Published in final edited form as:

Community Work Fam. 2017 ; 20(2): 226–249. doi:10.1080/13668803.2016.1252721.

Workplace Policies and Mental Health among Working-Class, New Parents

Maureen Perry-Jenkins, JuliAnna Z. Smith, Lauren Page Wadsworth, and Hillary Paul Halpern

Department of Psychological and Brain Sciences, Center for Research on Families, University of Massachusetts Amherst, Amherst, MA 01003

Abstract

Little research has explored linkages between workplace policies and mental health in working-class, employed parents, creating a gap in our knowledge of work-family issues across social class levels. The current U.S. study addresses this gap by employing hierarchical linear modeling techniques to examine how workplace policies and parental leave benefits predicted parents' depressive symptoms and anxiety in a sample of 125, low-income, dual-earner couples interviewed across the transition to parenthood. Descriptive analyses revealed that, on average, parents had few workplace policies, such as schedule flexibility or child care supports, available to them. Results revealed, however, that, when available, schedule flexibility was related to fewer depressive symptoms and less anxiety for new mothers. Greater child care supports predicted fewer depressive symptoms for fathers. In terms of crossover effects, longer maternal leave predicted declines in fathers' anxiety across the first year. Results are discussed with attention to how certain workplace policies may serve to alleviate new parents' lack of time and resources (minimize scarcity of resources) and, in turn, predict better mental health during the sensitive period of new parenthood.

Keywords

anxiety; depressive symptoms; parental leave; transition to parenthood; workplace policies; working-class

Despite the large and growing literature on work and family issues in the United States, the U.S. is primarily known for its lack of supportive, family-friendly policies for workers (Kossek & Distelberg, 2009). Heyman and Penrose (2006), in their assessment of how the United States “measures up” in comparison to 150 countries around the world, concluded that, “the United States lags far behind the rest of the industrialized and developing world in guaranteeing the right to decent fundamental work conditions” (p. 205). Moreover, although research has documented the work-life challenges of individuals across the entire social spectrum, the burdens facing low-income families are magnified due to the fact that they more often face greater strains with fewer resources (Heyman & Penrose, 2006). The current

research is significant in that it explores the nature of the relationship between workplace policies and employee mental health within a sample of low-income, working mothers and fathers, a relatively understudied population in the work-family literature.

Although issues related to “work and family” are now defined as mainstream concerns for employers in the U.S., Kossek and Distelberg (2009) argue that the majority of research on workplace policies has focused on availability of such resources, and less on their effectiveness. Even in the relatively small number of studies that link formal and informal workplace policies to worker health and well-being; few examine the unique issues faced by low-wage workers (Lambert, 2009). It is important to highlight that in much of the work-family literature within the U.S., little distinction is made between the challenges facing working-class versus middle-class/professional workers, despite the fact that significant inequities exist across social class. Much greater scholarly attention has been played to socioeconomic status as it influences opportunity structures and work-family challenges in European nations (Nilsen, Brannen, & Lewis, 2012); finding that, across many countries, low-wage workers are “poorly resourced compared with two-income households in higher status jobs” (p. 135, Nilsen et al. 2012). In the U.S., Sweet, Pitt-Catsouphes, Besen and Golden (2014) found that a flexible work arrangement (FWA) remains out of reach to most workers; and that low-wage workers have the least flexibility of all workers. Moreover, the availability of and rationale for FWAs differed across class levels, with highly skilled workers given FWAs with the goal of attracting workers, while flexibility for low-skilled workers was more a function of instability in service demands. Thus, flexibility can have different meanings and consequences across class levels (Lambert, Haley-Lock, & Henly, 2012).

In the U.S., working-class employees are more likely to face stressful work conditions involving mandatory overtime, low autonomy, variable work shifts, time-pressured productivity targets, and unpaid family leave than their middle-class counterparts (Perry-Jenkins, 2005). Yet, we know little about how these work policies and conditions vary within the working-class and the effects of these policies on low-wage employees and their families. Thus, an aim of the present study is to look within a working-class sample in the U.S. to examine the availability and usage of workplace policies and their relationship to the mental health of dual-earner parents across the transition to parenthood.

An ecological perspective provides a useful framework to consider the ways in which various levels of the social world, from proximal social contexts such as family, to broader settings such as neighborhood and workplaces, to macro influences such as social class and societal norms, all influence human development (Bronfenbrenner & Morris, 2006). An ecological perspective challenges us to examine how certain policies may affect workers and their families differently as a function of employees' unique social contexts; such as social class, gender, race and ethnicity as well as characteristics of the individual employee (e.g., age, gender, etc.). Using an ecological approach, the current study focuses on family social context as defined by social class, family structure and race.

A life course perspective highlights the fact that policies can differentially affect employees and their families depending upon the unique challenges they face at distinct life stages

(Elder, 2000). For example, young, first time parents must cope with short, unpaid parental leaves and the high costs of child care, while parents of school-aged children or adolescents are more likely concerned with afterschool supervision. When considering the transition to parenthood literature, which indicates that new parents are at risk for increased depression and anxiety, important questions arise as to how poor job conditions contribute to new parents' mental health at this sensitive period in the life course. The current study examines one specific social ecological niche, namely that of low-income, working couples experiencing the transition to parenthood, as a context for investigating the relationship between workplace policies and worker well-being. First, we describe the availability of formal workplace policies for a sample of low-income parents experiencing the transition to parenthood coupled with the early return to full-time employment of both parents. Second, we examine if family-friendly policies predict levels of and changes in mental health for these new parents returning to work after their baby's birth.

Theoretical Background on Work-Family Connections

From a theoretical perspective, the work-family conflict literature posits that the demands of work and family life can create inter-role conflict where individuals holding multiple roles, such as the parent role and worker role, have trouble meeting the expectations of both roles (Greenhaus & Beutell, 1985). Goode (1960), in his theory of role strain, proposed a scarcity hypothesis whereby individuals have finite resources, in terms of time and energy, and often times those resources run dry when meeting the demands of work and family. In these cases, an individual's affect can transfer from one domain to the other, what has been referred to as work-to-family or family-to-work spillover (Lawson, Davis, McHale, Hammer, & Buxton, 2014). Much literature has addressed the ways in which work demands (e.g., hours, schedule, urgency) can spillover to affect worker well-being and family life (Ford, Heinen, & Langkamer (2007); however, less is known about the effectiveness of workplace policies (e.g., parental leave, flexibility) aimed at enhancing workers' well-being. Based on the scarcity hypothesis, the resources of both time and energy are likely to be lacking during the phase in life when one has a child and then must return to paid employment soon after birth. New parents are not only physically and emotionally exhausted, but incorporating the time demands of full-time work creates scarcity in both time and energy. Thus, in the current study, it is proposed that scarcity in both time and energy, which is exacerbated by poor workplace policies that provide short leaves and little flexibility, will spill over to negatively predict the mental health of new parents.

