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ORIGINAL PAPER

Employed Parents of Children with Disabilities and Work Family Life Balance: A Literature Review

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Abstract

Background Work family balance (WFB) is an individual's perception of the fit between work and family roles. Among employed parents of typically developing children WFB has been demonstrated to impact work functioning and physical and psychological health. Emerging from this mature field of research are examinations of WFB among parents of children with disabilities.

Objective Our objective was to identify research to conduct a review and examine the expectation that individual and organizational factors impact WFB among employed parents of children with disabilities. Also, we identify existing research gaps in the literature, discuss how existing policies may need to be altered to better assist employed parents of children with disabilities, and identify ways practitioners can better assist these families.

Methods We searched PsycInfo, EBSCO Host Web, and Proquest Central for English-language articles and dissertations. To obtain additional studies, we searched identified studies' reference lists. We used the same databases to search for studies published by authors who have already published on WFB among parents of children with disabilities. Fifty-four studies examining WFB among employed parents of children with disabilities were identified.

Results Individual factors that had an impact on WFB were child age, number of children, childcare availability, relationship status, perception of one's work role, and type and severity of the child's disability. Organizational factors that had an impact on WFB were supervisory support, workplace policies, and organizational culture.

Conclusions The extant research of WFB among employed parents of children with disabilities indicates that numerous variables impact these individuals' WFB.

Keywords Parents · Work family balance · Disabilities · Children · Employment

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Introduction

With initial studies in the area dating back to the 1970s, researchers from numerous academic disciplines have studied work family balance (WFB) (Allen 2013). WFB is an individual's perception of the fit between work and family roles (Allen 2013). It is often operationalized as the lack of work family conflict, a type of interrole conflict that occurs because aspects of one's work and family roles are not compatible with each other (Greenhaus and Beutell 1985). Variables typically explored in the extant literature are individual factors including dispositions, number of children in the home, and marital status. Another set of variables examines aspects of the organization (e.g., availability of telecommuting, supportive supervisors). In addition to the numerous empirical studies in this area, many reviews and meta-analytic studies of WFB have been published (e.g., Kossek et al. 2011). In fact, there is such a large body of findings on WFB that some characterize this area as a mature field of research (Allen 2013).

Emerging from this mature field of research are examinations of WFB among parents of children with disabilities. With initial research in this area beginning in the 1990s, the number of studies exploring WFB among this group of parents has recently begun to increase (Morris 2014). Examinations of the experiences of these parents is important. Over 16.8 million Americans provide care to children with disabilities under the age of 18 years, and the majority are women providing care to their own children (National Alliance for Caregiving 2009) The number of hours spent engaging in caregiving is large and exceeds that of caregivers of typically developing children (DeRigne and Porterfield 2010). These caregivers spend approximately 30 h per week engaged in caregiving responsibilities (National Alliance for Caregiving 2009). This caregiving is different in other ways from that of employed parents of typically developing children (Jang 2008). It is more intensive and may involve monitoring the child's condition, scheduling and/or providing therapies, medical treatments, and advocating on behalf of the child with social service agencies, schools, medical personnel, and therapists (DeRigne and Porterfield 2010). Approximately 70% of these caregivers are employed at some point during the time that they provided care for their child with a disability, and many are continuously employed (National Alliance for Caregiving 2009). These caregivers differ from caregivers of those 18 years and older in that they are significantly more likely to have their employment impacted by their caregiving demands (Morris 2014). While this is not unusual for many employed parents, particularly mothers, the level of impact tends to be greater among employed parents, especially mothers, of children with disabilities (Hunt 2012; Morris 2014; National Alliance for Caregiving 2009).

Here, we conduct a literature review on research examining WFB among employed parents of children with disabilities including special health care needs (e.g., asthma), developmental disabilities (e.g., Autism Spectrum Disorders (ASD)), and emotional and behavioral disorders (e.g., Depression). Reviews of emerging fields of research, such as this one, are important because they allow for a broad understanding and synthesis of the research and set a research agenda (Torraco 2005, 2016). With this in mind, we have a number of objectives in conducting this review which, to our knowledge, is the first of its kind. First, we identify broad characteristics of the literature. Second, we attempt to synthesize the research in this area using the existing framework from the mature research on WFB to examine how individual and organizational factors impact WFB among parents of children with disabilities. It is our expectation that both sets of factors will contribute to WFB among these parents. Third, we discuss existing gaps in the literature so that suggestions for future research can be made. An additional objective is to discuss how existing policies may need to be altered to better assist these families. Finally, we identify ways that practitioners can better assist these families.

Method

Search Procedures

We identified applicable key terms and used them to search relevant electronic databases. We searched for qualitative, quantitative, and mixed method studies. The key terms we used were work family balance, work family conflict, work life balance, work life conflict, disability, atypical development, special health care needs, developmental disabilities, intellectual disabilities, and children. Keywords were combined in groups until all possible combinations were exhausted. Searches were limited to dissertations published in English and studies published in English in peer-reviewed journals. The process of combining the keywords was repeated in each of the databases used for the study. Databases searched were PsycInfo, EBSCO Host Web, and Proquest Central. EBSCO Host Web and Proquest Central allow multiple databases to be simultaneously searched and for both of these databases unrelated fields (e.g., Military Government Collections) were not included in the search.

