American Journal of Community Psychology, Vol. 17, No. 1, 1989

Promoting the Well-Being of Working Parents: Coping, Social Support, and Flexible Job Schedules[1]

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The associations of individual coping efforts, social support from four sources, and flexibility of job schedules with the well-being of working parents were examined. Full-time employees with children were sampled from eight firms and state agencies that varied in the flexibility they allowed in scheduling job hours. The 644 respondents, who completed a self-administered questionnaire at their work sites, included 208 married fathers, 287 married mothers, and 149 single mothers. Individual coping was the most powerful predictor of outcomes, with problem-focused coping associated with positive outcomes and emotion-focused coping associated with negative outcomes. The generally weaker effects of social support varried according to both the donor of support and the outcome domain. Perceived flexibility in scheduling was weakly related to outcomes, but formal flexitime programs were unrelated.

In a national sample survey in 1977 (Quinn & Staines, 1979), 38% of men and 43% of women who were married, had jobs, and had children reported that job and family life conflicted with each other "somewhat" or "a lot." Conflict between work and family roles appears to be on the rise because

[1]This research was supported by a Visiting Postdoctoral Fellowship from the Russell Sage Foundation and by Grant #SES-8319464 from the National Science Foundation, both to the first author. The authors thank David Dooley, Barbara J. Felton, David H. Krantz, Bruce D. Rapkin, and an anonymous reviewer for their comments.

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0091-0562/89/0200-0031$06.00/0

of two trends. The first of these is the increased participation of women, particularly of mothers, in the labor force. By 1983, a majority of the mothers of preschoolers and well over two thirds of the mothers of school-age children participated in the labor force (Johnson & Waldman, 1983; Waldman, 1983). The second trend is the increasing importance of family roles to men (e.g., Bryant & Veroff, 1982). In national survey data, men, like women, now express greater involvement in family than in work (Quinn & Staines, 1979). As a result of these trends, and the failure of social structures to keep pace with them, work and family life are likely to come into conflict for working mothers and fathers.

This study examines the effects of individual and collective efforts to reduce the stresses of combining paid work and parenting. It compares the relative impact of three levels of activities, namely, individual coping strategies, social support from various sources, and flexibility in job scheduling, on the well-being of working parents. Coping, the first level of activity, represents strategies that individuals can undertake by themselves. Social support, the second level, relies on resources of social groups, whether groups joined by kinship or affinity, or molded by organizational structure at work. Flexibility in job scheduling is one of many activities that work organizations may undertake to aid their members. Because formal flexibility or "flexitime" programs involve organizational policy, they represent the highest social level of activity studied here.

Individual Coping

Although researchers have described coping strategies particular to the needs of working parents or dual-career couples (e.g., Hall & Hall, 1979; Rapoport & Rapoport, 1976), there are no empirical studies of the effectiveness of these strategies. There is a large literature that relates more general coping strategies to psychological outcomes (e.g., Aldwin & Revenson, 1987; Billings & Moos, 1981, 1984; Felton & Revenson, 1984; Felton, Revenson, & Hinrichsen, 1984; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Menaghan, 1982; Pearlin, Lieberman, Menaghan, & Mullan, 1981; Pearlin & Schooler, 1978; Vitaliano, Maiuro, Russo, & Becker, 1987; Vitaliano, Russo, Carr, Maiuro, & Becker, 1985).

Coping strategies may be classified into those that attempt to alter stressful encounters between the person and the environment, or problem-focused strategies, and strategies that attempt to regulate stressful emotions, or emotion-focused strategies (e.g., Lazarus & Folkman, 1984, p. 150). Although the patterns of relationships between coping strategies and outcomes varied in the studies just cited, problem-focused coping was generally associated with positive outcomes. Emotion-focused strategies, however, especially wish-

ful thinking or denial of a problem, were generally associated with poor outcomes. Lazarus and Folkman (e.g., 1984, p. 135) argued that no coping strategy is inherently good or bad, since outcomes depend on the match between the strategy and the situation, but the preponderance of the evidence they cited also suggests deleterious effects of avoidance or denial. In accordance with the literature, we expected problem-focused coping to be more helpful than emotion-focused coping to the working parents in our sample.

Individual coping has its limitations as well as its successes (Pearlin et al., 1981). In particular, individual coping appears relatively ineffective in dealing with stressors that arise at work (Menaghan & Mervis, 1984; Pearlin & Schooler, 1978; Shinn, Mørch, Robinson, & Neuner, 1986; Shinn, Rosario, Mørch, & Chestnut, 1984), perhaps because most people have little control over contingencies that affect them at work. Work problems may be among those that, according to Mechanic (1974), "are not amenable to individual solutions, but depend on highly organized cooperative efforts" (p. 34), or organizations may constrain individual coping efforts (Kanter, 1977, p. 92). We thus expected coping to be less strongly associated with outcomes at work than in other realms of life. We also looked to social support and organizational efforts as other levels of aid to working parents.

Social Support

Support systems may aid members to mobilize their psychological resources, master strain, share tasks, and obtain information, skills, and other supplies (e.g., Caplan, 1974). Numerous studies and reviews have shown the benefits of social support for psychological and physical health and well-being in general (e.g., Cobb, 1976; Cohen & McKay, 1984) and at work (Billings & Moos, 1982; Holahan & Moos, 1981; House, 1981; House & Wells, 1978; Kobasa & Puccetti, 1983; LaRocco, House, & French, 1980; LaRocco & Jones, 1978). Shinn, Rosario, et al. (1984) and Shinn et al. (1986) compared the utility of individual coping and social support for reducing distress at work, showing far larger effects for social support. Billings and Moos (1981), on the other hand, found coping more important than social resources for men and equally important for women in reducing symptoms associated with life events in a community sample.

A number of studies show differential effects of support from different sources (for a general discussion, see Shinn, Lehmann, & Wong, 1984; for examples involving job stress, see Billings & Moos, 1982; Holahan & Moos, 1981; House & Wells, 1978; LaRocco et al., 1980; LaRocco & Jones, 1978). The present study assessed support from four sources: the spouse (if any); the supervisor; co-workers; and friends, neighbors, and relatives. We hypothesized that each source of support would have greatest impact in its

own outcome domain. That is, support from supervisors and co-workers would have most influence on work outcomes; support from the spouse would have most influence on family outcomes.