Crossover effects, in contrast, involves a dyadic process where the experiences of one partner affects the well-being of another, a process that has also been referred to as contagion (Hatfield, Cacioppo & Rapson, 1994; Westman, 2001). Few studies have examined how one partner's workplace policies, especially across the life transition of becoming new parents, might be related to the other partner's well-being. It is reasonable to argue, however, that when one's partner has a significant parental leave the other has more time to pursue work outside of the home with fewer family demands. Similar processes could also occur with workplace flexibility and child care support. In the current investigation, we examine both intra-individual spillover, between work policies and mental

health, as well as inter-individual crossover, where one's partner's policies may predict the other's mental health.

In considering the effects of workplace policies on employees and their families, it is also critical to consider the intersections of both social class and gender in shaping how individuals experience work and family life. Mandel (2011) argues that the impact of family-friendly policies, such as paid leave or child care support, are conditioned by social class. Specifically, Mandel's results indicate that in countries with generous family leave policies women in lower class positions reap more benefits than upper class women; in contrast, in companies with less generous family leave policies, like the U.S., equality is advanced for women of upper classes but inequality is higher among lower classes.

In a related study, Korpi, Ferrarini and Englund (2013) suggest that family policies may do little to help or harm college educated women, who enter the job market regardless of support, but family policies are more likely to benefit less educated women. Studies that examine ways in which country-level gender inequality moderates the effectiveness of family friendly policies at different levels of social class highlight the ways in which policies can benefit some and harm others. In the United States, given the low levels of supports across the board, it may be that professional women benefit due to family-friendly supports offered by private companies attempting to recruit and retain top talent, supports that are unavailable at lower levels of the class system. Another confound, when comparing U.S. policies to the far more generous policies in European nations, is the lack of variability in parental leave policies and other family supports in the U.S., especially for low-wage workers. Twelve weeks of unpaid leave, 5 sick days and 10 holidays is the norm for most low-wage workers in the U.S. with paid vacation a rare benefit (Kramer & Zilberman, 2008).

The research on gender differences in the impact of workplace policies on individual and family outcomes is far from conclusive. Some studies points to greater work-family conflict for women than men (Hill, 2005; Barnett, 1998; Pleck, 1993); while other studies have found mothers and fathers experience similar levels of work-family conflict (Frone, 2003; Hill, Martinson, Hawkins & Ferris, 2003). Thus, a significant contribution of the present study is that it examines linkages between workplace policies and mental health for low-wage employed mothers and fathers. Questions regarding what workplace policies matter for whom and at what points in time are complicated ones. In the following discussion we focus on policies related to a) flexibility in hours and scheduling, b) family leave, and c) child care supports and we consider their importance for both mothers and fathers experiencing the transition to parenthood.

Workplace Policies and Mental Health

Over the past decade, research has demonstrated that workplace policies can positively affect employee retention, job satisfaction, and physical health, with fewer of these studies examining mental health (Allen, 2001; Glass & Finley, 2002; Greenhaus, Allen, Spector, 2006). A meta-analysis by Baltes and colleagues (Baltes, Briggs, Huff, Wright, Neuman, 1999) revealed that policies that provided for flexible schedules positively predicted job satisfaction. Access to workplace policies that provide flexible work hours, however, vary

systematically depending upon the nature of the job and the level. Specifically, Kossek and Distelberg (2009) note, “Full-time workers, white-collar workers and workers earning more than \$15 an hour have greater flexibility access than comparison groups (p. 19).”

A critical workplace policy for new parents is that of parental leave. For young workers just starting families, parental leave is vital so that new mothers can recover from the physical demands of pregnancy and both parents can have time to adjust to their new parental roles while being assured job security. In the U.S, new mothers are likely to return to paid employment much sooner than their counterparts in other industrialized nations. The Family and Medical Leave Act (FMLA), passed in the U.S. in 1993, marked the first federal level family leave policy in the country; the U.S. was one of the last industrialized nations without a mandated maternity leave policy at that time. Soon after FMLA was instituted, it was found that, in contrast to salaried workers, a new mother who is paid hourly is less likely to be covered or eligible to take leave due to restrictions in FMLA. The Commission of Family and Medical Leave (1996) found that only 47% of mothers with less than a high school degree were eligible for leave benefits.

Research has shown that new mothers who return to work later in the first year have better mental health (Chatterji & Markowitz, 2005), however, there is a surprising lack of research in the U.S. linking parental leave conditions (e.g., length of leave, paid or unpaid) to parents' well-being. Cross-national research indicates that longer paid leaves are linked to lower rates of infant mortality. Berger, Hill and Waldfogel (2005) found that women who take leave are more likely to breast-feed and their children are more likely to receive preventative health care. Less is known about fathers' parental leave, although some research indicates that fathers who take longer parental leave are more involved in the care of their infants over time (Neponmyaschy & Waldfogel, 2007; Tanaka & Waldfogel, 2007).

Little research, however, has explored how women's return to paid employment and family friendly work place policies influence new mothers' mental health during the postpartum period. In the handful of studies that do exist, it appears that workplace policies have modest, but at times interactive, effects on parents. For example, Cooklin, Rowe and Fisher (2007) found that a lack of access to both paid and unpaid family leave in Australia was associated with greater fatigue, anxiety and depressive symptoms in new mothers. Klein, Hyde, and Essex (1998) examined work status, family leave, and role quality as predictors of new mothers' mental health. In their longitudinal study comparing homemakers and part-time and full-time employed mothers they found no differences on any mental health outcomes one year after the birth of their children. In addition, length of leave alone had no effect on new mothers' mental health; however, there was an interaction such that women who took longer leaves and reported high work salience were the most depressed.

Few studies of paternal leave exist in the U.S., however, many European countries have been reworking parental leave policies in an effort to encourage fathers to take leave time after a birth. Kluve and Tamm (2013) found that fathers in German are incentivized to take parental leave, but most men only take an average of two months leave, but this does not result in significant changes in the time fathers devote to childcare. The present study will be one of the first in the U.S. to link parental leave to fathers' mental health.

Estes (2005), in a longitudinal study of working mothers from birth to the child's 7th birthday, found that schedule flexibility was associated with more mother-child activities but less firm and flexible discipline with their young children. Moreover, mothers who worked some hours from home reported sharing more meals with their children. Overall, however, Estes concluded that the links between policies and parenting were not large or widespread partly because policies seemed to be administered so idiosyncratically.

