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Consistency Between Maternal Employment Attitudes and Employment Status

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Abstract

The stability of mothers' attitudes toward employment, employment status, and consistency between employment attitudes and behavior over a 15-month period was examined. Factors such as family finances, availability of child care, and child's health status that could influence either employment attitudes or employment behavior were explored. Mothers of preterm infants ($N=98$) and mothers of full-term, healthy infants ($N=101$) completed questionnaires regarding home/employment orientation, choice and satisfaction with the employment decision, and employment behavior as part of a battery of instruments administered when their infants were 3, 9, and 18 months old. Analyses indicated considerable stability in attitudes, behaviors, and consistency over a 15-month period for mothers of both full-term and preterm infants. Consistency groups were created based on employment status (employed versus not employed) and consistency status (consistent versus inconsistent) at each time point. Consistency groups differed on ratings of financial need and availability of child care.

Research suggests that consistency between maternal employment attitudes and behavior is important for the child's development as well as the mother's well-being (Hoffman, 1989). However, most studies to date have been cross sectional and have examined differences in children based only on the mother's consistency at the time of the study. This approach implies either that current consistency between employment attitudes and behavior is most important for the child's current well-being or that a mother's consistency in attitudes and behavior is stable over time. However, little is known about the stability of mothers' employment attitudes over time or about factors that affect their ability to achieve or maintain consistency. Therefore, the purpose of this study was to examine the pattern of stability and change in attitudes toward employment, employment status, and consistency between attitudes and employment status over a 15-month period among mothers with preterm and full-term infants, and to explore the relationship between consistency and factors associated with employment status and attitudes.

Premature birth of an infant is generally an unexpected event that precipitates feelings of guilt, fear, and anxiety among mothers (Trause & Kramer, 1983). Often the preterm birth causes the family to reevaluate their plans, decisions, and expectations for the future. In particular, the infant's prematurity may influence the mother's plans regarding her employment status. Mothers of preterms may be more concerned than mothers of full-terms about leaving their infants in the care of others, either because of the infant's health care needs or as a result of the guilt and anxiety that often accompany a preterm birth. While child care options are limited for families with normal infants (Scarr, Phillips, & McCartney, 1989; Zigler & Ennis, 1989), acceptable child care is even more difficult to obtain for an

infant who has special needs (Delaney & Zolondick, 1991). Thus, the infant's prematurity may force women to stay at home though they had planned to return to work. Conversely, for those mothers who had planned to stay at home, the preterm infant's health status may necessitate employment to supplement the family income and/or to provide health insurance to cover the infant's health-related costs. Thus, an infant's premature birth may affect both the mother's employment attitudes and her employment status, jeopardizing the mother's ability to achieve or maintain consistency between her attitudes and her actual employment status.

Although there have been numerous studies of consistency between employment attitudes and status, the concept is rarely measured directly. Rather, the mother's values on the two separate variables are considered simultaneously; then, when a mother reports attitudes that support her current employment status, she is classified as "consistent." Statistically, this means either that relationships between attitudes and the outcome variables of interest are evaluated separately for employed and non-employed mothers, or that a typology is constructed, yielding four groups: employed consistent (supportive attitudes), employed inconsistent (nonsupportive attitudes), non-employed consistent (supportive attitudes), and nonemployed inconsistent (nonsupportive attitudes). To further complicate matters, the attitudes measured differ across studies; they include maternal separation anxiety, sex-role beliefs, attitudes about employment, job satisfaction, and integration of the mother and employee role. The most direct measures of consistency have been degree of choice and satisfaction with the employment decision. Nevertheless, despite varying measures and analysis strategies, findings regarding the importance of attitude-behavior consistency have been remarkably stable across studies.

Inconsistency between a mother's attitudes about her employment status and her actual employment status has a negative impact on her mental state (Hock & DeMeis, 1990; Parry, 1987; Waldron & Herold, 1986). Specifically, non-employed mothers who preferred to be employed or who held attitudes that were not consistent with their employment behavior have been found to report more depressive symptomatology (Hock & DeMeis, 1990) and more psychophysiologic symptoms (Waldron & Herold, 1986). Further, Parry (1987) found negative correlations between home-role satisfaction and number of psychiatric symptoms, depression, anxiety, negative affect, and self-depreciation; all of these correlations were stronger for nonemployed women than for employed women, indicating the special importance of satisfaction with the homemaker role for nonemployed women. In addition, Parry found that employed mothers with traditional sex-role beliefs and nonemployed mothers with liberal beliefs reported more somatic anxiety and experienced more anxiety symptoms than mothers whose employment status was consistent with their sex-role beliefs.

Empirical findings suggest that consistency between maternal employment attitudes and behavior is a more important factor in a child's development than either attitudes or employment status alone (Barling & van Bart, 1984; Benn, 1986; Farel, 1980; Hock, 1980; Youngblut, Loveland-Cherry, & Horan, 1993). For example, in Benn's study, mothers of sons with insecure maternal attachments at 18 months had lower integration of the employee and mother roles than mothers of sons with secure attachments. Using mother-child observations and interviews conducted in the home at 8 months, Hock (1980) found that higher maternal separation anxiety was related to greater infant proximity seeking and more infant wariness with the stranger for nonemployed mothers, but to less proximity seeking and wariness for employed mothers. Youngblut and colleagues (1993) reported that consistency was a significant predictor of premature infants' motor scores at 9 and 12 months (corrected for prematurity), controlling for mother's education and number of hours employed per week; preterm infants with consistent mothers had significantly higher development scores than preterm infants with inconsistent mothers. For employed mothers

with preschool children, higher job satisfaction has been found to be related to greater self-control and fewer behavioral problems for daughters (Barling & van Bart, 1984). Also, kindergarten children whose nonemployed mothers held positive attitudes toward employment consistently scored lower on a battery of achievement tests than children of nonemployed mothers with negative attitudes toward employment and children of employed mothers regardless of attitudes (Farel, 1980). Thus, children fared better when their mothers' attitudes and behaviors were consistent.

