FIRST-TIME MOTHERS' PREGNANCY DISCLOSURES TO SUPERVISORS: EXAMINING THE DISCLOSURE PROCESS THROUGH THE ANTECEDENT PREGNANCY DISCLOSURE MODEL (APDM) AND OUTCOME PREGNANCY DISCLOSURE MODEL (OPDM)

by

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A Dissertation

Submitted to the Faculty of Purdue University

In Partial Fulfillment of the Requirements for the degree of

Doctor of Philosophy

Lamb School of Communication

West Lafayette, Indiana

August 2019

THE PURDUE UNIVERSITY GRADUATE SCHOOL
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For Our Mothers

ACKNOWLEDGMENTS

I can never repay the debt of gratitude I have to everyone who has supported me over the past several years.

First, Steve Wilson is an extraordinary advisor and mentor. His unending patience, sound advice, and attention to scholarly rigor throughout my doctoral program has been foundational to my scholarly growth. During my time as his advisee, I have come to understand of the kind of academic (and colleague) I want to be. Thank you, Steve.

Second, I am grateful to my husband and his unfaltering faith in me. Any moment of doubt I had was countered by his confidence, each challenge was met by his commitment, and each victory he celebrated without reservation. Seth, you have made every sacrifice without complaint and believed in me at every turn. I love you.

Every member of my committee has contributed to both my personal joy and my scholarly growth. Patrice Buzzanell and Stacey Connaughton have pushed me to develop the interconnection between interpersonal and organizational communication theory. They have also been a source of constant support, mentorship, and positivity. Maria Venetis is an extraordinary disclosure scholar and a reminder of the kind of colleague I hope to someday be. Last, but certainly not least, Christopher Agnew has challenged me to think about the way I approach social relationships and the research process. I could not have asked for a better group of mentors and scholars.

To my friends and family, I hope you know that this achievement is much yours as it is mine. There simply aren't words adequate to explain the ways that you have impacted my life. To honor.

To all those who are, hope to be, or once were mothers – thank you. Thank you for your tenacity, your strength, and your patience.

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ABSTRACT

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Institution: Purdue University
Degree Received: August 2019
Title: First-Time Mothers' Pregnancy Disclosures to Supervisors: Examining the Disclosure Process through the Antecedent Pregnancy Disclosure Model (APDM) and Outcome Pregnancy Disclosure Model (OPDM)
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This dissertation addresses the overarching question, "What are the processes, antecedents, and outcomes of first-time mother's pregnancy disclosures to their supervisors?" Two new theoretical disclosure models, the antecedent pregnancy disclosure model (APDM) and the outcome pregnancy disclosure model (OPDM), were empirically tested to address this question. Utilizing longitudinal data, these models examined the direct, mediation, and moderation effects associated with expecting women's pregnancy disclosure experiences.

The APDM and OPDM drew upon disclosure theories (e.g., Afifi & Steuber, 2009; Greene, 2009), the interpersonal process model (Reiss & Shaver, 1988), and work-life literatures to extend disclosure theorizing through an examination of the work-related predictors of disclosure decision making and the interpersonal, relational, and career outcomes associated with expecting mother's disclosure experiences. The APDM identified both individual-level (e.g., perceived career risk) and organization-level (e.g., structural support) predictors for the specific types of disclosure strategies women used to inform their supervisors that they were pregnant.

The APDM also tested two mechanisms (i.e., disclosure efficacy and anticipated disclosure strategy) as potential mediators between predictors and enacted disclosure strategies at T2 (see Figure 2). The OPDM built upon findings of the APDM to examine the association between enacted disclosure strategies and relational, psychological, and career outcomes while

testing the role of perceived supervisor responsiveness as both a moderator and mediator to these effects (see Figure 3). Results of data analysis (N = 131) revealed that perceived organizational support and perceived risk influenced expecting women's engagement in specific disclosure strategies at T2 through differing mechanisms (see APDM). Additionally, results suggest that the different disclosure strategies that women enacted at T2 were significantly associated with expecting women's career, relational, and psychological outcomes (see OPDM). Theoretical and practical implications are discussed.

CHAPTER 1. INTRODUCTION

1.1 Statement of the Problem

Relative to their mothers and grandmothers, today's young women are better educated and earn more money in comparison to their male peers (Pew Research Center, 2013a). The past several decades have been marked by an uptick in progressive standpoints towards women's engagement in the U.S. workforce. Women now account for 47% of the total workforce with a workforce participation rate of 57%; 73% of these women are employed full time (U.S. Department of Labor, 2016). Fewer Americans than ever before report preferring women's return to their traditional roles in society; and attitudes among those under 30 in particular strongly support women's contributions to their household incomes (Pew Research Center, 2009). In fact, 40% of households with children under the age of 18 identify the mother as the sole source of income (i.e., 5.1 million single working mothers) or as the primary source of income (i.e., 8.6 million working mothers who earn more than their spouses; Pew Research Center, 2013b). However, while the number of women in the workforce is rising, women still experience a gender wage gap (U.S. Department of Labor, 2016). Furthermore, supportive attitudes towards expecting mothers are only progressive towards *specific* demographics of women (Clarke, 2001; Wollett & Phoenix, 1991). Pregnant women in today's workforce still experience organizational pushback and discrimination, positioning pregnancy and the disclosure of impending parenthood as a potentially challenging transition for first-time mothers.

