an almost impossible decision on their shoulders because children had to stay home. Some women were forced to leave their careers (Collins et al., 2021). This added a new layer of stress that particularly mothers faced. According to the US Census Bureau, an article from Heggeness, et al., (2021), stated 45% of mothers with schoolage children stopped working during the pandemic. Additionally, by January 2021 there were still 1.6 million fewer mothers living with school aged children who did not return to work. At the height of the pandemic, in April of 2020, mothers active work status decreased more than fathers (21.1% vs. 14.7%) (see Figure 1). This indicates that more mothers left the workforce during the pandemic possibly due to having to take care of children who were

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out of school. According to Heggeness, et al., (2021), mothers could have been impacted more due to types of jobs women possess that were affected by closures and mothers tend to carry a heavier burden with household chores and child care compared to fathers.

Figure 1: Difference in Active Work Status of Parents living with Own School-Age Children Before and During the Pandemic by Month (adjusted to March)



Note: Actively working excludes parents who have a job but are on leave.

Source: Current Population Survey conducted jointly by the Census Bureau and the Bureau of Labor Statistics.

Distributed by Sarah Flood, Miriam King, Renae Rodgers, Steven Ruggles and J. Robert Warren. Integrated Public Use Microdata Series, Current Population Survey: Version 8.0 [dataset]. Minneapolis, MN: IPUMS, 2020.

This and many other news articles point out the discrepancy between mothers and fathers in the workforce and whom the burden of childcare fell on in a time of crisis.

Purpose of the Study

The purpose of this study is to expand on existing literature surrounding depression among mothers and the many roles they face on a daily basis. Mental health issues faced by mothers can often lead to mental health issues among children. If we concentrate on root problems, it may break the cycle and lead to more efficient strategies in preventative measures for mental health related issues among children. Additionally,

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if we can point out mental health related issues among mothers based on the impossible expectations, we can further promote new policies, such as the Family Medical Leave Act, that begin with helping new mothers better and supporting mothers in the workforce.

Mothers are the most important and influential people in their child's life. Their mental health should be more of a concern. The following key terms are defined as follows for this study.

Definitions of Key Terms

Role. The characteristic behaviors enacted by persons occupying social positions (Turner, 1996, p. 584)

Inter-role Conflict. Occurs when the role expectations associated with various positions held by an individual are incompatible with one another (Turner, 1996, p. 586)

Role Conflict. occurs when a person experiences incompatible demands in the performance of his/her designated roles (Turner, 1996, p. 586)

Role Strain. Occurs when an individual cannot meet the demands of their individual roles (Hemmelgarn & Laing, 1991)

For the purpose of this study, role conflict, role strain and inter-role conflict will be used interchangeably based on the usage in the literature.

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Chapter 2

The following literature review examines role theory. Additionally, it also provides the current research completed on role conflict/interrole conflict and depression among women and mothers.

Role Conflict

Based on Turner's role theory, social behaviors are determined by the roles individuals are expected to enact in their lives (Turner, 1996). A role is a set of actions or behaviors an individual takes on (Turner, 1996). "Role theory provides an especially useful perspective for understanding many of the stresses that individuals, couples, and families are experiencing" (Turner, 1996, p. 591). Turner's role theory includes the idea of role conflict. Role conflict occurs when an individual cannot meet the expectations of multiple roles. Most often, role conflict is described when discussing mothers who feel inadequate when fulfilling multiple roles such as mother, wife, worker. Turner's role theory describes this as inter-role conflict (Turner, 1996).

Role Conflict among Women and Mothers

Women experience higher rates of role conflict (Spurlock, 1995; Powell & Reznikoff, 1976). Spurlock (1995) points out often, expected roles can overlap with each other and cause significant conflict and stress. Wetzel (1994) adds most often, women are burdened with multiple roles. In addition, specifically married women will find their roles more difficult resulting in more mental health challenges when conflicted between personal needs and expectations (Powell & Reznikoff, 1976). However, "other evidence suggests that it is motherhood rather than marriage that is responsible for the differences in rate of mental illness between men and women" (Powell & Reznikoff, 1976, p. 473).

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Research suggests when women are fully employed and take on the added role of mother, it can contribute to their stress levels (Gordon, et al., 2012; Hemmelgarn & Laing, 1991; Schneider & Waite, 2000). Based on compiled data from 500 families about work family conflicts, mothers report taking on more household responsibilities in addition to their full-time jobs (Schneider & Waite, 2000). Hemmelgarn & Laing (1991) found “women who worked full time experienced higher levels of role strain than women who were employed part time or in not regularly scheduled positions” (p. 13). In addition, parenting and caregiving roles are heavily performed by mothers (Gordon, et al., 2012; Schneider & Waite, 2000). Often, work responsibilities collide with caregiving/parenting responsibilities and it can contribute to stress levels among women (Gordon, et al., 2012; Schneider & Waite, 2000). While Gordon, et al., (2012) discusses caregiving responsibilities among older women (50-64 years old), their results showed significant evidence supporting women experiencing higher distress levels when caregiving responsibilities conflict with work demands. Both parents feel as if they have to choose between work and family obligations, but feelings of guilt and regret fall mostly on mothers (Schneider & Waite, 2000). When mothers experience more inter-role conflict, they are less satisfied with life and tend to consume more alcohol (Dira, et al., 2003; Kuntsche & Kuntsche, 2019).