All of these investigators measured consistency between employment attitudes and behavior at one time only. This assumes that consistency does not change over time or that consistency at the time of the study is most important; however, studies investigating women's employment-related attitudes over time suggest that some attitudes change for some women. In a secondary analysis of data from the 1972 and 1977 waves of the National Longitudinal Surveys of Labor Market Experience, for example, Waldron and Herold (1986) found that, among married women who were 35 to 49 years old in 1972, change in employment attitudes was greater for employed wives, with employed wives' attitudes toward employment becoming increasingly more positive over time. Further, in their study of first-time mothers, De-Meis, Hock, and McBride (1986) found that employment-preference and home-preference mothers reported similar levels of maternal separation anxiety at 2 days and 7 weeks, but employment-preference mothers had less separation anxiety at 8 and 13.5 months and a faster rate of change from 7 weeks to 13.5 months than home-preference mothers. In addition, employment-preference mothers reported fewer employment separation concerns than home-preference mothers. Thus, it appears that workforce experience can alter a woman's attitudes about employment and separation.

Women's attitudes toward employment, financial status, education, and age or number of children have been shown to be related to their employment status, although the amount of empirical support varies. In a sample of Caucasian, first-time mothers from the National Longitudinal Surveys of Labor Market Experience of Young Women, women's attitudes toward employment accounted for the most variance in their employment status, followed by their education, their husband's income, and whether the woman's mother was employed (Greenstein, 1986). However, in a sample of married women from two earlier waves of this same national study, the woman's perception of her husband's attitudes, her education, husband's income, and age of the youngest child were significant predictors, but the wife's sex-role attitudes and "taste for work" were not (Spitze & Waite, 1981). Both Molm (1978) and Smith-Lovin and Tickameyer (1978) found that the husband's income and the ages or number of children had significant effects on employment status, but sex-role attitudes did not. Gordon and Kammeyer (1980) found that maternal employment was weakly and negatively related to husbands' and wives' attitudes on the importance of mothering, but not to their attitudes on women's traditional sex roles. McLaughlin (1982) found an effect of economic well-being on labor-force participation after the birth of the first child, controlling for mother's education and prior work experience.

Differences in employment-related attitudes are apparent for consistent versus inconsistent mothers and for employed versus not employed mothers. Hock, Christman, and Hock (1980) found that employed first-time mothers who had planned to stay home with their infants (inconsistent) were more career oriented, held less positive attitudes toward the maternal role, rated employment as more important, and believed their infants were less dependent on their unique ways of interacting than nonemployed mothers who had planned to stay home (consistent). Although mothers' separation anxiety and perceived separation effects for the child were lower after the birth of a second child, their employment-related separation concerns did not change (Pitzer & Hock, 1989). In a study focused on women with 3-month-

old preterm infants (Youngblut, Loveland-Cherry, & Horan, 1990), employed mothers were more employment oriented than nonemployed mothers and reported greater financial need, less choice about their employment decision, and less satisfaction with that decision than nonemployed mothers. Thus, a variety of factors that could influence either status or attitudes have been identified.

Much of the work on the relationship between employment attitudes and behaviors takes the position that attitudes “cause” behaviors. However, in the literature on attitudes and behavior, controversy over the direction of causality continues. The theory of reasoned action (Fishbein & Ajzen, 1975), an attitude-behavior model, suggests that attitudes and subjective norms influence behavior indirectly through intention to behave. Thus, women would be expected to change their employment status because of the effect of their employment attitudes.

Of the behavior-attitude theories, cognitive dissonance (Festinger, 1957) provides the most plausible reason for employment status to influence attitudes. According to this theory, women will change their attitudes to be congruent with their employment behavior. Although there are many criticisms of the cognitive dissonance model (Tesser & Shaffer, 1990), the basic tenet—that an individual will seek to reduce dissonance by changing one of the pieces of information that are in conflict—may explain why a woman’s attitudes would change over time when her employment status did not. To date, however, little research has examined changes in mothers’ employment attitudes and behaviors over time, or explored factors that affect their ability to maintain consistency between the two. In particular, research on the effect of the child’s health status on consistency is lacking.

The theoretical framework for this study incorporated concepts and hypothesized relationships from the two competing theories of reasoned action and cognitive dissonance, as well as variables found to be influential in previous empirical work. Attitudes and behaviors were expected to influence each other, with consistency being the result of the interaction between attitudes and behaviors. Factors expected to affect attitudes and behaviors, and thus, consistency, included attitudes of significant others as an indicator of subjective norms (Fishbein & Ajzen, 1975), availability of child care (Delaney & Zolondick, 1991; Scarr et al., 1989), and financial comfort and financial need as indicators of financial status (Greenstein, 1986; Spitze & Waite, 1981). In addition, although its influence on employment-related variables has not been studied previously, the child’s health status was expected to have an effect on maternal employment attitudes, behaviors, and consistency. The aims of this study, therefore, were to investigate the relationship between maternal employment attitudes and employment behavior over time among a sample of mothers of preterm and full-term infants, and to examine the relationships between consistency and factors associated with employment attitudes or status. The study was part of a larger study of parental reactions to the birth of a high-risk infant. Data were collected when the infants were 3, 9, and 18 months of age.