These searches yielded 2325 studies. Both authors scanned the titles of identified studies to determine which were potentially relevant and which were duplicates. After this process 81 studies were identified for inclusion by either or both authors. For studies where both authors did not have 100% agreement about the relevance of the identified study to the review, the first author scanned the study's abstract and determined its relevance. At the end of this process, 50 studies met the inclusion criteria.

We also searched reference lists of published studies that we had already identified through our search procedures. We did this to obtain other relevant studies that may not have been indexed in any of the databases that we searched. Finally, we entered the names of researchers who have published in this area into electronic databases. As before, we did this to obtain other relevant studies that may not have been indexed in any of the databases that we searched. Each procedure yielded an additional two studies that had not been previously identified. Table 1 gives the authors, information about each study's methodology, and sample characteristics for each of the 54 reviewed empirical studies.

Inclusion and Exclusion Criteria

Studies had to meet three criteria to be included in the review. Study participants were parents or guardians of children with disabilities who were under the age of 18. Study participants held either full or part-time paid employment. Finally, at least one of the major constructs examined in the study included individual or organizational factors and their relationship to some aspect of WFB or a related construct (e.g., work family enrichment).

Studies not included in the review were those that studied employed parents of children with disabilities over the age of 18. As discussed earlier, research has suggested that caregiving to adult children with disabilities differs from that of caregiving to children ages 18 years and younger (Hunt 2012; Morris 2014; National Alliance for Caregiving 2009). In addition because the focus of this review is on WFB, studies that did not examine some

Table 1 Authors, research design, and sample characteristics of the reviewed empirical studies

Author/s	Research design and sample characteristics
Al-Yagon and Cinamon (2008)	Interviews, using standardized measures, with Israeli 48 mothers and their children with learning disabilities (LD) and 48 mothers and their children without LD
Baker and Drapela (2010)	Web survey of 326 US parents of a child with an Autism Spectrum Disorder (ASD)
Bourke-Taylor et al. (2011)	Mail and interview survey, using standardized measures, of 152 Australian mothers of children with disabilities
Brandon (2000)	Secondary analysis of data from 4008 US mothers who responded to the Survey of Income and Program Participation
Brandon (2007)	Secondary analysis of data from 580 working mothers of children with disabilities who responded to the Australian Time Use Survey
Breevaart and Bakker (2011)	Survey, using standardized measures, of 225 working parents of children with disabilities from the Netherlands
Brennan and Brannan (2005)	Secondary analysis of data from 2585 US families who responded to the Comprehensive Community Mental Health Services for Children and Their Families Program
Brennan and Poertner (1997)	Secondary analysis of data from 184 US caregivers who responded to the Family Caregiver Survey
Brown (2014)	Survey, using standardized measures, of 51 US employed parents of children with disabilities
Bruns and Schrey (2012)	Survey, using ad hoc measures, of 20 US parents of children with rare genetic disorders
Chou et al. (2012)	Survey, using standardized and ad hoc measures, of 487 Taiwanese mothers of children with intellectual disabilities (ID)
Crettenden et al. (2014)	Survey, using standardized and ad hoc measures, of 287 Australian mothers of children with disabilities who participated in the Juggling Work and Care Study
Cuskelly et al. (1998)	Interview, using standardized measures, of 20 Australian parents of children with disabilities and 20 parents of typically developing children
DeRigne and Porterfield (2010)	Secondary analysis of data from 47,383 US parents who responded to the National Survey of Children with Special Health Care Needs (NSCSHCN)
Dillon-Wallace et al. (2016)	Longitudinal survey, using standardized measures, of 292 Australian mothers of children with disabilities and 292 mothers of typically developing children
Earle and Heymann (2012)	Secondary analysis of data from 1432 US participants with special care responsibilities who responded to the Work, Family, and Community Nexus Survey.
Einam and Cuskelly (2002)	Interview, using standardized measures, of 25 Australian families of adult children with intellectual disabilities and 25 families of typically developed adult children
Freedman et al. (1995)	Focus groups with 26 US parents of children with disabilities
Foster et al. (2011)	Web survey, using standardized measures, of 97 US employed mothers of children with Smith-Magenis Syndrome
Gates and Akabas (2012)	Survey, using standardized measures, of 98 US employed parents of children with Asthma
George et al. (2008)	Semi-structured interviews with 11 Australian parents of children with disabilities
Gnanasekaran et al. (2016)	Survey, yielding quantitative and qualitative date, of 161 parents of children with ASD
Hauge et al. (2013)	Secondary, longitudinal analysis of data from 41,255 mothers who responded to the Norwegian Mother and Child Cohort Study; 692 of these mothers had children with disabilities

