Published in final edited form as:

J Fam Issues. 2018 August ; 39(12): 3177–3202.

Relationship Conflict, Work Conditions, and the Health of Mothers With Young Children

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Abstract

Past research has shown that marital conflict is associated with poorer health among women and that new children come with declines in relationship quality and increased stress. The primary aim of this study was to explore how these two patterns converge—and what might buffer the risks of both to women's health. We do so by examining the potential for paid work, more often thought of as a stressor for women managing family roles and relationships, to help women weather tensions at home while raising young children. Drawing on the work–family facilitation and research substitution perspectives, structural equation modeling analyzed integrated data from the Early Childhood Longitudinal Study–Birth Cohort and the Occupational Information Network database. The models revealed evidence that work characteristics can be protective. Specifically, the negative association between relationship conflict and mothers' health was weaker when mothers or their partners worked in jobs with positive social–psychological conditions, such as feelings of sociability and support. These findings highlight the potential for work–family facilitation among new mothers.

Keywords

work and family; dyadic relationship/quality/satisfaction; family health; intimate relationships; quantitative

Introduction

The arrival of a baby is a life event that leads to increased demands on women at home and, for many, at work too. Indeed, the early years of raising a child can put significant strain on their relationships with their partners and challenge women's sense that they are managing the responsibilities of family and work (Byron, 2005; Crohan, 1996; Voydanoff, 1988). Yet evidence from a variety of disciplines has also pointed out that many women (especially mothers) might derive more benefit than risks from their work lives, in terms of their

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Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

parenting, senses of self, life satisfaction, and other markers of well-being. Such evidence speaks to the possibility of work–family facilitation—when the resources and skills developed in the work domain helping someone cope with the challenges in the family domain, and vice versa (Hill, 2005; N. Lee, Zvonkovic, & Crawford, 2014). Might such work–family facilitation extend to women whose health is vulnerable due to the combination of the intensive labor of raising young children in the context of conflictual relationships with their children’s fathers? Could such work–family facilitation in the lives of mothers reflect not just the benefits of the positive work conditions of their own employment that they bring home but also the benefits that their partners bring home from their fulfilling work environments?

To answer these questions, this study uses a novel integration of nationally representative longitudinal data on the well-being of mothers (the Early Childhood Longitudinal Study–Birth Cohort or ECLS-B) and the work conditions of major occupational categories (Occupational Information Network [O*NET]) to examine the interplay of relationship conflict, social psychological resources at work, and physical health among consistently partnered heterosexual women. Specifically, cross-lagged models test the hypotheses that the well-documented negative association between relationship conflict and women’s health (Loving, Heffner, Keicolt-Glaser, Glaser, & Malarkey, 2004; Miller, Hollist, Olsen, & Law, 2013; Wanic & Kulik, 2011) will be found among mothers in general but less so for women who are themselves employed in or who have partners who employed in “good” jobs. Such work-related resources are conceptualized as feelings of achievement, recognition, sociability, and support developed at work, which can enhance the efficacy, satisfaction, and equilibrium that may be transferrable to handling family responsibilities and coping with family challenges above and beyond work-related economic resources (Bass & Grzywacz, 2011; Minnotte, 2016). Given that mothers’ functioning at home is influenced by their partners’ work experiences, not just their own, the buffering role of such resources is not limited to the degree that they derive these feelings at work but also whether their partners do (Keizer & Schenk, 2012; Prickett, 2018). The focus on mothers of young children is important, given that this stage of motherhood is a period of heightened work, relationship, and health vulnerability (Byron, 2005; Crohan, 1996; Voydanoff, 1988).

Such research advances the literatures on families, work, and health in new directions by approaching work as a family resource as well as a risk in three important ways. First, this study goes beyond traditional characterizations of jobs (e.g., work status, schedules, earnings) to identify the cross-domain skill-developing qualities of work. Second, while recognizing that individual people are influenced by their own experiences, this study also examines how they are influenced by the experiences of those to whom they are connected in the family system. Third, this study also integrates key theories on work–family balance (e.g., work–family facilitation; see Grzywacz & Marks, 2000; Hill, 2005; N. Lee et al., 2014) and health (e.g., resource substitution; see Ross & Mirowsky, 2006). Taking these steps sheds light on work as a potentially health-promoting context of the life course with special importance of people who are vulnerable at home, pointing to a policy-malleable resource that has implications for socioeconomic disparities in the U.S. population.

Literature Review

Parental Relationship Conflict and Health in Early Childhood

The starting point of this study is the evidence from past research of an inverse association between relationship conflict and health. In short, although marriage itself is associated with better health (Burman & Margolin, 1992; Umberson, 1987; Waite, 1995) relationship *conflict* seems to be bad for health (Miller et al., 2013). The most oft-cited mechanisms for how such conflict can manifest itself in physical outcomes include heightened psychological distress, poorer health behaviors, and worse physiological symptoms, such as heightened blood pressure, inflammation, and lowered immune functioning (Kiecolt-Glaser & Newton, 2001). Women appear to be more vulnerable to the translation of relationship conflict into health problems than men (Burman & Margolin, 1992), perhaps because of their greater interpersonal orientation than men (Kiecolt-Glaser & Newton, 2001) or their tendency to have less power in relationships (Loving et al., 2004; Wanic & Kulik, 2011).

Notably, the arrival of new children, and the early childhood years of parenting in general, tend to stress parents, undermine relationship quality between parents, and increase discord between parents. Again, such effects tend to be more pronounced for women than men (Crohan, 1996; Keizer & Schenk, 2012; Perry-Jenkins, Goldberg, Pierce, & Sayer, 2007). This gender difference is often attributed to the shift toward a traditional gendered division of labor that tends to occur between heterosexual couples after a child is born and the persistent tendency for women to be more socially defined and judged through their mothering than men are by fathering (Keizer & Schenk, 2012).

The first aim of this study, therefore, is to establish the link between relationship conflict and health in the particular subset of women who are mothers of young children.