The analyses reported here addressed four research questions: (1) Are mothers’ attitudes about employment stable across time? The repeated measures of mothers’ home/employment orientation, degree of choice in the employment decision, and satisfaction with that decision were expected to be strongly correlated and not significantly different across the 15-month period. (2) Are mothers’ classifications of consistency (employment status x consistency status) stable across time? Mothers in the employed consistent and the nonemployed consistent groups were not expected to change groups. However, mothers in the employed inconsistent and the nonemployed inconsistent were expected to move into one of the consistent groups. (3) How do mothers of preterm and full-time infants compare on employment attitudes, employment behaviors, and attitude-behavior consistency across

time? Mothers of preterms were expected to be influenced by circumstances accompanying the infant's prematurity, such as daily infant care needs and costs of health care. Consequently, mothers of preterms were expected to report less choice and satisfaction regarding their employment decision than mothers of full-terms. Fewer mothers of preterms were expected to be employed, and these mothers were expected to be employed for fewer hours per week than mothers of full-terms. More mothers of full-terms than mothers of preterms were expected to be in the consistent group at all three time points. (4) Do mothers in the four consistency groups differ on perceptions of family finances, attitudes of significant others, availability of child care, or infant health status? Employed mothers were expected to express greater financial need for employment and greater agreement with the statement that significant others think they should work outside the home and that adequate child care is available than non-employed mothers, regardless of consistency status. Mothers of preterm infants in the non-employed inconsistent group were expected to rate their infant's health status as poorer than mothers in the other three groups; no differences across groups were expected for mothers of full-terms.

METHOD

Sample

Families who experienced the preterm birth of an infant were screened for study inclusion criteria by the chief neonatologist at each of two Level III NICUs in the Midwest. Families were eligible to participate if the preterm infant was <37 weeks gestation at birth, appropriate weight for gestational age, free of congenital anomalies that would preclude developmental progress, and hospitalized in a Level III NICU for > 1 week but <3 months. Families meeting study criteria who agreed to be contacted were referred to the study. None of the families approached by the neonatologist refused to be referred, but 6 of the referred families refused to participate in the study. A total of 125 families were included in the study; 20 families provided data only at 3 and 18 months due to the design of the primary study.

Families having a healthy, full-term infant were identified through birth announcements published in the newspapers that serviced the geographic areas included in the NICUs' catchment areas. These families were screened by telephone for inclusion criteria. Families in the full-term sample had infants who were between 37 and 42 weeks gestation at birth, with birthweight appropriate for gestational age, free of congenital anomalies that would preclude developmental progress, and discharged home with the mother after birth. Families who agreed to participate and who matched a family with a preterm on sex of the infant and number of children in the family were recruited. Matching families on these variables was important for the family functioning measures in the primary study. Of the families contacted, 9 were not eligible, 196 refused to participate, and 44 agreed but could not be matched with an appropriate preterm family. The final full-term sample consisted of 101 families.

In addition, the mothers in both groups had to be living with a male partner in the father role, whether or not he was the biological father. If the parents were not living together at subsequent data collection points, the family was dropped from the study. Mothers who had complete data on employment attitudes and employment behaviors for two of the three time points are included in this report. Thus, the sample for this study includes 98 mothers with preterms and 101 mothers with full-terms.

A description of the mothers and their infants is in Table 1. Ages of the mothers in the full-term and preterm groups were very similar. Most of the mothers were married, Caucasian,

and had completed high school. More mothers of full-terms than mothers of preterms were college graduates, $\chi^2 (2, N = 199) = 22.6, p < .001$.

Fifty-four (55.1%) preterm and 49 (48.5%) full-term infants were male. All of the full-term infants were appropriate weight for gestational age at birth; 88 of the preterms were appropriate weight for gestational age at birth, 3 were large for gestational age, and 7 were small for gestational age. Weights for preterm and full-term infants at 3, 9, and 18 months differed significantly, $t(184, 183, \text{ and } 140.12) = 16.7, 7.3, \text{ and } 4.6$, respectively, $p < .001$. One preterm was discharged from the NICU with oxygen; 1 with a gastrostomy tube for feedings. Most of the preterms (63%) were discharged on an apnea monitor. Thirteen (13.3%) had an intraventricular hemorrhage; 10 of these were Grade I, and 3 were Grade II. Six infants developed bronchopulmonary dysplasia, 1 had necrotizing enterocolitis, and 7 had retinopathy of prematurity.

Employment data are summarized in Table 2. Many of the mothers were classed as professionals, perhaps because both nursing and teaching, predominantly female occupations, are in the “professionals” group. The distributions of mothers’ occupations varied in part because mothers who were not employed reported their occupations as housewives at one time point but reported their previous occupations at other time points. The large number of fathers in the semiskilled and skilled category reflects the heavy influence of the automotive industries in the area. At 9 months, 62% of preterm families and 73% of full-term families reported incomes in the same bracket as at 3 months; 25% of preterm families and 20% of full-term families were in higher brackets at 9 months. At 18 months, 61% of preterm families and 72% of full-term families reported incomes the same as at 9 months; 32% of preterm families and 12% of full-term families, higher incomes than at 9 months.