Table 1 continued

Author/s	Research design and sample characteristics
Hodgetts et al. (2014)	Survey, using standardized and ad hoc measures, of 139 Australian mothers of children with ASD; follow up interviews using open ended questions with 19 of the mothers
Hunt (2012)	Secondary analysis of data from 31,195 US households who responded to the Survey of Income and Program Participation
Jang (2008)	Secondary analysis of data from 1200 US parents of children with disabilities who responded to the National Study of the Changing Workforce; Interviews using open-ended questions of 27 US parents of children with disabilities
Leiter et al. (2004)	Secondary analysis of data from 1954 unemployed and employed US mothers who responded to the Family Partners Project
Looman and Lindeke (2008)	Secondary analysis of data from 749 US respondents to the National Survey of Children with Special Healthcare Needs
Loprest and Davidoff (2004)	Secondary analysis of data from 4731 low-income US families with children with disabilities who responded to the National Health Interview Survey
Marks (1998)	Secondary analysis of data from 5782 respondents to the Wisconsin Longitudinal Study who indicated that they engaged in exceptional caregiving
Matthews et al. (2011)	Interviews, using open-ended questions, with 112 US parents of children with ASD
McCabe (2010)	Interview, using open-ended questions, of 70 Chinese mothers of children with ASD
McLean (2013)	Survey, using standardized measures, of 251 US parents of children with ASD
Morris (2012)	Secondary analysis of data from 81,841 US caregivers who responded to the National Survey of American Families
Morris (2014)	Reanalysis of data from Morris (2012)
Nes et al. (2014)	Secondary, longitudinal analysis of data from 22,115 mothers who responded to the Norwegian Mother and Child Cohort Study
Olsson and Hwang (2006)	Survey, using standardized measures, of 179 Swedish families of children with disabilities and 196 families of typically developing children.
Porterfield (2002)	Secondary analysis of data from 13,484 US mothers who responded to the Survey of Income and Program Participation
Ricketts (2008)	Survey, using standardized measures, of 168 Canadian parents of children with disabilities
Rosenzweig et al. (2002)	Focus groups with 41 US parents of children with disabilities
Rosenzweig et al. (2008)	Interviews, using standardized measures, with 60 US parents of children with emotional or behavior disorders
Rosenzweig et al. (2011)	Interviews, using open-ended questions, with 28 US mothers of children with emotional and behavioral disorders
Sellmaier et al. (2016)	Secondary, longitudinal analysis of data from 174 mothers of US children with AD/HD
Shearn and Todd (2000)	Interviews with 18 UK mothers of children with disabilities
Schuster et al. (2009)	Telephone interviews, using ad hoc measures, with 1116 US employed parents who had missed at least one day of work because of their children's health care needs.
Schuntermann (2002)	Semi-structured interviews, using ad hoc and standardized measures, with 9 US families of children with pervasive developmental delay
Scott (2010)	Interviews, using open-ended questions, with 40 two-parent and one-parent US families of children with disabilities

Table 1 continued

Author/s	Research design and sample characteristics
Stewart (2013)	Secondary analysis of data from 3504 US caregivers who responded to the National Study on the Changing Workforce
Stoner and Stoner (2016)	Interviews, yielding qualitative data, with 16 US parents of children with ASD
Wakefield et al. (2014)	Interviews, yielding qualitative data, with 78 parents of children with cancer
Warfield (2001)	Secondary analysis of data from 122 US mothers of children with disabilities who responded to the Early Intervention Collaborative Study
Warfield (2005)	Secondary analysis of data from 51 US couples with children with disabilities who responded to the Early Intervention Collaborative Study
Watt and Wagner (2013)	Survey using standardized and ad hoc measures of 15 Canadian families of children with ASD and 13 without ASD with at least one parent working outside of the home
Wright et al. (2016)	Survey, using standardized and ad hoc measures, of 210 Australian fathers of children with disabilities who participated in the Juggling Work and Care Study

aspect of WFB or a related construct were not included in this review. For example, studies that focused on variables such as labor force participation rates, and did not discuss WFB or related constructs, were not included as part of the review.

Results

Characteristics of the Reviewed Literature

Data from this review indicate that we know more about the experiences of employed mothers of children with disabilities as compared to employed fathers of children with disabilities. Of the 54 studies reviewed here, 16 (30%) examined only mothers' experiences. The remainder surveyed parents or caregivers; however, for many of these studies, participants were overwhelmingly women. Perhaps one reason for the greater focus on mothers' experiences is that although many employed fathers of children with disabilities are active participants in their child's care, the majority of care is given by employed mothers (Gates and Akabas 2012; Scott 2010). Gender of parent caring for a child with disabilities has also been associated with wage loss with employed mothers experiencing lower levels of employment and higher levels of wage loss than fathers (Earle and Heymann 2012). As Earle and Heymann (2012) discussed, this may be a factor contributing to the gender wage gap.

Studies reviewed here were published by researchers across a number of different academic fields including social work, sociology, psychology, education, disabilities studies, occupational therapy, nursing, and economics. Obviously this is an area where specialists across a variety of areas have a keen interest. This may be, in large part, a result of children with disabilities and their families interacting with service providers from a number of different fields. For example, a child with an ASD may attend the local public school, receive various therapies (e.g., occupational therapy) both in and out of school, have frequent visits for medical care, and may also receive community services (DeRigne and Porterfield 2010). Practitioners from each of these areas would be interacting with the child and his or her caregivers. In addition, this field of research is international in nature with researchers and participants coming from many nations across a number of continents. While the majority ($n = 32$) of reviewed studies were conducted in the US, studies were also conducted in Australia, Norway, Canada, Israel, Sweden, Norway, the Netherlands, and Taiwan.