Attitudes about work and motherhood may prove challenging for employed mothers in the United States, 70% of whom have children under the age of 18 and are predominately employed full-time (Women's Bureau, 2016). While unmarried and married-but -childless women's full-time employment is received positively, only 11% of individuals believe that

women with children should work fulltime, perhaps related to public perception that a mother's fulltime employment is not in the best interest of her children (Pew Research Center, 2009). Negative perceptions towards employed mothers also extends to women who are still expecting; pregnant women experience pregnancy discrimination in the workplace despite national policy intended to protect them (Hebl, King, Glick, Singletary, & Kazama, 2007; U.S. Equal Employment Opportunity Commission, EEOC, 2018).

Pregnancy-based workplace discrimination often manifests through hiring and firing processes, work evaluations, and accommodation refusals for pregnant employees' needs (Marcus & Perry, 2015). This discrimination may derive from shifting perceptions of employee competence associated with parenthood; parents are perceived by potential employers as less agentic (i.e., assertive, achievement oriented) than their childless peers overall (Fuegen, Biernat, Haines, & Deaux, 2004). Additionally, mothers are held to even higher performance standards than are fathers (Fuegen, Biernat, Haines, & Deaux, 2004). Workplace pregnancy is perceived as detrimental to the day-to-day operation of business by supervisors and co-workers alike (King & Botsford, 2009). Thus, while parenthood and pregnancy are often celebrated in non-work contexts, perceptions of workplace pregnancy are often negative, and pregnancy has been described by even the U.S. president, Donald J. Trump, as "an inconvenience for a person that is running a business" (Vitali, 2016). Given dominant perceptions of workplace pregnancy in the United States, it is hardly surprising that pregnancy triggers work performance reassessment (Byron & Roscingo, 2014), alters how co-workers and supervisors perceive female employees (Major, 2004), and contributes to women's perceptions that being a parent will negatively impact their career advancement (Pew Research Center, 2013; Taylor et al., 2013).

As women consider how and when to share news of their pregnancy, they may take into account factors such as the perceived risk to their careers, the perceived supportiveness of their organization, and their potential to experience workplace pregnancy-based stigma (i.e., the construction of workplace pregnancy as socially "undesirable, deviant, or repulsive" which is associated with shame and social/material consequences; Ragins, 2008, p. 196; Goffman, 1963) and discrimination (Jones, 2016). Given negative cultural perceptions of workplace pregnancy in the U.S., women may have concerns about the best way to disclose their pregnancy and potential organizational responses to their disclosures. Thus, pregnancy may prompt a professional turning point, acting as a "transformative event" that alters women's relationships with their organization, colleagues, and bosses (Baxter, Braithwaite, & Nicholson, 1999). This positions pregnancy disclosure as an important and potentially stressful process for expecting mothers as they determine how to share the news of their pregnancy at work.

1.2 Project Overview and Purpose

Over 67% of women work while pregnant with their first child, an increase of 20% in the past two decades (Pew Research Center, 2015). Yet, despite a growing number of women who work during pregnancy and women's experiences of pregnancy-related stigma and discrimination (Fox & Quinn, 2015), little research has examined how expecting mothers disclose their pregnancies to their supervisors. To date, pregnancy and employment research has examined women's stigma and discrimination experiences, maternity leave policies and practices, and supervisors' reactions to women's pregnancy disclosures (e.g., Baum, 2009; Buzzanell & Liu, 2005; Little, Hinojosa, & Lynch, 2017). Disclosure-related pregnancy research has nearly exclusively focused upon reactions to women's workplace pregnancy or the timing of

disclosure (Jones, 2016, King & Botsford, 2009) rather than exploring the pregnancy disclosure process more broadly.

Research on reactions to pregnancy disclosure, for example, has found that after disclosure to supervisors and co-workers, expecting women are often met with excitement and support; however, co-workers are also worried about how work will be re-distributed and reactions from supervisors are mixed (Halpert & Berg, 1997). In this study, although supervisors were often excited for their employees they also became distant, worried, or hostile towards women, citing that they felt as if the women were abandoning their work, disbelieving that women would return or could keep up with their job requirements, and treating pregnancy as if it "were something that [women] had done to them" (Halpert & Berg, 1997, p. 245). The disclosure interaction and perceptions of supervisors has been identified as a relationship-defining moment that alters how women perceive the supportiveness of their supervisors for up to a year after the disclosure event itself (Little et al., 2017).

Looking across disciplines, research to date has provided rich insights into intent to stay (or leave) the workforce after having children (Ladge, Humberd, & Eddleston, 2017), pregnancy identity management (Greenberg, Clair, & Ladge, 2016), pregnancy as a concealable stigma (Fox & Quinn, 2015; Jones et al., 2013), as well as the relational impact of reactions to pregnancy disclosures (Little et al., 2017). This dissertation contributes to this literature by developing and testing two theoretical models. Each model is tested through a longitudinal study designed to address the broader question of "What are the processes and outcomes of first-time mother's pregnancy disclosures to their supervisors?" (see Figure 1).