Depression Among Women and Mothers

Research shows women have a higher prevalence of depression rates when compared to men (Moustafa, et al., 2020; Martin, et al., 2020; Powel & Reznikoff, 1976; Spurlock, 1995; and Wetzel, 1994). Moustafa, et al., (2020) point out depression is associated with major and sudden life changes among women and suggests the bigger the

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change, the higher the level of depression. In addition, Moustafa, et al., (2020) note prevalence among fathers was much lower than in mothers “possibly due to mothers taking on bigger roles” (p. 1506). This was part of a discussion about postpartum depression, which most research tends to focus on in women. Even with the limited amount of research, Martin, et al., 2020 discussed prevalence rates of depression beyond the scope of postpartum and that the prevalence rate of depression is high among women in their reproductive years. The systematic review highlighted the prevalence rate of depression and substance use among females across the lifespan but points out a finding that more women that were in need of depression treatment were parenting (Martin, et al., 2020). In addition, Wetzel (1994) discussed theories surrounding depression among women. Women are 3 times more likely than men to experience depression and 1 in 7 women would be hospitalized (Wetzel, 1994). While a bit dated, Wetzel (1994) points out the risk of depression among women is only increasing. Most often, loneliness correlates with depression in women and the women who are in the following categories are more likely to experience depression: “solitary housewives, displaced homemakers, separated, divorced, or widowed women” (p. 93), and women who are in unsupportive environments.

Role strain has an effect on an individual’s psychological well-being (Hemmelgarn & Laing’s, 1991) and “the roots of depression in women are directly related to their roles” (Wetzel, 1994, p. 94). Working mothers with young children who experience stress at their jobs show higher levels of depression (Sheperd-Banigan, et al., 2016; Zubair, et al., 2021). Additionally, when there are multiple younger children in the home, women are more likely to experience depression (Wetzel, 1994). Interestingly,

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mothers with young children showed lower levels of depression when they were able to work from home and Sheperd-Banigan, et al., (2016) explained that this could be due to being able to spend more time at home with their children. In addition, working mothers who felt they did not have enough time to do everything showed mild to moderate levels of depression, especially when leaving children at daycare and feeling poor attachment with their children (Zubair, et al., 2021). In a qualitative study, South African low-income mothers were asked to discuss their anger and depression and Kruger et al., (2014) concluded idealizations and expectations surrounding motherhood may be the cause for feelings of frustration, anger, and depression. The study was based on women who had anger towards their children due to feelings of depression and Kruger et al., (2014) points out based on the interviews, mothers were “distressed about their inability to be good mothers' (p. 473). Wetzel (1994) used Social Role Theory to discuss depression among women and pointed out what is devastating to a women’s self esteem is when they are overcome with conflicting roles.

Depression Among Mothers and the Impact on their Children

When mothers face depression, it can have an impact on their children (Connelly & O’Connell, 2021; Guerrero, et al., 2021; Joyner, et al., 2021; Wachs, et al., 2009). Wachs, et al., (2009) review on maternal depression states there is a high prevalence of depression among mothers and it has a negative effect on child’s well-being and development. Wachs, et al., (2009) primarily discusses the global threat on children that maternal depression can impose and the implications of lack of treatment. However, a subsection points out health concerns, behavioral problems, and other cognitive deficits that children of depressed mothers face (Wachs, et al., 2009). In addition, children and

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adolescents raised by mothers with depression experienced more internalizing and externalizing problem behaviors (Guerrero, et al., 2021; Joyner, et al., 2021). Guerrero, et al., (2021) conducted a study on the second year of life among children with depressed mothers and found problem behaviors up to age 9 on those children. In addition, Connelly & O'Connell (2021) also found particularly adolescent girls who had mothers with depression, by age 9, were more susceptible to depression themselves when they hit 13. This is an important aspect to keep in mind because there may be an unfortunate cycle among females experiencing depression and role conflict in the future.

Research Question and Hypotheses

Previous research discusses role strain and depression among women and mothers, however there is little research on if higher levels of role conflict or interrole conflict is associated with higher levels of depression in mothers. Based on the previous literature and the limited research, the purpose of this study is to examine the relationship between role conflict among mothers and their mental health.

The following research question will guide the study: Do mothers who experience role conflict have higher levels of depression compared to non-mothers? The following hypotheses will be examined:

H1. Women who are mothers and experiencing total role conflict have higher levels of depression compared to women who are not mothers

H2. Mothers show higher levels of total role conflict compared to non-mothers

H3. Mothers experiencing high levels of Professional vs Parent role conflict have high levels of depression.

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H4. Mothers experiencing higher levels of Professional vs. Self role conflict will have higher levels of depression compared to women who are not mothers

H5. Mothers who have high levels of Parent vs. Self role conflict will have high levels of depression

Chapter 3

The following method was used throughout this research study.

Research Design

The research design included a cross-sectional survey given out electronically to female students and faculty of Long Island University (LIU) campuses through CampusLabs. CampusLabs is an online resource that helps with survey setup and distribution.

Population and Sampling

Inclusion criteria was that respondents were LIU students/staff and females. To make sure no males partook in the survey, a gender question was asked and if the respondent answered “male”, the survey ended there. Additionally, a non-probability purposive sampling strategy was used to survey women who are mothers, non-mothers, employed, unemployed and students. The method included sending out surveys through email to faculty and students who attend LIU. To get the surveys to students, a link was emailed to professors (through the campus directory) of different departments asking if the survey can be passed on to students in that department. In addition, professors were also asked to fill out the survey. Surveys were given out one time, collected and analyzed once.

Instrumentation

The dependent variable, depression, was operationalized using the Patient Health Questionnaire (PHQ9) (Kroenke, et al., 2001). The independent variable, role conflict, was operationalized using the Role Conflict scale (Holahan, et al., 1979). In addition, respondents were asked five demographic questions (See Appendix A).

