Influence of Social Support, Work Overload, and Parity on Pregnant Career Women's Psychological Well-Being

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The influence of social support, work overload, and parity on psychological well-being of pregnant career women was investigated. Women executives (N200) attending antenatal clinics were selected. A $2 \times 2 \times 2$ analysis of variance (ANOVA) revealed significant independent influence of social support ($F(1, 199) = 26.51$, $p < 0.05$) and work overload ($F(1, 199) = 461.76$, $p < 0.05$), and significant joint effect of social support and work overload. There was no significant effect of parity ($F(1, 199) = 0.72$, $p > 0.05$). Combinations of parity, social support, and work overload were also not significant ($F(1, 199) = 0.80$, $p > 0.05$). Social support and appropriate work incentives are helpful in assisting pregnant women executives in coping with psychological changes during pregnancy.

Introduction and Background

Most organizations often focus only on the work role of women and do not recognize how their roles as mothers and housekeepers contribute to their female employees' well-being. Furthermore, in recent years most industries and establishments are primarily goal driven. The agenda during official meetings at various levels ostensibly revolves around monitoring and evaluation of personnel commitment and efficiency in realizing organizational goals irrespective of gender challenges. However, apart from being productive at work, women in career positions in fulfillment of gender roles and biological attributes are additionally expected to carry pregnancies, and combine this effectively with career expectations of their employers.

Pregnancy is a common event among reproductive-age women and is often thought to be a time of happiness for the expectant mother. However, to many women, pregnancy is often physically and mentally stressful. Even in normal

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pregnancies, physical and emotional changes can alter the ability of women to carry out their usual roles. There is a plethora of factors determining women's psychological well-being during pregnancy. These range from social and demographic variables to psychological characteristics. It is therefore necessary to investigate the possible influences of social support, work overload, and parity on the psychological health of pregnant career women.

In the hedonic tradition presented by Ryan and Deci (2001), psychologists have concentrated on the assessment of "subjective well-being." This is seen to consist of three elements: life satisfaction; the presence of positive mood; and the absence of negative mood. Well-being thus describes happiness, confidence, physical condition, and general outlook on life. It is about feeling good and taking care of oneself; responsibilities that can often be neglected when juggling the rigorous demands of everyday living in the 21st century.

In a related study, Blanchflower and Oswald (2004) found that family relationship is central to well-being. The relevance of this to gender and social roles has been reported by Helliwell and Putnam (2004). Pregnancy represents a significant physical, social, physiological, and psychological change period when the expectant mother must redefine relationships with, and responsibilities to, significant others in her life (Richardson, 1982). This redefinition of relationships is often transitional just like pregnancy. The role change affects the nature of ongoing relationships with husband or partner, parents, extended family, and peers. Precisely, a woman's social support system seriously influences the outcome of the pregnancy and the psychological well-being of the woman in divergent ways (Feldman, Dunkel-Schetter, Sandman, & Wadhwa, 2000). The lack of social support (as one of a family of coping resources) can put pregnant women at risk for more severe distress (Wells, Hobfall, & Lavin, 1999).

Zavas, Jankowski, and McKee (2003) found that 50% of pregnant women in the third trimester had depressive symptoms. The meta-analysis found depression rates of 12% and 14% in the second and third trimesters, respectively. There is a need for obstetricians, midwives and nurses, psychologists, and ergonomists to understand the consequences of deficient social support systems, stressful workload, and employees' subjective well-being during pregnancy and work to bolster these systems wherever possible.

While positive experiences with significant others contribute to an uncomplicated pregnancy and delivery, problematic relationships have been associated with such unfavorable pregnancy outcomes as spontaneous abortion, associated psychological conflict, and anxiety in pregnancy with prolonged labor. It has been observed that the latter may have detrimental consequences for the fetus and the development of the infant (Zavas et al., 2003).

Specific work stressors in pregnant women may have negative consequences for women's health. Real experiences occur in which too much work has caused

spontaneous labor in some pregnant women and even abortion in others, thus jeopardizing the happiness of impending motherhood. The issue of stress that generates from work and its possible effect on emotional and psychological well-being of women has been reported in earlier studies (Donovan & Halpern, 2003; Layard, 2005).