More recently, Cooklin, Canterford, Strazdins and Nicholson (2011), in a longitudinal study of postpartum mental health in Australia found that access to some schedule control and job flexibility predicted less risk for depression in new mothers. Thus, the handful of studies that has emerged on this topic do not provide strong evidence for positive effects of family policies on mothers' well-being. We know much less about how schedule flexibility affects new fathers ability to cope during this period and whether workplace policies have any impact on their mental health.

Another challenge facing many working parents is securing quality, affordable child care for their children. Child care policies within the U.S. vary extensively from state to state, however, Waldfogel (2006) argues that the federal government's investment in child care has grown rapidly over the past decade (Waldfogel, 2006). Much research has documented the type of care families use (Smolensky & Gootman, 2003), yet relatively few studies have examined the effect of child care policies on child or family outcomes (Waldfogel, 2007). Research has, however, uncovered links between child care policies and work outcomes. Specifically, Baughman and colleagues (2003) found that child care assistance predicted a decrease in employee turnover; and Lee (2004) found that access to child care increased employee retention. The unique issues and challenges of child care policies for low-wage workers has become a topic of growing interest to researchers because the high cost of child care prices many low-income families out of the market, and we know little about how these families manage (Currie, & Hotz, 2004).

Thus, the research linking workplace policies to working parents' well-being is far from conclusive, perhaps, due in part to the lack of attention to how policies may hold different implications for different types of families. Much of what we do know pays little attention to how issues of social class or the pressure of family demands at different stages of the life course might differentially shape the connections between work policies and parent well-being. In the following section we consider what key aspects of social context deserve attention as we examine the effects of workplace policies on family life.

The Social Context of Workplace Policies and Employee Well-Being

Social class, gender, and life course stage are all critical contexts to consider when examining how workplace policies shape family life. In the work-family literature, attention to workplace conditions and family-friendly policies intensified as women, particularly mothers, entered the labor force in dramatic numbers during the last half of the 20th century. In 2010, the labor force participation rate of mothers with infants under a year old was 56.5 % (U. S. Department of Labor, 2011). Moreover, the work-family literature reflects the

gendered notion that managing the demands of paid and unpaid work remains primarily a women's issue.

In 2010, median family household income declined by 1.7 percent and income inequality increased by 1.6 percent (U.S. Census Bureau, 2011). Current estimates from the Bureau of Labor Statistics indicate that nearly 25% of the workforce is comprised of low-wage workers (low wage refers to workers in the bottom quartile of the earnings distribution who earn slightly less than \$10 per hour, or approximately \$20,000 a year gross pay (Galinsky, 2009). These workers are likely to be healthcare workers in nursing homes, child care providers in day care centers, assembly line workers, or retail workers. Of these workers, only 24% have paid sick leave and 10% have access to workplace flexibility (e.g., allowed to choose starting and quitting times, time off for family responsibilities, paid time for illness). Research on low-wage employees indicates that they have far less flexibility than their better off, middle and upper-middle class counterparts (Bond & Galinsky, 2006). Lambert (2009) contends that a primary reason for the disparity in supportive policies across the social class continuum is that access to both workplace and public policies depends on job characteristics that differ across socioeconomic status (SES) levels. For example, eligibility for many workplace benefits such as paid time off and flexibility are based on seniority, job status, and number of hours worked, giving higher SES workers a clear advantage. As these data suggest, the experiences of dual-career families are not generalizable to dual-earner families due to differences in the nature of the problems confronted by these two types of families, their resources, and the solutions they devise to deal with their problems (Perry-Jenkins, 2009).

Research Questions and Hypotheses

The first goal of this study was to document the availability and usage of workplace policies among a sample of new parents and our second aim was to then examine whether these policies predicted parents' mental health across the first year of parenthood.

Research Question #1

What workplace policies are available to low-income parents across the first year of parenthood and which policies are parents most likely to use?

Hypotheses

We predicted that parents would have low percentages of workplace policies available to them across the first year of parenthood due to the fact that low-wage jobs are less likely to offer family-friendly benefits, younger workers are less likely to have accrued benefits, and younger workers have less seniority and consequently fewer benefits. We predicted that when scheduling or leave time policies are available mothers will be more likely to use them than fathers.

Research Question #2

Do policies that create more time for new parents to manage their new family responsibilities along with work responsibilities (i.e., policies that help to minimize time scarcity), specifically, longer parental leave, schedule flexibility, and child care supports,

predict lower levels of depressive symptoms and anxiety in new parents, as well as declines in these mental health outcome over the first year?

Hypotheses

It was our contention that workplace policies would play a critical role in predicting low-income parents' mental health. Specifically, it was hypothesized that

- a. Longer parental leaves would, by reducing time scarcity (Goode, 1960), predict fewer depressive symptoms and a greater decline in depressive symptoms from the return to work after the birth to one-year postpartum for both mothers and fathers
- b. Greater flexibility with work schedules would, by reducing time scarcity, predict fewer depressive symptoms and a greater decline in depressive symptoms from the return to work after the birth to one-year postpartum for both mothers and fathers
- c. More child care supports would predict fewer depressive symptoms and a greater decline in depressive symptoms from the return to work after the birth to one-year postpartum

Research Question #3

Do workplace policies of one parent crossover to predict the mental health of the other parent across the transition to parenthood?

- a. Although there was little empirical data regarding the crossover effects of one partner's workplace policies on the others' well-being to base our hypotheses on, related research on how daily work conditions (e.g., stress) of one partner can crossover to influence the well-being of the other partner informed our hypotheses (Westman, 2001). Specifically, it was predicted that the longer parental leave, more schedule flexibility and more child care supports that one partner received in their work setting would predict better mental health outcomes for the other, in that it would provide more time for the partner to fulfill their work role.

Generally, we predicted stronger effects of workplace policies on mothers' depressive symptoms than fathers because employed, new mothers typically take on more child care and household responsibilities than fathers (Goldberg & Perry-Jenkins, 2004).

Methods

Sample and Recruitment

Data for this project came from a larger longitudinal study of 153 working-class couples living in the United States interviewed across the transition to parenthood between 1999 and 2002. Data were obtained during five, in-depth, two- to three-hour interviews where parents completed survey questionnaires and answered open-ended questions about their experiences of work and new parenthood. Participants were interviewed separately from their partners during the third trimester of pregnancy, a month after birth, a month after the

return to paid work (approximately 4 months postpartum), and at 6-months and 1-year postpartum. For the purposes of the current study only data from the return to work interview (Time 1), 6-month interview (Time 2), and 12-month interview (Time 3) were used for two key reasons. First, it was quite common for new parents to only learn about what policies that had as they needed them. Thus, upon returning to work after the birth, parents were much more knowledgeable about what policies their companies had around family leave and child care benefits. Second, approximately 31% of parents change their jobs over the relatively short period of time from the prenatal interview to the return to work interview; consequently, we were not able to use policy data available from the first interview since it was no longer applicable to their current situations. Thus, we chose to examine policies present for all mothers and fathers at the time of her return to paid work after the birth.