Methodological aspects of the reviewed studies also varied. Twenty-one of the reviewed studies were secondary analyses of, in most cases, large national data sets. Three (i.e., Dillon-Wallace et al. 2016; Hauge et al. 2013; Sellmaier et al. 2016) were analyses of data that were gathered longitudinally. Morris (2014) was a reanalysis of data that collected and reported on earlier (Morris 2012).The remaining studies used primary source data. With the exception of Freedman et al. (1995), who exclusively used focus groups to study these parents' experiences, all reviewed studies used some sort of survey as their data collection method. The survey methods varied and included phone and face-to-face interviews, mail surveys, and web-based surveys.

Individual Factors

As expected, a number of individual factors impact the WFB of employed parents of children with disabilities. These include child age, number of children in the household, childcare availability, relationship status (i.e., presence of a relationship partner such as a spouse, and the percepton of the ones' work role. Additional individual factors unique to this literature are the type and severity of the child's disability. Although we discuss the research on each of these factors individually, they do interact with one another (Warfield 2005).

Child Age and Number of Children in the Household

For employed parents of children with disabilities, both the child's age and the number of children in the household have been demonstrated to be related to parental functioning in a number of ways (Porterfield 2002). Warfield (2005) call these factors parenting challenges, and along with other challenges such as lack of partner support, they have been investigated in a number of studies. The age of the child with a disability has been demonstrated to impact parenting stress (Rosenzweig et al. 2008; Morris 2012), unemployment or underemployment (Porterfield 2002; Loprest and Davidoff 2004; Bourke-Taylor et al. 2011), and changes in the number of hours worked (Crettenden et al. 2014: Leiter et al. 2004; Loprest and Davidoff 2004). As might be anticipated, when children with disabilities are not yet school-aged, negative effects on employment and WFB may be exacerbated. Many of these negative effects are linked to the lack of available childcare. This factor, discussed in more detail below, limits parents' ability to find employment of the quantity and nature that they may desire (Bourke Taylor et al.).

The number of children in the home has been linked to parenting role stress (e.g., Warfield 2005; Rosenzweig et al. 2008), reduction in number of work hours (Brandon 2000; Hauge et al. 2013), changes in employment status (Porterfield 2002; Cuskelly et al. 1998), and reduced work family fit (Rosenzweig et al.). Warfield found that both employed mothers and fathers experienced higher levels of parenting role stress when there were more children in their family. Some of this stress is a result of increased financial pressures as a result of increased family size. Some of it may be the result of quantitative role overload, or, put more simply, having too much to do and not enough time to do it all. In other cases where there is more than one child in the family and more than one child with disabilities, parental caregiving responsibilities and their impact on factors related to employment may grow exponentially (Cuskelly et al.).

Childcare Availability

The availability of childcare, and, in particular, good quality childcare, is a phenomenon with which many working parents struggle (Berk and Meyers 2015). For parents of children with disabilities, childcare is particularly problematic (Rosenzweig et al. 2008). For these parents, finding appropriate childcare and paying for that childcare may be, in at least some cases, impossible and that impossibility has a long history of documentation (Freedman et al. 1995).

This is exacerbated for employed parents of children with disabilities as their employment status and financial stability is necessitated by having access to consistent childcare. Lack of reliable childcare has been linked to parenting role stress for fathers (Morris 2012; Warfield 2005), leaving the workforce for both mothers and fathers (Scott 2010), and work-caregiving conflict (Gates and Akabas 2012). In interviews with employed parents of school-aged children with emotional and behavioral difficulties, Rosenzweig and her associates (2008) found that these parents used a number of different types of childcare (e.g., relatives) and a number of different care locations (e.g., community setting). Lower levels of satisfaction with type of childcare were associated with fewer hours worked. Bourke-Taylor et al. (2011) conducted mail and telephone surveys with employed and unemployed Australian mothers of children with disabilities. They found that 82% of their sample wanted to work or wanted to work more hours. Among the reasons cited by these mothers were reasons related to themselves or their children. The most often cited reason was what Bourke-Taylor et al. called service limitations and nearly all cited service limitations were related to the lack of available childcare for either all or part of the workday.

Relationship Status

The impact of relationship status (e.g., married, single) on one's ability to find WFB has been examined (Brennan and Poertner 1997; DeRigne and Porterfield 2010; Hauge et al. 2013; Scott 2010; Stoner and Stoner 2016). Relationship status is thought to be important for balance as partners may provide instrumental (e.g., taking a child with a disability to a doctor or therapy appointment) or emotional support (e.g., listening to a partner's concerns about the child with the disability) (Scott 2010).