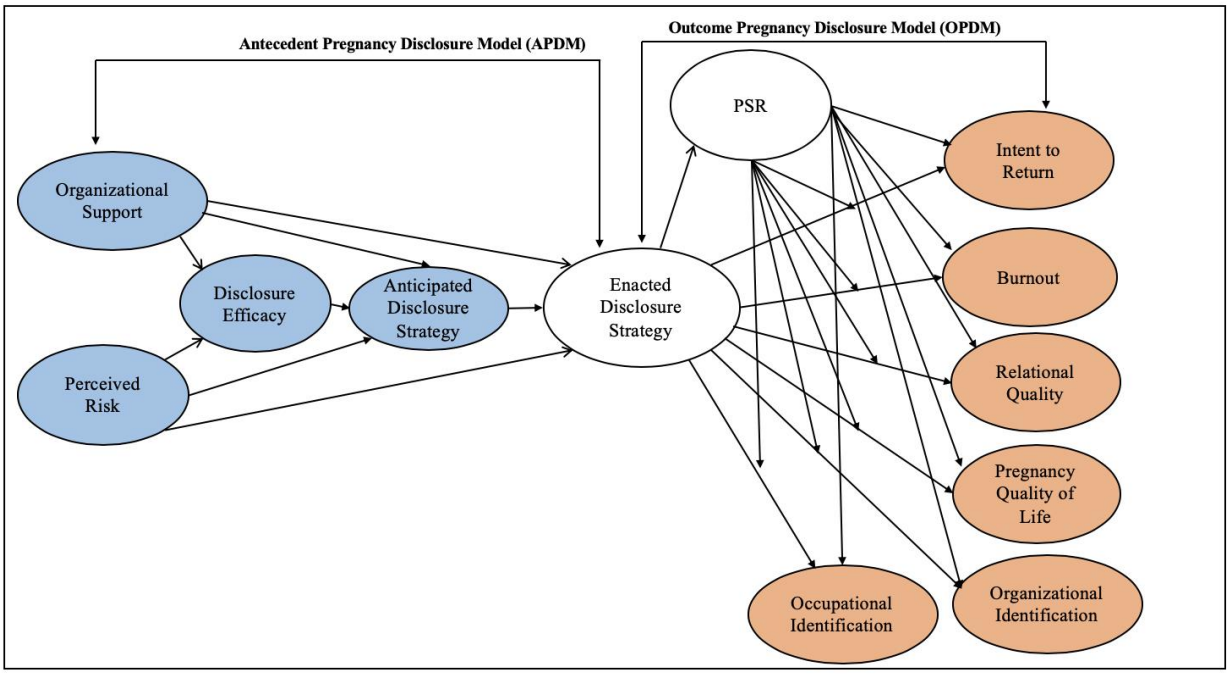

Figure 1: Guiding Research Question, What are the processes, antecedents, and outcomes of first-time mother's pregnancy disclosures to their supervisors?

To address this overarching research question, a pre (T1) and post (T2) pregnancy disclosure longitudinal[1] study was conducted. The Antecedent Pregnancy Disclosure Model (APDM) and the Outcome Pregnancy Disclosure Model (OPDM) draw upon disclosure theories (Afifi & Steuber, 2009; Greene, 2009), the interpersonal process model (Reiss & Shaver, 1988), the concept of behavioral intention from the theory of planned behavior (Aizen 1991), and work-life literatures (Major, 2004) to extend disclosure theorizing through an examination of the interpersonal, relational, and career outcomes associated with expecting mother's disclosure

[1] Note: PSR (Perceived Supervisor Responsiveness); blue constructs (e.g., organizational support, disclosure efficacy) are those that are collected prior to pregnancy disclosures to supervisors, white constructs (i.e., PSR, disclosure strategy) are those collected after women have disclosed their pregnancy to supervisors, while orange constructs (e.g., intent to return, identification) are those that are collected both pre and post disclosure in order to assess the impact of disclosure antecedents, strategies, and PSR after controlling for the pre-disclosure levels of outcomes.

experiences. The APDM is a new theoretical model that identifies both individual-level (e.g., relational support[2]) and structural-level (e.g., structural support[3]) predictors of the types of strategies that women use to disclose their pregnancies while also testing potential mediators (i.e., disclosure efficacy[4] and anticipated disclosure strategies[5]), see Figure 2.