Dunkel-Schetter, Sagrestano, Feldman, and Killingsworth (1996) found that physical functioning and perceptions of well-being among women in the latter stages of pregnancy and the puerperium is lower compared with the prepregnancy period. They also reiterated that depressive symptoms are highly prevalent during late pregnancy and the postpartum period.

Cooklin, Rowe, and Fisher (2007) investigated the relationship between employment conditions and antenatal psychological well-being in Australian women; collecting data from a sample of 165 employed women in the third trimester using a structured interview. Of these, 114 of 165 (69%) reported at least one form of workplace adversity during pregnancy. More women without private health insurance (78%) reported workplace adversity than those who were privately insured (57%) ($\chi 21 = 6.95$, $p = .008$). Women experiencing workplace adversity had significantly worse psychological well-being than those who were experiencing no workplace adversity. Workplace adversity during pregnancy is associated with poorer maternal psychological well-being. They concluded that workplace conditions and entitlements are salient factors for consideration in assessments of antenatal psychosocial well-being.

The significance of parity in influencing psychological well-being among pregnant women was supported by literature. Hardee, Eggleston, Wong, Irwanto, and Hull (2007) reported that experiencing unintended pregnancy is associated with lower psychological well-being and that use of family planning and small family size are associated with higher levels of psychological well-being. This goes to show that parity could impact the well-being of pregnant career women.

The influence of sociodemographic factors, psychosocial adaptation to pregnancy, and well-being levels on the onset of preterm uterine contractions have been demonstrated by Facchinetti, Ottolini, Fazzio, Rigatelli, and Volpe (2007).

However, most of these studies were conducted among white, middle-class samples or in late pregnancy, limiting their generalizability to the global environment and the second and third trimesters. In developing economies such as Nigeria, it is unclear whether career demands related to the workplace, the number of children a woman has given birth to, and extent of available support in the family and society have any significant influence on psychological well-being among career women during pregnancy. This study therefore investigates the influence of social support, work overload, and parity on the psychological health of pregnant career women in Ibadan, Southwestern Nigeria.

Purpose of the Study

The goal of this study is to assess the psychological well-being of career women in pregnancy and to also investigate the influence of social support, workload, and parity on psychological well-being in pregnancy. Specifically, the objective of the study is to discover if work overload, parity, and social support will have significant independent and joint influence on pregnant career women's psychological well-being.

Research Methodology

This explorative survey utilized the *ex post facto* research design. The independent variables of the study are social support, work overload, and parity. Each of the independent variables exist at two levels yielding a $2 \times 2 \times 2$ factorial combination. The dependent variable is psychological well-being among pregnant career women.

The study took place in Ibadan. It is the capital of Oyo state in Nigeria and also the largest city in West Africa. The premier university and teaching hospital among others in Nigeria are located in Ibadan city.

Pregnant Nigerian women in senior career positions in professions such as banking, engineering, nursing, teaching, and medicine were participants. Purposively, the sampling procedure utilized some inclusion criteria, which included:

1. Being currently employed in career positions in any of the professions similar to the ones mentioned previously;
2. Currently pregnant within the second and third trimesters;
3. Registered for antenatal consultation in any of the selected hospitals; and
4. Autonomous desire (informed consent) to participate

However, pregnant women with history of psychopathology were excluded.

The sample of this study comprised 200 career pregnant women purposively selected from the three largest maternity hospitals in the city. The nonprobability sampling incidentally included only pregnant women who were willing to participate. The hospitals included Adeoyo Maternity Hospital, the antenatal clinics of the University College Hospital and Adeoyo Ring Road Hospital, and Oluyoro Catholic Hospital in Ibadan metropolis. Of these individuals, 127 (63.5%) were married, 67 (33.5.2%) were single, while 6 (3%) were widowed. Concerning their academic background, 93 (46.5%) had a National Certificate of Education (NCE)/Ordinary National Diploma (OND), 50 (25%) had a higher national diploma (HND), 38 (19%) had a bachelor's degree, while the remaining 19 (9.5%) had postgraduate degrees. As to parity, 128 (64%) were multipara while the remaining 72 (36%) were primipara. Ninety-nine (49.5%) of the respondents work in the civil service, 72 (36%) are employed in private organizations, and 29

(14.5%) are self-employed. The participants' ages ranged from 22 to 40 years, with a mean age of 31.57 and a standard deviation of 5.78. All the participants were Nigerians.