Flexible Job Schedules

Organizations can undertake a variety of activities to reduce stressors at work (Newman & Beehr, 1979; Shinn et al., 1986). Because organizational efforts to provide job conditions that facilitate parenting (whether or not these were designed to aid parents) are still fairly rare, this study focused on one, flexitime, in a purposive sample of organizations that provided employees with different degrees of flexibility. A survey of corporate practices of potential use to parents (Catalyst, undated) found that flexitime was the most common such practice, after maternity benefits and leaves without pay. Yet flexitime is available to only 12.3% of full-time wage and salary workers (Mellor, 1986). This study examined flexitime because it is *relatively* common, it can potentially reduce schedule conflict for parents at all stages of their careers, and it has shown beneficial effects for job satisfaction, absenteeism, tardiness, ease of child care, and usage of personal time (see reviews by Cummings & Molloy, 1977; Golembiewski, 1985; Golembiewski & Proehl, 1978; Nollen, 1982; Ronen, 1981; Silverstein & Srb, 1979).

Kanter (1977) suggested that the benefits of flexitime should be especially great for working parents. In two small-sample studies, Winett and Neale (1980, 1981) found that working parents who took advantage of flexitime increased the time they spent with their families each day. Staines and Pleck (1985) found that schedule flexibility, defined as perceiving some control over the hours or days one worked, moderated the adverse effects of nonstandard schedules on family life in a nationally representative sample of workers who were married, had a child, or both.

Bohen and Viveros-Long (1981) provided a damper to the enthusiasm about flexitime, however. Flexitime benefited their public sector sample as a whole but had little or no effect for working parents. Because their study used only one agency with flexitime and one without, flexitime was confounded with other organizational characteristics that may have reduced its effects. The present study included eight organizations with various degrees of schedule flexibility, both within and between organizations, and made an effort to match organizations with and without flexitime on other criteria.

Relationships Between Levels of Activity

Coping, social support, and flexitime need not be independent. Social support is frequently theorized to work in part by guiding individuals' cop-

ing efforts (e.g., Shumaker & Brownell, 1984). Supportive others might encourage more effective problem-focused coping and discourage less effective emotion-focused strategies. Social support or flexibility in scheduling might also permit individuals to engage in coping strategies that they could not undertake in a more restrictive environment. Similarly, schedule flexibility might permit individuals to engage in more supportive behavior, for example, by rearranging their schedules to accommodate one another. We were thus curious whether strategies requiring higher levels of social organization (flexitime, social support) would facilitate or increase use of effective strategies at lower levels and whether they would decrease use of less effective or counterproductive lower-level strategies.

Of course, strategies from different levels might interact in the prediction of outcomes if, for example, coping were more effective in the presence of social support than without it. These, and other potentially interesting interactions such as stress buffering, could not be examined effectively with the current sample size (see Krantz & Shinn, 1988).

Summary

Our central hypothesis was that individuals, unaided by social and organizational supports, could do only a little to reduce the stress that arises from conflict between work and family roles, and that social support and organizational flexitime programs would make substantial additional contributions to parents' well-being. This hypothesis represents an extrapolation from the literature on job stress. Although individuals have more control (and work organizations have less control) over stress associated with combining work and family life than over job stress per se, we expected efforts involving extraindividual levels of social organization, including families, work groups, and organizations, to be especially important. It did not turn out that way.

Because of our hypotheses that coping would be less effective at work than in other domains and that social support would be most helpful in the outcome domain in which the source of support resided, we examined the effects of coping, support, and flexitime programs in the domains of work, family, and general well-being. Because other researchers have found positive and negative affect to have different origins (Bradburn, 1969; Lawton, 1983) and to be related to different coping strategies (Felton et al., 1984; McCrae & Costa, 1986), we examined positively and negatively toned outcomes in each domain.

Finally, we felt it was important to consider descriptive differences between the married men, married women, and single women in our sample. There is some evidence that men and women cope in different ways, proba-

bly because of the constraints of social roles (Billings & Moos, 1981, 1984; Folkman & Lazarus, 1980; Pearlin & Schooler, 1978; Rosario, Shinn, Mørch, & Huckabee, 1988). Social support may be more important for women in general (Billings & Moos, 1981, 1984; Holahan & Moos, 1981; Vaux, 1985) and especially in our study, to the extent that combining paid work and parenting is still an innovative social role for women. Single parents, of course, lack social support from the spouse. We were curious as to whether other sources of support would thus be more prominent for single parents.

METHODS

Respondents

The sample consisted of 644 working parents—men and women who worked full time and cared for at least one child aged 16 or under—from eight firms and state agencies located in New York City. The four private sector firms included three insurance and one retail sales company. All were located within a few subway stops of each other, minimizing any differences in populations or conditions associated with location. The three insurance companies, which included one with flexitime, one without flexitime, and one midway through the process of converting to flexitime, had similar personnel policies in other respects. The four state agencies all had headquarters in the same building, and were governed by the same civil service policies, but had considerable variation within and between sites in schedule flexibility. The work at all eight sites was predominantly white-collar.

Respondents were recruited at their work sites with a letter sent to all or to a randomly selected group of employees, asking whether they qualified for the study and, if so, whether they would complete a questionnaire during their work hours. Of employees who identified themselves as parents, 59% completed the questionnaire.

The sample included 208 married fathers, 287 married mothers, and 149 single mothers. Seven single fathers in the original sample of 651 were too small a group to analyze, and are not considered here. Respondents' mean age was 35. Approximately half were college graduates. The median individual income level was between $20,000 and $25,000, and the median family income between $20,000 and $40,000. The sample was almost evenly divided between whites and blacks, with smaller number of other minority groups.