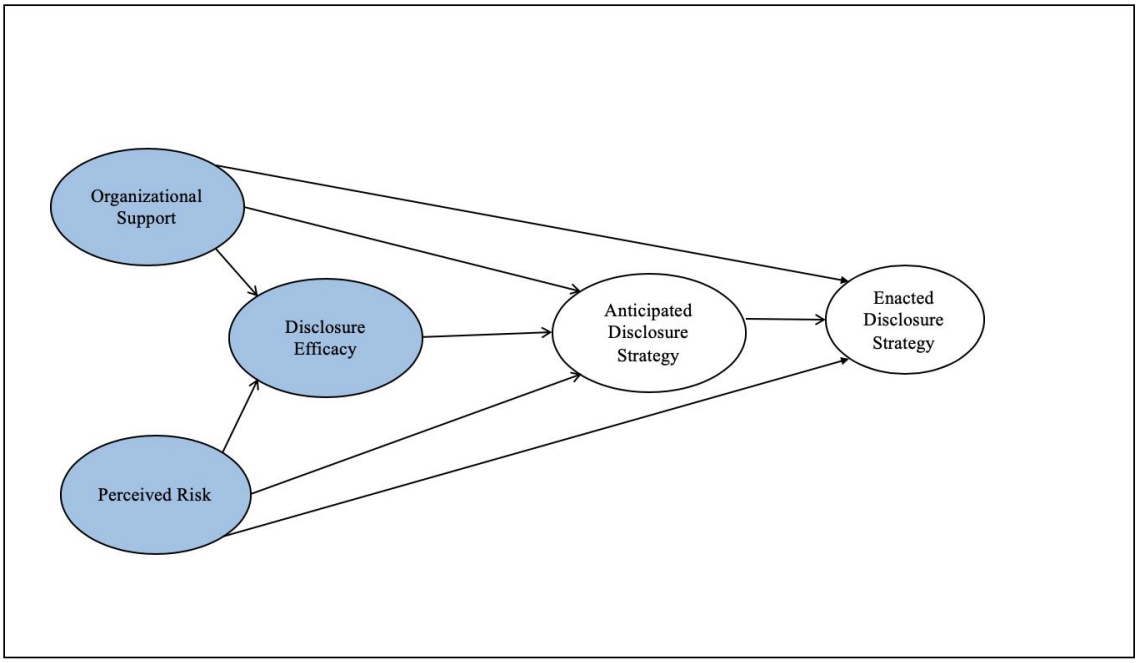

Figure 2:Antecedent Pregnancy Disclosure Model (APDM)

The OPDM builds upon the findings of the APDM by exploring the impact that enacted disclosure strategies had upon expecting women's relational, career, and psychological outcomes

[2] Relational support refers to expecting women's perceptions that they have access to professional, supervisory, and collegial social support in the workplace (Ruiller & Van Der Heijden, 2008). Each time a new concept is introduced (e.g., relational support) it will be accompanied by a conceptual definition. However, readers can also refer to Appendix A which provides an alphabetized list of conceptual definitions for all key terms in this project.
[3] Structural support is a sub-dimension of organizational support that indicates the degree to which individuals feel that organizational policies, ordinances, and rules are effective in protecting them from pregnancy-based discrimination or backlash (Raggins, 2008).
[4] Disclosure efficacy is the degree to which an individual feels they are able to share specific information with a specific target to get their desired outcome (Greene, 2009)
[5] Anticipated disclosure strategy refers to the disclosure strategy (i.e., direct, preparation and rehearsal, indirect, third-party, entrapment, or incremental) that expecting women anticipated using to disclose their pregnancy at T1 (before their actual pregnancy disclosure to their supervisor).

while also testing perceived supervisor responsiveness[6] as a potential moderator and mediator between enacted disclosure strategies and expecting women's outcomes, see Figure 3.