Heterosexual couples in their third trimester of pregnancy and expecting their first child were recruited from various prenatal classes at hospitals in Western New England. Criteria for eligibility included the following: (a) both members of the couple were employed full-time (32+ hours per week) prior to the baby's birth, (b) both members of the couple planned to return to full-time work within six months of the baby's birth, (c) both members of the couple were "working-class" (defined by restricting educational level to an Associate's Degree or less and work in a unskilled or semiskilled job), (d) both members of the couple were expecting their first child, and (e) the couple was either married or cohabiting (for at least one year) at the time of inclusion in the study. Trained graduate students were given 5 minutes at the beginning of prenatal classes to describe the study to expectant parents. Parents filled out a short demographic form with basic information on age, relationship status, income, type of job, work hours, and intent to return to work after the baby's birth. Interested families were contacted and scheduled for an interview; all families received a total of \$150 for their participation. In comparing our sample of first-time parents to the broader population of first-time parents in the prenatal classes, the present sample, was less educated, had lower family income and worked more hours than the full sample. In addition, our sample was older, on average, than national norms for first time parents, likely due to the fact that couples had to be married or long-time cohabiters to participate.

Over the course of the study we lost 12 families, an attrition rate of approximately 8%. These families did not differ significantly on key demographic variables such as work hours, income, marital status, or age from those families who remained in the study. Of the 12 families we lost, four were either separated or divorced by the end of the study and eight families chose to withdraw. For the current analysis, we eliminated 16 more families, 8 in which the mother or father was not employed after the birth of the child either because mothers chose not to return to work or one parent lost their job, and 8 in which the mother did not stay in the same job from the Time 1 interview to the Time 2 and 3 interviews. Thus, the final sample size was 125 couples.

Men's average age at the time of the pregnancy was 29.1 (*mdn* 28.7), and women's average age was 27.8 (*mdn* 27.5). Nearly 80% (79.7%) of the couples were married, and the average length of relationship was 3.3 years. Cohabiting couples had been together for an average of

2.1 years. The majority of those who participated were White with only 1% Latino women, 1.5 % African American, 3% Latino men, and 5% Asian.

For 16% of women and 22.5% of men, the highest degree held was a high school diploma or GED; a majority of the sample (44.8% of women and 63.4% of men) had some type of additional schooling or vocational training after high school (e.g., beautician's school, refrigeration mechanic training). 31% of women and 14.1% of men held a one- or two- year Associate's Degree. None of the participants held a college degree.

Self-reported gross individual income ranged from \$10,000 to \$63,330 annually for men and from \$4,300 to \$60,830 for women. Median salaries were \$31,237 and \$25,320 for men and women respectively, and the median family income was \$48,607. Importantly, these estimates represent gross income, thus, after taxes take home pay is significantly less. In addition, approximately one third of the fathers had a second job, often working “under the table” so income was not reported in taxes. Clearly these families were not in poverty, however, in most cases, the loss of one partner's income would have put many of the families close to or below the poverty line for a family of three. Typical occupations for men were factory worker, truck driver, and food service worker. Women were employed most often as food service workers, certified nursing assistants, and beauticians. All partners were employed full-time at the time of recruitment; men worked an average of 47 hours per week and women averaged 40 hours.

Procedure

As noted above, for the purposes of the current study we focused on data collected from fathers and mothers at three time points: (a) one month after mothers returned to paid employment (15 weeks postpartum, on average (Time 1); (d) a mail survey conducted when the baby was 6-months (Time 2); and (e) a final face-to-face interview when the baby was one year old (Time 3). We examined how workplace policies reported on at Time1, the return to work interview, predicted levels of parents' mental health concurrently as well as changes in parents' mental health from the Time 1 interview to the child's first birthday (Time 3). The timing of the third interview is based upon mothers' return to work; thus, there is variability in this assessment occasion. Once mothers were back at work for approximately one month, the Time 1 interview was completed. Multilevel models can account for this within-person variability in the time series (Sayer & Klute, 2005). The majority of mothers returned to full-time work by 6 months postpartum, which is not surprising given that this was a criterion for participation. If mothers returned to only part-time work or did not plan to return at all, they still completed a Time 1 interview, but non-employed mothers are not included in this sample. This study was approved by the University of Massachusetts IRB board as well as Baystate Medical Center IRB board where participants were recruited.

Measures

Work hours—During each in-home interview, both partners provided detailed information on work schedule and hours. Reports of work hours at Time 1, after mothers had returned to work, were used as the measure of mothers' and fathers' work hours.

Family Income—Women and men reported their gross annual incomes, and their individual reports were summed to create a total family income variable.

Marital Status—A dummy variable indicating whether a couple was married or cohabiting was created (1 = married, 0 = cohabiting).

Benefits and Policies—Policies were assessed with a 20-item scale developed by Greenberger et al. (1989). The scale listed benefits pertaining to (a) work scheduling and flexibility, (b) parental leave policies, (c) assistance with child care, and (d) miscellaneous items such as the right to refuse a relocation or transfer and job counseling services. Respondents indicated first if their work place offered the benefit, and then they were asked to indicate if they had ever used the policy or benefit. In general, all of the benefits and policies were quite rare for this working-class sample. Thus, due to the limited availability and use of these policies, respondents were divided into two groups: those who no policies available to them within a subscale and those who had at least one benefit available to them. The two dichotomous subscales were (a) scheduling policies (0 = no policies, 1 = at least one policy), (b) child care policies (0 = no policies, 1 = at least one policy) and (c) other policies (0 = no policies, 1 = at least one policy). Other policies included, the right to refuse a relocation or a transfer, cafeteria style policies, and part-time work with full-time policies. The types of policies assessed under each category are listed in Table 1.

In terms of parental leave policies, we came to realize that these questions were far more complicated than the policies and benefits questionnaire could capture. We developed a new measure where respondents reported the number of weeks they had off after the birth and then for each week they indicated what type of leave policy they used (e.g., paid parental leave, vacation time, sick time, FMLA leave, disability, comp time). Thus, the length and type of leave parents used, whether the leave was paid, and how it was paid is described in detail in the results. In the quantitative analyses we simply used leave time as a continuous variable indicating the number of weeks mothers took for maternity leave and number of days that fathers took.