Relationship Conflict, Work Conditions, and Health

Turning to the primary focus of this study, which is on the buffering role of work for mothers in tumultuous relationships, past research has shown that work–family conflict—including the negative spillover from work to home—is particularly acute for mothers of young children (Byron, 2005; Dumas, Margolin, & John, 2003; Frone, Russell, & Barnes, 1996). This spillover occurs not just between women’s family lives and their own work but between women’s family lives and their partners’ work, as their partners bring home stress from work that then affects the whole family system (Bolger, DeLongis, Kessler, & Wethington, 1989; Dumas et al., 2003).

This rich literature on work–family conflict has significantly advanced understanding of the role of family in the life course, gender differences in health and well-being, and the gender wage gap and motherhood earnings penalty. Yet it tends to obscure the many ways that work can support family life, particularly for women. Consider the evidence that employment may be associated with better physical and mental health (including lower mortality) and that these patterns are particularly strong for women and go beyond the simple effects that employment has on income. Work appears to give something to people, not just money, which helps them outside of work, too (Burgard & Lin, 2013; Frech & Damaske, 2012; Pavalko & Smith, 1997).

Theoretical Perspectives

The work–family facilitation perspective calls attention to such positive spill-over between work and family domains, positing that some work environments represent daily opportunities for people to develop skills and supports that they can then apply to tasks and responsibilities outside of work (Bass & Grzywacz, 2011; Grzywacz & Marks, 2000; S. Lee, Wickrama, Futris, & Mancini, 2017; Minnotte, 2016). For example, jobs that allow people to cultivate a sense of control over their time and accomplishments might enable them to better manage child-rearing tasks, and jobs that allow people to cultivate a sense of connectedness and interpersonal competence might enable them to interact more positively with family members (Greenhaus & Powell, 2006; S. Lee et al., 2017). Such social psychological components of work are foundations of work–family facilitation, with “good” work translating into more harmonious and smoothly running homes. At the same time, there is evidence of “crossover” effects, where one partner’s positive or negative work experiences can influence the health and well-being of the other partner (Demerouti, Bakker, & Schaufeli, 2005; Hammer, Allen, & Grigsby, 1997; Matthews, Del Priore, Acitelli, & Barnes-Farrell, 2006; Westman, 2001). Importantly, evidence has shown that wives tend to be more vulnerable to the crossover effect of husbands’ work stress than husbands are to wives’ work stress (Bolger et al., 1989; Doumas et al., 2003).

The resource substitution perspective fine-tunes the work–family facilitation perspective by suggesting that some people may benefit more from work–family facilitation than others. This perspective from medical sociology posits that social psychological resources do more to boost the health of people who have fewer resources overall. For someone with abundant resources from multiple contexts, the health benefits of a resource at work might be redundant. Those work resources are more likely to make a difference in the life of someone who has no other resources on which to draw (Ross & Mirowsky, 2002; Ross & Mirowsky, 2006). For the issue at hand, this perspective would suggest that work–family facilitation—resources at work enabling better management of family responsibilities—matters more to the health of people who do not have equivalent resources at home.

Theoretically, the work characteristics examined here could buffer the health of mothers against the risks of conflictual relationships through different mechanisms. Some characteristics, such as the sense of achievement or recognition one gets from their job, could provide a refuge from problems at home that helps people cope (Hochschild, 1997; Perry-Jenkins, Smith, Goldberg, & Logan, 2011). If women feel they are not getting the sense of accomplishment or recognition at home, having these feelings at work could be beneficial for health.

Other work characteristics, such as cooperative work environments and supportive bosses, are “resource-developing” conditions that may enable mothers to better deal with conflict at home. Working in a cooperative environment and under supportive management could provide parents with tools they need to better manage conflict at home. For instance, research has shown that more supportive and less conflictual relationships at work are associated with less work-to-family conflict and closer relationships at home (Behson, 2005; Byron, 2005; Costigan, Cox, & Cauce, 2003).

Again, the potential buffering effects of positive work experiences on the health risks of family problems suggested by this linkage between work–family facilitation and resource substitution extends beyond the personal experiences of individual people at work to capture what happens to their partners at work too (Keizer & Schenk, 2012; Prickett, 2018). Might partners bring home skills and resources from work that change the qualitative nature of conflict so that it is less damaging to health? For example, a partner might develop interpersonal skills that allow conflict to be more constructively resolved or a sense of achievement that enables more efficacious sharing of child-rearing responsibilities even in the face of conflict.

The Current Study

Integrating work–family facilitation and resource substitution perspectives, therefore, the second (and primary) aim of this study is to examine the degree to which the association between relationship conflict and the health of mothers of young children is reduced by the social psychological resources at work experienced by mothers and their partners. In line with these perspectives, the expectation is that positive attributes of either mothers' or their partners' work will partially diminish any negative association between relationship conflict and mothers' health (as examined as part of the first Aim).

Testing these hypotheses is important because of the vulnerability of women in conflictual relationships. Despite being coupled, such mothers lack the health benefits of marriage and have less access to public policy resources aimed at single-mother families. Examining this important intersection high-lights a policy-malleable pathway through which mothers can be supported during a key life course stage (i.e., when children are young) in which family functioning is especially important for parents' labor productivity and the long-term well-being of subsequent generations.

Method

Data and Sample

ECLS-B is a nationally representative sample of more than 10,000 U.S. children born in 2001 that includes extensive information from and on their parents, especially their mothers. In-home interviews were conducted with the child's primary caregiver when the child was aged 9 months, 2 years, 4 years, and 5 years. Our analytical sample consisted of 5,950 children who lived in a two-parent household at the 9-month, 2-year, and 4-year interviews. Given our focus on relationship conflict, mothers who were living without a partner at any of the three waves examined were excluded from the study. We excluded mothers who were younger than 16 years at the time of the child's birth (mothers to which ECLS-B is not generalizable), did not live with their children at each of the three waves of interest, or were not interviewed at each wave.