Research Instruments

This study utilized a self-report questionnaire, which was divided into four sections.

Section A of the questionnaire tapped information on respondents' demographic characteristics such as age, job status, job position, number of children, number of successful pregnancies, stage of pregnancy, academic qualification, marital status, and employment.

Section B of the questionnaire measured the available social support of the participants. The Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet, Powell, Farley, Werkman, and Berkoff (1990) was used. The 12-item MSPSS scale is a well-validated scale that measures perceived social support divided into three constructs: support derived from family, friends, and significant others. The MSPSS has a Cronbach's Alpha of .90, showing good internal consistency. This scale has a Likert response format ranging from 1 to 5 with 1 indicating a response of *strongly disagree* and 5 indicating *strongly agree*. A high score on the scale indicates a high (better) social support. In the present study, the researcher derived an alpha coefficient of .89 and split half reliability of .84 for part 1 and .76 for part 2, indicating that the scale is very reliable in measuring social support among pregnant women in Nigeria.

Section C measured the degree of work overload. The work overload scale developed by Spector and Jex (1998) was used. An example of an item on the scale is "How often do you have to do more work than you can do well?". Responses were ordered on a 5-point response format of: *never* (1) to *several times per day* (5). High scores on this scale reflect individual's perceptions of having too much work to accomplish in a limited time. Spector and Jex (1998) reported a Cronbach's alpha of .78. In the present study, the researcher obtained a split half reliability of .75 for part 1 and .81 for part 2, indicating that the scale is very reliable in measuring work overload in the population.

Section D of the questionnaire measured psychological well-being. The modified version of the psychological well-being scale developed by Ryff (1989) and Ryff and Keyes (1995) was used. Six factors on the psychological well-being scale were derived and the scale demonstrated reliable psychometrics: autonomy (alpha = .43), personal growth (alpha = .50), positive relations with others (alpha = .54), purpose in life (alpha = .37), self-acceptance (alpha = .53), and environmental mastery (alpha = .57). The relatively lower internal consistency assessments for the Ryff scales reflect an *a priori* decision by Ryff to create short

versions of her scales that represent the multifactorial structure of the original scales (which consisted of 20 items each) rather than to maximize internal consistency for each scale. These abbreviated scales have been found to correlate from .70 to .89 with the original scales with high reliability (Ryff & Keyes, 1995). The scoring pattern utilized is the five Likert response format ranging from 1 = *strongly disagree* to 5 = *strongly agree*. In the present study, the researcher derived an alpha coefficient of .69, mean score of $N = 200$, $\bar{X} = 11.82$, $SD = 3.94$. The higher the score on the scale the better the psychological health and vice versa.

Data Collection Procedure

The researcher obtained an ethical permission from the Department of Psychology, University of Ibadan to conduct the study. Thereafter, the researcher sent the questionnaire for further institutional review and also discussed the protocol with the management of the selected hospitals. Each of the hospitals' management ascertained that the research is of minimal psychological or physical harm (if any at all); the respective institutions thereafter gave permission to conduct the study.

The antenatal records of the participants were reviewed to identify potential participants that meet the inclusion-exclusion criteria. During the participants' antenatal clinic, the researcher gave the questionnaire to the prospective participants, including a detailed informed consent document. Only willing and consenting pregnant women in attendance in the clinics were recruited as research participants. While waiting to see their obstetricians and attending midwives, they were allowed to read the questionnaire and respond accordingly. This took an average of 25 minutes. A total of 265 questionnaires were given out in the four locations with only 200 correctly and completely filled, yielding a response rate of 75%. Completed questionnaires were sorted, coded, and entered into the Statistical Package for Social Sciences for data analysis.