DeRigne and Porterfield (2010) found that married mothers and fathers, as compared to single mothers, were less likely to make employment changes (e.g., change or quit a job). Scott (2010) had similar findings, but also found that single mothers of children with disabilities, out of financial necessity, were more likely to be employed than married mothers. Scott's interviews with US mothers indicated that single mothers were more likely to experience changes in their employment trajectories, many of which were negative, than were married mothers. In a longitudinal study of Norwegian mothers of children with disabilities who were employed at the time of their children's birth, Hauge et al. (2013) found that these mothers, especially those without a partner, were more likely to drop out of the workforce than were other mothers. One reason for the difference in findings may be that Norwegian mothers of children with disabilities receive financial support from their government. Such support is not available to their US counterparts.

Perceptions of One's Work Role

Studies have examined the quality of the work role and how it impacts WFB in parents of children with disabilities (Al-Yagon and Cinamon 2008; Freedman et al. 1995; Morris 2012, 2014; Shearn and Todd 2000; Warfield 2001; Watt and Wagner 2013). In general, findings from these studies indicate that there may be recovery from stress at home in the work domain when the work domain provides tangible and emotional support and enhances role identity (Matthews et al. 2011; Olsson and Hwang 2006). In interviews with 18 Welch mothers of children with disabilities, Shearn and Todd (2000) found that most had their ability to work negatively impacted. Most of them wanted to work for financial reasons. Also, most had experienced feelings of frustration related to the inability to use their skills and because work provided them with a sense of identity.

Freedman et al. (1995) interviewed 21 US parents of children with disabilities and found that there were psychological benefits from working in that work provided a respite from caregiving responsibilities. In addition, supportive workplaces and support from coworkers and supervisors were also important for helping participants find WFB. Their participants also indicated that finding skilled, reliable childcare was difficult. In another interview study with 40 British employed mothers of children with disabilities, Lewis et al. (1999) found that employment for these mothers provided a respite effect. Similar findings were reported by George, Vickers, Wilkes, and Barton (2008) as well as McCabe (2010).

Warfield (2001) found that when US mothers, but not fathers, perceived their work as interesting they reported less parenting stress provided that parenting demands were at low or moderate levels. Warfield (2005) found that employed US mothers with high work interest experienced less parenting stress as compared to US mothers with low work interest. However, this relationship was altered when their children had behavior problems. Here, high work interest was related to higher levels of parenting stress. It was suggested that this might have come as a result of these mothers having to curtail employment in order to provide care for their children.

Comparing employed Israeli mothers of children with and without learning disabilities, Al-Yagon and Cinamon (2008) found that mothers of children with disabilities experienced higher levels of family in work conflict (i.e., conflict that occurs when aspects of the family role interfere with aspects of the work role) (Carlson et al. 2000) and lower levels of work in family conflict (i.e., conflict that occurs when aspects of the work role interfere with aspects of the family role) (Carlson et al. 2000) as compared to mothers of children without learning disabilities. Their results suggest that at least for the mothers of children with disabilities that they sampled, employment provided a buffering effect for stress experienced at home. Comparing employed Swedish parents of children with intellectual disabilities and parents of typically developing children, Olsson and Hwang (2006) found that the former worked fewer hours and had lower levels of well-being as compared to the latter. However, the more that parents of children with intellectual disabilities worked outside the home, the higher the level of their well-being suggesting that respite effects as a result of engaging in the work role may be occurring for these parents.

Morris (2012) used role theory to study whether employment outside of the home was related to either negative or positive spillover for employed parents of children with disabilities. Negative spillover occurs when resources (e.g., energy, time) necessary for functioning at either home or work deplete available resources and, therefore, negatively impact the amount of resources available in the other domain whereas positive spillover occurs when participation in one domain enhances functioning in the other domain

(Barnett and Hyde 2001). Using data from a large national survey of US workers, Morris (2012) found that there were positive spillover effects for employed mothers of children with disabilities five years of age or older (i.e., school-aged) whereas for employed mothers of children with disabilities under the age of five there were negative spillover effects. Additional analyses indicated that for mothers of older children caregiving demands were higher and, therefore, greater respite effects occurred when at work. Morris (2012) also found that although there might be respite effects for some mothers, these were lessened when mothers had concerns about the impact working had on her children. In a reanalysis of these data, Morris (2014) confirmed the same pattern of findings (2014). In a survey of employed and previously employed US mothers of children with AD/HD, Merson (2012) found that for employed mothers the work role was more salient than for those mothers who were no longer employed, but asked to rate the saliency of their most recent work role. Foster, Kanotra, Stern, and Elsea (2011), studying employed US mother of children with Smith-Magenis Syndrome, found that higher levels of satisfaction and efficacy with one's caregiving role were predictive of higher levels of satisfaction with one's work role. However, Watt and Wagner (2013), in a comparison of Canadian families of typically developing children and children disabilities, failed to find differences among these two groups of parents on work interest. They did find differences in employment patterns and job satisfaction with parents of children with disabilities working fewer hours and less satisfied than parents of typically developing children.