Depressive symptoms—A 20-item scale devised by the Center for Epidemiological Studies of the National Institute of Mental Health (CES-D) was used to assess depressive symptoms at three time points, one month after mothers return to work, and a 6-month and one-year postpartum assessment (Radloff, 1977). Participants were asked to consider the previous seven days and to indicate how often they experienced different moods and thoughts using a four-point scale ranging from 0 (*rarely or none of the time – less than once a day*) to 3 (*most or all of the time – 5 - 7 days*). Sample items included: “I had crying spells” and “I felt that everything was an effort.” Cronbach's α for the 20 items ranged from .84 to .87 for women and .87 to .90 for men across all time points. The clinical cutoff for the CES-D is ≥ 16 . At the postnatal time points, 24-30% of mothers and 9-12% of fathers fell at or above the clinical cutoff, signifying a significant percentage of new parents at risk for clinical depression.

Anxiety—Spielberger's (1972) state anxiety subscale of the State-Trait Anxiety Inventory was used. State anxiety is conceptualized as a transitory emotional state or condition of the

human organism that is characterized by subjective, consciously perceived feelings of tension and apprehension, and heightened autonomic nervous system activity. On a 4-point intensity scale, respondents rated the extent to which 20 statements (e.g., “I feel nervous and restless; I feel secure; I make decisions easily”) represented their current feelings across three time points. A high score on this measure indicates greater symptomatology. Mothers and fathers completed the anxiety measure at three time points, one month after mothers return to work, and a 6-month and one-year postpartum assessment. In this sample, the average scale reliability alpha for the 20 items across the three phases was .90 for mothers and .89 for fathers.

Analytic Strategy

Our initial analyses were descriptive and examined the availability and use of workplace policies and parental leave benefits. In our predictor models, we used multilevel linear modeling (MLM; Raudenbush & Bryk, 2002) to fit the models and test our hypotheses. MLM allows individual outcomes to be linked to partner's outcomes, thus accommodating the dependent nature of couple data (Sayer & Klute, 2005). MLM also provides a robust method for modeling individual change over time. We used MLM to examine both levels of and changes in depressive symptoms and anxiety for mothers and fathers across the transition from the return to paid employment to one-year postpartum. We examined workplace policies as a predictor of depressive symptoms and anxiety across three time points. All models were fit using HLM 6.4. Continuous predictors were mean centered and dichotomous predictors were dummy coded (1 if they had the policy, 0 if they did not).

Results

Description of Workplace Policies

Table 1 provides descriptive data on mothers' and fathers' depressive symptoms and anxiety across the three time points, from the return to paid work to 1-year postpartum. In all cases mothers reported significantly higher anxiety and depressive symptoms than fathers. Table 2 lists each policy we asked about in the interview. The first column in Table 2, for both mothers and fathers, indicates the percentage of workers who reported that their company had this policy. The second columns reports whether the parent actually used the policy. Both types of information are important. Data on whether a company has a certain policy is an indication of how family friendly an organization is, however, not all employees are always able to utilize the benefits. For example, it may be that the worker has not worked at the company long enough to have earned the benefit and/or there may be benefits only accorded to full-time workers or workers who have worked a certain number of hours in the past year. Many workers in our study worked less than full time, not out of desire but because their companies would limit their hours to keep them just under full-time so they did not have to pay benefits.

As Table 2 indicates, the most commonly reported policies were a “flexible daily work schedule” (45.5% of mothers and 39.3% of fathers) and “paid personal sick days” (68.7 % of mothers and 69.1% of fathers). We quickly learned that there was huge variability in how employees interpreted a flexible daily work schedule. Some endorsed this item if they were

allowed to leave work early for a doctor appointment or could negotiate a shift in hours with their supervisor for a family responsibility. Thus, this item does not reflect a formal flextime policy where companies have a core set of hours where all employees have to be present, like 10 a.m. to 2 p.m., but then workers can flex their other hours. Rather it reflects the amount of flexibility offered to negotiate family demands. As is shown in Table 2, if an employee reports having some flexibility on the job the majority report utilizing this benefit. In contrast, although a majority of new parents report that the company offers paid personal/sick days, only about half have used this benefit. Anecdotally we learned that some of the parents in our sample had not been at their company long enough to access this benefits. Others reported that they only had access to personal days, their company did not have a sick time policy, and any time off had to be scheduled ahead of time. If you tried to call in when you were sick you could be denied the day. The most dramatic findings in Table 2 point to the minimal supports offered to new parents in regards to child care; which represents the most immediate need for most new parents.

Turning to the lengths and types of leave new mothers used, on average mothers used 11.74 weeks of leave with a range of 2 weeks to 36 weeks. Figure 1 illustrates the parental leave benefits used by the mothers in our sample. The pieces of pie that are pulled out of the circle represent the approximately 15% of the sample that received full or partial pay for their full parental leave. Almost a third, 31.6%, received no pay for their entire leave. The majority, 52.9%, reported having multiple types of leave comprising their parental leave. Figure 1 provides a breakdown of how mothers' pieced together their leave benefits within the "multiple leave" group. Specifically, about a third of their leave time (32%) was unpaid, another 30% of their leave time was covered by comp time or reduced hours, and 38% of their leave time was covered by vacation time, personal time, disability or sick time (all with some type of pay attached). In contrast, fathers had far less leave time when their babies were born. On average, fathers took 5 days off, with the median number of days being 3

Workplace policies and New Parents' Mental Health

The next set of analyses used multilevel modeling to predict both levels and change in mothers' and fathers' depressive symptoms and anxiety when they first returned to work and through to the child's first birthday. We fit unconditional models for depressive symptoms and anxiety (with no Level 2 predictors) to determine if there was a significant amount of variance in the levels and change in depressive symptom and anxiety across respondents. The final estimation of variance components for depressive symptoms indicated that for both parents, there was significant variability in levels of depressive symptoms centered at Time 1 (return to work) ($\chi^2 = 399.51, p < .001$ for fathers; $\chi^2 = 548.78, p < .001$ for mothers). There was also significant variability in levels of anxiety centered at Time 1 ($\chi^2 = 504.64, p < .001$ for fathers; $\chi^2 = 600.53, p < .001$ for mothers). Moreover, for mothers, there was significant variability in slope for depressive symptoms ($\chi^2 = 207.67, p < .001$) and anxiety ($\chi^2 = 147.58, p < .001$). Although there was not significant variability in fathers' linear trajectories for depressive symptoms or anxiety, we chose to include fathers' linear change in these two constructs as a dependent variables because research indicates that fathers do experience changes in mental health across the transition to parenthood, albeit less extreme than mothers (Perren et al., 2005). Moreover, tests of variance are less powerful than those

for fixed effects in dyadic MLM, and we were interested in even small changes in fathers' depressive symptoms (Maas & Hox, 2005).