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Depression

The patient health questionnaire (PHQ9) (Kroenke, et al., 2001) is a subscale of the PHQ and was used to measure depression. The measure includes 9 items on the frequency of feelings of depression, which are answered on a likert scale from 0-3 (0=not at all; 3=nearly every day) and is then scored by adding up the sums of each column. Scores are then added up and put on a likert scale of 1-27 (1-4 = minimal depression; 5-9 mild; 10-14= moderate; 15-19=moderately severe; 20-27= severe depression (Kroenke, et al., 2001). The PHQ-9 is shown to have strong internal reliability, convergent validity and criterion validity (Kroenke, et al., 2001; Maroufizadeh, et al., 2019; & Wang, et al., 2021). Kroenke et al., (2001) indicated the PHQ-9 has excellent internal reliability and criterion validity with a Cronbach's alpha of ($\alpha=.89$). Wang et al. (2021) completed a systematic review and meta-analysis including 32 research studies with samples of women and found moderate convergent and criterion validity between the PHQ-9 and EDPS. Additionally, another study by Maroufizadeh et al., (2019) including women with fertility issues also showed strong validity with a Cronbach's Alpha score ($\alpha=.85$). Cronbach's alpha for the depression scale in the current survey was $\alpha=.82$

Role Conflict

The Role Conflict Scale (Holahan, et al., 1979) was used to measure internal conflict based on pairs of four major life roles of worker, spouse, parent, and self as self-actualizing person. The six subscales are as follows: Professional vs Self, Spouse vs. Parent, Spouse vs. Self, Parent vs. Self, and Professional vs. Spouse (Holahan, et al., 1979). For the purpose of this study the total role conflict scale and three subscales were considered (Professional vs. Parent, Professional vs. Self, and Parent vs. Self). Each item

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is scored on a likert scale to assess internal conflict each situation poses to the individual from 1-5 (1= causes no internal conflict; 5= high internal conflict) (Holahan, et al., 1979). According to Holahan, et al., (1979), a Role Conflict mean score is computed. The Role Conflict subscales scores are also computed with mean scores, with higher scores indicating high internal conflict (Holahan, et al., 1979). Psychometrics for the Role Conflict scale are noted in the three subscales and they ranged from .81 to .88, indicating good internal validity (C. Holahan, personal communication, December 8, 2021). Table 1 reports Holohan, et al's., (1979) descriptions of subscales and corresponding alphas (see Table 1). Internal reliability coefficients were run on the sample from this study indicating Total Role conflict Cronbach's alpha of .90. Additionally, Cronbach's alpha values for subscales were run with the sample from this study and are as follows: Professional vs. Parent =.73; Professional vs. Self =.78; Parent vs. Self =.75. The subscales show good internal validity.

Table 1. Description of Subscales and Corresponding Alphas (Holohan, et. al., 1979, p. 87)

Scale	No. of Items	Cronbach's α	Representative Item
Worker ^a vs. Parent	4	.81	Spending most evenings on work-related activities vs. spending most evenings with your familys
Worker vs. Self	4	.86	Wanting to be recognized at a high level in terms of your work vs. wanting to maximize your personal development
Parent vs. Self	3	.88	Giving priority to your family vs. giving priority to yourself

^a Worker is used instead of professional in this table

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Demographics

Respondents were asked five demographic questions including marital status, employment status of participant and spouse, if respondents have children or not (if so, how many and ages), and what age respondents are.

Data Collection and Data Analysis

Respondents filled out the survey and submitted. Surveys were completed through the CampusLabs link and a multivariate analysis of the demographic, independent, and dependent variables using the SPSS statistical software was conducted (IBM Corp, 2020).

Assumptions

Data will meet assumptions of normality. Additionally, estimated sample size will be $n=30$. According to Machin, et al., an acceptable sample size for clinical studies is $n=30$.

Ethical Assurances

IRB proposal was submitted and accepted through LIU. An electronic consent form was provided to respondents which outlined the risks and benefits of the study. In addition, the possibility of opting out was provided on the consent form. No compensation for participation was given. If respondents agreed, the survey continued through Campus Labs. Confidentiality was ensured by letting respondents know in the consent form that information provided will be anonymized and will only be used for the present study. This ensured that no harm came to respondents.

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Summary

The IRB proposal was submitted and accepted for a cross-sectional survey given out electronically to students and faculty of Long Island University (LIU) campuses through CampusLabs. Female respondents filled out an electronic survey that included five demographic questions, the PHQ-9 depression scale, and the Role Conflict Scale. Confidentiality was ensured by having an electronic consent form at the start of the survey. Data will meet assumptions of normality.

Chapter 4

Survey responses from CampusLabs were downloaded into SPSS v. 28. A multivariate analysis including descriptive data and information about the predictor variables and outcome variables was performed. The results from the analyses of the four hypotheses are provided.

Missing Data

Forty students and staff from LIU responded to the survey. Of these, two respondents were male and deleted in the data given the inclusion criteria. Additionally, two respondents were female but answered only one demographic question and no other survey items thus were excluded, leaving a sample size (n=36). Of those 36, not all completed every item of the survey. Additionally, part of the analysis, for our fifth hypothesis, was run only on mothers who had a sample size of n = 18 and assumptions of normality for sample size are not met.

Descriptive Data

As shown in Table 2, the demographic characteristics indicate mean age of respondents as $\bar{x}=34.9$, $SD=13.9$. Over fifty percent of respondents were single (58.3%) and over twenty-five percent were married (27.8%). Additionally, there was an equal number of respondents who were separated or divorced (5.6%) and one respondent was a widow (2.8%). Over half of respondents were employed full time (64.3%) and almost a third of respondents were employed part time (32.1%). The remaining 3.6% were unemployed. Sixteen respondents were students; 33.3% full time students and 11.1% part time students. Respondents who answered that they were married were asked an additional question regarding their spouse's employment. Six married respondents had a

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spouse working full time (16.7%) while two had a spouse working part time (5.6%). Half of the respondents had children while the other half did not (50%). Fifty percent of the total sample had a mean of two children ($\bar{x} = 2$, $SD=1$).