The Type and Severity of the Child's Disability

Type of disability refers to a number of factors including whether the disability is physical, cognitive, social-emotional, or some combination, whether it is acute or chronic, and the magnitude of the effect of it on the child's functioning. This factor may impact WFB both directly and indirectly (DeRigne and Porterfield 2010). For example, it adds to the amount of caregiving burden which may impact parental stress levels and, in turn, impact levels of WFB (Breevaart and Bakker 2011; Bruns and Schrey 2012; Hodgetts et al. 2014; McLean 2013). More directly it may impact a parent's ability to stay employed or to seek out certain types of careers such as those that require travel or long hours away from home (Hauge et al. 2013; Leiter et al. 2004). Severity of the child's disability has been linked to lower levels of WFB (Brown 2014; Gates and Akabas 2012), lower levels of job satisfaction (Einam and Cuskelly 2002), higher levels of negative psychological symptoms (Einam and Cuskelly 2002; Hunt 2012; Ricketts 2008), lower levels of work interest (Warfield 2001), and disruptions in work life (Schuntermann 2002).

The impact of type of disability has also been examined as a function of patterns of behavior such as impulsivity, hyperactivity, and aggression. These types of behaviors, known as externalizing behaviors, might more typically be found in children with some types of Attention Deficit Hyperactivity Disorder (AD/HD) and ASD. Breevaart and Bakker (2011) found that child behavior problems impact a number of aspects of employed parents' functioning including parental strain which was associated with higher levels of family -in-work conflict and lower levels of work engagement. Brennan and Brannan (2005) found that higher levels of internalizing (e.g., anxiety) or externalizing (e.g., aggression) behaviors in children were associated with higher levels of parental workplace absences. Sellmaier et al. (2016) found that although child behavior problems were predictive of maternal employment over the course of a 1-year period, internalizing rather than externalizing child behaviors were the more important explanatory factor in predicting maternal employment. Brennan et al. (2007) reported similar findings. Nes et al. (2014)

found that child behavior problems impacted mothers' employment decisions and career trajectories.

Organizational Factors

As expected, organizational factors did impact the WFB of employed parents of children with disabilities. Although there are fewer studies of organizational factors as compared to studies of individual factors, the existing research has examined variables related to supervisory support, workplace policies, and organizational culture (e.g., Stewart 2013). As with individual factors, organizational factors are discussed separately although they certainly interact one another as well as individual factors.

Supervisory Support

A supportive supervisor appreciates the difficulties that employees may experience when attempting to achieve WFB, and provides instrumental (e.g., allowing one to bring one's child to work) or emotional (e.g., expressions of concern) (Thomas and Ganster 1995). Supervisory support can be useful in a number of ways. For example, higher levels of supervisory support have been demonstrated to be related to higher levels of employee retention (Chenot et al. 2009), lower levels of family interfering with work (Beutell 2010), and higher levels of WFB (Hammer et al. 2005).

In the literature examining WFB among parents of children with disabilities, there is also evidence for the usefulness of supervisory support. Among US parents, higher levels of supervisory support have been linked to lower levels of work family conflict and lower levels of work in family interference (Brown 2014) and lower levels of work caregiving conflict (Gates and Akabas 2012). Having a supportive supervisor has also been demonstrated to be predictive of less wage loss among US workers (Earle and Heymann 2012). In interviews with employed US parents of children with ASD, Matthews et al. (2011) found that both instrumental and emotional support from a supervisor were important for helping parents to cope with the work life demands of raising a child with an ASD. In a survey of Australian fathers of children with disabilities, Wright, Crettenden, and Skinner (2016) found that fathers were reluctant to use supportive workplace policies such as flexible work hours because they perceived that their supervisors would not be supportive of their usage.

Workplace Policies

Numerous studies have indicated that supportive workplace policies are important contributors to a number of positive outcomes for employed parents including those with children with disabilities (Earle and Heymann 2012; Jang 2008; Matthews et al. 2011; Rosenzweig et al. 2011; Wakefield et al. 2014). There are a number of types of formal, supportive workplace policies, and these include paid or unpaid parental leave and flexible working hours (Jang 2008). The availability of parental leave has been found to impact factors such as parental emotional health. In telephone interviews with employed US parents of children with disabilities, Schuster et al. (2009) found that parents who took leave, as compared to those who did not, had higher levels of emotional health. However, for parents who only had unpaid leave available to them, their leave taking was not without consequence. These parents, as compared to those parents who have paid leave available to them, had greater financial problems. Surveying US parents of children with ASD, Gnanasekaran et al. (2016) found that the availability of paid leave was predictive of higher levels of job satisfaction. The availability of parental leave also impacts the ability to find WFB as well as the number of hours worked, leaving employment, and switching to less demanding careers (Baker and Drapela 2010; Bourke-Taylor et al. 2011; DeRigne and Porterfield 2010; Freedman et al. 1995; Jang 2008; Matthews et al. 2011; Rosenzweig et al. 2002; Scott 2010; Stewart 2013).