These overall statistics mask dramatic differences between married fathers, married mothers, and single mothers. Four-fifths of the married fathers were college graduates, compared with only one-fifth of the single mothers. Three-quarters of the men were white, compared with only one-

fifth of the single mothers. Married fathers made between $30,000 and $40,000, on average, whereas single mothers made only $10,000 to $15,000. In each case, married mothers fell between married fathers and single mothers, but closer to the single mothers. These disparities in race, education, and income between men and women are not atypical of the work organizations from which respondents were drawn.

Measures

Respondents completed a questionnaire that assessed stressors associated with their dual roles as workers and parents, outcomes assessing various aspects of well-being, and three levels of activity that might reduce stressors or improve outcomes: individual coping, social support, and flexible job schedules.

Coping. Respondents were asked to "think about [their] experiences as a working parent over the last two months" and to indicate how often they had used a variety of strategies "to manage the challenges and difficulties" of "combining a job and parenting." Potential coping responses included items selected or modified from standard coping inventories (Folkman & Lazarus, 1980; Pearlin & Schooler, 1978) or an inventory designed for two-career couples (Hall & Hall, 1979), and strategies described by working parents in pilot studies. We omitted items such as positive comparisons and self-blame that might reflect psychological states as much as coping responses. The items, assessed on 5-point Likert-style frequency scales, factored into Emotion-focused efforts, e.g., "Hoped a miracle would happen," and Problem-focused efforts, e.g., "Planned, scheduled, and organized carefully." The factor structure of the coping items (principal axis factoring with varimax rotation) is shown in Table I. Internal consistency reliability (coefficient alpha) for the unit-weighted scales was .75 for the Emotion-focused scale (10 items), and .60 for the Problem-focused scale (5 items). The two coping scales were correlated only $r = .10$.

Social Support. Social support, like coping, was assessed with respect to the respondent's "experiences as a working parent over the last two months." We measured social support received from each of four sources: the spouse (if any); friends, neighbors, and relatives; the supervisor; and co-workers. Each form of support was assessed with a 6- or 7-item index using a 5-point frequency response scale. Four items, identical across sources, assessed verbal support, e.g., "Was understanding or sympathetic"; "Shared ideas or advice." Two or three others assessed more tangible efforts appropriate to the role relationship between the respondent and the supporter. For example, a supervisor could have "juggled tasks or duties to accommodate my family responsibilities," whereas a friend, neighbor, or relative might have

Table I. Principal Axis Factor Structure with Varimax Rotation for Coping Items

Item	Emotion-focused	Problem-focused
Emotion-focused Coping (avoidance)		
Hoped a miracle would happen	.613	−.071
Daydreamed or imagined a better time or place than the one you were in	.577	−.099
Tried to put each task out of mind when not engaged in it	.511	.132
Tried to make yourself feel better by eating, drinking, smoking, taking medication, etc.	.482	−.097
Reminded yourself that things could be worse	.473	.194
Told yourself things that helped you feel better	.465	.166
Tried to notice only the good things	.454	.101
Kept so busy you didn't have time to think	.449	−.011
Decided not to do certain activities that conflicted with other activities	.440	.185
Let less important things slide	.398	−.131
Problem-focused Coping (planning)		
Planned, scheduled, and organized carefully	−.044	.617
Set priorities so that the most important things got done	.191	.526
Devoted full attention to each activity in turn	−.012	.478
Took steps to improve your lot in the future	.126	.425
Set aside a special time to spend with your children	−.095	.394

taken "care of child(ren) before or after school." Although these items factored into talk and action subscales for all sources except the spouse, the full scales were used for the sake of simplicity. Internal consistency reliability ranged from .83 to .84.

Schedule Flexibility. Schedule flexibility was assessed in two ways. A Formal Flexibility variable was constructed to reflect the degree of flexibility permitted to workers in each organization or organizational subunit. This was a 5-point scale on which 1 was assigned to workers in an organization that did not permit flexitime, 3 to workers in an organization that permitted them to choose a permanent start time within a 1-hour period, and 5 to workers in those units of another organization that permitted employees to choose on a day-to-day basis when to come in within a 2-hour period and how long a lunch period to take. Five organizations had virtually all workers at a single level of flexibility. Conveniently, each organization represented a different scale point. Workers (maximum n per organization = 13) who said the organization's flexible scheduling policy did not apply to them (typically because particular supervisors did not permit flexitime within their work units), received a second, lower score. Three organizations, including the one in the midst of a shift to flexitime, had units of worker at two levels, and at one of these, an additional group of workers in an Individualized Schedule Pro-

gram received a third, higher score. In each case we examined actual starting and ending times of all respondents in the organization, subunit, or program, and took observed variability, as well as the policy on the books, into account in assigning group scores. The Formal Flexibility variable thus represents a relatively objective statement of organizational policy as it applied to workers. A Perceived Flexibility variable was constructed from three questions asking how hard the worker thought it would be to get his or her schedule changed under different circumstances (permanently, on a particular day, or frequently, for the worker's convenience). Coefficient alpha for the scale was .77. Formal Flexibility and Perceived Flexibility were correlated, $r = .47$, $p < .001$.

Measures of Stressors and Well-Being. Perceived Stressors in combining work and family life was a 12-item index assessing problems in the areas of time use and child care. Items were derived from pilot studies and from the literature on work and family (Cook, 1978; Hall & Hall, 1979; Pearlin & Schooler, 1978; Quinn & Staines, 1979; Rapoport & Rapoport, 1976) and included "There is no room in my schedule for anything out of the ordinary" and "I have to impose on others to help with child care." Coefficient alpha was .87.

Well-being measures included both positively and negatively toned indices in the domains of family (family satisfaction, family distress), work (job satisfaction, job distress), and general well-being (overall satisfaction, poor mental health, poor physical health). Family Satisfaction was a 2-item index, with an alpha of .77, modeled after Campbell, Converse, and Rodgers (1976) and Quinn and Staines (1979). It asked respondents to rate their satisfaction with their children and their family life on a 5-point scale. Job Satisfaction, modeled on Quinn and Staines (1979) was a 4-item index with an alpha of .84. One item paralled the Family Satisfaction scale. Others asked, for example, "Knowing what you know now, if you had to decide all over again whether to take the job you now have, what would you decide?" Family Distress and Job Distress were parallel 5-item indices, with alphas of .84 and .82, modeled on Caplan, Cobb, French, Harrison, and Pinneau (1975) and Pearlin and Schooler (1978). Items asked how much of the time respondents felt, for example, "bothered or upset" or "worried" when they thought about "your family" or "experiences here at your job." A 5-point frequency response scale was used.