Table 2. Descriptive Statistics of Respondents

Variable		n	%	Mean	SD
Marital Status (n = 36)	Married	10	27.8%		
	Single	21	58.3%		
	Divorced	2	5.6%		
	Separated	2	5.6%		
	Widowed	1	2.8%		
Are you employed? (n=28)	Employed Full Time	18	64.3%		
	Employed Part Time	9	32.1%		
	Unemployed	1	3.6%		
Student status (n=16)	Full Time Student	12	33.3%		
	Part Time Student	4	11.1%		
Is your Spouse Employed? (n=8)	Employed Full Time	6	16.7%		
	Employed Part Time	2	5.6%		
	Unemployed	0	0.0%		
Do you currently have children? (n=36)	Yes	18	50.0%		
	No	18	50.0%		
Age at last Birthday (n=34)				34.9	13.9
How many children do you have? ^a (n=18)				2.0 ^b	1.0

Note. ^a 50% of the sample had children (n=18). ^b Actual mean was 2.2.

Dependent and Independent Variables

Table 3 presents descriptive statistics for the dependent variable (depression) and the independent variable (role conflict) along with the six role conflict subscales.

Depression was normally distributed (skewness=.593), with a mean score of 6.59 and standard deviation of 5.25. The mean score is the level of depression respondents felt and results indicate a mild level of depression. Additionally, total role conflict scores were

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normally distributed (skewness=.206), with a mean score of 1.70 and standard deviation of .87. The mean total role conflict score is the level of internal conflict respondents felt and results indicate respondents felt slight internal conflict. Each subscale was normally distributed. Professional vs. Self (skewness=3.90) with a mean score of 2.44 and standard deviation of 1.38; Professional vs. Parent (skewness=.555) with a mean of 1.79 and standard deviation of 1.27; Parent vs Self (skewness=.517) with a mean of 2.23 and standard deviation of 1.42; Professional vs. Spouse (skewness=.558) with a mean of 1.40 and standard deviation of 1.21; Spouse vs. Self (skewness=.349) with a mean score of 1.28 and standard deviation of 1.02; and Spouse vs. Parent (skewness=.829) with a mean of 1.03 and standard deviation of 1.25. Subscale mean scores are the level of internal conflict respondents felt. Based on the results, respondents had higher mean scores in the subscales Professional vs. Self and Parent vs. Self, indicating slightly higher levels of role conflict in those areas.

Table 3. Descriptive Statistics on the Dependent Variable and the Independent Variables

Variable	n	Mean	SD	Range	Skewness
Depression	27	6.59	5.26	0.00 - 18.00	.593
Total Role Conflict	29	1.70	.87	.23 – 3.36	.206
Professional vs. Self	36	2.44	1.38	.25 – 5.00	.390
Professional vs. Parent	36	1.79	1.27	0.00 - 4.50	.555
Parent vs. Self	36	2.23	1.42	0.00 - 5.00	.517
Professional vs. Spouse	36	1.40	1.21	0.00 - 3.50	.558
Spouse vs. Self	36	1.28	1.02	0.00 - 3.50	.349
Spouse vs. Parent	36	1.03	1.25	0.00 - 3.67	.829

Research Question and Hypotheses

Multiple Linear regressions were run separately on both Total Role Conflict scores and the three Role Conflict subscales and levels of depression comparing mothers to non-mothers. Additionally, an Independent Samples t-test was conducted comparing mothers' Total Role Conflict Scores with nonmothers' Total Role Conflict Scores. An analysis of standard residuals was carried out on the data to identify any outliers, which indicated that the data contained no outliers that needed removal. There was no evidence of multicollinearity of predictor variables. The data met assumptions of normality with normally distributed residuals. The results of these hypotheses are provided here.

Hypothesis #1: Women who are mothers and experiencing Total Role conflict have higher levels of depression compared to women who are non-mothers.

Results from the multiple linear regression analysis indicated that there was no significant effect between the predictor variables (Total Role Conflict Score, Mother Status) and depression, $R^2 = .14$, $F(2,33) = 2.62$, $p = .088$. It was found that mothers with total role conflict did not have significantly higher levels of depression than non-mothers. Given the results of this regression, we fail to reject the null hypothesis.

Hypothesis #2: Mothers will experience higher levels of role conflict than non-mothers

An Independent Samples *t*-Test was run to find out if mothers have higher levels of role conflict versus non-mothers. Tests of normality were run and met levels for acceptability. According to Levene's test of Equality of Variance, there were significant differences among the group variances. The Independent Samples t-test showed a

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significant mean difference between mothers and non-mothers and role conflict, $t(27) = -2.06, p = .025$. Results showed that mean scores for mothers' level of role conflict was 2.00 (SD = .83), whereas nonmothers' level of role conflict was 1.4 (SD= .81), indicating that mothers showed a level of slight internal conflict while non-mothers showed no internal conflict. The Hedges' g showed an effect size of .85, indicating a strong effect. Substantially this indicates there is a strong relationship between mother status (mother vs. non mother) and role conflict. Based on the results, we reject the null hypothesis.

Hypothesis #3: Mothers experiencing high levels of Professional vs Parent role conflict have high levels of depression

Data was only run on mother respondents ($n = 18$). Results indicated that there was no significant effect between the predictor variables (Professional vs Parent Role Conflict score and depression), $R^2 = .046, F(1, 13) = .629, p = .442$. It was found that mothers with Professional vs. Parent role conflict did not have significantly high levels of depression. Given the results of this regression, we fail to reject the null hypothesis.