To examine how employment characteristics shape the work–family interface among parents of young children, we incorporated data from O*NET, a finer-grained source of work characteristics. O*NET contains rich information on the work characteristics of about 900 occupational categories, which are representative of American workers (Alterman et al.,

2008). In each wave, respondents numbering in the tens of thousands are randomly sampled based on their work environment, firm size, and share of the labor market, with probability of selection based on proportion of the workforce at each particular type of firm (Dye & Silver, 1999). Following the lead of Raley et al. (2017), we averaged occupational characteristics across the 22 Standard Occupational Classification codes of the occupations reported by ECLS-B parents, selecting work attributes with both theoretical importance and—from a methodological concern with aggregating data—that had less within-occupation versus across-occupation variance. These characteristics were merged with the ECLS-B individually on mothers' and fathers' major occupation code (for parents, currently in paid employment) at the 9-month, 2-year, and 4-year waves. We match parents from the ECLS-B to O*NET on occupation, with an assumption that the work characteristics measured in O*NET likely reflect the experiences of mothers if they are within those occupations. We expand on the limitations of this approach in the Discussion section.

Measures

Maternal Health.—A global self-report of health on a scale ranging from 1 (*poor*) through 5 (*excellent*) was based on responses to the question “Would you say your health in general is ...” Past research has consistently demonstrated that global self-report measures are strongly correlated with other health measures (e.g., mortality and blood pressure) symptomatic of physiological processes, and less biased than other measures for adults and children from historically disadvantaged segments of the population (Ferraro & Farmer, 1999; Idler & Benyamini, 1997; Jylha, 2009; Lundberg & Manderbacka, 1996; Miilunpalo, Vuori, Oja, Pasanen, & Urponen, 1997). Importantly, global self-reported health has also been used to examine the association between relationship quality and health (Miller et al., 2013).

Relationship Conflict.—Conflict was operationalized through a couple's frequency of arguing. A factor loading consisted of 10 items that measured from 1 (*never*) through 4 (*often*) about how often the mother reported arguing with her spouse on a range of household topics (e.g., chores, money, children). The final measure was the average of three variables that loaded together consistently at the 9-month ($\alpha = .86$) and 2-year ($\alpha = .90$) interviews. These three measures—the frequency the mother reported arguing about chores, the children, and money—broadly captured arguing about home life.

Employment Characteristics.—O*NET variables captured the extent to which a parent's occupation featured four positive characteristics, each measured on a 1 to 7 scale. *Achievement* measured how much workers within an occupation felt a sense of accomplishment from work. *Recognition* measured how much workers felt that they were recognized for the work that they did. *Relationships* measured how much employees felt that they were able to collaborate at work in a friendly and noncompetitive environment. *Support* measured the extent to which employees felt that their management was supportive. Each of these employment characteristics was measured at $t - 1$ to predict maternal health at the next wave (t). These scales were mean centered for the multivariate analyses, with nonworking parents given a scale score of 0, so that parents who were not in the paid labor force could still be included in the analyses. For additional information on employment, self-reports of

work hours led to the creation of four dummy variables of employment status (full-time, part-time, unemployed and actively seeking work, or not in the paid labor force) for both mothers and their partners.

We chose to examine these characteristics separately for both the theoretical reasons discussed above and for empirical reasons. From a methodological standpoint, although it would seem that positive attributes of work would “cluster” together by occupation, they do not consistently enough to create a valid composite score. For example, lawyers score high on the “achievement” score, but do not in terms of the “relationship” and “support” scales (because they more often than not work in a high-conflict and competitive environment).

Covariates.—Time-varying characteristics were measured at the 9-month, 2-year, and 4-year interviews, with dummy variables for *annual family income* (1 = \$5,000 or less through 13 = more than \$200,000), *union status* (mother married to the child’s biological father, cohabiting with him, married/cohabiting with someone else), *geographic region* of family’s residence (Northeast, Midwest, West, South), and a continuous measure of *number of siblings*. Time-invariant controls, measured at the 9-month interview, included dummy variables for *maternal race/ethnicity* (non-Hispanic White, non-Hispanic Black, Hispanic White, another race/ethnicity), *maternal education* (less than a high school diploma/GED, high school diploma/GED, some college/associate’s degree, bachelor’s degree or more), a continuous measure of *maternal age* at child’s birth (in years), and binary variables for *maternal nativity* (1 = mother was foreign born), *child’s gender* (1 = female), and whether the child was born at a *low birth weight* (1 = yes).

Plan of Analyses

Autoregressive cross-lagged structural equation models estimated the association among mothers’ and their partners’ work characteristics, arguing, and mothers’ health from when the focal child was 9-month to 4-year-old. This approach allowed us to estimate several equations simultaneously and essentially estimate within-mother changes over time. For example, relationship conflict at 9 months ($t - 1$) predicted maternal health at 2 years (t), while simultaneously estimating the association between maternal health at 2 years (t) and maternal health at 9 months ($t - 1$) and the association between relationship conflict at 2 years (t) and relationship conflict at 9 months ($t - 1$). Both time-varying (e.g., employment status at each wave) and time-invariant (e.g., educational attainment) covariates could then be incorporated into this model. After modeling the main associations between relationship conflict, mothers’ and fathers’ work conditions, and maternal health, we included interactions between work conditions and arguing at $t - 1$ to predict maternal health at t in order to see whether and how work characteristics moderated the association between relationship conflict and maternal health.

Again, mothers were excluded from the sample if they were not partnered at any of the three waves examined. Mothers who were excluded from the analyses because they were at one point not partnered were statistically more likely to have lower incomes and less education, and they were more likely to be Black.¹ Mothers and partners who were not in paid employment at the time of the interview were given a value of 0 for the mean-centered work

characteristics measures. In this way, the estimated association between work conditions and maternal health should be considered in concert with the work status coefficients.

These models were estimated in *Mplus*, using its full information maximum likelihood multiple imputation procedure to create 20 imputed data sets to account for item-level missing data (Muthén & Muthén, 1998–2012). All models were weighted by the appropriate longitudinal sampling weights to adjust for nonresponse at baseline and the sampling design.