Overall Satisfaction included two items paralleling the Family Satisfaction items, but inquiring about "the way you are combining work and parenting" and "your life as a whole." A third "happiness" item (Campbell et al., 1976; Gurin, Veroff, & Feld, 1960; Veroff, Douvan, & Kulka, 1981) asked, "Taking all things together, how would you say things are these days. Would you say you're very happy, pretty happy, or not too happy?" The 3-item index had an alpha of .72.

The 15-item measure Poor Mental Health was a subset of one developed by Gurin et al. (1960) and used by Veroff et al. (1981). It asked the frequency with which the respondent experienced psychosomatic symptoms such as headaches or difficulty getting up in the morning. Coefficient alpha was .83. Finally, Poor Physical Health was a 3-item index with an alpha of .61 based on work by the National Center for Health Statistics (1982). It asked for a self-rating of health and the number of days the respondent had stayed in bed or restricted activities due to illness or injury during the last 2 months.

RESULTS

Descriptive Patterns

Table II shows differences among three subgroups of respondents, married fathers, married mothers, and single mothers, on the predictor variables of coping, social support, and schedule flexibility. (All reported differences in this paper are significant at the .05 level or better unless other-

Table II. Means (and Standard Deviations) of Subgroups on Predictor Variables[a]

Variables	A. Married fathers (n = 208)	B. Married mothers (n = 287)	C. Single mothers (n = 149)	Significant contrasts
Coping				
Problem-focused	3.5 (0.54)	3.6 (0.55)	3.6 (0.60)	(B,C > A)
Emotion-focused	2.7 (0.56)	3.1 (0.61)	3.2 (0.61)	C > B > A
Social support				
Supervisor	1.9 (0.78)	1.9 (0.79)	1.9 (0.80)	ns
Spouse	3.1 (0.69)	3.0 (0.74)	N/A	A > B
Friend/neighbor/relative	1.9 (0.69)	2.4 (0.76)	2.6 (0.82)	C > B > A
Co-worker	1.9 (0.66)	2.2 (0.70)	2.2 (0.69)	B,C > A
Flexibility				
Formal	3.0 (1.37)	3.0 (1.36)	3.1 (1.37)	ns
Perceived	3.2 (0.96)	2.9 (0.98)	3.0 (0.96)	(A > B,C)

[a]Contrasts were performed only when the overall F was significant at the $p < .05$ level, and are themselves significant by a protected t test. When contrasts are in parentheses, the overall F was not significant after controlling for age, education, income, and job site.

wise noted.) Single mothers reported more Emotion-focused coping than married mothers, who in turn reported more than married fathers. Women also reported more Problem-focused coping than men, but the difference failed to reach significance when age, education, income, and job site were controlled for. Women reported more Social Support from Co-Workers and from Friends, Neighbors, and Relatives than did men, with single mothers higher than married mothers in the latter category. A difference in Spouse Support, favoring men, disappeared after controlling for demographic variables, and there was no difference between groups in Supervisor Support. In general, levels of social support for combining work and family were quite low. Even the spouse supplied the various types of support only "sometimes," on average, whereas support from other sources hovered in the "rarely" range (3 and 2 on the 5-point scale, respectively).

Since men and women worked for the same organizations, it is not surprising that there were no differences in formal flexibility scores. A difference in perceived flexibility, favoring men, disappeared after controls for demographic variables. That is, men were, on average, higher in the organizational hierarchy than women, and those higher in the hierarchy were more likely to feel they could change their hours if they needed to, but there were no differences between men and women when variables associated with job position (age, education, income, site) were controlled for.

Women reported more distress than men on five of the seven outcome variables and higher levels of perceived stressors. (The exceptions were the job outcomes of satisfaction and distress.) For two of the positively toned outcomes, family satisfaction and overall satisfaction, married mothers scored higher than single mothers (results not tabled).

Table III shows the intercorrelations among study variables. The correlations among predictors provide little evidence that either social support or flexibility facilitated coping efforts. Support from co-workers and from friends, neighbors, and relatives were correlated .23 and .22 with emotion-focused coping. No other correlations of support or flexibility with either emotion-focused or problem-focused coping reached .2. Flexibility was similarly unrelated to support. Support varied with life domain. Supports at the workplace, from supervisor and co-workers, were correlated .51. Co-workers may have overlapped with friends; support from the two sources correlated .36, and friend support was correlated .25 with supervisor support. No correlation between spouse support and any other form reached .2, however.

Prediction of Outcomes From Coping, Social Support, and Flexibility

Regression analyses were undertaken to examine the relative effects of coping, social support, and schedule flexibility in predicting perceived stres-

Table III. Means, Standard Deviations, and Zero-Order Correlations of All Study Variables[a]