Measures

Dependent variables—Mother’s employment-related variables included attitudes about maternal employment, employment behaviors, and the consistency of employment attitudes and behavior. *Attitudes about maternal employment* had three indicators: home/employment orientation, degree of choice in the employment decision, and satisfaction with that decision. Home/employment orientation was measured with the Home/Employment Orientation Scale (HEO) (Youngblut et al., 1990). The HEO is a summative Likert scale of 8 items that mothers rate from 1, *strongly agree*, to 8, *strongly disagree*. The other numerical points are not identified by word anchors. Items were chosen to tap the mother’s perception of how her own employment would affect her husband/partner, her children, and herself. Some of the items are from Hock, Gnezda, and McBride (1984) and some are from Tiedje et al. (1990). Factor analysis supported the extraction of one factor, and all items loaded strongly (.50) on that factor. Higher scores represent stronger employment orientations or more positive attitudes toward employment. In the current study, alphas for the mothers of preterms were .80 (3 months), .85 (9 months), and .82 (18 months). Alphas for the mothers of full-terms were .83 (3 months), .84 (9 months), and .84 (18 months).

Degree of choice in the employment decision and degree of satisfaction with that decision were each measured with a single item. Mothers rated how much choice they had and how satisfied they were with their decision on 10-point scales ranging from 1 (*no choice* or *not at all satisfied*) to 10 (*totally my choice* or *very satisfied*). Construct validity of these measures has been supported by positive correlations with measures of joy and contentment and by negative correlations with depression and hostility (Youngblut & Casper, 1993).

Employment behavior, measured at each time point, was defined both by the mother’s stated employment status and by the quantity of time she was employed per week. Mothers

identified their employment status as employed, not employed, or on leave of absence and reported the number of hours they were currently employed outside the home. Women who identified themselves as on leave of absence were not included in analyses for that time point. Employment status groups were constituted based on mothers' reported employment status at each time point, not on number of hours employed. Since the aim was to investigate the relationship between employment attitudes and behaviors, it was the mother's perception of her employment status that was of interest.

Mothers' *employment attitude-behavior consistency* groups were created with discriminant analysis. The HEO scores for each time point were used as the discriminating variable and self-reported employment status (employed versus not employed) for the same time point was used as the grouping variable. Thus, HEO scores at 3 months were used to predict employment status group at 3 months; HEO scores at 9 months were used to predict employment status group at 9 months; and HEO scores at 18 months were used to predict employment status group at 18 months. Women who identified their employment status as on leave of absence at a particular time point were not classified on consistency for that time point. The percentages of mothers correctly classified were 73%, 76%, and 83% for mothers of preterms and 82%, 77%, and 72% for mothers of full-terms at 3, 9, and 18 months, respectively. Employed mothers classified as employed were identified as "consistent employed." Nonemployed mothers classified as non-employed were identified as "consistent non-employed." Employed mothers incorrectly classified as nonemployed based on their employment attitudes were identified as "inconsistent employed." Nonemployed mothers incorrectly classified as employed were identified as "inconsistent nonemployed" (Table 3).

Independent variables—Mothers' perceptions of family finances, attitudes of significant others, availability of child care, and infant health were collected at each time point. The two indicators of *family finances* were financial need ("It is not financially necessary for me to work outside my home") and financial comfort ("Money is tight right now"). Mothers rated these two items on an 8-point Likert scale ranging from 1, *strongly agree*, to 8, *strongly disagree*. The other points on the scale did not have word anchors. Income data were collected for the family as a whole. This made income unsuitable as an indicator of financial need or financial status, since it was confounded by the mother's income in families where the mother was employed. However, validity of the items was supported by significant ($p < .01$) correlations between ratings of financial need and financial comfort, $r = -.36$, $-.26$, and $-.40$ for mothers of preterms and $-.32$, $-.44$, and $-.25$ for mothers of full-terms at 3, 9, and 18 months, respectively. In addition, employed mothers perceived greater financial need at 3 months than nonemployed mothers (Youngblut et al., 1990).

Perceived *attitudes of significant others* regarding the mother's employment were measured with four Likert items. Attitudes of the spouse/partner, parents, friends, and the baby's physician were rated on an 8-point scale ranging from 1, *strongly agree*, to 8, *strongly disagree*. The other points on the scale did not have word anchors. Lower scores indicated more favorable attitudes toward the employee role. Unfortunately, coefficient alphas were very low ($.34$), making the scale unsuitable for the planned analyses.

Mothers' perceptions of the *availability of child care* were measured with one Likert item, "Quality child care is readily available for my child." Mothers rated the item on an 8-point scale ranging from 1, *strongly agree*, to 8, *strongly disagree*. The other points on the scale did not have word anchors. The finding that employed mothers had lower scores on this item than non-employed mothers supports its construct validity (Youngblut et al., 1990).

The *infant's health* was measured in both groups with one subjective indicator, "My baby is sicker than other babies." Mothers rated the Likert item on a scale ranging from 1, *strongly agree*, to 8, *strongly disagree*. The other points on the scale did not have word anchors. In addition, birthweight, gestational age at birth, and length of stay in the NICU were used as objective indicators for the preterm group. While the objective measures were strongly intercorrelated (length of stay with gestational age, $r = -.77$, with birthweight, $r = -.64$, gestational age with birthweight, $r = .72$, $p < .001$), only one rating of perceived infant health status was significantly related to the objective measures. Poorer perceived health at 3 months was weakly related to longer NICU stay, $r = -.25$, $p = .007$. Thus, the ratings of health probably represented the mother's overall perception of her baby's health including both neonatal events and events between discharge and the time of data collection. Although objective measures are useful in predicting infant outcomes, the mother's perception of her infant's health was posited to be more important to her employment decision than objective indicators. Unlike mothers of full-terms, mothers of preterms perceived their infants to be in poorer health than other infants at 3 months, $t(151.87) = 3.41$, $p = .001$ (separate variance estimate due to heterogeneity of variance), a finding that supports the item's construct validity.