Results

Overview of Mothers and Their Partners

Table 1 provides descriptive statistics of the study sample. Focusing on the main variables of interest, mothers reported, on average, being in good health (ranging from 4.1 at the 9-month interview through 3.9 at the 4-year interview) and an average frequency of arguing score of 2.2 and 2.4 (on a 4-point scale) at the 9-month and 2-year interviews, respectively. The proportion of mothers working for pay ranged from 34.1% shortly after their child's birth to 57.8% when child was age 4. At any time, approximately 40% of mothers were not in the paid labor force and not seeking paid employment. In contrast, around 94% of partners were employed at each wave. Among mothers in the paid labor force, positive work characteristics generally rose over time, with values highest when children were age 4. In comparison, positive work characteristics for partners did not vary much across the different waves. Interestingly, though, employed partners had lower mean scores for positive work characteristics than employed mothers in every category except support.

Table 2 presents bivariate associations among work characteristics of mothers and partners, arguing, and maternal health. Although the work characteristic scales were modeled continuously, this table groups mothers' and partners' work characteristics and frequency of arguing into quartile values for the sake of illustration. Higher quartiles represented higher values on the work characteristic scales and more frequent arguing.

Generally, more positive work characteristics for both employed parents were associated with better maternal health. For example, mothers in the fourth quartile of achievement at the 2-year wave reported a health score more than 0.5 points higher than those in the first quartile. The range in women's health across work characteristics was generally greater when looking at mothers' work characteristics than when looking at their partners' work characteristics, suggesting that mothers' own work characteristics were more relevant to their health than their partners' work characteristics. Similarly, lower levels of arguing were associated with better maternal health. For example, mothers in the fourth quartile—the highest levels of arguing—reported health scores about 0.3 points lower than mothers in the first quartile of arguing (i.e., the least argument-prone couples).

¹As a sensitivity analysis, we replicated the analyses on a sample of mothers who were partnered for at least two waves (as opposed to all three). Running the analyses in two parts (9 months predicting 2 years and then 2 years predicting 4 years) retained some of the mothers that omitted from the study's analytical sample because they were not partnered at all three waves. Results were substantively the same (available on request from the corresponding author).

Links Between Relationship Conflict, Work Characteristics, and Maternal Health

Recall that Aim 1 was to examine whether—in line with prior research—there was a negative association between relationship conflict and mothers' self-reported health. Table 3 presents results from the structural equation models for this aim. Models 1 to 4 present the results, respectively, for the associations between maternal health, relationship conflict, and four work characteristic scales—achievement, recognition, relationships, and support. Each model presents results from the cross-lagged pathway where relationship conflict and work characteristics at the 9-month and 2-year waves predict maternal health at the 2- and 4-year wave, respectively, including all time-varying and time-invariant covariates.

In all models, relationship conflict was consistently and negatively associated with maternal health, with the frequency of arguing at one time point predicting poorer maternal health at the next time point, net of the continuity of maternal health across time points and the covariates. Turning to work characteristics, the achievement, recognition, and relationships work scales among mothers in the paid labor force at a specific time point were positively associated with their health at the next time point (at the 4-year interview for achievement and recognition, and 2-year interview for relationships). Partners' work characteristics were not significantly associated with mothers' self-reported health at any time point.

In addition to examining whether relationship conflict predicted maternal health, a series of simultaneous equations estimated cross-lagged and autoregressive pathways between all focal variables (i.e., maternal health, work characteristics, arguing). Although not the primary focus of this study, these models revealed that better health was associated with declines in arguing. Arguing did not predict maternal or paternal work characteristics (see Table A1 in the appendix).

Moderating Effect of Work Characteristics.—Aim 2 was to examine whether positive work characteristics conditioned the negative association between relationship conflict and maternal health uncovered in Aim 1. Recall that—in line with work–family facilitation and resource substitution perspectives—we anticipated that work characteristics would diminish the negative association between conflict and health. Table 4 presents the same cross-lagged pathway as Table 3, but with the various interactions of maternal and paternal work characteristics with frequency of arguing. In line with the original hypotheses, two of these interactions were conventionally or marginally significant: partners' relationships work scale $\times$ frequency of arguing at the 4-year interview ($p < .05$), mothers' support work scale $\times$ arguing at the 4-year interview ($p < .10$). Figures 1 and 2 display predicted maternal health for these two interaction results.

First, Figure 1 shows predicted maternal health at the 4-year wave among working mothers by mothers' own support work scale and the frequency of arguing at the 2-year wave. In general, mothers who reported high frequency of arguing with their partners had poorer health than mothers who reported moderate or low rates of arguing with partners. Among the former, however, mothers had better health when they worked in occupations with more supportive management, compared with those who worked in less supportive environments. Mothers who reported low levels of arguing reported virtually no difference in self-reported health no matter their work conditions. For example, the difference in maternal health across

levels of work support—favoring those in more supportive environments—was 0.21 among women in high-conflict relationships compared with 0.06 in low-conflict relationships. This difference amounted to about a 23% of a standard deviation across characteristics for high-conflict relationships, compared with only 6% in low-conflict relationships.

Second, Figure 2 presents predicted maternal health at the 4-year wave among mothers with a working partner by their partners' relationship work scale and frequency of arguing at the 2-year wave. Overall, the general pattern was similar to Figure 1, with the greatest moderation for mothers in the most conflictual relationships. Among mothers who reported low levels of arguing, there was little difference in health across the partners' relationships scale. There were, however, large differences in maternal health by partners' relationships scale among mothers who reported high levels of arguing. For example, the difference in mothers' health between argumentative couples in which partners worked in the most supportive and noncompetitive environments and argumentative couples in which partners worked in the least supportive and most competitive environments was 0.19, or about 21% of a standard deviation. Moreover, having a partner in an occupation considered high on providing a supportive and noncompetitive environment closed the gap in predicted health of mothers' in high-conflict relationships versus mothers in average-conflict relationships and partners' in occupations that were average on the these work conditions.