Variable	Mean	*SD*	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1. Age	35.3	7.16																				
2. Education	3.4	1.09	.22																			
3. Sex (F)	1.7	0.47	−.29	−.46																		
4. Married	1.8	0.43	.10	.25	−.35																	
5. Income	5.0	1.97	.35	.65	−.56	.33																
6. Perceived stressors	2.8	0.69	−.16	−.03	.31	−.07	−.16															
7. Problem-coping	3.6	0.56	−.05	−.06	.09	−.09	−.09	−.08														
8. Emotion-coping	3.0	0.62	−.08	−.20	.30	−.19	−.27	.40	.10													
9. Spouse support	3.0	0.72	−.03	.13	−.10	—	.13	−.17	.19	−.06												
10. Supervisor support	1.9	0.79	−.06	−.02	.03	.00	−.06	.05	.03	.06	.18											
11. Friend, etc. support	2.3	0.80	−.26	−.07	.31	−.22	−.19	.22	.13	.22	.10	.25										
12. Co-worker support	2.1	0.70	−.08	−.06	.20	−.07	−.10	.14	.03	.23	.09	.51	.36									
13. Flexitime	3.0	1.36	.04	.16	−.01	−.02	−.02	.03	−.03	.02	−.00	.06	−.04	.01								
14. Perceived flexibility	3.0	0.97	.10	.10	−.12	.04	.13	−.22	.00	−.11	−.03	.13	−.07	−.01	.47							
15. Job distress	2.8	0.76	−.05	.02	.00	.07	.09	.35	.02	.30	.00	−.06	.01	.07	−.03	−.14						
16. Job satisfaction	2.8	0.68	.13	.06	−.06	.05	.18	−.23	.07	−.25	.10	.11	−.05	−.00	−.12	.05	−.43					
17. Family distress	2.7	0.69	−.06	−.15	.27	−.14	−.16	.45	−.10	.46	−.16	.06	.16	.16	.04	−.08	.32	−.08				
18. Family satisfaction	4.0	0.76	−.06	.16	−.23	.25	.21	−.33	.19	−.30	.36	.06	−.02	−.06	.01	.07	−.14	.13	−.53			
19. Poor health	1.9	0.72	−.09	−.12	.25	−.16	−.28	.35	−.06	.33	−.13	.08	.22	.14	.08	−.07	.21	−.19	.32	−.30		
20. Poor mental health	1.7	0.40	−.11	−.14	.23	−.12	−.18	.45	−.09	.51	−.08	.09	.22	.20	.06	−.09	.43	−.29	.47	−.33	.59	
21. Overall satisfaction	2.8	0.65	.04	.12	−.22	.16	.20	−.53	.27	−.39	.28	.00	−.08	−.09	−.01	.09	−.31	.33	−.50	.62	−.33	−.42

[a]Correlations $\geq .11$ are significant at $p < .01$; correlations $\geq .14$ are significant at $p < .001$. *N*s were at least 450 for correlations involving Spouse Support and at least 589 for all other correlations.

sors and the seven well-being outcomes, under the assumption of an additive model. Because spouse support was not assessed for single mothers, single and married parents were analyzed separately. All regression analyses controlled for age, education, individual income, and work site, and for sex in the married sample.

In all equations where it was not itself the criterion, perceived stressors was controlled for as a proxy for various potentially stressful life conditions. For example, whether the spouse worked was uncorrelated with any outcome, maximum $r = .08$, $p > .1$, after partialling out the control variables. Perceived stressors (except where this was the criterion variable), the two coping variables, three or four social support variables, and two flexibility variables were each entered as sets. "Unique" percentages of variance explained are changes in R^2 associated with the addition of the named variable set to the regression equation controlling for all other variables.

Table IV shows the unique percentages of variance accounted for by the stressors, coping, social support, and flexibility variable sets in the married and single samples. Table V shows the significant (.05 level) unstandardized regression weights for the two groups. Perceived stressors uniquely explained between 2 and 9% of the variance in each of the seven outcomes for married parents ($M = 4.2\%$) and between 1 and 13% of the variance for single mothers ($M = 6.6\%$). It was always associated with poor outcomes.

Coping was also significantly related to perceived stressors and to each of the seven outcomes. For married parents, the two-variable set explained 10% of the variance in stressors and between 2 and 11% of the variance in the outcomes, for an average of 6.3% across all eight dependent measures. The effects were on average even stronger for single mothers ($M = 8.2\%$), although with the smaller sample not all effects were significant. Emotion-focused coping was always associated with poor outcomes. The largest associations, in terms of the size of standardized regression coefficients (not tabled), were with negatively toned indices (poor mental health and family distress in both groups and perceived stressors in the married sample). Problem-focused coping was associated with good outcomes about half the time, with the largest associations for positively toned indices (overall satisfaction and family satisfaction in both samples). Problem-focused coping was also associated with lower levels of perceived stressors for married parents, but with higher levels of job distress. For single mothers, Problem-focused coping was associated with lower levels of family distress and mental health problems. All significant relationships between coping and job outcomes were detrimental.

Social support was a less powerful predictor than individual coping. The four support variables accounted for an average of 2.3% of the variance for married parents, with support from the spouse most important. Spouse support was associated with positive outcomes for family satisfaction, family distress, perceived stressors, and overall satisfaction. Supervi-

Table IV. Variance in Outcomes Uniquely Explained by Perceived Stressors, Coping, Social Support, and Schedule Flexibility for Married and Single Parents[a]

Outcome	ΔR^2					Total R^2
	Perceived stressors	Coping set	Support set	Schedule set	Four sets	
			Married parents			
Perceived stressors	—	.10	(.02)	.03	.16	.36
Job distress	.07	.06	.02	.01	.23	.26
Job satisfaction	.02	.02	(.02)	(.01)	.09	.21
Family distress	.04	.08	(.01)	(.01)	.23	.36
Family satisfaction	.02	.04	.06	(.01)	.19	.32
Overall satisfaction	.09	.08	.02	(.00)	.32	.40
Poor mental health	.03	.11	.03	(.00)	.31	.41
Poor physical health	.03	.02	(.01)	(.01)	.12	.28
Mean	.04	.06	.02	.01	.21	.33
			Single mothers			
Perceived stressors	—	.06	(.01)	.09	.20	.28
Job distress	.08	(.03)	(.01)	(.02)	.23	.35
Job satisfaction	(.01)	(.01)	(.04)	.05	.16	.32
Family distress	.03	.11	(.01)	(.02)	.30	.36
Family satisfaction	.06	.12	.06	(.00)	.33	.41
Overall satisfaction	.13	.14	(.01)	(.01)	.47	.50
Poor mental health	.08	.12	(.03)	(.01)	.34	.48
Poor physical health	.06	.05	(.00)	(.01)	.17	.27
Mean	.07	.08	.02	.03	.28	.37

[a]ΔR^2 are increments in R^2 uniquely accounted for by the specified variable set after controlling for age, education, income, job site, sex (in the case of married parents), and all other predictors. For example, effects of perceived stressors were examined controlling for coping, support, and flexibility, as well as background variables. Perceived Stressors is a single variable. Coping is a 2-variable set, problem-focused and emotion-focused coping. Social Support is a 3- or 4-variable set including support from supervisor; co-workers; friends, neighbors, and relatives; and, in the case of married parents, the spouse. Schedule is a 2-variable set including formal and perceived flexibility in job schedules. Four sets is the ΔR^2 jointly accounted for by all four predictor sets after controlling for background variables. Total R^2 is the total percentage of variance accounted for by the equations including background variables. *N*s range from 408 to 418 for married parents and from 122 to 127 for single parents. All ΔR^2 values are significant at the .05 level or better unless enclosed in parentheses.

sor support was associated with positive job outcomes (high satisfaction and low distress). These results accord with the hypothesis that support is most important in those domains of life where the donor plays a major role. Support from friends, neighbors, and relatives was associated with lower levels of job distress, but co-worker support was associated with higher levels. Both types of support were associated with higher levels of mental health problems.