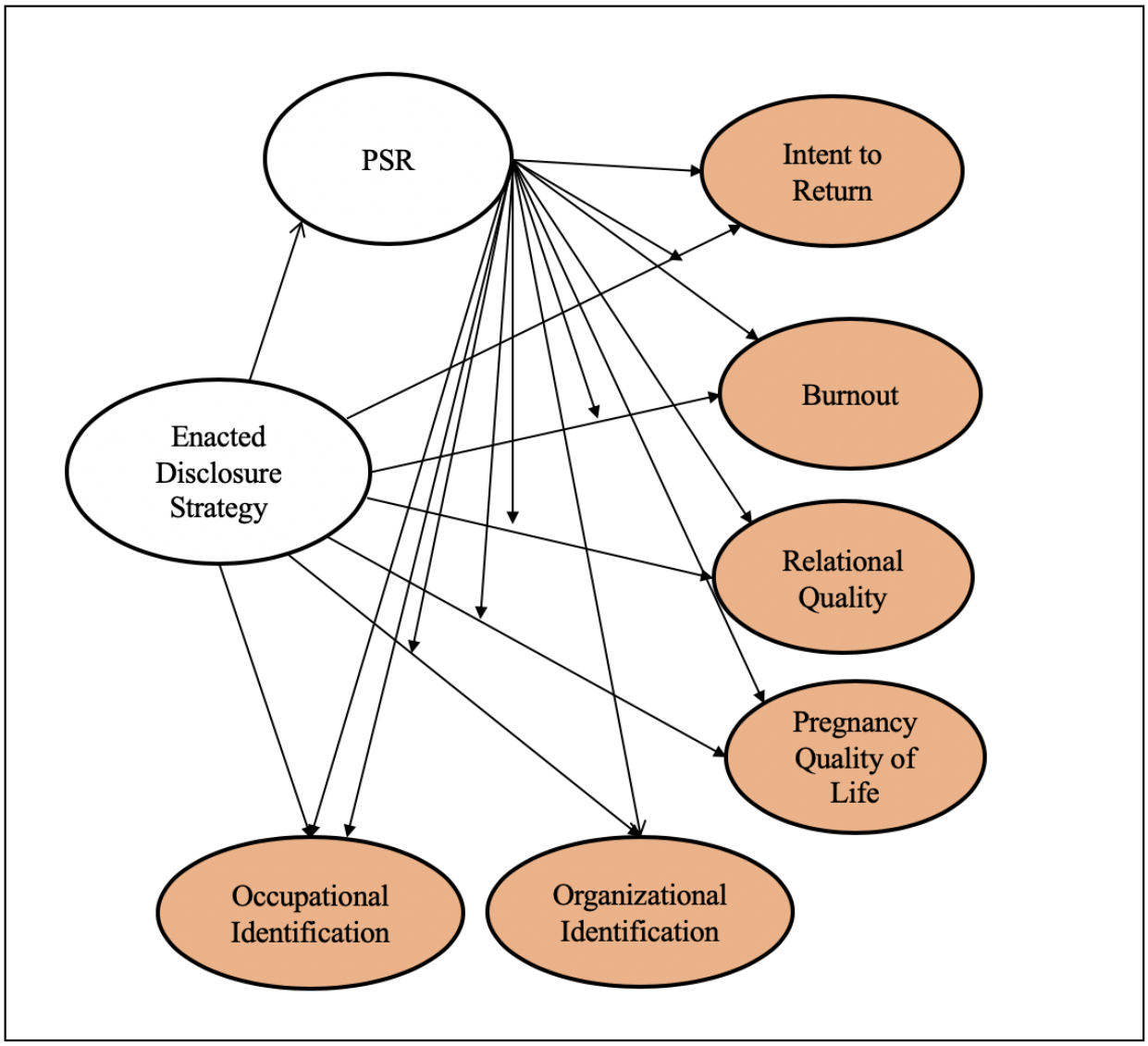

Figure 3:Outcome Pregnancy Disclosure Model (OPDM)

To test the disclosure *process* from antecedent (e.g., organizational support) to outcome (e.g., organizational identification; the extent to which women define themselves in terms of

[6] Perceived supervisor responsiveness refers to the degree to which expecting women's perceive that their supervisor's reaction to the disclosure communicated caring (i.e., showed affection or concern for the discloser), understanding (i.e., accurately captures the disclosers needs and feelings of the discloser), and validation (i.e., confirms that the discloser is valid and accepted as a person; Schuster, Kessler, and Aseltine,1990).

their perceptions of the organization's attributes; Ashforth, Joshi, Anand, & O'Leary-Kelly, 2013) a longitudinal survey design is necessary.

Causal inferences regarding the impact of disclosure strategies on relational and career outcomes require a data collection method that accounts for time (Trafimow, 2015). For example, a two-wave data collection ensures that inferences drawn regarding any changes in organizational identification derive from women's pregnancy disclosure strategies and perceived supervisor responsiveness rather than organizational identification accounting for the strategies that women use to disclose. More specifically, collecting women's reports of their organizational identification both before and after the women's pregnancy disclosure allows me to control for organizational identification at T1. This ensures that any significant associations between expecting women's enacted disclosure strategies at T2 and organizational identification reports at T2 reflect a significant association between the changes in the outcome variable and disclosure strategy use, precluding the possibility that T2 outcomes could instead predict T2 disclosure strategies. Thus, this methodological design creates a frame of reference for the changes seen in outcomes and allows me to determine the degree to which these changes can be accounted for by disclosure antecedents, strategies, and PSR (Pettigrew, 1990).

Overall, expecting mothers' pregnancy disclosure decision-making is an under-examined area of research with implications for expecting women's relational and psychological outcomes and employment. Given the scarcity of research in this area, this dissertation is designed to provide a nuanced examination of women's pregnancy disclosure processes and the potential individual, relational, and career outcomes associated with these experiences. More specifically, research has yet to address (a) how expecting mothers decide how to disclose their pregnancy to supervisors, (b) the strategies expecting mothers use to disclose pregnancy, and (c) the outcomes

associated with specific disclosure strategies. Thus, the purpose of this dissertation is to extend theoretical understandings of the disclosure process by proposing and testing two models of pregnancy disclosure (i.e., APDM and OPDM) that together examine the individual and organizational level antecedents to disclosure, disclosure strategies, and individual, relational, and career outcomes.

To develop the APDM and OPDM, I extend the field theoretically by empirically testing the first disclosure models to (a) incorporate organizational level predictors of disclosure strategy selection (i.e., structural support, see APDM) and (b) examine how specific disclosure strategies are related to a variety of individual, relational, and career outcomes (see OPDM). While extensive research has been dedicated to the examination of how individuals decide *if* they will disclose their private information (e.g., Greene, 2009), how individuals negotiate and manage *privacy boundaries* (Petronio, 2002), and strategies used during the disclosure process (Afifi & Steuber, 2009), these bodies of research have not been connected to empirically test the disclosure process from disclosure antecedents to outcomes within a single study.

Additionally, while current disclosure theorizing acknowledges that expecting mothers may struggle when determining *how* to share news of their pregnancy with their supervisors due to factors such as stigma (Halpert & Berg, 1997), women's selection of disclosure strategies is also likely to be influenced by factors attributed to the organization itself. To date no research has examined (a) how *structural* factors (e.g., organizational structural support, organizational symbolic support) impact disclosure decision-making, (b) the influence of perceived *career* risk on disclosure strategy selection, or (c) how perceived supervisor responsiveness to a pregnancy disclosure impacts an employee's intent to return (i.e., the degree to which expecting mothers anticipate returning to their current employer for the long-term after childbirth).

For example, perceptions of *career risk* (i.e., degree to which expecting mothers anticipate that their pregnancy disclosure will negatively impact their current career status and future career trajectory) are likely to derive from U.S. cultural Discourses that position pregnancy as detrimental to career advancement as well as women's lack of access to childcare and extended maternity leave (Hill, Thomas, English, & Callaway, 2016). However, perceptions of career-based risk may be offset if women perceive high levels of organizational structural support that would protect them from workplace discrimination. Additionally, women who report high levels of relational support may be more likely to disclose their pregnancies to supervisors face-to-face, despite the perceived riskiness of the disclosure, given cultural norms that position third-party disclosures as inappropriate in particular contexts (Catona, Greene, & Magsamen-Conrad, 2010). Thus, the APDM is designed to account for both relational and organizational influences on the disclosure strategy decision-making process. Additionally, findings related to the OPDM may provide insight into how disclosure can alter the relationship between expecting employees and organizations, for better or worse, highlighting interpersonal, relational, and career implications for the disclosure process.