Flexible work hours impact the ability to find WFB, and, by some accounts, may be the most important of all of the supportive workplace policies (Stewart 2013). As Rosenzweig et al. (2002) indicated, workplace flexibility is crucial because community-based supports for employed parents of children with disabilities are either non-existent or severely limited. As examples of this they discuss that many doctors and other types of service providers will only schedule appointments during regular business hours. Schools may be even more inflexible, and it is not unusual for meetings with school personnel to be curtailed to just a few hours within the regular school day. In focus groups with employed mothers of children with mental health issues, Rosenzweig et al. found that flexible hours and flexible workplaces were important to these mothers for managing their children's care needs and for staying employed. Chou et al. (2012), in a study of employed Taiwanese mothers, also found that perceived flexibility in work schedules was related to ability to find WFB. Stewart (2013) found that the use of flexible work arrangements was predictive of lower levels of pressures at home interfering with aspects of workplace functioning (i.e., family work conflict). Jang (2008), using both quantitative and qualitative measures, found that for employed US parents of children with disabilities flexible work schedules were predictive of higher levels of WFB and well-being.

Organizational Culture

As discussed above, research has demonstrated that supervisory support and flexibility are important work factors impacting the ability of employed parents of children with disabilities to find WFB. A related variable, organizational culture, and, in particular, family supportive organizational culture, also impacts one's ability to find WFB (Brown 2014; Ricketts 2008; Stewart 2013). Family supportive organizational cultures are those that promote family supportive workplace policies and do not impose barriers to their usage (Allen 2001). It is hypothesized that they do so by impacting a supervisor's level of supportiveness and employed parents' use of family supportive policies. These activities have the effect of setting norms for supervisors and sending messages to parents about whether they should use available family supportive workplace policies.

There has been some examination of family supportive organizational policies in this literature (Brown 2014; Ricketts 2008; Stewart 2013). Brown found that high levels of family supportive organizational culture were associated with lower levels of work family conflict and work in family conflict. In a study of employees with all types of exceptional care responsibilities (i.e., those caring for a child, adult, or older adult with a chronic condition or a disability) Stewart (2013) found that workplace cultures that did not support family responsibilities were predictive of higher levels of work family conflict and family work conflict among these employees. In interviews with Canadian parents of children with disabilities, Ricketts (2008) found that parents who had perceived high levels of workplace support, which included supportive workplace cultures, had lower levels of strain and higher levels of professional efficacy.

Discussion

Confirming expectations about the importance of individual and organizational factors in impacting WFB among employed parents of children with disabilities, this review indicates that a number of these factors are important in various ways. To summarize, research reviewed here indicates that employed parents with young children, with children with more severe disabilities and behavioral issues, without partners in the home, without access to reliable childcare, and with low interest in their work experience more difficulties achieving WFB that do other parents. Parents with younger children with disabilities, as compared to parents of school-aged children with disabilities, have higher levels of parenting stress (Rosenzweig et al. 2008) and are more likely to experience changes in employment (e.g., reductions in the number of hours worked) (Leiter et al. 2004). For parents of children with more severe disabilities and behavior problems, WFB can be impacted in a number of ways. For example, Nes and his colleagues (2014) found that child behavior problems impacted both mothers' employment decisions and career trajectories. Not having a partner in the home can impact parents, especially mothers, of children with disabilities in different ways. For some, it may be related to a curtailment in employment (Hauge et al. 2013), and for others it may be related to an increase in work hours (Scott 2010). Lack of access to reliable childcare also impacts these parents, especially those with children who are not yet school-aged, by impacting parenting role stress (Morris 2012) and work-caregiving conflict (Gates and Akabas 2012). Finally, lack of interest in work can impact the ability to find WFB. For example, Warfield (2005) found that employed US mothers who had low work interest experienced more parenting stress than those with high work interest.

Also limiting these parents' ability to achieve WFB are the lack of supportive supervisors, workplace policies, and family supportive organizational cultures. Research included as part of this review clearly suggests that such support is useful in assisting with WFB. For example, Matthews et al. (2011) found that both instrumental and emotional supervisory support were important for helping parents cope with the work life demands of raising a child with an ASD. Much research indicates that supportive workplace policies, especially paid or unpaid parental leave and flexible working hours, are important contributors to a number of positive outcomes for employed parents of children with disabilities (Earle and Heymann 2012; Jang 2008; Matthews et al. 2011; Rosenzweig et al. 2011). Family supportive organizational cultures also impact WFB. As an example, Stewart (2013) found that workplace cultures that were not supportive of families were predictive of higher levels of work family conflict and family work conflict among parents.

Limitations and Suggestions for Future Research

This review is subject to a number of limitations perhaps the most important of which is that it was not conducted as a systematic review. Systematic review originated in the medical sciences and has been adopted for use across a number fields including the social sciences (Rojon et al. 2011). Important features of systematic reviews have been discussed (e.g., Shea et al. 2007), and, while some were part of this review, not all were. One not included here was an attempt to identify unpublished studies. Doing so in future research is important. Another aspect of systematic review that is not entirely present in this study is that although both authors scanned the study titles for possible inclusion in the review, only the first author scanned the abstracts. This may have resulted in an incomplete inclusion process. In addition, there was no attempt to judge the methodological quality of each individual study although below we do comment on the types of methodologies and their potential disadvantages.

Other limitations stem from the reviewed studies. As discussed earlier, nearly all of them are cross-sectional where findings are subject to cohort effects and related methodological shortcomings (Whitley and Kite 2013). Such shortcomings could be controlled for through the use of longitudinal designs. More studies employing quantitative data collection methods are necessary so that meta-analytic reviews can be conducted.