Single mothers, of course, had no spouses. The three remaining sources of support accounted for 2.1% of variance, on average. Only support from the supervisor and from friends, neighbors, and relatives made unique contributions to any outcome, and they did so only for family satisfaction. The number of significant results for this group was about what one would expect by chance.

Contrary to our expectations, schedule flexibility, like social support, was a poor predictor of outcomes. The strongest associations by far were with perceived stressors. Formal flexibility and perceived flexibility, as a set, explained 9% of the variance in perceived stressors for single mothers and 3% for married mothers, but only an average of 2.6 and 0.9% of the variance, respectively, across all outcomes. Flexibility was also associated with greater job satisfaction in the single sample. All of these relationships were carried by perceived flexibility; formal flexibility had no effect. Other relationships were small, inconsistent in direction, and not much beyond the level of chance in number.

The total change in percentage of variance accounted for by stressors, coping, social support, and flexibility (beyond the 10–12% accounted for by background variables) was 20.6%, on average, for married parents, and 27.5% for single mothers. That is, the predictors jointly accounted for an additional 6.9% of variance in outcomes for married parents and 8.0% for single parents above and beyond what could be uniquely attributed to any predictor set. This shared variance (almost a third of the total) was largely due to the overlap between perceived stressors and coping and, for the single mothers, between perceived stressors and perceived flexibility.

Additional Analyses for Formal Flexibility

Because policies regarding flexitime were largely confounded with site, the regressions controlling for site were a poor way to examine their effects. Hence, we did a number of additional analyses. For both the full sample and for three subgroups (married fathers, married mothers, and single mothers), we examined the effects of formal flexibility alone on outcomes, without controlling for site. We repeated these analyses for the full sample within each of the three sites where there was substantial within-site variation in policies, and within the set of state agencies and within the set of

Table V. Significant Unstandardized Coefficients (and Standard Errors) for the Regression of Outcomes on Stressors, Coping, Social Support, and Schedule Flexibility, for Married Parents and Single Mothers

	Predictors[a]								
	Stressors	Coping		Social support				Schedule	
Outcomes	Ps	Pr	Em	Sp	Su	Fr	Co	Fo	Pe
				Married parents					
Perceived stressors (*SE* = .03–.05)		−.14	.36	−.11	—	—	—	—	−.13
Job distress (*SE* = .05–.06)	.36	.16	.31	—	−.13	−.11	.14	.12	—
Job satisfaction (*SE* = .05–.06)	−.17	—	−.18	—	.11	—	—	—	—
Family distress (*SE* = .03–.05)	.25	—	.35	−.10	—	—	—	—	.07
Family satisfaction (*SE* = .04–.05)	−.16	.20	−.18	.24	—	—	—	.10	—
Overall satisfaction (*SE* = .04–.05)	−.33	.26	−.23	.13	—	—	—	—	—
Poor mental health (*SE* = .02–.03)	.13	—	.25	—	—	.06	.07	—	—
Poor physical health (*SE* = .05–.06)	.21	—	.18	—	—	—	—	—	—
				Single mothers					
Perceived stressors (*SE* = .09–.12)		—	.36		—	—	—	—	−.29
Job distress (*SE* = .10–.13)	.36	—	.30		—	—	—	—	—
Job satisfaction (*SE* = .08)	—	—	—		—	—	—	—	.22
Family distress (*SE* = .10–.12)	.22	−.26	.46		—	—	—	—	—
Family satisfaction (*SE* = .09–.13)	−.33	.48	−.30		.19	.21	—	—	—
Overall satisfaction (*SE* = .08–.11)	−.43	.42	−.38		—	—	—	—	—
Poor mental health (*SE* = .05–.06)	.20	−.17	.27		—	—	—	—	—
Poor physical health (*SE* = .10–.13)	.30	—	.29		—	—	—	—	—

[a]B weights listed were significant at the .05 level. Ps = perceived stressors. Pr = problem-focused, Em = emotion-focused coping. Sp = spouse; Su = supervisor; Fr = friends, neighbors, and relatives; Co = co-worker support. Fo = formal, Pe = perceived schedule flexibility. Control variables were the same as in Table IV.

insurance companies that were matched with one another. Analyses within the company that was in the process of switching to flexitime presented a particularly interesting quasi-experimental design. Overall these analyses produced results only at a chance level. In sum, although perceived flexibility contributed to lower levels of perceived stressors and to good outcomes, formal flexitime programs had little effect on the well-being of parents in

our sample. (Formal flexibility was negatively related to lateness among state employess.)

These findings about the small effects of formal flexibility are at odds with respondents' answers to an open-ended question about what one thing other than money would make life as a working parent easier. Only about half of all respondents answered this question, but a clear plurality of those who did requested some change in job schedules. Within the category of job schedules, respondents showed most interest in formal flexitime programs and in working fewer hours, although several specified that the reduced hours would have to come without a cut in pay. Responses to this question were only slightly related to the degree of formal flexibility already experienced by the worker. The percentages of respondents mentioning a change in job schedule ranged from 42% in formal flexibility categories 1 and 2 to 34% in categories 4 and 5. Respondents in the lowest categories were most likely to request flexitime; those in the highest were most likely to request a reduction in hours.