1.3 Preview of Subsequent Chapters

Chapter two contextualizes this study within relevant career and disclosure literature to provide a foundation from which workplace pregnancy disclosures can be understood. After reviewing literature on workplace pregnancy as well as cultural Discourses in the U.S. regarding ideal motherhood and ideal workers, Afifi and Steuber's (2009) risk-revelation model and Reiss and Shaver's (1988) intimacy process model are presented as theoretical frameworks to examine the disclosure process. Afifi and Steuber focus on disclosure antecedents and strategies, whereas

Reiss and Shaver highlight how responses to disclosure may influence outcomes, hence, parts of the antecedent pregnancy disclosure model (APDM) outcome pregnancy disclosure model (OPDM) are introduced and relevant hypotheses are proposed after each model is reviewed. Finally, a synthesis of the current literature is provided to identify the ways in which the proposed dissertation contributes to the current body of research.

Chapter three contains the measures and analytical decisions for the longitudinal study design. This project is designed to address (a) how expecting mothers decide to disclose pregnancy to supervisors, (b) the strategies used to disclose pregnancy, and (c) outcomes associated with specific disclosure strategies. To address these goals, I first provide a rationale for the study design (i.e., longitudinal survey questionnaire) and analytical choices (i.e., structural equation modeling). The participants, eligibility requirements, procedures, and analyses utilized to answer all hypotheses and research questions for the study are also detailed. Chapters four and five review the results associated with the ADPM and OPDM respectively. Finally, chapter six provides a summary of key findings and discusses the theoretical and practical implications of the study before ending with a discussion of the limitations of the project and proposing several avenues for future research.

CHAPTER 2. LITERATURE REVIEW

2.1 Pregnancy and the Workplace

2.1.1. Perceptions of workplace pregnancy and pregnancy discrimination

To better contextualize the dissertation the following section provides a review of workplace pregnancy in the United States. First, research regarding the prevalence of pregnancy-based discrimination in the U.S. is provided. Next, to better understand the origins of negative perceptions of pregnant women in the workplace, ideal parent and ideal worker Discourses are presented as lenses that highlight sociocultural understandings of pregnancy and work in the U.S. Finally, the relational and career implications of workplace pregnancy and organizational (e.g., policy) and individual (e.g., identity management strategies) approaches to manage the workplace pregnancy are reviewed.

While the past 50 years have been marked by a steady increase in the number of first-time mothers who work while pregnant (Gao & Livingston, 2015) and federal laws exist to protect these women from discrimination, women across all ethnicities and industries report experiences of pregnancy-based discrimination (National Partnership for Women & Families, 2016). The Pregnancy Discrimination Act (PDA) was passed in 1978 in an endeavor to ensure that employers treat pregnant employees the same as a sick or temporarily disabled employee, such as by providing expecting women with access to some form of leave and protecting them against firing, demotion, or hiring refusals based on their condition (Equal Employment Opportunity Commission, 2013).

Despite this, over 31,000 cases of pregnancy discrimination were filed between 2011 and 2015 based on allegations of pregnancy-based firing practices (30.6 %), discriminatory

employment conditions (12.1%), harassment (7.2%), and disciplinary action (4.8%) with an additional 650 reported incidences of refusal to provide women with reasonable (e.g., additional bathroom breaks, access to water) workplace accommodations (National Partnership for Women & Families, 2016). Netnographic analysis of popular U.S. and U.K. websites suggests that women are often advised to anticipate hostile reactions to their pregnancy disclosures and suggest that women pre-plan solutions to cover any potential pregnancy related absenteeism; advice predominantly encourages expecting women to acknowledge that their pregnant bodies will result in a 'shock' and concern regarding workplace productivity (Gatrell, 2011). This positions pregnancy at work as a concealable stigmatized identity, an undesirable or deviant identity that is subject to disapproval in the workplace context (Goffman, 1963; Ragins, 2008). It is possible that first-time mothers begin to experience pregnancy-based discrimination after disclosure because it makes them subject to competing cultural Discourses regarding ideal motherhood and ideal workers. Discourse refers to socially and linguistically constructed social scripts that act as structuring principles in the U.S. cultural context. Discourses influence both meaning and subjectivity (e.g., an individual's "sense of [self], including our feelings, thoughts, and orientations;" Alvesson & Karreman, 2000, p. 1131; Ashcraft & Mumby, 2002; Weedon, 1987).

For example, U.S. conceptualizations of the ideal parent have changed over the years. Today, ideal parenthood is rooted in Discourse that prescribes parenting approaches that are "time-intensive… and maternal dependent" (Sperling, 2013, p. 48). The ideal parent is gendered in ways that emphasize the role of the mother as the caretaker of the family while the father is intended to be the wage earner (Munn & Greer, 2015). While the idealized mother is not enacted identically across all women's experiences, the idealized mother's first priority, above all else, is

to serve as the primary caregiver of her children and to engage in child rearing that is "child-centered, expert guided, emotionally absorbing, labor intensive, and financially expensive" (Hayes, 1996, p. 283). The responsibilities of the ideal-mother require that she not only prioritizes child-related duties above all else but also that she engages in child-related work that could easily be characterized as a "full-time" job. Although not all women are able to meet the standards of ideal motherhood (e.g., single mothers, lesbian mothers, disabled mothers; see Clarke 2001; Woollet & Phonex, 1991) societal expectations regarding the behavioral actions of an ideal mother may cause organizational members to evaluate expecting women as less capable of being an ideal worker than before they were aware of their pregnancies.