Work Policies Predicting Mothers' and Fathers' Depressive Symptoms

Next we moved to predicting variability in levels of depressive symptoms when parents returned to work (T1) as well as linear change in depressive symptoms for both parents across the three time points. The predictor variables in the model included: (a) control variables, specifically work hours, family income and marital status, (b) mothers' parental leave time, (c) mothers' reports of scheduling policies, child care policies and “other” policies, and (d) fathers' reports of scheduling policies, child care policies and “other” policies. We conducted initial analyses using first the “policy availability” variable” and again with “used the policy” variable. Although patterns were similar, findings were stronger and more significant with the availability variable. This may be due to greater variability of availability; for example, some parents had not yet used policies but planned on using them in the future. Thus, we report the results for availability of policies only.

Table 3 summarizes the key findings from the analyses, with the first column showing results for the full model and the second column showing results for the final, trimmed model. In the final model all non-significant main effects were dropped to create a more parsimonious model and these are the findings discussed below. Deviance tests were conducted to discern the “best fitting” model to the data. We first examined predictors of mothers' depressive symptoms; higher family income predicted fewer symptoms upon return to work and more scheduling benefits also predicted fewer depressive symptoms upon return to work. No variables predicted change in mothers' depressive symptoms across the first year. In addition, there were no crossover effects found, meaning none of fathers' reports of workplace policies predicted mothers' mental health outcomes.

Turning to the results for fathers, as shown in Table 3, married fathers reported significantly lower depressive symptoms than cohabiting fathers. In terms of workplace policies, the more child care supports fathers reported the fewer depressive symptoms they reported upon returning to work. None of the independent variables predicted change in fathers' depressive symptoms through the first year. In addition, no crossover effects emerged between mothers' workplace policies and fathers' depressive symptoms.

Work Policies Predicting Mothers' and Fathers' Anxiety

Our second set of analyses focused on predicting variability in levels of anxiety when parents returned to work (T1) as well as linear change in anxiety for both parents across the three time points. The predictor variables in the model included: (a) control variables, specifically work hours, family income and marital status, (b) mothers' parental leave time, (c) mothers' reports of scheduling policies, child care policies and “other” policies, and (d) fathers' reports of scheduling policies, child care policies and “other” benefits. Table 4 summarizes the key findings from the analyses, with the first column showing results for the full model with all predictors; and the second column showing results for the final, trimmed model. In the final, trimmed models all non-significant main effects were dropped to create a more parsimonious model. Findings from the final models are discussed below.

For mothers, higher family income predicted less anxiety. In addition, more scheduling benefits were related to less anxiety as mothers returned to employment. No variables predicted change in mothers' anxiety across the first year; and there were not crossover effects linking fathers work policies to mothers' anxiety.

Second, we examined predictors of fathers' anxiety upon returning to work. As shown in Table 4, married fathers reported significantly lower anxiety than cohabiting fathers. Turning to workplace policies, there was a trend for more child care benefits to predict less anxiety for fathers.

Although no variables predicted change in mothers' anxiety or depressive symptoms, a number of variable predicted change in paternal anxiety. Specifically, the more hours mothers worked predicted increases in paternal anxiety; in contrast, the more hours fathers worked predicted declines in fathers' anxiety. There was also a trend for more scheduling benefits reported by fathers to predict an increase in anxiety over time. One crossover effect emerged linking mothers' policies to fathers' anxiety. Specifically, the longer mothers' parental leave the greater the declines in fathers' anxiety over the first year.

Discussion

The aim of the current investigation was to describe the workplace policies available to a unique sample of U.S., working-class couples as they experience the transition to parenthood. In this sample both parents were employed in working-class occupations and experiencing the birth of their first child, a time when workplace policies have a clear and direct impact on new parents' options for parental leave and the timing of their return to paid work. Not surprisingly, there were few consistent family policies available to the parents in this study.

The only policy available to the majority of parents was paid personal or sick days (68.7% of mothers and 69.1% of fathers), however, only half of the parents reported using this policy. There are a couple of reasons this may be the case. First, given the relatively young age of our sample, the employees may simply have not been at the company long enough to be eligible to use the benefit. Second, as we heard in anecdotal reports, paid personal time off was a benefit that had to be planned for ahead of time and often employees were denied the opportunity to use it if the supervisor needed them to work. Research by Kirby and Krone (2002) found in a sample of bank regulators, a more professional position than participants in our study, that even though policies were “on the books” employees often felt they could not use them. Often times there was pressure from co-workers to not take time off because it increased their workload. Future research should examine the role of co-workers in shaping employees ability to use policies especially among low-wage workers. Finally, it may be that these new parents were saving up these leave days to use at a later date when they might need them to care for an ill child. It is important to recognize, however, that among full-time employed parents, a full 30% have no access to paid personal or sick time.

In terms of parental leave, approximately 15% had some type of income coming in for their entire leave, however, about half of that group used personal, vacation and sick time to cover

their leave. By far, the largest group (52.9%) pieced together a parental leave that incorporated some unpaid parental leave, sick/vacation and personal paid leave and the use of comp time or reduced work hours. A consequence, however, of parents using all of their sick leave, vacation time and personal time to piece together a parental leave, is that they are left with virtually no safety net of benefits for when their child becomes ill, once they are back at work. Finally, about a third of the sample received no income during their parental leave. Given that in this sample, mothers accounted for an average of 44% of the family income, the lack of a second wage in these working class families meant living on almost half of their monthly family wages. These results support the point raised by Kossek and Distelberg (2009) indicating that families at the lower end of the economic spectrum face the greatest challenges in managing work and family pressures and this issue is magnified for first time parents.

The second aim of our investigation was to examine if any of the policies or parental leave benefits available to new parents were related to their mental health across the first year of parenthood. In all cases, we found that availability of benefits, as opposed to use of specific policies, was a better predictor of outcomes. Allen et al. (2014) has argued that use of policies may be a more potent, “downstream” predictor of family outcomes than availability. In the current data, there was less variability in our policy usage measure, which may have limited our ability to detect effects. It also may be the case that future work should examine the use of policies over a broader frame of time, as opposed to the four month window of the current study, to capture a greater frequency of usage.