Statistical Analysis

The data were analyzed using descriptive statistics to report the demographic data while the hypotheses were tested using appropriate inferential statistics. Hypothesis 1 was analyzed using a $2 \times 2 \times 2$ ANOVA, while Hypothesis 2 was analyzed with the use of t test. Similarly, a $2 \times 2 \times 2$ factorial matrix was computed to compare the means of each of the factorial combinations. Lastly, t test of independent means was also computed to investigate the significant influence of each of the independent variables on psychological well-being.

Results

The results revealed that Hypothesis 1, which stated that work overload, parity, and social support will independently and jointly influence pregnant career women's psychological well-being was tested with the use of $2 \times 2 \times 2$ ANOVA.

NS means Not Significant

From Table 1, it could be seen that there was a significant independent effect of work overload ($F(1, 199) = 461.75$, $p < .05$) and social support ($F(1, 199) = 26.51$, $p < .05$). There was no significant effect of parity ($F(1, 199) = 0.71$, $p > .05$). A significant interaction effect of work overload and social support was recorded ($F(1, 199) = 5.01$, $p < 0.05$), but workload and parity ($F(1, 199) = .00$, $p > .05$), social support and parity ($F(1, 199) = 1.30$, $p > .05$) did not have any significant interaction effect on psychological well-being. The combination of work overload, social support, and parity also did not have any significant interactive influence on psychological well-being ($F(1, 199) = .80$, $p > .05$). Therefore, only work overload, social support, and a combination of work overload and social support had significant influence on psychological well-being of

Table 1

Summary of $2 \times 2 \times 2$ Matrix ANOVA Testing the Independent and Joint Effects of Work Overload, Social Support, and Parity on Psychological Well-Being

Source	Sums of Sq	*df*	$\bar{X}$ square	*F*	*p*
Work overload (A)	1,467.38	1	1467.38	461.75	<.05
Social support (B)	84.26	1	84.26	26.51	<.05
Parity (C)	2.28	1	2.28	.71	N.S
A × B	15.93	1	15.93	5.01	<.05
A × C	0.01	1	0.01	.00	N.S
B × C	4.12	1	4.12	1.30	N.S
A × B × C	2.54	1	2.54	.80	N.S
Error	610.15	192	3.18		
Total	31009.00	200			
Corrected total	3090.16	199			

Table 2

2 × 2 × 2 Factorial Matrix Showing the Means and Standard Deviation of Work Overload, Parity, and Social Support on Psychological Well-Being

Work overload	Social support	Parity	Mean	*SD*	*N*
Low	Low	Low parity	7.15	1.84	20
		High parity	6.95	2.25	40
	High	Low parity	9.43	1.13	7
		High parity	9.08	1.73	12
High	Low	Low parity	13.95	1.81	19
		High parity	14.32	1.66	28
	High	Low parity	15.42	1.84	26
		High parity	14.58	1.38	48
Total			11.82	3.94	200

pregnant mothers. As a result, the hypothesis that stated that work overload, parity, and social support will independently and jointly influence pregnant career women's psychological well-being was partially supported.

From Table 2, concerning the assessment of psychological health of pregnant career women, it was discovered that participants with high work overload, high social support, and low parity had a mean score of $N = 26$, $\bar{X} = 15.42$, $SD = 1.84$. Those with high workload, high social support, and high parity recorded $N = 28$, $\bar{X} = 14.58$, $SD = 1.38$; high workload, low social support, and high parity yielded $N = 28$, $\bar{X} = 14.32$, $SD = 1.66$; high workload, low social support, and low parity recorded a mean of $N = 19$, $\bar{X} = 13.95$, $SD = 1.81$; low workload, high social support, and low parity yielded $N = 7$, $\bar{X} = 9.43$, $SD = 1.13$; low workload, high social support, and high parity yielded $N = 12$, $\bar{X} = 9.08$, $SD = 1.73$; low workload, low social support, and low parity had a mean of $N = 20$, $\bar{X} = 7.15$, $SD = 1.84$; while low workload, low social support, and high parity yielded $N = 40$, $\bar{X} = 6.95$, $SD = 2.25$. This shows that low workload, low social support, and high parity translated into a reduction of psychological health among pregnant career women. On the contrary, participants with high workload, high social support, and low parity enjoy better psychological health.