Discussion

Work and home are the places where people spend most of their lives, and stress in one or both areas—and the interaction between them—can undermine health. At the same time, the arrival of a new child into the family adds additional stress into both the home and work spheres, representing not only a time of heightened work–family conflict but also one that can have outsized effects for parents' labor market productivity and children's well-being. In this spirit, we drew on theoretical perspectives from work–family research and medical sociology to investigate the associations among relationship conflict, work conditions, and maternal health to test the hypothesis that positive work environments might buffer the association between relationship conflict and health among consistently partnered mothers of young children. Three key findings stand out.

First, in a nationally representative sample of partnered mothers with young children, relationship conflict was adversely associated with maternal health much as it has been shown for both men and women in the general population (Loving et al., 2004; Miller et al., 2013). Notably, this association was found in a structural equation framework that accounted for the bidirectional interplay of relationship conflict and maternal health over time. Thus, among partnered mothers of young children, relationship conflict can be stressful, and this stress can come to manifest itself physically, even in a relatively short span of time. This finding is in line with our first study aim and hypothesis.

Second, for the next aim of investigate whether positive work characteristics could reduce the negative association between relationship conflict and health, a major finding was that work was associated with improved health for mothers in high-conflict relationships with their partners. Although only significant at marginal levels, the association between having

supportive management and maternal health for women in high-conflict relationships acts was in the direction of buffering. In other words, this finding supports the general idea that positive experiences at work could provide some prevention against conflict at home translating into poor health. In contrast, when couples infrequently argued, self-reported health did not differ at all by how supportive mothers' management was. Indeed, it was mothers with the lowest level of work support in high-conflict relationships whose health was worst.

Third, a positive crossover between mothers' partners' work and their own health appeared for high-conflict couples. The interaction between partners' relationships at work and arguing followed a similar pattern to the interaction between women's own work characteristics and arguing. For high-conflict couples, partners having supportive and noncompetitive work environment was significantly correlated with differences in how conflict was associated with mothers' health. This pattern was in line with research showing that women are more vulnerable to spillover effects than men (Bolger et al., 1989; Doumas et al., 2003). It points to the importance of integrating a resource substitution and family systems perspective. In addition to providing a haven from home conflict (Hochschild, 1997), work conditions may also serve to provide partners with social skills that can be useful in the home, such as skills for managing conflict (S. Lee et al., 2017). Interpersonal skills that are learned at work can be brought home, to change the quality of relationship conflict. For partners used to collaboration, arguments could be shorter or less hostile than partners who spend all day in a competitive environment, whose career outcomes might hinge on their ability to win an argument.

This study has several limitations that future research or data collection should address. First, the measures of work conditions came from O*NET data about employees in occupations, but they do not directly measure the individual work experiences of the ECLS-B respondents. In this way, there was likely a fair amount of noise in this measurement, providing less confidence in whether the null findings that we reported here were truly insignificant or a product of wide variance in the mismatch between work condition values assigned to parents and their actual experiences. Second, because the relationship conflict questions were only asked of partnered mothers, we were effectively selecting out mothers in the most unstable relationships. Although sensitivity analyses showed that results were the same whether we included mothers who were partnered at all three waves or mothers who were partnered at only two waves, mothers who were partnered at only one or fewer waves could potentially have even more extreme experiences of work, conflict, and health. Third, although our estimation strategy allowed us to look at within-person changes over time, we still cannot say with certainty that the associations that have been reported here were causal.

Despite these limitations, we do have several significant findings that point to the importance of future data collection efforts asking more fine-grained questions about work experiences in survey data than is typically the case. Because relationship conflict questions were only asked among parents who were living with a partner, we were not able to examine whether these patterns were consistent among mothers who were in romantic or dating relationships but not living with a partner. Partners who do not live together may have different levels of relationship conflict in two possible ways: First, these partners may not

live together *because* of high levels of conflict; or, conflict levels could be lower because living apart gives each partner space and time to let tensions defuse. Future research should look at the connection between relationship conflict and health among partners who are not cohabiting.

In addition, we only found significant associations between relationship conflict and maternal health (and the interaction between conflict and work conditions) when arguments focused on the home (i.e., chore, children, and money). In other analyses, we tested the other argument construct—arguing about sex and intimacy—but found no significant associations. Perhaps work conditions were only protective for health in cases where conflict in the home focuses on topics that are more similar to those focused on at work—for example, money management, balancing responsibilities—or areas of home life that are often thought of as competing for the work demands of time and energy. Finally, to better test and expand on what we have reported here, future research with more detailed information on qualitative aspects of relationship conflict—and not just arguing frequency—should examine the possibility that work conditions could be cultivating relationship skills that translate to how parents negotiate and come to resolutions at home. Future research could also examine variation in the effect of work resources on relationship conflict and health across the population. For instance, researchers could look at how work resources and their associations with health and conflict might be different for men and women with different levels of educational attainment.

Conclusion

Work–family research has documented that work-to-family conflict is often problematic for mothers with young children, especially for mothers' health. This study contributes to this literature by highlighting the conditions under which work can be health promoting—versus creating risk and conflict—for partnered mothers of young children. Importantly, not only do mothers' own work experiences matter, their partners' less stressful and more supportive work environments could also be a buffer of the impact conflict has on their health. In the context of policies aimed at creating and stabilizing healthy marriages that have been disappointing as scalable and efficient policy levers, improving work conditions may be a malleable policy lever that not only can enhance the economic well-being of families but could potentially support a healthier family life for women.

Acknowledgments

The authors acknowledge the support of grants from the National Institute of Child Health and Human Development.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The authors acknowledge the support of grants from the National Institute of Child Health and Human Development (F32 HD086994-01, PI: Kate C. Prickett [University of Chicago]; R21 HD083845, PI: Robert Crosnoe; R24 HD42849, PI: Mark Hayward [University of Texas at Austin] and NICHD training grant #T32HD007081).