Hypothesis #4: Mothers experiencing higher levels of Professional vs. Self role conflict will have higher levels of depression compared to women who are non-mothers

Results indicated that Professional vs. Self role conflict in mothers vs. non-mothers explains 17.4 % of the variance in depression, $R^2 = .174, F(2, 33) = 3.49, p = .042$. Although this regression is significant with an overall explained variance in depression at only 17.4%, it was found that nonmothers with Professional vs Self Role Conflict have significantly higher levels of depression than mothers. The strength of the relationship of Professional vs Self role conflict, while controlling for mother status was ($\beta = .361, p = .029$).

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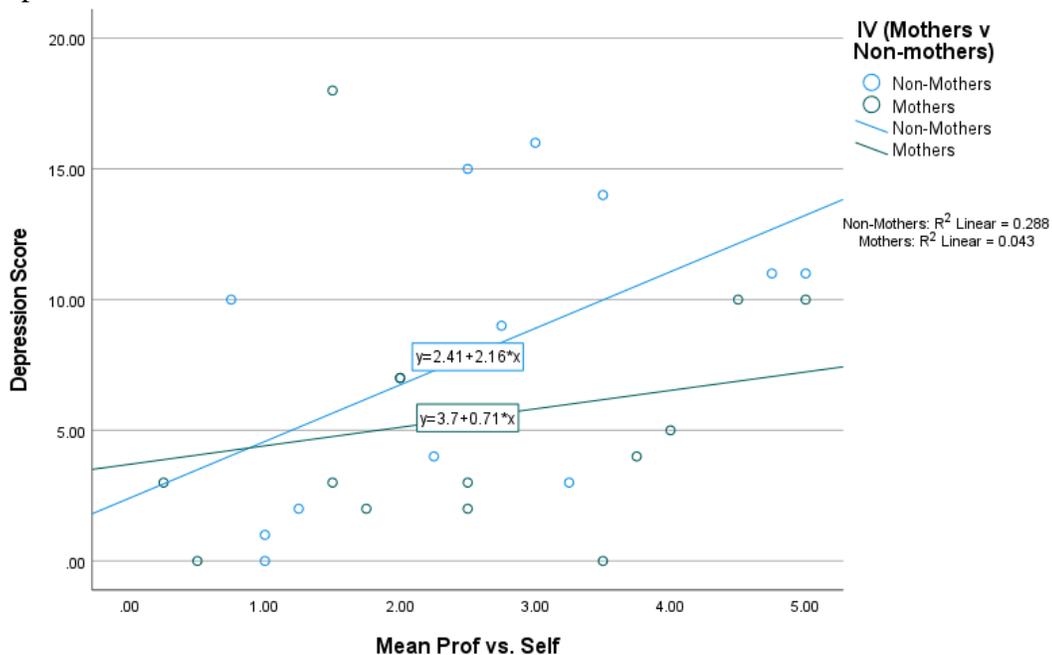
The regression equation for this hypothesis is:

$$Y = a + b_1x_1 + b_2x_2$$

The estimated intercept of 4.36 shows average depression scores among respondents.

The unstandardized regression coefficient for mothers vs. nonmothers was -2.01 and the unstandardized coefficient for Professional vs. Self role conflict was 1.33. If respondents were mothers, their depression score went down 2 points, indicating they had lower levels of depression than if they were not a mother. However, the higher the respondent's Professional vs Self role conflict scores, the higher their depression score. Looking at Figure 2, the scatterplot shows non-mothers' depression scores are higher as their Professional vs. Self scores increases. While data shows significance, the current hypothesis is not supported.

Figure 2: Scatterplot of Mothers v Nonmothers and Prof v Self Role Conflict Predicting Depression



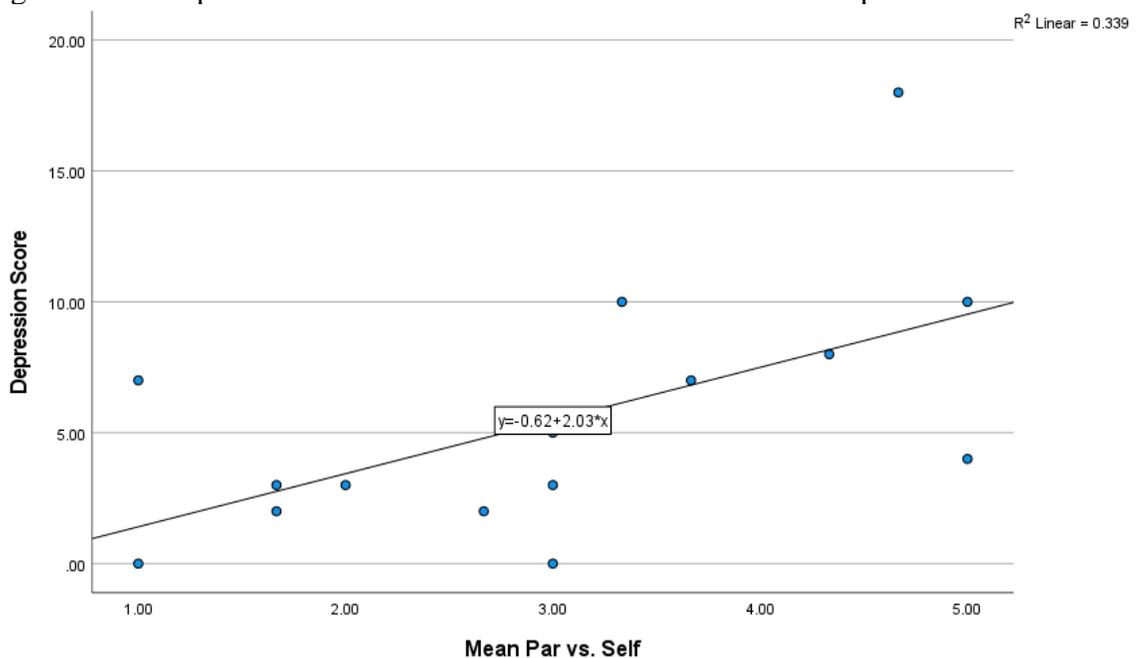
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Hypothesis #5: Mothers who have high levels of Parent vs. Self role conflict will have high levels of depression