Table 3 indicates that work overload significantly independently influenced psychological well-being of pregnant career women ($t = -4.12$, df (198), $p < .01$).

Table 3

Summary Table of Independent t Test Showing the Influence of Workload on Psychological Well-Being

	Work overload	*N*	$\bar{X}$	*SD*	*df*	*t*	*p*
Psychological well-being	Low	79	53.25	7.18	198	−4.12	<.01
	High	121	60.70	7.66			

Table 4

Table of Independent t-Test Showing the Influence of Social Support on Psychological Well-Being

	Social support	*N*	$\bar{X}$	*SD*	*df*	*t*	*p*
Psychological well-being	Low	107	55.79	7.18	198	−7.80	<.01
	High	93	60.02	6.19			

This means that pregnant career women who had high workload reported significantly higher psychological well-being ($N = 121$, $\bar{X} = 60.70$, $SD = 7.66$), than pregnant career women who had low workload ($N = 79$, $\bar{X} = 53.25$, $SD = 7.18$).

Table 4 indicates that work overload significantly independently influenced psychological well-being of pregnant career women ($t = -4.12$, df (198), $p < .01$). This means that pregnant career women who had high workload ($N = 121$, $\bar{X} = 60.70$) reported significantly higher psychological well-being ($N = 121$, $\bar{X} = 60.70$, $SD = 7.66$), than pregnant career women who had low workload ($N = 79$, $\bar{X} = 53.25$, $SD = 7.18$).

Discussion

This study investigated the independent and joint effects of social support, workload, and parity on psychological well-being of career pregnant women. The results of the ANOVA revealed that social support and work overload had significant influence on the psychological well-being of pregnant women. There was also a joint influence of social support and work overload on psychological well-being. Parity did not significantly influence psychological well-being among pregnant career women. The prime hypothesis in this study—which postulated that a significant independent and joint effect exists between the independent variables parity, workload, and social support—was partially supported.

Pregnancy challenges the entire biopsychosocial aspects of a woman in many dimensions. The relevance of social support from the husband, family, and friends in adjusting to the psychological changes in pregnancy cannot be overemphasized. This probably explains the significant influence that social support had on the psychological well-being of the participants in this study. The strong kinship network, homogeneity, and value placed on pregnancy among the Yorubas (the major ethnic tribe) of Southwestern Nigeria tremendously facilitates the availability of social support in situations of health and illness. Just like the sick role, most pregnant women play the sick role behavior in adjustment to the physiological and emotional reactions to pregnancy. The husband, friends, parents, and members of religious faith often readily identify with the needs of the pregnant member of the community. In rare situations, religious rites are performed to protect pregnant women against perceived potential complications of pregnancy and to also prepare her for delivery. These coupled with love from the husband assist in providing support necessary for achieving psychological well-being.

This means that pregnant career women who had high social support reported significantly higher psychological well-being than pregnant career women who had low social support. The present finding is supported in literature. Blanchflower and Oswald (2004) earlier asserted that family relationships could be central to well-being. This has also been supported by Helliwell and Putnam (2004) and Keyes (1998). Measured in a range of ways, usually through levels of participation in various bodies (e.g., church, membership of political organizations, clubs, and associations), social support influences well-being positively, both for individuals and societies.

The study revealed a significant influence of work overload on psychological well-being of career pregnant women. It was also seen that pregnant career women who had high workload reported significantly higher psychological well-being than pregnant career women who had low workload against logical expectation. This finding agrees with that of Cooklin et al. (2007). The authors established a positive relationship between favorable employment conditions and antenatal psychological well-being in Australian women.