Procedure—The parent study was approved by the appropriate Human Subjects Committee. After a family was referred to the study, a letter explaining the study was sent to the family. A data collector then called the family to further explain the study, screen for inclusion criteria (full-terms only), and schedule a home visit. Written consent was obtained from the parents in their homes prior to data collection, which included a combination of interview, self-complete questionnaires, and developmental testing. Data about the preterm infant's NICU stay were retrieved from the hospital record. Families received a \$25 gift certificate at the completion of the study. Five of the 98 preterm families in the study reported here did not complete data forms at 18 months, for an attrition rate of 5%. All of the 101 full-term families provided data at 3, 9, and 18 months.

RESULTS

Both correlations across time and repeated measures analysis of variance (RM-ANOVA) indicated that there was considerable stability in maternal attitudes about employment among mothers of both preterms and full-terms, from 3 months to 9 months to 18 months. Correlations for choice at each time period ranged from .51 to .64 for mothers of preterms and from .66 to .74 for mothers of full-terms. For satisfaction, the correlations were .45 to .65 for mothers of preterms and .49 to .63 for mothers of full-terms. For HEO, the correlations were .67 to .81 for mothers of preterms and .66 to .80 for mothers of full-terms. All of the intercorrelations were statistically significant at the .01 level. Strong correlations indicate that the two variables changed consistently together, but they do not describe the amount or direction of change across time. The RM-ANOVAs for HEO, choice, and satisfaction were not significant at the .05 level for either group of mothers. Thus, time alone did not significantly affect the attitudes that mothers held about employment.

The classifications of consistency between mothers' employment attitudes and behavior also were relatively stable for mothers of preterms and full-terms. At 3, 9, and 18 months, 74%, 76%, and 86%, respectively, of the mothers of preterms and 83%, 79%, and 72%, respectively, of the mothers of full-terms were classified as "consistent" (see Table 3). For the mothers of full-terms, there was a significant and strong association between consistency groupings at 3 and 9 months, $\chi^2(9, N = 82) = 65.5$, $p < .001$, $\phi = .89$, $p < .001$, and between consistency groupings at 9 and 18 months, $\chi^2(9, N = 95) = 84.9$, $p < .001$, $\phi = .95$, $p < .001$. For both time intervals, more mothers of full-terms moved to the inconsistent groups than to the consistent groups (Table 4). There was also a significant and strong

association between consistency groupings for mothers of preterms at 3 and 9 months, $\chi^2(9, N=74) = 40.0, p < .001, \phi = .74, p < .001$, and at 9 and 18 months, $\chi^2(9, N=82) = 65.5, p < .001, \phi = .89, p < .001$. However, contrary to mothers of full-terms, more mothers of preterms, moved to a consistent group than to an inconsistent group (Table 4).

Changes noted in consistency groupings represented changes in attitude only, changes in behavior only, or changes in both attitudes and behaviors. In the full-term group, 23 (22.8%) mothers changed consistency groups from 3 to 9 months: 8 (34.8%) changed employment attitudes, 11 (47.8%) changed employment status, and 4 (17.4%) changed both employment status and employment attitudes. From 9 to 18 months, 30 (29.7%) mothers of full-terms changed consistency group: 15 (50%) changed attitudes, 12 (40%) changed employment status, and 3 (10%) changed both attitudes and employment status. In the preterm group, 30 (30.6%) mothers changed consistency groups from 3 to 9 months: 15 (50%) changed employment attitudes, 9 (30%) changed employment status, and 6 (20%) changed both employment status and employment attitudes. From 9 to 18 months, 25 (25.5%) mothers of preterms changed consistency group: 13 (52%) changed attitudes, 5 (20%) changed employment status, and 7 (28%) changed both employment attitudes and employment status. Thus, the pattern of changes for mothers of full-terms was different for each time interval, but more mothers of preterms changed attitudes than behaviors across both time intervals.

Mothers of preterms and mothers of full-terms were compared on employment attitudes and employment behaviors across time using profile analysis. Three hypotheses are tested in profile analysis. First, the slopes of the change from 3 to 9 months and from 9 to 18 months are compared. Slopes that differ significantly indicate an interaction between preterm/full-term group and time; if slopes differ, the other two hypotheses are not investigated. If the slopes do not differ significantly, the hypotheses of equal means across time and equal means across groups are tested (Harris, 1985).

Ratings of degree of choice and satisfaction with the employment decision and scores on the HEO scale were similar across time for mothers of preterms and full-terms. Profile analysis indicated no interaction effects for any of the three attitudes. Means were not significantly different across time or across groups for any of the three attitudes.

Mothers of preterms and full-terms exhibited similar employment behaviors at 3, 9, and 18 months. There was no relationship between employment status at 3, 9, and 18 months and preterm/full-term group with χ^2 analyses. Profile analysis for number of hours employed showed no interaction effect. Mean number of hours employed did not differ across time or across preterm/full-term group. In addition, the proportions of mothers of preterms and mothers of full-terms in the consistency groups at 3, 9, and 18 months were similar. Preterm/full-term groups and consistency groups were not significantly associated at 3, 9, and 18 months by χ^2 analysis. Thus, preterm versus full-term status of the infant was not associated with different maternal employment attitudes, employment behaviors, or consistency between maternal employment attitudes and behavior.