A number of the studies conducted by researchers in the US utilized secondary data sources typically from large national or university-based studies where study constructs were measured by pooling responses to existing questions. At times (e.g., a participant indicating he/she was the parent of a disabled child), the use of secondary data sources may not be problematic. At other times, using secondary data sources to assess study constructs is potentially problematic as there may be no psychometric evidence to support that the constructs are being reliably and validly measured (Whitley and Kite 2013). This limitation might best be addressed by conducting additional research using measures of constructs that have demonstrated to have good psychometric properties.

The reviewed research was conducted in a number of countries some of which have vastly different work family life policies. Given this large cross-national disparity, one must exercise caution when drawing conclusions about this literature and attempt to generalize findings. As Earle and Heymann (2012) noted it is important to consider the differences in family work life policies across nations as these policies have direct and indirect on employed parents of children with disabilities. Indeed this is recently beginning in the mature research on WFB (Allen et al. 2014).

Another avenue for future research is to more closely examine workplace supports. For example, researchers (e.g., George et al. 2008) found that work role saliency can buffer the impact of caring for a child with a disability. Researchers might examine how jobs can be re-engineered to provide greater work-role salience. Additional research might also examine how to enhance supervisory support and family supportive organizational cultures.

Implications for Policy

In the US, in particular, there is a need for national and state policies to better assist all families, including families of children with disabilities (Blades and Rowe-Finkbeiner 2006). These policies might include more time off, especially paid time off. Only a few states and some municipalities allow US workers paid time off to care for sick family members, including sick children (Boushey 2016). This stands in stark contrast to many other countries and regions throughout the world. Canada, Australia, most of Europe, Russia, as well as a number of South American and African nations, allow both parents paid time off to care for their sick children (World Policy Analysis Center 2016). Additionally some countries, such as many in Europe, allow both parents paid time off to care for their children's everyday health needs (World Policy Analysis Center 2016). For working parents of children with disabilities this may be especially important as these children often have multiple, regular visits with medical personnel (Hodgetts et al. 2014).

Devoting resources toward developing good quality childcare for all children, including those with disabilities, is also important. This childcare needs to span the hours that parents work including hours spent commuting. Good quality childcare is predicated upon having well-trained childcare providers, especially when the care is for children with disabilities

(Center for Parent Information and Resources 2017). Advocating for training, as well as fair wages, for potential childcare providers are other areas of engagement with policy makers.

Implications for Practitioners

There are a number of implications for practitioners who work with employed parents and their children with disabilities (Boushey 2016). Human resource professionals can provide assistance in a number of ways. For example, as part of employee training they can specify family-friendly benefits available to employees and encourage their use. Additional training for supervisors might take place where they are encouraged to offer their employees with children with disabilities emotional and instrumental support. Human resource professionals should also consider working with upper management to advocate for these employees and their families and to create an organizational culture that allows for the usage of currently available family friendly policies and the creation of new family friendly policies. Finally, as part of employee assistance programs, referral information for sources that can provide assistance for these families should be made available. The ability to do so is becoming increasingly easier as advocacy groups for children with disabilities (e.g., Autism Speaks) become more vocal about the needs of children and their parents and aid in linking parents to necessary services.

Professionals working directly with children with disabilities can also provide assistance to their parents (Ysseldyke and Algozzine 2006). Professionals may want to exercise caution in the amount of work they assign to parents outside of the child's school day or therapy sessions. Parents have reported feeling overwhelmed by these additional responsibilities (Hodgetts et al. 2014). Another way to assist parents would be to provide for greater flexibility in scheduling hours for appointments with medical personnel and other service provides (Matthews et al. 2011). School personnel can also assist by being more flexible with their scheduled meetings (Rosenzweig et al. 2002). As discussed earlier, meetings at schools are often curtailed to just a few hours during the workday necessitating that parents take a large part of the day off of work to attend these meetings. School personnel can also provide assistance to parents by helping them advocate for themselves in the workplace (Brown 2014). Many parents of newly diagnosed children with disabilities are unaware of the services available to assist them, including services offered by their employer. For some of these parents, school personnel, such as school psychologists and school social workers, may be the first individuals they encounter that are knowledge about available services. It would be advantageous if they could share this information with parents.

Another way to assist parents is to encourage them to seek out parent training to help them develop skills that may be most effective for parenting children with disabilities especially when the disability involves externalizing behaviors (Durand 2014). Research has indicated that behavioral skills training for parents can be useful for assisting these children (Durand 2014). School personnel might also consider incorporating parent training into part of the child's individualized education program.

Research not reviewed here indicates that many parents, especially mothers, of children with disabilities experience increased levels of psychological distress (Marks 1998). Therefore, another avenue of assistance for these parents is to recommend support groups or counseling services to alleviate stress and improve psychological functioning. Siblings of these children may also benefit from specialized training in interacting with their brother or sister with disabilities as well as the services of support groups or counselors (Durand 2014).

Compliance with Ethical Standards

Conflict of interest Theresa J. Brown and Christine Clark declare that he/she have no conflict of interest.

Ethical Approval This article does not contain any studies with human participants or animals performed by any of the authors.

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