Highly successful professionals are invariably saddled with greater responsibilities, which could translate to work overload. An individual's ability to meet career expectations despite such challenges could be rewarding and motivating. Workload is usually a criterion for promoting employees. As such, women who have more of it will advance in their careers. This may be an explanation for the higher psychological well-being reported by pregnant career women with higher levels of work overload reported in this study. Emerging trends in the Nigerian banking industry and the traditional challenges in healthcare professions, such as medicine and nursing, coupled with manpower shortages, mergers, and job layoffs, place heavy demands on executive officers

irrespective of gender. Both experienced hands-on professionals as well as new entrants are duly trained and equipped to continuously cope with the negative situational and contextual factors in the work environment. Being conditioned by comparatively higher wages and sufficiently appealing service conditions, employees in such stress-inducing employments intrinsically feel sufficiently mobilized and therefore motivated to cope with the challenges of their jobs, knowing fully well that it is ultimately more rewarding. The expectation of a pleasant reward in form of higher wages and more attractive conditions of service therefore provides a plausible explanation for the higher psychological well-being recorded among pregnant career women despite the inherent possible work overload.

Additionally, the significant main effects of social support and work overload provide explanation for the significant joint influence of the two variables in influencing psychological well-being among pregnant career women. In considering possible factors influencing psychological well-being among pregnant career women, it is less critical to consider social support, work overload, and parity jointly since this study reveals that they do not yield a significant joint effect on psychological well-being in pregnancy. In sum, pregnant career women with high workload, high social support, and low parity are more likely to enjoy better psychological well-being than those with low workload, low social support, and high parity.

It could be observed that parity did not yield any significant influence on the psychological well-being among pregnant career women in this study. This contradicts the finding of Hardee et al. (2007). In their recent study, they found that experiencing unintended pregnancy is associated with lower psychological well-being and that use of family planning and small family size are associated with higher levels of psychological well-being.

The aforementioned further suggests that having fewer or more experiences of conception, parturition, and puerperium is not a rigid criterion for determining psychological well-being among pregnant career women. Even though pregnant career women with higher parity could enjoy better psychological well-being, this may not be significantly different from individuals with lower parity. However, this could engender raging controversies. The possibility of other mediating and moderating factors outside the scope of this study might have been responsible for this finding.

Pregnant career women with high parity might have recorded higher psychological well-being as a result of their earlier learning experiences. Learning can be seen from the viewpoint of development, in that our knowledge and skills accumulate throughout our lives. What we are able to do today depends upon what we have learned in the past (Wortman & Loftus, 1988). Previous experiences of conception, parturition, and puerperium could be very significant in anticipating, diagnosing, and developing proactive techniques of coping with biopsychosocial

challenges of subsequent pregnancies. Additionally, the larger family size and possibly greater available social support could also account for the higher psychological well-being recorded in this study. Multiparity could therefore account for the ability of pregnant women to maintain psychological well-being in pregnancy despite their career challenges.

Conclusion and Recommendations

This study has revealed that social support and work overload play a significant main role in determining the psychological well-being of pregnant career women, while parity did not yield any significant influence on the psychological well-being of pregnant career women. Significant interaction effects were recorded between work overload and social support, while workload versus parity, social support versus parity, and a three-way combination of parity, social support, and work overload did not yield any significant interaction effect. From these, it could be concluded that only the degree of available social support, work overload and a combination of the two factors influence the psychological well-being of pregnant career women.

It is therefore suggested that human resource managers should give palliatives in form of better service conditions to cushion the possible effects of work-related stress to their employees, especially pregnant career women. Techniques aimed at carefully integrating family network relationship in the context of work should be encouraged in such a way that a synergy would be achieved. Similarly, pregnant career women should be motivated to integrate their work experiences and challenges in to the family setting to carefully diffuse work stress with family support for greater efficiency. Realizing this would require a boost of existing social networks and support from spouse, family, and relevant social institutions.

Investigating the potential impact of work, man, and environment interaction is germane to the assurance of health of pregnant career women, the course and outcome of pregnancy, and career goal attainment. Further attention to these by employers, policy decision makers, and stakeholders would be pivotal to creating man–work synergy within safe health limits. Without these, Zayas, Jankowski and McKee (2003) warned, it is almost certain to expect detrimental consequences for the fetus and the development of the infant.

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