One other datum may be relevant to the small effects of schedule flexibility in our sample. Among respondents who had flexitime, 34% said they did not work different hours as a result and 38% said their child care responsibilities constrained their use of flexitime.

Violation of Additivity

There was little systematic evidence of violation of additivity in these data. For example, in the married sample, of 28 possible Support × Stress-buffering interactions, 4 were significant at the .05 level, but none of these replicated at even the .10 level in two randomly split halves of the sample. The 4 significant cases showed no clear patterns: They involved each of the 4 support sources and 3 different outcomes. Of 71 possible gender interactions, 8 were significant at the .05 level, involving 7 predictors and 6 outcomes. Of these, only 2 replicated in split halves of the sample. Interactions were less common for single parents than for married ones.

These results may simply reflect lack of statistical power to detect interactions (Krantz & Shinn, 1988). For example, perceived stressors was a reasonably important variable in this study, uniquely accounting for 4.2% of the variance for analyses with married parents. Under assumptions of independence among predictors and bilinearity of the interaction term, an interaction contrast fully as large as the main effect contrast for stressors would account for a fourth as much variance, or about 1% (Krantz & Shinn, 1988). We have only 62% power to detect it in this sample with 410 complete cases for married parents (Cohen, 1977), and would need to increase the sample size by 25% to raise power to .80. An interaction contrast half as large as

the average main effect contrast for stressors would account for one sixteenth as much variance (less than 0.3%). To detect it with 80% power would require a sample of over 2,000. Most violations of these assumptions would lead to lower power or larger samples. (See Krantz & Shinn, 1988, for a more general discussion of statistical power to detect interactions, in which these data are used as an example.)

DISCUSSION

Caveats

Before discussing the findings, it is important to consider some caveats. First, we confine interpretations to an additive model, because we lack the power to test theoretically interesting models involving interactions terms. Second, we should not overgeneralize. The eight organizations sampled are somewhat representative of the job sectors where flexitime is most prevalent but not at all representative of the work force at large.

Third, with the exception of formal flexibility, our data are based entirely on self-reports. Although we were careful to avoid conceptual overlap in the items representing different domains (cf. Nicholls, Licht, & Pearl, 1982), method variance may inflate the size of reported correlations. Method variance or response–response contamination doubtless accounts for part of the larger associations of outcomes with perceived flexibility than with formal flexibility. Contamination may also be stronger for the relationship of well-being to coping than to social support or flexibility. In the first case the relationship is between one's thoughts or emotions and one's own actions; in the second it is between one's thoughts or emotions and one's perceptions of someone else's actions or the external environment.

Fourth, in a cross-sectional study, we cannot determine the direction of causality between coping or support and distress or well-being. Two longitudinal studies of coping (Aldwin & Revenson, 1987; Felton & Revenson, 1984) found evidence for bidirectional causation between emotion-focused coping and poor adjustment. (Such bidirectional relationships may inflate the size of correlations between emotion-focused coping and outcomes in our study.) Problem-focused strategies, on the other hand, seemed to promote adjustment in a unidirectional fashion. Similarly, depression was more important in predicting emotion-focused coping than problem-focused coping in two other studies (Coyne, Aldwin, & Lazarus, 1981; Folkman & Lazarus, 1986).

It is also possible that some unmeasured third factor, such as some aspect of personality, causes both coping and adjustment (McCrae & Costa,

1986). Sarason, Sarason, and Shearin (1986) have similarly argued that social support may be in large part a stable individual factor or a consequence rather than a cause of psychological state. In our study, the relatively low correlations of support from the spouse with support from other sources suggest that support is not solely in the eye, or the personality, of the beholder. This fact, along with longitudinal evidence from other studies that coping and support predict adjustment (Aldwin & Revenson, 1987; Felton & Revenson, 1984; Holahan & Moos, 1981; Menaghan, 1982; Pearlin et al., 1981) may legitimize a cautious comparison of effects of coping, social support, and flexible job schedules for the working parents in our sample.

The Relative Predictive Power of Coping, Social Support, and Flexibility

Contrary to our prediction, individual coping was more important than both social support and flexibility of job schedules in accounting for parents' well-being. As in the literature, high levels of problem-focused coping and low levels of emotion-focused coping were consistently associated with favorable outcomes, except that, again as in the literature, even problem-focused coping was not helpful for work outcomes. Interestingly, emotion-focused coping had strongest associations with negatively toned outcomes and problem-focused coping had strongest associations for positively toned outcomes. These findings emphasize the importance of examining both positively and negatively toned outcomes and, along with the findings regarding social support, the importance of examining outcomes in different life domains. Associations with outcomes were generally stronger for emotion-focused than for problem-focused coping.

Consistent with Billings and Moos's (1981) findings in a community sample, the effects of social support were both smaller and less consistent than the effects of coping. And although perceived flexibility in job schedules was somewhat helpful to parents, formal flexitime programs were of little benefit.

So far, the best advice we can give to working parents on the basis of this study might be to avoid emotion-focused coping or, "Whatever you do, don't hope that a miracle will happen." However, if emotion-focused coping is seen as a consequence as well as a cause of psychological state, or if we confine our advice to positive actions, that is, increasing problem-focused coping rather than reducing emotion-focused coping, the picture changes somewhat. The variance attributable to problem-focused coping is more comparable to the variance attributable to social support. Among the four sources of support, the spouse and the supervisor were most valuable, and among married parents, there was some evidence for the domain-specificity hypothesis: Support from the spouse was more important for family outcomes and

support from the supervisor was more important for job outcomes. Support from friends, neighbors, and relatives and from co-workers had few and paradoxical associations with outcomes. Interestingly, these less helpful sources of support were mildly associated with the decidedly unhelpful emotion-focused coping. The more positive spouse support was even more mildly associated only with the more helpful problem-focused coping.

Among single parents, the effects of stressors, coping, and perceived schedule flexibility were all a bit stronger than for married parents, judging from the percentages of variance explained. The effects of social support were comparable, despite the fact that single parents drew on only three sources of support rather than four. There was no evidence of domain specificity of social support for single parents, but patterns in the association of coping with outcomes held for this group.