It was hypothesized, based on the both inter-role conflict theory (Greenhaus & Beutell, 1985) and the scarcity hypothesis (Goode, 1960), that the lack of workplace policies would lead to a scarcity in terms of time and energy, especially for new parents, thus, spilling over to negatively impact their mental health. Results for mothers revealed that scheduling benefits were consistently related to fewer depressive symptoms and less anxiety. In this study, flexible daily work schedule basically meant that employees could shift their schedules to accommodate family needs like a doctor's appointment or child care needs, it did not reflect the more common understanding of “flextime” where employees can set their daily schedules as long as they are at work for a core number of hours. This later benefit is more likely to be available in professional, salaried positions and was never an option for workers in this study. Nevertheless, the rather limited interpretation of flexibility utilized in the present study was still positively related to new mothers' well-being as she returned to full-time employment. These results are, in part, consistent with findings from an intervention study conducted with supervisors at a grocery store where supervisors received training in supportive behaviors, which included supports around schedules and flexibility (Hammer et al, 2011). Hammer and colleagues found that employees who benefitted the most from the intervention were those reporting the most work-family conflict at the outset. It may be that the mothers in our study are benefitting from even small supports around flexibility since all are coping with work-family challenges during the transition to parenthood, a time shown to be stressful for most working parents. These findings around job flexibility are also consistent with research that has found workplace conditions to have stronger effects on mothers than fathers (Hill, 2005), however, some of our findings point to unique effects of workplace policies for fathers.

It is important to recognize that much of the “flexibility” that new mothers' talked about often came about through the discretion of their supervisors, even when there were formal policies on the books. Smithson et al. (2012) highlight that “parent-friendly managers” offer vital practical and relational support, and managers or supervisors are often the conduit through which policies and benefits are mediated. Future research should examine how the actual use of family-friendly policies are influenced by the supportiveness, or lack thereof, of supervisors.

Contrary to our hypotheses, none of the workplace policies were related to changes in mothers' depressive symptoms or anxiety from her return to work to one-year post-partum. Although patterns in the data suggested that lack of policies was related to declines in mothers' mental health, these changes were not significant perhaps due, in part, to our limited sample size and the limited time frame of our data. In addition, we hypothesized that fathers' policies would be related to better mental health for mothers, but no crossover effects emerged. The lack of results may, in part, be a function of the very limited policies that fathers had. On the other hand, an assumption underlying our hypotheses for both mothers and fathers was that if they had policies that offered more time, less scarcity, this time would be used to address family responsibilities, however, we could not test that assumption with our data and parents could be using these supports for personal or leisure time pursuits.

For fathers, child care benefits predicted fewer depressive symptoms and a trend towards less anxiety. Again, given the very low frequency of these supports for workers this finding must be interpreted with caution. Child care supports were expected to be related to better mental health, primarily because they address parental concerns of attaining and affording child care. The question of why these results only emerged for fathers, however, is of interest. Smithson and colleagues (2013), based on European data, suggest that when family supports, like child care, are offered it can reify gendered family practices and absolve fathers of their parenting responsibilities. In contrast, it may also be the case that a workplace that offers some acknowledgement or support for the birth of child eases fathers' anxiety during the transition to parenthood. Clearly, more qualitative research is needed to understand the how beliefs and values influence processes whereby workplace supports are linked to new fathers' well-being.

There was also trend for scheduling benefits to predict an increase in fathers' anxiety over time. Although this was not what we predicted, it may be the case that fathers with more flexibility at work are called upon to help out more with child care and responsibilities at home which actually increases their anxiety. Bohen and Viveros-Long (1981) found that men with more job flexibility spent more time on family work than their counterparts with less flexibility and they reported more stress. Our findings are only suggestive of such a process and more work is needed to better assess types of job flexibility and its effects on men and women.

The one crossover finding that emerged for fathers occurred with mothers' parental leave. Specifically, longer maternity leaves predicted less paternal anxiety upon mothers' return to work, at the level of a trend; more importantly, longer maternity leaves significantly

predicted declines in fathers' anxiety across the first year of parenthood. As far as we know, this is one of the first studies in the U.S. to find workplace policies related to fathers' mental health across the transition to parenthood. Giallo and colleagues (2013), in an Australian sample of over 3,000 new fathers in the first year of parenthood, found that fathers with the lowest job quality, meaning less access to: 1) control of work hours and work load, 2) job security, and 3) paid family leave had five times the odds of reporting psychological distress than fathers with high job quality. In our findings, mothers' leave time, but not fathers', predicted declines in paternal anxiety. It may be that when mothers have longer leaves the stress of managing two jobs and child care is alleviated and fathers are less anxious as a result. It may also be there was such limited variability in fathers' leave time that it was impossible to detect a relationship to well-being.

The findings from this study are significant for a number of reasons. First, they suggest that there is variability among working-class and low-income occupations in terms of workplace policies. Quite often in the current literature on work and family, middle-class and professional jobs are compared to working-class and hourly jobs in terms of job characteristics such as hours, income, policies, and benefits, an approach that often results in the conclusion that job conditions within social class categories are homogenous and that working-class and hourly jobs are consistently boring, inflexible, and non-supportive. By looking within a sample of working-class, dual-earner couples we were able to highlight the variability in workplace policies and point to possible aspects of the job that are related to workers' mental health, especially during the often stressful period of new parenthood.

What we view as a strength of this study, namely, the exclusive focus on working-class families, is also a shortcoming. Given that we do not have a nationally representative sample, our results are not generalizable to all workers. Moreover, our study focuses on intact, heterosexual couples in which both spouses work full-time in low-wage jobs; more research is needed to examine these processes in non-nuclear families and more diverse families, including single-parent households, multigenerational households, gay and lesbian families, and families of different races and ethnicities. Different family contexts are likely to moderate the ways in which conditions are connected to family life. In addition, we relied on employees' reports of their workplace policies and, thus, we likely did not get a complete and accurate assessment of all the benefits available. Our data only tapped into an approximately eight-month time period from the return to paid work, which occurred at 12 weeks on average, to one-year postpartum. Future work would benefit from exploring longer-term outcomes of supportive family policies for parents and children.

Finally, from a theoretical perspective, while we have found a direct relationship linking workplace policies and benefits to mental health for new parents, it has been argued that work-family conflict is a key mediator between work characteristics and family characteristics (Greenhaus & Beutell, 1985; Treiber & Davis, 2012), however, results related to this hypothesis are mixed. Treiber and Davis, using data from the General Social Survey, found direct links between work characteristics and worker health, but no support for work-family conflict as a mediator. In contrast, Moen, Kelly, Tranby and Huang (2011) found in their work redesign intervention, that enhancing worker control over the time and place to work predicted less negative work-to-home spillover and enhanced worker well-being. The

question of how key contextual factors, such as social class, and individual characteristics, such as gender, may moderate work-family processes may help us to better understand these unique processes. Although we did not have a measure of work-family conflict to test this hypothesis, future research that documents the processes whereby workplace policies and benefits impact the health and well-being of new parents will be an important step in designing supports and interventions for working parents.