Data was run using only mother respondents. Results indicate that Parent vs. Self role conflict in mothers explains 33.9 % of the variance in depression, $R^2 = .339$, $F(1, 13) = 6.65$, $p = .023$. It was found that mothers with Parent vs Self role conflict have significantly high levels of depression ($\beta = .58$, $p = .023$). The estimated intercept of $-.624$ is the average depression score among respondents.

The unstandardized regression coefficient for Parent vs Self role conflict was 2.03. If respondents (mothers) had Parent vs. Self role conflict, their depression score increased by 2 points indicating mothers with Parent vs. Self role conflict have high levels of depression. Looking at Figure 3, the scatterplot shows mothers' depression scores increase as their Parent vs. Self scores increase. Given the results of this regression, we reject the null hypothesis.

Figure 3: Scatterplot of Mother's Parent v. Self Role Conflict and Depression



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Summary

Five hypotheses were examined and results from two out of the five hypotheses are supported. Multiple linear regressions and one t-test were run and results showed mothers experiencing total role conflict did not have higher levels of depression than non-mothers. However, findings showed mothers experiencing Parent vs. Self role conflict had high levels of depression. While significant, data showed non-mothers who experience high levels of Professional vs Self role conflict had higher levels of depression than mothers. Additionally, the hypothesis that mothers experiencing Professional vs. Parent role conflict will have high levels of depression was also unsupported.

Chapter 5: Implications, Recommendations, and Conclusions

This chapter is going to discuss strengths and weaknesses, implications, and recommendations of practice and policy based on the literature and the results. Based on results, overall role conflict and depression was not associated. However, when examining the subscales, association with depression was found with some role conflict. Additionally, role conflict is associated with mother status. The implications for each hypothesis will be discussed.

Strengths and Weaknesses

There were a number of strengths and weaknesses which will be discussed. Types of limitations for the current study include missing data, sample size and population, and research design.

The first limitation surrounds missing data. Nine respondents did not complete the entire survey. Because of this, sample size was decreased. However, those who did not complete it did not look characteristically different from the rest of the respondents which is also a strength because results should not have been impacted based on characteristics.

Additionally, the biggest limitation of this study was the small sample size and the limits in generalization back to the population. The main hypothesis was mothers experiencing total role conflict would have higher levels of depression compared to non-mothers. Results showed that while there was no statistical significance, the data was approaching significance with a value of $p = .088$ and had an effect size of Cohens $f^2 = .16$ which indicated that there was a moderately strong substantive finding. If the sample size had been larger, the first hypothesis may have shown significance. Additionally, a limitation was only being able to send out surveys to students and staff of LIU. The

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findings of this study can only be generalized to college-women and older women employed at the university.

The research design also had some strengths and weaknesses. Cross-sectional studies, like the current one, are less time consuming, cost effective, and have ease of collection of data. However, the current study is not an experimental study. Experimental designs are stronger because of their temporal priority and causal results. Therefore, the current study's results can only say that role conflict and depression are correlated. Participants' role conflict and depression levels could be examined over time instead of at one point in time which would allow researchers to rule out other external factors for depression levels. Depression levels could have been influenced by external factors such as the COVID pandemic and world problems at the time. In addition, the survey was taken during the middle of the semester at LIU college where respondents were students and staff, which could also have had an impact on depression levels.

Implications

When mothers prioritize parenting over themselves, it seems that they show high levels of depression. Our findings show in what areas mothers show higher levels of conflict. This is important to mental health care for mothers and their children.

Implications for each hypothesis finding is considered here.

Hypothesis #1

The first hypothesis was mothers experiencing total role conflict will have higher levels of depression. While the first hypothesis had non significant findings, the data showed the relationship between mother status, role conflict and depression are strong enough to warrant further investigation. However, based on the current results, age of

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children was not considered in the study and may have made a difference in results. For example, past literature points out that working mothers with younger children have higher depression levels than mothers with older children (Sheperd-Banigan, et al., 2016; Zubair, et al., 2021). Additionally, previous literature mentions a higher number of children in the home contributes to stress levels as well. The current study had a mean of 2 children, which is on the lower end and no additional tests were run on the number of children and depression levels.

Hypothesis #2

The second hypothesis indicated that mothers showed higher levels of Total Role Conflict compared to non-mothers. This hypothesis was supported. Past literature also states when women take on the added role of mother it contributes to higher stress levels (Gordon, et al., 2012; Hemmelgarn & Laing, 1991; Schneider & Waite, 2000). When women become mothers, it adds a new role that includes additional individuals to care for and prioritize. This seems to conflict with additional roles and bring on an additional level of responsibility that non-mothers may not have which may explain the outcome of results.

Hypothesis #3

The hypothesis mothers with Professional vs. Parent role conflict have high levels of depression showed non significant findings, which is contrary to what previous literature says. Working mothers who felt they did not have enough time to do everything showed mild to moderate levels of depression, especially when leaving children at daycare and feeling poor attachment with their children (Zubair, et al., 2021). When looking at this hypothesis and having only mothers with a sample size of $n = 18$, results

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may not have been accurately captured among mothers. Looking at characteristics of mothers who responded, most were not new mothers which could have been an indication of the reason behind non significant levels of depression as well. Literature points out new mother's experience high levels of depression in the postpartum period (Moustafa, et. al., 2020). In addition, research shows that mothers working from home had lower levels of depression (Sheperd-Banigan, et al., 2016) and due to the recent COVID-19 pandemic, more mothers may have been working from home at the time of the study.