If an ideal mother requires full-time commitment and prioritization of children, then it exists in inherent contradiction to the needs of the ideal worker. This creates a context in which women are perceived to be unable to fully participate in both ideal parenthood and ideal worker status at the same time. "The ideal worker is – nearly without exception – characterized as male" (Munn & Greer, 2015, p. 21) due to expectations that men are not distracted by childcare demands or commitments while the ideal parent is nearly always conceptualized as female. This sexed separation of ideal worker and ideal parent developed from an ideology that characterized the private sphere as "associated with women and the home, and a public sphere, associated with men, work, and politics" (Davies & Frink, 2014, p. 19).

These competing discourses contribute to the dominant sociocultural context (i.e., the social histories and temporal cultural characteristics of the U.S.) in which women must enact their pregnancy disclosures; thus, it is perhaps unsurprising that pregnant women can be perceived to be undesirable employees and an economic burden on their employers. For example, expecting mothers are often perceived to be less competent and committed to their jobs

than non-parents (Masser, Grass, & Nsic, 2007). At work, women are often subject to stereotypes that position them as either homemakers (e.g., warm but incompetent) or professionals (e.g., competent but cold); during the transition to motherhood colleagues report decreased perceptions of women's competence (i.e., their ability to be a female professional) and increased perceptions of their warmth (i.e., as mothering and nurturing creatures; Cuddy, Fiske, & Glick, 2004). Thus, pregnancy for first-time mothers may act as a catalyst that alters the ways in which women are perceived in the workplace as well as the day-to-day operations of the organization. This shift in perception concerning the working expecting mother can be seen as coworkers and supervisors prepare for the soon-to-be mother's birth or maternity leave (King & Botsford, 2009) and as some women begin to experience workplace discrimination associated with their pregnancy (Jones, 2016).

Not only does pregnancy have implications for women's workplace relational networks, but also it can also impact their career trajectories. For example, women are more likely to be perceived as deserving of a promotion when it is not known that they are pregnant relative to when the pregnancy has been made known (Morgan, Walker, Jones, & King, 2011). Additionally, colleagues perceive women to be less committed to their workplace performance when they are expecting (Gross & Pattinson, 2007). Women are aware of these biases against their professional legitimacy and do their best to downplay the saliency of their pregnancy for fear of discrimination or career-related reprisals (Greenberg, Ladge, & Clair, 2009). These existing stereotypes have been used to position expecting women "as liabilities who are less dependable and more likely to be absent," and often form the foundation of businesses legitimization of firing pregnant employees (Byron, 2010).

Employers cite issues such as poor performance (30%), absenteeism (15%), and employee quitting (i.e., instances in which women do not agree to return to downgraded position after leave) for firing pregnant employees though they often do not begin evaluating women's performance and attendance until *after* women have disclosed their pregnancies (Byron & Roscingo, 2014). As expecting mothers actively work to both manage tensions that arise between their existing professional identities and their emerging mother identities (Greenberg, Clair, & Ladge, 2016) and deal with pregnancy-based discrimination, organizations have also begun examining the ways in which they can tackle the perceived challenge of pregnancy through policy. When organizations incorporate policies that recognize the interconnection between public and private spheres, they can benefit both the employee and the organization. These policies have the potential to benefit employees through stress reduction as well as reduce employee absenteeism, increase retention and recruitment rates, and result in increased employee satisfaction and productivity (Yasbeck, 2004).

Despite the potential positive impact, these policies are not uniformly accessible and are often implemented in ways that do not reach the "everyday" worker. Organization implementation of work-life or work-family policies often prioritizes workers that are perceived to be high performing and high-status (e.g., management) and who often already have access to better benefits, higher income, and greater workplace flexibility in comparison to the larger organization population (Blair-Loy & Wharton, 2002; Kelley & Moen, 2007). Pregnancy-based discrimination experiences are further compounded by socioeconomic status. Despite 40% of U.S. households identifying women as the sole or primary breadwinner, the U.S. is one of 41 nations that does not mandate paid maternity leave (Pew Research Center, 2016) and families

with lower incomes (e.g., $30,000 and below) are more likely to receive no pay than their higher paid and higher status, peers when taking parental leave (Pew Research Center, 2017).

Put simply, expecting women who are at the "bottom rung" of the organization have less access to policies that help them to negotiate their pregnancy at work, increasing the potential of them being perceived negatively compared to "ideal workers" who are unencumbered by children or other parents who have access to assistance (e.g., leave, flexible scheduling) that enables them to more easily meet organizational performance demands. Thus, not only does the announcement of pregnancy pose a potential risk to expecting mother's workplace relationships and career trajectories, but also these risks may be exacerbated for expecting women who already occupy vulnerable organizational positions.