To determine whether women in the four consistency groups at each time point differed in factors associated with employment attitudes or status, the groups were compared on measures of financial need, financial comfort, perceived health status, and availability of child care at that time point with ANOVA (Table 5). Analyses were conducted separately for mothers of preterms and full-terms. Mothers of preterms in the four consistency groups at 3 months were also compared on gestational age, birth weight, and length of NICU stay.

Financial considerations appeared to affect consistency status for mothers of both preterms and full-terms. In the full-term sample, nonemployed consistent mothers perceived significantly less financial need for employment at each time point than employed consistent

and inconsistent mothers; differences in financial comfort were not significant at any measurement point. In the preterm sample, nonemployed consistent mothers perceived significantly less financial need for employment at each time point than employed consistent mothers, and significantly less need at 3 and 9 months than employed inconsistent mothers. Differences on financial comfort were not significant at 9 and 18 months; however, employed inconsistent mothers reported significantly less financial comfort at 3 months than nonemployed inconsistent mothers.

Infant health status did not play a role in employment attitude-behavior consistency for mothers of preterms or full-terms. None of the preterm consistency groups differed significantly on objective measures of neonatal health status (gestational age, birthweight, length of NICU stay) at any point. In addition, there were no significant differences between mothers of preterms and mothers of full-terms in perceived health status across employment consistency groups at 3, 9, and 18 months.

Perceived child care availability influenced consistency between employment attitudes and behavior for mothers of full-terms and, to a lesser extent, mothers of preterms. Among mothers of full-terms, employed consistent mothers agreed more strongly at each time point that adequate child care was available than nonemployed consistent mothers. Employed inconsistent mothers agreed more strongly than nonemployed consistent mothers, but only at 9 months. The preterm sample showed the same pattern of differences, but the difference between employed consistent mothers and nonemployed consistent mothers was significant only at 9 months. Although the omnibus *F* test was significant at 18 months, no group was significantly different from another on post hoc analysis.

DISCUSSION

Mothers' attitudes toward employment were remarkably stable over the 15 months of this study. Considering the amount of time between data collections and the reliability of the measures, correlations among the repeated measures of HEO, choice, and satisfaction were quite strong for mothers of both preterms and full-terms. In addition, employment attitudes did not change significantly over time for either mothers of preterms or mothers of full-terms. These findings are consistent with the study's a priori expectations and with previous research on mothers of healthy, full-term infants (Hock, DeMeis, & McBride, 1987; Pitzer & Hock, 1989).

Both mothers of preterms and mothers of full-terms demonstrated moderate stability in their employment attitude-behavior consistency classifications over time. About two thirds of mothers stayed in their consistency group from 3 to 9 and from 9 to 18 months. Although more mothers with preterms than mothers with full-terms changed consistency group from 3 to 9 months (40% versus 28%), most (19 out of 30) of the changes among mothers of preterms represented change to maintain or attain consistency between attitudes and behavior. However, half of the mothers of full-terms moved toward consistency and half toward inconsistency.

From 9 to 18 months, the percentage of mothers who changed group was the same for mothers of preterms and full-terms (32%). The pattern of change from 9 to 18 months was similar to the pattern seen from 3 to 9 months. As with the first time interval, more mothers of preterms moved into a consistent group (21 out of 25) than into an inconsistent group, whereas the number of moves from one consistency status to the other was about equal for mothers of full-terms. Inconsistent mothers of preterms became more consistent over time, but inconsistent mothers of full-terms did not. Thus, the study's second hypothesis was supported for mothers of preterms only. The reason for this difference is not clear. It may be

that the causes of inconsistency differ for mothers of preterms and mothers of full-terms. Perhaps mothers of preterms are inconsistent because of their uncertainty about the infant's future; if so, the passage of time may decrease that uncertainty and allow the mothers to change their attitudes or behaviors to become consistent. Perhaps preterm birth makes employment issues more salient, since mothers of preterm infants often need to reevaluate their plans and attitudes about employment in light of the infant's unexpected early birth. The increased salience may make the inconsistency between attitudes and behaviors more apparent to them and provide a stimulus to resolve the inconsistency.

There are four possible explanations for an observed correlation between attitudes and behaviors. First, attitudes may cause behaviors (Fishbein & Ajzen, 1975). Second, behaviors may cause a change in attitudes (Festinger, 1957). Third, attitudes and behaviors may have a reciprocal effect on each other. Fourth, the relationship may be spurious; that is, the correlation could be caused by a third variable that has an effect on both employment attitudes and employment status. Most of the women in this study remained in the same consistency group from 3 to 9 months and from 9 to 18 months; data from these women cannot shed light on which of the four mechanisms might be operating. However, 53 of the 156 women classified at 3 and 9 months and 55 of the 173 women classified at 9 and 18 months changed classification. The patterns of change support all four possible explanations. The largest percentage of the changes in classification (43.4% from 3–9 months and 50.9% from 9–18 months) were due to a change in attitudes, a finding that is consistent with Festinger's theory. At the same time, many of the changes in classification (37.7% from 3–9 months and 30.9% from 9–18 months) represented changes in behaviors, which supports the theory by Fishbein and Ajzen. The remainder of the classification changes from 3 to 9 months (18.9%) and from 9 to 18 months (18.2%) reflected a change in both attitudes and behaviors, suggesting either reciprocal causation or a spurious relationship. It is likely that the timing of repeated data collections in relation to changes in the underlying process is responsible for this conflicting picture.