Hypothesis #4

The fourth hypothesis is mothers with Professional vs. Self role conflict have higher levels of depression compared to non-mothers. While results showed significance, it was non-mothers who had significantly higher levels of depression than mothers. Based on the literature, depression is associated with major and sudden life changes among women and suggests the bigger the change, the higher the level of depression (Moustafa, et al., 2020). Looking at the demographic data, nonmothers had a higher rate of full-time student status than mothers (67% vs. 22%, respectively), which could indicate major life changes. Additionally, nonmothers had a mean age of 24 vs. mothers with a mean age of 47 which could also impact the different levels of depression. There may be a relationship between student status, mother status, age, and depression which was beyond the scope of the study.

Hypothesis #5

The hypothesis was mothers with Parent vs. Self role conflict will have high levels of depression. The results showed Parent vs. Self role conflict and depression were significantly associated. Even though the sample size of $n = 18$ was minimal, the results

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showed that mothers who prioritized their parenting role over themselves were associated with high levels of depression. Often, mothers try to do everything they can to be the best mother and unfortunately it leaves little time for themselves. Additionally, mothers are constantly distressed about feeling inadequate when it comes to being a “good mom” (Kruger et al., 2014). There is often societal pressures and judgments that mothers can sometimes feel that they will never measure up. It may be that mothers are spending so much time trying to reach that expectation and forgetting themselves in the process which could possibly lead to feelings of depression.

Recommendations

The results of the current study can not only aid mental health professionals in practice but can also show policymakers the effect of role conflict on mothers’ mental health and shape new Family Leave Policies. Because of the impact maternal depression can have on children, preventative care practices will be discussed. Additionally, changes to the Family Leave Act policy will be discussed and recommendations for further research are suggested.

Recommendations for Practice

Findings showed the areas mothers had concerning higher levels of role conflict in and the impact it had on their mental health. For example, because mothers have higher levels of role conflict than nonmothers, mental health workers can offer more support to mothers managing roles and guide them to finding more support around them. When mothers prioritize parenting over themselves, it seems that they show high levels of depression. Perhaps more self care techniques and support groups can be utilized for clients who are mothers.

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Previous research showed depression among mothers impacts their children's mental health (Connelly & O'Connell, 2021; Guerrero, et al., 2021; Joyner, et al., 2021; Wachs, et al., 2009). It is important to find root causes so that preventative measures are obtainable. Often, mental health care is reactive to children's mental health challenges and instead, should be proactive. Help for children may have to begin by looking at what their parents are suffering with and offering support. Research like this can show that different types of role conflict and depression are associated in mothers. If those areas are better addressed in mental health care practices, perhaps it will trickle down and children may not experience depression or other mental health illnesses in their future. Parenting classes, psychoeducation, self care techniques, mindfulness, and other therapeutic techniques should be restructured and utilized for mothers which may help in the vicious cycle of depression families may face.

One major way to support more mothers and families is with policies such as the Family and Medical Leave Act. The current policy does not allow for much paid family leave which often leaves new mothers making choices to return to work earlier than they would like. If mothers are, in fact, facing higher levels of role conflict, they may benefit from more than the current policy of only 12 weeks leave after the birth of a baby. Even before a new mother has learned about the new major life role she just took on, she is told to go back to work or has to go back early because of finances. If more studies are done to show the repercussions of role conflict among mothers, perhaps changes in policies like the FMLA can be made to better support mothers who are influential to their children. Changes to the current policy should include extending the amount of leave

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families get and using funds to keep mothers paid during maternity leave so that difficult choices don't have to be made.

Recommendations for Future Research

Future research should replicate this study possibly with an experimental research design that includes a larger sample size and broader population. Additionally, an experimental research design would allow for treatments for depression or intervention plans such as support groups for mothers to assist them with balancing their roles. This would also offer another layer of support mothers may or may not have which could make a difference in depression levels.

Additionally, a mixed method approach to a similar study would also be beneficial to see mother's personal experiences. This would allow researchers actual representation of how mothers are feeling about their roles and how it may impact their mental health. Age of children could be focused on more in future studies as well. For example, research can include only mothers with young children and their mental health status. Furthermore, mental health illnesses such as anxiety among mothers experiencing role conflict could add to the existing research and expand our knowledge surrounding mothers and mental health. In addition, age, student status, mother status and depression seem to be associated. Future studies could add to past literature by focusing more on these particular characteristics in association with role conflict and depression.

Conclusion

Based on the findings, the following conclusions can be drawn:

1. Mothers experience higher levels of role conflict than nonmothers

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2. Mothers with Parent vs. Self role conflict tend to show high levels of depression
3. Levels of Professional vs. Self role conflict is associated with depression levels in non-mothers

Wetzel (1994) quotes when discussing mothers, “shouldn’t we focus on their well-being if they are such essential figures” (p.92). The answer is yes. Mental health care for mothers and support for mothers does not seem to be as important as it should be. Perhaps with more studies like these, that show the mental health issues related to the role conflict that mothers experience, individuals will realize the amount of care and support mothers and women in general desperately need.

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Appendix A: Survey

This study is looking at the roles of mothers as a worker, spouse, and parent. It will take approximately 15 minutes to take. Please answer as honestly as you can as there are no right or wrong answers.

Informed Consent

All women are invited to participate in a research study about the roles of mothers. The goal of this research study is to better understand all tasks mothers perform in their daily lives.