Finding from this study suggest that, for mothers, even minimal supports around schedule flexibility are related to fewer depressive symptoms and less anxiety. For fathers, longer parental leave for mothers was linked to less anxiety and declines in anxiety across the first year. These findings are especially important given the large literature pointing to the deleterious effects of parental depression and anxiety on child development (Field, 2011). Given that working-class and working-poor families comprise the majority of workers in this country, interventions that target workplace supports for these workers have the potential to enhance employee mental health, and benefit the development of infants across the first year of life. For example, workplace interventions with supervisors that address supportive practices they could institute around schedule flexibility could increase employee well-being and potentially enhance both worker productivity and the quality of home life. In addition, research on parental leave most often has examined the effects on mothers' well-being, overlooking the positive effects that mothers' leave could have on employed fathers' mental health. This finding suggests that we need to consider the direct, indirect and crossover effects of policies on the family members of employees.

Acknowledgments

This research is supported by a grant from the National Institute of Mental Health to Maureen Perry-Jenkins (R01-MH56777). We gratefully acknowledge Aline Sayer, Jade Logan, Elizabeth Turner, Heather Bourne, Amy Claxton, Kira Henninger, Abbie Goldberg and Courtney Keeton for their assistance on this project.

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Figure 1. Percent of Mothers using Different Types of Parental Leave Across the Transition to Parenthood

Table 1
Descriptive Statistics for Mothers' and Fathers' Depressive Symptoms at Three Time Points

Variable	Mothers N = 125 ^a			Fathers N = 125		
	Mean	SD	Range	Mean	SD	Range
Depressive Symptoms T1	12.37 *	9.32	0-41	9.06	7.67	0-49
Depressive Symptoms T2	12.42 *	9.23	0-44	9.29	8.89	0-54
Depressive Symptoms T3	11.43 *	9.09	0-45	8.23	7.11	0-50
Anxiety Symptoms T1	35.46 *	9.16	21-62	32.56	8.10	20-63
Anxiety Symptoms T2	36.50 *	9.53	20-67	33.11	9.52	20-76
Anxiety Symptoms T3	34.79 *	8.68	21-64	31.70	8.13	20-71

* p < .05 indicates significant differences between mothers and fathers.

^aSample size varies slightly across time points due to missing data

Note. Depressive symptoms scores represent the sum score on CES-D. Anxiety symptom scores are the mean of the summed score on the Self Evaluation Questionnaire.

Table 2
Percentage (and Frequency) of Employees that have Workplace Policies Available and have Used the Policy

BENEFITS AND POLICIES	Mothers		Fathers	
	Workplace has policy	Employee has used policy	Workplace has policy	Employee has used policy
SCHEDULING				
Flexible Daily work schedule	45.5 (61)	85.2 (52)	39.3 (53)	84.9 (45)
Option to work a 4 day week	37.6 (32)	46.9 (15)	31.8 (21)	52.3 (11)
Paid personal/sick days	68.7 (92)	56.5 (52)	69.1 (94)	48.9 (46)
Option to work at home	16.4 (21)	76.1 (16)	7.5 (10)	50.0 (5)
CHILD CARE				
Child care information or referral	18.0 (24)	29.2 (7)	20.6 (28)	14.3 (4)
Dependent Care Assistance Plan	24.6 (33)	12.2 (4)	22.1 (30)	6.6 (2)
Vouchers for child care or reimbursement	4.5 (6)	0 (0)	5.2 (7)	0 (0)
Contributions to a child care center	3.0 (4)	25.0 (1)	2.2 (3)	0 (0)
Child care center at workplace	8.2 (11)	18.2 (2)	8.1 (11)	9.0 (1)
Employer subsidized Childcare near workplace	.8 (1)	0 (0)	7 (7)	0 (0)
OTHER				
Right to refuse a relocation	38.7 (29)	17.2 (5)	48 (36)	13.8 (5)
Part -time work with full-time benefits	22.4 (30)	40.0 (12)	11.8 (16)	18.7 (3)
Cafeteria Style benefits	18.7 (25)	76.0 (19)	23.5 (32)	71.8 (23)

Table 3

Unstandardized Coefficients for Spillover (Intra-individual) and Crossover (Inter-individual) Relationships between Workplace Policies and Initial Level and Rate of Change in Depressive Symptoms (N= 125)

Predictors	Depressive Symptoms					
	Full Model			Best Trimmed Model		
	Initial Level	Rate of Change	Initial Level	Rate of Change	Initial Level	Rate of Change
	Mother	Father	Mother	Father	Mother	Father
Demographics						
Mothers' work hours	-.13	.00	.01	.01	-	-
Fathers' work hours	-.04	.00	-.01	.01	-	-
Family Income	-.00	-.00	-.00	-.00	-.00*	-
Marital Status	1.08	-3.44	-.05	-.19	-	-5.25*
Mothers' Work Policies						
Parental leave	.02	.01	-.00	-.02	-	-
Scheduling policies	-5.21*	-2.29	.08	.29	-4.42*	-
Child care policies	-1.21	1.23	.11	-.01	-	-
Other policies	1.21	.52	-.22	-.02	-	-
Fathers' Work Policies						
Scheduling policies	-2.17	-1.25	.02	.10	-	-
Child care policies	.06	-3.26*	.11	.20	-	-2.34*
Other policies	-.20	.75	.02	-.01	-	-

* $p < .05$,** $p < .01$

Table 4

Unstandardized Coefficients for Spillover (Intra-individual) and Crossover (Inter-individual) Relationships between Workplace Policies and Initial Level and Rate of Change in Anxiety for Mothers and Fathers (N=125)

Predictors	Anxiety					
	Full Model			Best Trimmed Model		
	Initial Level	Rate of Change	Initial Level	Rate of Change	Initial Level	Rate of Change
	Mother	Father	Mother	Father	Mother	Father
Demographics						
Mothers' work hours	-.12+	-.03	.01	.02*	-.02	-.01*
Fathers' work hours	-.04	.08	.00	.00	-	-.00*
Family Income	-.00	-.00	-.00	-.00**	-.00	-
Marital Status	.58	-2.67	.08	-.26	-4.57*	-
Mothers' Work Policies						
Parental leave	-.05	-.05	-.00	-.04*	-.03+	-.04*
Scheduling policies	-5.00**	-2.92	.04	.31	-4.19*	-
Child care policies	-.52	.302	.09	-.03	-	-
Other policies	1.27	.13	.15	.01	-	-
Fathers' Work Policies						
Scheduling policies	-1.68	-1.56	.08	.31	-1.55	-.32+
Child care policies	2.43	-2.69*	-.13	.11	-2.46+	-
Other policies	.64	-.33	.06	.02	-	-

* $p < .05$;

** $p < .01$