Maternal employment attitudes, behavior, and attitude-behavior consistency were similar for mothers of preterm and full-term infants. Although the direction of movement between consistent and inconsistent groups differed for mothers of preterms and mothers of full-terms, the proportions of mothers in each group were similar for the preterm and full-term samples. Both of these findings are contrary to the study's hypotheses. The fact that the study sample was composed primarily of healthy preterm infants, with only a few preterms who were moderately to severely affected by their premature birth, may be responsible for the unexpected findings. Because few of the mothers of preterms had severely affected infants, they could be expected to be similar to mothers of full-terms.

Mothers of preterms and mothers of full-terms in the four employment attitude-behavior consistency groups differed significantly in their perceptions of financial need but not financial comfort. Employed consistent mothers perceived greater financial need for employment than nonemployed consistent mothers at all three time points, in both the preterm and full-term samples. In addition, employed inconsistent mothers of preterms at 3 and 9 months and employed inconsistent mothers of full-terms at 3, 9, and 18 months reported greater financial need than non-employed consistent mothers. Thus, as expected, perceived financial need appeared to influence employment decisions (Greenstein, 1986; McLaughlin, 1982; Molm, 1978; Smith-Lovin & Tickameyer, 1978; Spitze & Waite, 1981) for mothers of both preterms and full-terms.

Among the factors related to the child, only the availability of child care differed significantly across consistency groups for both mothers of preterms and mothers of full-terms. As expected, consistent employed mothers of full-terms at 3, 9, and 18 months and

consistent employed mothers of preterms at 9 months believed that adequate child care was more available than consistent nonemployed mothers. However, at 9 months, inconsistent employed mothers of full-terms perceived adequate child care to be less available than consistent employed mothers. Mothers' perceptions of infant health status did not significantly differ across consistency groups in either the preterm or the full-term samples. In addition, objective indicators of health status for preterm infants did not differ across consistency groups. Again, the large proportion of relatively healthy preterm infants in this sample may be responsible for the lack of relationship between health status and consistency.

In summary, maternal employment attitudes, maternal employment behavior, and consistency between employment attitudes and behavior showed considerable stability over the 15-month period from the time when the infant was 3 months to 18 months of age. Financial necessity played a role in consistency between attitudes and behavior for mothers of both preterms and full-terms. The infant's health was not a significant factor in consistency between employment attitudes and behavior for mothers of preterms or full-terms. Further research to identify factors affecting either employment attitudes or intended employment behavior in different family situations is necessary to fully understand the process of employment attitude and behavior change.

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Table 1

Description of Sample Characteristics for Families of Full-Term and Preterm infants

		Families of Full-terms (N = 101)		Families of Preterms (N = 98)	
Mother's age	M(SD)	29.0	(3.84)	28.2	(5.04)
Mother's race	white	99	(98.0%)	91	(92.9%)
Mother's education					
< hs		1	(1.0%)	3	(3.1%)
hs graduate		59	(58.4%)	84	(85.7%)
college graduate		41	(40.6%)	11	(11.2%)
Marital status	married	101	(100.0%)	93	(94.9%)
Infant characteristics					
Gestational age in weeks	M(SD)	39.7	(1.05)	32.6	(2.38)
	range	37.0–42.0		27.0–36.5	
Birth weight in grams	M(SD)	3579.0	(439.42)	1767.8	(518.94)
	range	2409.0–4479.0		975.0–3990.0	
Length of NICU stay in days	M(SD)	—		32.5	(17.05)
	range			9.0–84.0	
Weight at 3 months	M(SD)	6.5 kg	(0.79)	4.4 kg	(0.94)
Weight at 9 months	M(SD)	9.1 kg	(1.01)	8.0 kg	(1.09)
Weight at 18 months	M(SD)	11.5 kg	(1.41)	10.4 kg	(1.93)

Table 2

Employment-Related Data for Mothers and Fathers

	Full-terms (<i>N</i> = 101)			Preterms (<i>N</i> = 98)		
	3 mo.	9 mo.	18 mo.	3 mo.	9 mo.	18 mo.
Employment status						
Mothers						
Employed	48	60	62	33	47	51
Not employed	38	40	38	50	46	41
Leave of absence	15	1	0	15	5	1
Fathers						
Employed	98	101	99	97	90	86
Not employed	3	0	2	1	3	6
Hours employed/wk						
Mothers <i>M</i> (SD)	29.8 (12.0)	28.1 (13.4)	26.9 (14.3)	34.6 (10.3)	33.6 (12.8)	31.4 (13.5)
Family Income						
<\$20,000	3	1	1	23	18	12
\$20-39,999	46	45	47	44	40	36
\$40,000	52	55	53	31	37	41
Occupational groups						
Mothers						
Housewives	20	37	35	24	41	35
Menial, unskilled	2	3	3	4	6	3
Semiskilled, skilled	21	9	12	21	13	13
Clerical, sales, tech	27	26	23	32	23	26
Professionals	31	26	28	17	15	16
Fathers						
Menial, unskilled	18	4	3	10	6	5
Semiskilled, skilled	29	40	38	43	47	46
Clerical, sales, tech	35	24	27	24	24	28
Professionals	18	33	32	21	19	11

Note. Column groups with fewer than the full sample number are due to missing data.

Table 3

Number of Mothers in Each Employment Attitude-Behavior Consistency Group

Employment Attitude-Behavior Consistency Group	Full-terms (N= 101)			Preterms (N = 98)		
	3 Mo.	9 Mo.	18 Mo.	3 Mo.	9 Mo.	18 Mo.
Employed consistent	33	38	43	20	33	43
Nonemployed consistent	35	27	25	38	35	29
Employed inconsistent	11	11	16	11	12	6
Nonemployed inconsistent	3	6	11	9	9	6

Note. Columns with fewer cases are due to missing data on attitudes or leave of absence status.