Appendix

Table A1.

Standardized Coefficients From Cross-Lagged Models ($N = 5,950$).

	Outcome variables							
	Health		Maternal work characteristics		Partner work characteristics		Arguing	
	2 Year	4 Year	2 Year	4 Year	2 Year	4 Year	2 Year	4 Year
Achievement								
Health	0.477 ***	0.415 ***	0.015	−0.008	0.012	−0.004	−0.035 *	−0.044 *
Maternal work	0.020	0.043 **	0.453 ***	0.403 ***	<i>n.e.</i>	<i>n.e.</i>	0.001	−0.014
Partner work	0.023	0.023	<i>n.e.</i>	<i>n.e.</i>	0.528 ***	0.503 ***	0.004	−0.006
Arguing	−0.03 †	−0.074 ***	0.024	0.013	0.002	−0.011	0.481 ***	0.454 ***
Recognition								
Health	0.447 ***	0.415 ***	0.015	−0.010	0.011	−0.009	−0.035 *	−0.044 †
Maternal work	0.018	0.042 *	0.430 ***	0.393 ***	<i>n.e.</i>	<i>n.e.</i>	0.010	−0.016
Partner work	0.022	0.017	<i>n.e.</i>	<i>n.e.</i>	0.513 ***	0.479 ***	0.003	−0.009
Arguing	−0.030 †	−0.075 ***	0.025	0.014	0.001	−0.012	0.481 ***	0.454 ***
Relationships								
Health	0.447 ***	0.415 ***	0.000	0.012	0.001	0.024 †	−0.035 *	−0.044 *
Maternal work	0.031 *	0.022	0.571 ***	0.523 ***	<i>n.e.</i>	<i>n.e.</i>	0.007	−0.006
Partner work	0.024 †	0.023	<i>n.e.</i>	<i>n.e.</i>	0.64 ***	0.627 ***	0.004	0.006
Arguing	−0.031 *	−0.074 **	0.001	0.013	0.012	−0.019	0.481 ***	0.455 ***
Support								
Health	0.448 ***	0.416 ***	−0.006	−0.018	−0.008	−0.026 †	−0.036 *	−0.044 *
Maternal work	0.002	0.017	0.540 ***	0.528 ***	<i>n.e.</i>	<i>n.e.</i>	0.019	0.021
Partner work	−0.012	−0.025	<i>n.e.</i>	<i>n.e.</i>	0.609 ***	0.542 ***	−0.024	−0.022
Arguing	−0.031 *	−0.076 ***	0.024 †	0.000	−0.018	0.002	0.481 ***	0.454 ***

Note. *n.e.* = pathway not estimated. Controlling for full set of covariates.

† $p < .10$.

* $p < .05$.

** $p < .01$.

*** $p < .001$.

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Figure 1.
Predicted maternal health by mothers' support work scale and frequency of arguing.

Figure 2.
Predicted maternal health by partners' relationships work scale and frequency of arguing.

Table 1.Descriptive Statistics for Study Variables ($N = 5,950$).

	9 Months		2 Years		4 Years	
	n	% or <i>M (SD)</i>	n	% or <i>M (SD)</i>	n	% or <i>M (SD)</i>
Maternal self-reported health	5,950	4.06 (0.89)	5,950	4.03 (0.91)	5,950	3.91 (0.93)
<i>Positive work conditions among working mothers</i>						
Achievement	3,050	3.93 (1.05)	3,200	3.86 (1.08)	3,500	3.99 (1.06)
Recognition	3,050	3.41 (1.03)	3,200	3.36 (1.04)	3,500	3.44 (1.00)
Relationships	3,050	5.14 (0.70)	3,200	5.11 (0.69)	3,500	5.16 (0.68)
Support	3,050	4.38 (0.52)	3,200	4.38 (0.53)	3,500	4.35 (0.52)
<i>Positive work conditions among working partners</i>						
Achievement	5,350	3.79 (1.13)	5,500	3.76 (1.14)	5,450	3.81 (1.14)
Recognition	5,350	3.37 (1.14)	5,950	3.35 (1.15)	5,450	3.37 (1.14)
Relationships	5,350	4.48 (0.76)	5,500	4.49 (0.76)	5,450	4.49 (0.75)
Support	5,350	4.51 (0.47)	5,500	4.53 (0.47)	5,450	4.49 (0.49)
<i>Relationship conflict</i>						
Arguing (1–4)	5,300	2.22 (0.69)	5,000	2.42 (0.71)		
<i>Time-variant covariates</i>						
Maternal employment						
Full-time	1,900	22.56	2,050	32.38	2,300	36.23
Part-time	1,150	11.50	1,200	22.16	1,200	21.55
Unemployed	250	7.70	200	2.88	200	3.51
Not in paid labor force	2,650	39.70	2,550	42.58	2,250	38.71
Paternal employment						
Full-time	5,200	89.14	5,200	88.94	5,250	90.66
Part-time	300	4.47	300	5.15	250	3.92
Unemployed	200	3.15	150	2.98	100	1.67
Not in paid labor force	250	3.24	200	2.92	250	3.75
Family income (1–13 scale))	5,950	8.39 (3.05)	5,950	8.55 (2.96)	5,950	8.87 (2.95)
Number of siblings	5,950	1.15 (1.13)	5,950	1.17 (1.01)	5,950	1.48 (1.08)
Region						
Northeast	950	17.79	950	17.65	950	17.3
Midwest	1,450	22.9	1,450	22.87	1,400	22.52
West	1,650	25.2	1,650	25.19	1,650	25.08
South	1,900	34.12	1,900	34.29	1,950	35.1
Union status						
Married to child's biological father	5,200	86.57	5,300	88.24	5,450	90.9
Cohabiting with child's biological father	700	12.75	600	11.08	450	8.42
Cohabiting/ married to child's stepfather	50	0.68	50	0.68	50	0.68
<i>Time-invariant covariates</i>						
Maternal education						
No high school diploma/GED	800	15.85				

	9 Months		2 Years		4 Years	
	n	% or <i>M (SD)</i>	n	% or <i>M (SD)</i>	n	% or <i>M (SD)</i>
High school diploma/GED	1,450	26.29				
Some college/ associate's degree	1,650	26.81				
College degree or more	2,100	31.05				
Maternal age (years)	5,950	28.94 (5.72)				
Maternal race/ethnicity						
Non-Hispanic White	3,200	64.77				
Non-Hispanic Black	400	5.81				
Hispanic White	1,000	23.2				
Other race/ ethnicity	1,300	6.22				
Maternal nativity (foreign-born)	1,700	23.09				
Child gender (female)	2,900	47.96				
Child birth weight (low)	1,550	6.79				

Note. NCES = National Center for Education Statistics. Unweighted numbers (*n*), weighted % *M*. Numbers (*n*) rounded to nearest 50th per NCES requirements. Standard deviations are in parentheses.