Possible Reasons for the Weak Effects of Social Support and Flexibility

Why were social support and flexible job schedules not more helpful to working parents in our sample? Perhaps both were insufficient to meet their needs. Mean levels of social support for combining work and family life were quite low, especially from sources at work. This statement begs the question, what is low? Since we created the support scales used here, there are no strictly comparable data on other populations. One of the closest studies, by Caplan et al. (1975, pp. 122, 252), assessed support from "your immediate supervisor," "other people at work," and "your wife, friends, and relatives" in an all-male sample. Questions asked how much each person or set of people went out of their way to make your work life easier, were easy to talk with, could be relied on when things got tough at work, and were willing to listen to personal problems. Responses were scored on a 4-point intensity rather than our 5-point frequency scale. Means hovered around 3 out of 4 or *somewhat* (2.9 and 3.1 out of 4) for the supervisor and others at work (vs. 1.9 out of 5 or *rarely* for the men in our sample) and were halfway between *somewhat* and *very much* (3.5 out of 4) for the wife, friends, and relatives (vs. 3.1 out of 5 or *somewhat* for the spouse and 1.9 out of 5 or *rarely* for friends, neighbors, and relatives for the men in our sample). Despite the many differences in the two studies our figures do seem low. Interestingly, the zero-order correlations between support and outcomes in the Caplan et al. study, as reported by LaRocco et al. (1980), were also substantially larger than ours.

One reason for the low levels of social support in our study may be the nature of the work environments sampled (cf. Moos, 1986). The modal employee in both the private sector insurance firms and the state agencies processed paperwork in a large room with scores of other workers. In pilot

interviews, some respondents reported that they were not allowed to talk to their co-workers. House and Wells (1978) similarly suggested that the small effects of social support from co-workers in the manufacturing plant they studied may have been due to constraints on social interaction.

A second constraint on social support from all sources except the spouse may have been social norms about the appropriateness of requesting or receiving support for the task of combining work and parenting. Respondents interviewed in pilot work frequently said that they would not go to a supervisor or co-worker for help with such problems, and demanded that we include "not applicable" as a response option for questions about social support from all sources except the spouse. (In the results reported here, not applicable responses were recoded to *never,* but there are no changes in relationships among variables if these responses are coded *missing* instead.)

Finally, social support was sometimes associated with negative social interactions in our sample. To the extent that people who provided support were also critical of the respondent or resented the respondent's efforts to combine work and family life, this may have reduced the respondent's willingness to rely on them. (Controlling for a measure of negative social interactions such as criticism and resentment in the regression equations did not substantially affect the results reported here.) Similarly, acceptance of social support may carry with it the expectation that support will be reciprocated (Shinn, Lehmann, et al., 1984; Shumaker & Brownell, 1984). Such obligations may be costly to those already burdened with a full-time job and parenting responsibilities. It may not be reasonable to expect the low observed levels of support, presumably affected by these constraints, to provide much explanatory power.

Results regarding flexibility of job schedules are also inconsistent with our hypothesis and with respondents' desires for greater flexibility as the one thing other than wages that would make their lives as working parents easier. The results are consistent, however, with those of Bohen and Viveros-Long (1981) who found that flexitime benefited single and childless workers in their sample but made little difference for working parents. The more promising effects of perceived flexibility, particularly on perceived stressors, are more consistent with the work of Staines and Pleck (1985), who also asked about *perceived* control over work hours. Winett and Neale (19890, 1981), who found that parents who adopted flexible schedules spent more time with their families, did not examine the sorts of well-being outcomes studied here.

We see four possible reasons for the small effects of schedule flexibility in our sample: methodological issues, limitations on both the amount and the type of flexibility, and constraints on its use. Formal flexibility was, of course, the only variable in the study that was based on objective data rather than subjective reports. Associations of other variables with outcomes may be inflated by method variance. The fact that formal flexitime programs came

at five discrete levels rather than at the myriad scale points possible for multi-item measures of perceptions may have limited its association with outcomes as well.

A more important limit on variability than the statistical one, in our view, is the small underlying range of flexibility in the programs we studied. The programs studied by Winett and Neale, for example, would have scored at level 5 and between levels 4 and 5 on our 5-point scale. None of our programs involved banking options, which allow workers to vary the number of hours they work from day to day, as long as they work a given number of hours in some designated interval.

It may be that an hour or two of discretion in when one comes to work is not the type of flexibility that parents need most. Perhaps they need the ability to take off an afternoon to take a child to the doctor, or visit a teacher. The perceived flexibility measure, which assessed the ease with which respondents felt they could alter their job schedules, may have reflected this sort of flexibility, or may have incorporated external constraints (see below) on use of more formal programs. If so, this might partially explain its stronger relationships with outcomes.

Parents may also need the flexibility to work less than full time. A survey of New York State employees conducted independently of ours (New York State Council on Children and Families, 1983) found that over half of women employed full time with children under 18 and one-fifth of men would prefer reduced hours, typically either three-quarters or four-fifths time. Flexible scheduling and choice regarding the number of hours could be combined, as they are in a German department store. Workers choose both how many hours they will work on average and, on a weekly basis, when they will work, so long as staffing needs are met. Breaks during the work day are also flexible. Excess hours can be saved or shortfalls made up over the course of several months. Benefits for part-time workers are prorated. Interestingly, the store has a substantially lower turnover rate than the national average for the industry (Erler et al., 1984). This program may be too radical for American industry to adopt overnight, but it provides a working vision of what could be done in a society committed to helping people balance work roles and personal lives.

Finally, not all workers can take advantage of even the most flexible flexitime program. As noted above, respondents reported that their child care responsibilities constrained their use of flexitime. Thus flexitime at work may not benefit parents until schools, day care centers, and other institutions are also more flexible.

In sum, we are not ready to abandon consideration of social support and organizational activities to aid working parents despite their poor showing as predictors of well-being in our sample. Both the support and the schedule flexibility available to respondents may have been too weak to have much

impact on their well-being. When social norms and institutions do not respond to changing demographic patterns in the work force, individuals must rely on their own coping resources.

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