Participation in this study is voluntary. The survey includes questions about roles among mothers. You can choose to stop at any point during the survey.

Participating in this study may not benefit you directly, but it will help us learn more about expected roles of mothers. You may find some questions are personal, but we expect that they would not be different from the kinds of things you discuss with family or friends.

The information you will share with us if you participate in this study will be kept completely anonymous. No one will be able to see your survey or know that you participated in this study.

Please note: You must be 18 or older to participate in this study.

By continuing on to the survey, you are consenting to participate in this study.

Check 'I Consent to Participate' to move on)

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Demographics

Gender

Male (qualifier that ends survey)

Female

Age at last birthday: _____

Marital Status (please check one):

Married

Single

Divorced

Other: _____

[Displays if previous answer is "Married"]

Is your spouse currently (check **all** that apply)

Employed Full Time

Employed Part Time

Unemployed

Full Time Student

Part Time Student

Are you currently (please check **all** that apply)

Employed Full Time

Employed Part Time

Unemployed

Full Time Student

Part Time Student

Do you currently have children? (check one)

Yes

No

[Displays if previous answer is "Yes"]

How many children _____

Age of children _____

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Listed below are situations which commonly occur in the life of married couples. I am interested in knowing the degree of internal conflict* within yourself each of these particular situations poses for you **at this time or stage in your life**. Please use the following 5-point scale to indicate in your opinion, how much internal conflict each of the following situations **presently poses for you**. If a situation is not applicable to you, circle NA.

(*Internal conflict – a struggle inside oneself, often posed by conflicting psychological beliefs or desires)

Causes No Internal Conflict	Slight Internal Conflict	Some Internal Conflict	Moderate Internal Conflict	High Internal Conflict
1	2	3	4	5

1. Putting yourself first in terms of your work versus your spouse putting themselves first in terms of his work	1	2	3	4	5	na
2. Wanting to be recognized at a high level in terms of your work versus wanting to maximize your personal development	1	2	3	4	5	na
3. Supporting your child's recreational activities versus spending time on your career development	1	2	3	4	5	na
4. Taking a long vacation with only your spouse versus being with your child	1	2	3	4	5	na
5. Your need for time with your spouse versus your spouse's need for time with you	1	2	3	4	5	na
6. Attending social functions which support your spouse's career versus attending functions congruent with your own interests	1	2	3	4	5	na
7. Giving priority to your family versus giving priority to yourself	1	2	3	4	5	na
8. Feeling that your spouse would be unable to function and keep themselves together if he did not succeed career-wise versus wanting to put yourself first career-wise	1	2	3	4	5	na
9. Wanting to advance career-wise versus wanting to have a family	1	2	3	4	5	na

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10. Spending most evenings on work-related activities versus spending most evenings with your family	1	2	3	4	5	na
11. Entertaining the colleagues of your spouse versus using your recreational time for you own needs	1	2	3	4	5	na
12. Devoting recreational time to yourself versus devoting recreational time to your child	1	2	3	4	5	na
13. Handling household management yourself versus feeling that your spouse should share household responsibilities	1	2	3	4	5	na
14. Wanting to be alone versus your child wanting to be with you	1	2	3	4	5	na
15. You attitudes in regard to extramarital relationships versus your spouse's attitudes in regard to extramarital relationships	1	2	3	4	5	na
16. Feeling it is more important for your spouse to succeed in their work versus feeling it is more important for you to succeed in your work.	1	2	3	4	5	na
17. Hiring a child care provider so you and your spouse can have uninterrupted time together versus being with your child	1	2	3	4	5	na
18. The life style you prefer versus the life style preferred by your spouse	1	2	3	4	5	na
19. Feeling an overload in household responsibilities versus not trusting others to perform them	1	2	3	4	5	na
20. Taking responsibility for the needs of your child versus wanting your spouse to take more responsibility in this area	1	2	3	4	5	na
21. Spending prime time developing and maintaining the relationship with your spouse versus spending prime time developing and maintaining the relationship with your child	1	2	3	4	5	na
22. Taking a vacation by yourself versus taking a vacation with your spouse	1	2	3	4	5	na
23. Leaving a satisfying work environment because of your spouse's career aspirations versus staying in this environment despite your spouse's career aspirations	1	2	3	4	5	na

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24. Spending time with your spouse versus spending time with your colleagues	1	2	3	4	5	na
25. Wanting your spouse to participate in household management versus your spouse wanting to devote their time to their own career development	1	2	3	4	5	na
26. Wanting to devote time to your work versus your spouse wanting you to spend time with them	1	2	3	4	5	na
27. Letting your work consume nearly all your time and energy versus devoting time to the development of outside interests	1	2	3	4	5	na
28. Your child requesting that you stay home with him/her versus you following the routine of your usual work schedule	1	2	3	4	5	na
29. Wanting to be a "good" spouse versus being unwilling to risk taking the time from your work.	1	2	3	4	5	na
30. Devoting a large percentage of your time to the raising of your family versus devoting a large percentage of your time to your work	1	2	3	4	5	na
31. Advancing your career goals versus developing meaningful relationships	1	2	3	4	5	na
32. Doing what you know you need to do to advance in your work versus doing what you would prefer to do in your work	1	2	3	4	5	na
33. Feeling burdened by childcare responsibilities versus not trusting others to assist you with these responsibilities	1	2	3	4	5	na
34. In general, how much total role conflict do you experience?	1	2	3	4	5	na

MOTHERS EXPERIENCING ROLE CONFLICT

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
Feeling bad about yourself-or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

I want to thank you for your participation in this survey. **If you have any questions about this study, please contact** Amanda Weibert (amanda.nadeau@my.liu.edu) or Dr. Maria Taylor (maria.mays@liu.edu)