Table 2.Maternal Health by Parental Work Characteristics and Arguing ($n = 5,950$).^a

	Mothers		Partners	
	2 Years	4 Years	2 Years	4 Years
	M (SD)	M (SD)	M (SD)	M (SD)
<i>Positive work conditions among working parents ($t - 1$)</i>				
Achievement				
1st quartile	3.627 ^{b,c,d} (1.037)	3.523 ^{b,c,d} (0.972)	3.882 ^{b,c,d} (0.963)	3.720 ^{b,c,d} (0.914)
2nd quartile	4.067 ^{c,d,e} (0.884)	3.885 ^{c,d,e} (0.892)	4.036 ^{d,e} (0.927)	3.906 ^{d,e} (0.908)
3rd quartile	4.141 ^{b,e} (0.879)	4.083 ^{b,e} (0.847)	4.114 ^{d,e} (0.851)	3.974 ^{d,e} (0.932)
4th quartile	4.252 ^{b,e} (0.767)	4.189 ^{b,e} (0.803)	4.272 ^{b,c,e} (0.804)	4.171 ^{b,c,e} (0.791)
Recognition				
1st quartile	3.798 ^{b,c,d} (1.002)	3.626 ^{b,c,d} (0.950)	3.860 ^{b,c,d} (0.973)	3.712 ^{c,d} (0.917)
2nd quartile	4.062 ^{c,d,e} (0.872)	3.899 ^{c,d,e} (0.886)	3.995 ^{c,d,e} (0.942)	3.821 ^{c,d} (0.924)
3rd quartile	4.184 ^{b,e} (0.820)	4.098 ^{b,d,e} (0.843)	4.160 ^{b,e} (0.809)	4.061 ^{b,d,e} (0.871)
4th quartile	4.294 ^{b,e} (0.780)	4.198 ^{b,c,e} (0.802)	4.290 ^{b,e} (0.797)	4.203 ^{b,c,e} (0.807)
Relationships				
1st quartile	3.891 ^d (0.944)	3.865 ^d (0.957)	4.035 ^{c,d} (0.920)	3.883 ^d (0.880)
2nd quartile	4.033 ^d (0.961)	3.829 ^d (0.929)	3.978 ^{c,d} (0.931)	3.848 ^{c,d} (0.923)
3rd quartile	4.111 ^d (0.857)	3.932 ^d (0.888)	4.123 ^{b,e} (0.796)	4.008 ^b (0.886)
4th quartile	4.169 ^{b,c,e} (0.855)	4.105 ^{b,c,e} (0.836)	4.190 ^{b,e} (0.898)	4.047 ^{b,e} (0.891)
Support				
1st quartile	4.014 ^{b,d} (0.942)	3.859 ^{b,c,d} (0.899)	4.149 ^c (0.847)	4.025 ^b (0.865)
2nd quartile	4.081 ^{c,e} (0.890)	4.015 ^{d,e} (0.902)	3.978 ^c (0.923)	3.846 ^c (0.942)
3rd quartile	4.068 ^{b,d} (0.857)	3.960 ^e (0.883)	4.148 ^{b,d,e} (0.915)	4.023 ^b (0.890)
4th quartile	4.146 ^{c,e} (0.881)	3.945 ^{b,e} (0.920)	4.059 ^c (0.881)	3.922 (0.893)
Arguing				
1st quartile	4.075 ^{c,d} (0.030)	4.070 ^{b,c} (0.028)		
2nd quartile	4.069 ^{c,d} (0.022)	3.982 ^{c,d,e} (0.032)		
3rd quartile	3.990 ^{b,e} (0.029)	3.882 ^{c,d,e} (0.021)		
4th quartile	3.920 ^{b,e} (0.021)	3.705 ^{b,c,e} (0.025)		

Note. NCES = National Center for Education Statistics. Weighted % (M). Numbers (n) rounded to nearest 50th per NCES requirements. Standard deviations are in parentheses.

^aFor mothers' work characteristics, sample includes only mothers working at that wave; for partners' work characteristics, sample includes mothers with partners working at that wave (sample sizes can be found in Table 1). For arguing, measures included the full sample ($N = 5,950$). t Tests indicating statistically different at $p < .05$.

^b Different from second quartile.

^c Different from third quartile.

^d Different from fourth quartile.

^e Different from first quartile.

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Table 3.

Standardized Coefficients From Cross-Lagged Models Predicting Self-Reported Maternal Health by Positive Work Conditions ($N = 5,950$).