Table 4

Changes in Consistency Group for Mothers of Preterms and Full-terms Across Time Intervals

Direction of Moves	3 to 9 Months		9 to 18 Months	
	Full-term (<i>n</i> = 82)	Preterm (<i>n</i> = 74)	Full-term (<i>n</i> = 95)	Preterm (<i>n</i> = 78)
No change	59	44	65	53
Inconsistent to consistent	8	13	11	14
Consistent to consistent	3	6	3	7
Consistent to inconsistent	11	11	16	4
Inconsistent to inconsistent	1	0	0	0

Comparisons of Means for Financial Need, Financial Comfort, Child Care, and Infant Health Across Employment Attitude-Behavior Consistency Groups

Table 5

At 3 Months	Consistent EM (n = 20, 33)	Consistent NEM (n = 38, 35)	Inconsistent EM (n = 11, 11)	Inconsistent NEM (n = 9, 3)	F
Financial need					
Preterm	5.2 (2.53) ^a	3.0 (2.31) ^{ab}	6.6 (2.34) ^b	5.3 (2.83)	8.32 ^{**}
Full-term	5.5 (2.24) ^a	2.4 (1.87) ^{ab}	5.4 (3.20) ^b	2.7 (1.53)	13.67 ^{**}
Financial comfort					
Preterm	3.5 (2.24)	3.7 (2.72)	1.6 (1.29) ^a	4.9 (3.10) ^a	3.08 [*]
Full-term	4.6 (2.41)	4.0 (2.36)	4.0 (2.80)	3.7 (3.79)	.46
Child care					
Preterm	3.9 (2.94)	5.4 (2.64)	3.4 (3.01)	3.7 (2.50)	2.42
Full-term	3.3 (2.31) ^a	5.8 (2.20) ^a	4.0 (2.92)	3.0 (1.00)	6.89 ^{**}
Perceived health					
Preterm	7.1 (1.89)	6.8 (2.24)	6.8 (2.18)	5.0 (3.04)	1.93
Full-term	7.4 (1.22)	7.7 (.88)	7.7 (1.15)	5.7 (4.04)	2.64
At 9 Months					
	Consistent EM (n = 33, 38)	Consistent NEM (n = 35, 27)	Inconsistent EM (n = 12, 11)	Inconsistent NEM (n = 9, 6)	F
Financial need					
Preterm	5.7 (2.27) ^a	3.3 (2.66) ^{ab}	6.3 (2.63) ^b	5.7 (2.29)	7.19 ^{**}
Full-term	5.5 (2.40) ^a	2.5 (2.10) ^{ab}	5.3 (2.89) ^b	4.7 (2.74)	10.45 ^{**}
Financial comfort					
Preterm	3.9 (2.59)	4.5 (2.67)	3.4 (2.50)	3.1 (2.32)	.98
Full-term	4.5 (2.65)	4.3 (2.49)	2.8 (1.89)	5.1 (2.80)	2.08
Child care					
Preterm	3.2 (2.29) ^a	5.1 (2.76) ^a	3.5 (2.81)	5.6 (2.19)	4.32 ^{**}
Full-term	3.0 (2.36) ^{ab}	5.3 (2.18) ^a	5.7 (2.69) ^b	5.1 (2.57)	8.21 ^{**}
Perceived health					
Preterm	6.1 (2.60)	7.2 (1.97)	5.8 (2.83)	6.0 (2.65)	1.85
Full-term	6.9 (1.98)	7.8 (.60)	7.3 (1.38)	6.7 (1.73)	2.43
At 18 Months					
	Consistent EM (n = 43, 43)	Consistent NEM (n = 29, 25)	Inconsistent EM (n = 6, 16)	Inconsistent NEM (n = 6, 11)	F

At 3 Months	Consistent EM (n = 20, 33)	Consistent NEM (n = 38, 35)	Inconsistent EM (n = 11, 11)	Inconsistent NEM (n = 9, 3)	F
Financial need					
Preterm	5.7 (2.45) ^a	3.4 (2.35) ^a	5.8(2.71)	4.5 (3.27)	5.15 ^{**}
Full-term	5.5 (2.31) ^a	2.7 (2.28) ^{a,b}	5.4 (2.48) ^b	4.4 (2.94)	8.00 ^{**}
Financial comfort					
Preterm	3.7 (2.56)	4.4 (2.63)	2.2(1.83)	2.8 (2.40)	1.78
Full-term	4.1 (2.43)	4.3(2.51)	3.3 (2.73)	3.6 (2.42)	.63
Child care					
Preterm	3.3 (2.48)	5.0 (2.58)	4.8 (3.31)	5.7 (2.07)	3.25 [*]
Full-term	2.6(1.93) ^a	5.8 (2.48) ^a	4.1 (3.05)	4.6 (2.34)	10.92 ^{**}
Perceived health					
Preterm	6.3 (2.66)	7.4(1.64)	5.7(3.61)	5.7(3.61)	1.75
Full-term	6.2 (2.94)	6.3 (3.03)	7.4(1.78)	6.4 (2.50)	.75

Note. First number is preterm group size; second number is full-term group size. Means with the same letter are significantly different on post hoc analysis with Scheffé tests.

EM = employed mothers, NEM = nonemployed mothers.

* $p < .05$.

** $p < .01$.