	Work characteristics predicting maternal health							
	Model 1		Model 2		Model 3		Model 4	
	Achievement		Recognition		Relationships		Support	
	2 Years	4 Years	2 Years	4 Years	2 Years	4 Years	2 Years	4 Years
Mother's work characteristics	0.021 (0.017)	0.043 ** (0.015)	0.018 (0.016)	0.042 ** (0.015)	0.031 * (0.013)	0.022 (0.014)	0.002 (0.015)	0.017 (0.015)
Partners' work characteristics	0.022 (0.016)	0.023 (0.016)	0.021 (0.017)	0.017 (0.018)	0.024 † (0.014)	0.023 (0.018)	-0.012 (0.018)	-0.025 (0.017)
<i>Relationship conflict</i>								
Arguing	-0.033 * (0.016)	-0.078 *** (0.016)	-0.033 * (0.016)	-0.078 *** (0.016)	-0.035 * (0.016)	-0.077 *** (0.016)	-0.033 * (0.016)	-0.079 *** (0.016)
<i>Time-variant covariates</i>								
Mother's employment (ref: full-time)								
Part-time	0.015 (0.019)	0.027 † (0.015)	0.015 (0.019)	0.028 † (0.015)	0.013 (0.020)	0.027 † (0.015)	0.017 (0.020)	0.029 * (0.014)
Unemployed	0.000 (0.014)	0.001 (0.019)	0.000 (0.013)	0.001 (0.019)	0.001 (0.014)	0.002 (0.019)	0.001 (0.014)	0.001 (0.019)
Not in paid labor force	0.013 (0.019)	0.012 (0.019)	0.013 (0.019)	0.013 (0.019)	0.015 (0.019)	0.014 (0.019)	0.018 (0.019)	0.016 (0.019)
Partner's employment (ref: full-time)								
Part-time	0.007 (0.014)	-0.006 (0.014)	0.006 (0.014)	-0.006 (0.014)	0.006 (0.014)	-0.005 (0.014)	0.007 (0.014)	-0.004 (0.013)
Unemployed	0.004 (0.019)	0.010 (0.019)	0.004 (0.019)	0.010 (0.019)	0.007 (0.019)	0.011 (0.019)	0.006 (0.019)	0.010 (0.019)
Not in paid labor force	-0.015 (0.016)	-0.002 (0.020)	-0.015 (0.016)	-0.002 (0.021)	-0.014 (0.016)	-0.001 (0.020)	-0.013 (0.016)	-0.001 (0.020)
R^2	.288	.287	.287	.287	.288	.286	.287	.286

Note. NCES = National Center for Education Statistics. Controls at $t-1$ for: Maternal health, maternal education, maternal age at child's birth, maternal race/ethnicity, maternal nativity, child gender, child born at low birth weight, family income, number of children in the household, geographic region, union status. Numbers (n) rounded to nearest 50th per NCES guidelines.

† $p < .10$.

* $p < .05$.

** $p < .01$.

*** $p < .001$.

Table 4.

Standardized Coefficients From Cross-Lagged Models Predicting Self-Reported Maternal Health by Positive Work Conditions, Argument Frequency, and Interactions Between Them ($N = 5,950$).

	Work characteristics predicting maternal health							
	Model 1		Model 2		Model 3		Model 4	
	Achievement		Recognition		Relationships		Support	
	2 Years	4 Years	2 Years	4 Years	2 Years	4 Years	2 Years	4 Years
Mother's work characteristics	-0.020 (0.064)	0.018 (0.067)	0.040 (0.061)	0.007 (0.067)	0.114* (0.055)	-0.010 (0.066)	-0.076 (0.049)	-0.113 [†] (0.064)
Partners' work characteristics	0.049 (0.063)	-0.007 (0.057)	0.044 (0.063)	-0.019 (0.057)	0.068 (0.055)	-0.086 [†] (0.047)	0.007 (0.054)	0.046 (0.053)
<i>Relationship conflict</i>								
Arguing	-0.033* (0.015)	-0.074*** (0.015)	-0.032* (0.015)	-0.074*** (0.015)	-0.036* (0.015)	-0.073*** (0.015)	-0.032* (0.015)	-0.075*** (0.015)
<i>Interactions</i>								
Maternal work × arguing	0.042 (0.063)	0.026 (0.068)	0.061 (0.060)	0.036 (0.070)	-0.086 (0.057)	0.033 (0.066)	0.082 (0.051)	0.136 [†] (0.070)
Parental work × arguing	-0.028 (0.063)	0.032 (0.060)	-0.024 (0.063)	0.038 (0.059)	-0.045 (0.056)	0.115* (0.049)	-0.020 (0.057)	-0.074 (0.052)
<i>Time-variant covariates</i>								
Mother's employment (ref: full-time)								
Part-time	0.014 (0.019)	0.027 [†] (0.015)	0.015 (0.019)	0.028 [†] (0.015)	0.013 (0.019)	0.027 [†] (0.015)	0.017 (0.019)	0.028* (0.014)
Unemployed	0.001 (0.014)	0.001 (0.019)	0.001 (0.014)	0.001 (0.019)	0.000 (0.014)	0.001 (0.019)	0.001 (0.014)	0.001 (0.018)
Not in paid labor force	0.013 (0.019)	0.012 (0.019)	0.013 (0.019)	0.013 (0.019)	0.015 (0.019)	0.014 (0.019)	0.018 (0.019)	0.016 (0.019)
Partner's employment (ref: full-time)								
Part-time	0.006 (0.014)	-0.006 (0.013)	0.006 (0.014)	-0.006 (0.013)	0.005 (0.014)	-0.005 (0.014)	0.007 (0.014)	-0.005 (0.013)
Unemployed	0.004 (0.019)	0.010 (0.019)	0.004 (0.019)	0.010 (0.019)	0.007 (0.018)	0.011 (0.019)	0.006 (0.019)	0.009 (0.018)
Not in paid labor force	-0.015 (0.016)	-0.002 (0.021)	-0.015 (0.016)	-0.002 (0.021)	-0.013 (0.016)	-0.001 (0.020)	-0.013 (0.016)	-0.002 (0.020)
R^2	.290	.288	.291	.289	.308	.300	.295	.320

Note. NCES = National Center for Education Statistics. Controls at $t-1$ for maternal health, maternal education, maternal age at child's birth, maternal race/ethnicity, maternal nativity, child gender, child born at low birth weight, family income, number of children in the household, geographic region, union status. Numbers (n) rounded to nearest 50th per NCES guidelines.

[†] $p < .10$.

* $p < .05$.

** $p < .01$.

$p < .001$

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