Despite the potential challenges and discrimination that expecting mothers may face, the last several decades have been marked by a rise in the cultural creation of the "'supermom,' women who [have] it all and [do] it all" (Sperling, 2013, p. 67). In order to meet the expectations of the ideal worker, however, these expecting mothers must "work long hours, arrange their outside responsibilities around their paid work, and be willing to relocate or travel as requested" (Kelly, Ammons, Chermack, & Moen, 2010, p. 2). To meet these standards, women engage in behaviors that suggest their pregnancy at work is something for which they must compensate. In an effort to separate themselves from dominant perceptions of "maternal frailty…[assumptions] that they would be ailing and unreliable," some women engage in what Gatrell (2011) conceptualizes as pregnant presenteeism; efforts to present as "well" by hiding illness symptoms and working even when very sick (p. 481). Although expecting women's commitment to attend work is likely motivated by several factors (e.g., financial needs), dominant perceptions of

expecting mothers as less competent and committed than their childless peers (Bernard & Correll, 2010) may make pregnant women feel like they must prove their worth.

Today, 88% of women in the U.S. work into the last trimester of their pregnancies, with 65% working into the last month of their pregnancy (United States Census Bureau, 2011). These behaviors differ from women's workplace behaviors while pregnant in the past. Previously, the majority of women stopped working before their eighth month of pregnancy; today, the majority work well into the last month of their pregnancy, work longer hours, and return sooner after giving childbirth than ever before (Pew Research Center, 2015). Previous research suggests that these changes may be associated with identity management strategies prompted by the pregnancy. Expecting women often attempt to maintain or increase their work pace, avoid asking for accommodations even when needed, and ask for shorter maternity leaves than they are entitled to in an effort to protect their professional identities (Little, Major, Hinojosa, & Nelson, 2015). Thus, given U.S. cultural Discourses regarding ideal parents and ideal workers, the pregnancy disclosure of first-time mothers may prompt shifts in not only how others perceive them (e.g., professional competence), their relationships with the colleagues and their careers, but also their post disclosure behaviors as they attempt to navigate these transitions.

2.1.2. Implications for study

Despite the embodied nature of pregnancy and need to negotiate medical birth absence, negative collegial and organizational perceptions of pregnancy (Masser et al., 2007), and women's experiences with pregnancy discrimination and stigma (National Partnership for Women & Families, 2016), little research has examined how women chose to disclose their pregnancy at work. Pregnancy specific disclosure literature highlights expecting women's professional identity management strategies leading up to and after-disclosure (Jones, 2016;

Little et al., 2015) and supervisor responses to pregnancy disclosures (Byron & Roscingo, 2014; Little et al., 2017). However, as a concealable stigmatized identity, the disclosure of pregnancy opens expecting women up to new career challenges and forms discrimination from which they were previously exempt. While some women can conceal their pregnancies at work for extended periods (Little, 2016), the embodied nature of pregnancy makes it all but inevitable that colleagues and supervisors will eventually learn about the pregnancy.

Given that women are aware of the negative perceptions of workplace pregnancy and pregnant workers in the U.S. sociocultural context, it is likely that when determining how to share the news they consider a variety of factors derived from this context. For example, it is likely that as women consider disclosing their pregnancies at work, they may perceive pregnancy disclosure as a potential risk to their careers. This may be a large concern for expecting first-time mothers given that they report career advancement as a primary goal for their futures (Trump-Steele, Nittrouer, Hebl, & Ashburn-Nardo, 2016). Additionally, given the role of supervisors in promotion and work distribution in organizational decision-making, the potential for pregnancy disclosure to alter or damage expecting women's relationship with their supervisor (i.e., relational risk) may also contribute to how women anticipate, prepare for, and enact their pregnancy disclosures.

This section has contextualized expecting women's disclosure processes within the U.S. sociocultural context to better understand the factors that contribute to their disclosure decision-making processes and outcomes. Next, Afifi and Stebuer's (2009) risk revelation model (RRM) and Reis and Shaver's (1988) interpersonal process model of intimacy are unpacked to: a) outline the development of (a) the APDM antecedents, strategies, mediators, (b) explain the development of the association between disclosure strategies, mediators, moderators and

outcomes in the OPDM, and (c) clarify how the dissertation study and models theoretically extend disclosure and work-life literatures.

2.2 Theoretical Approaches to Pregnancy Disclosure

The APDM and OPDM build upon and extend two existing theoretical frameworks: the risk revelation model (RRM; Afifi & Steuber, 2009) and interpersonal process model of intimacy (IPM, Reiss & Shaver, 1988). The RRM focuses on antecedents to disclosure as well as the strategies that individuals use to disclose; hence, those elements of the APDM that deal with disclosure antecedents and strategies are introduced after the RRM is reviewed. The OPDM highlights how responses to disclosure may influence relational development; hence, elements of the OPDM focused on supervisor responses to and outcomes of disclosure are presented after the interpersonal process model is covered. Finally, the theoretical and practical contributions of both proposed disclosure models are reviewed.

2.2.1. Risk Revelation Model

Afifi and Stueber's (2009) risk revelation model (RRM) was initially developed to (a) explain the predictors of individual's decisions to reveal or conceal secrets and (b) identify strategies used when revealing secrets (see Figure 4). Disclosing secrets differs from the disclosure of information more broadly because secrets are often negatively valenced and purposefully withheld from others due to perceived consequences associated with their revelation (Kelly & McKillop, 1996). The RRM builds upon the fever model (Stiles, Shuster, & Harrigan, 1992) which contends that, while individuals often fear the negative consequences of disclosure, keeping secrets results in psychological distress and it is the relief of this internal burden that motivates the decision to disclose.

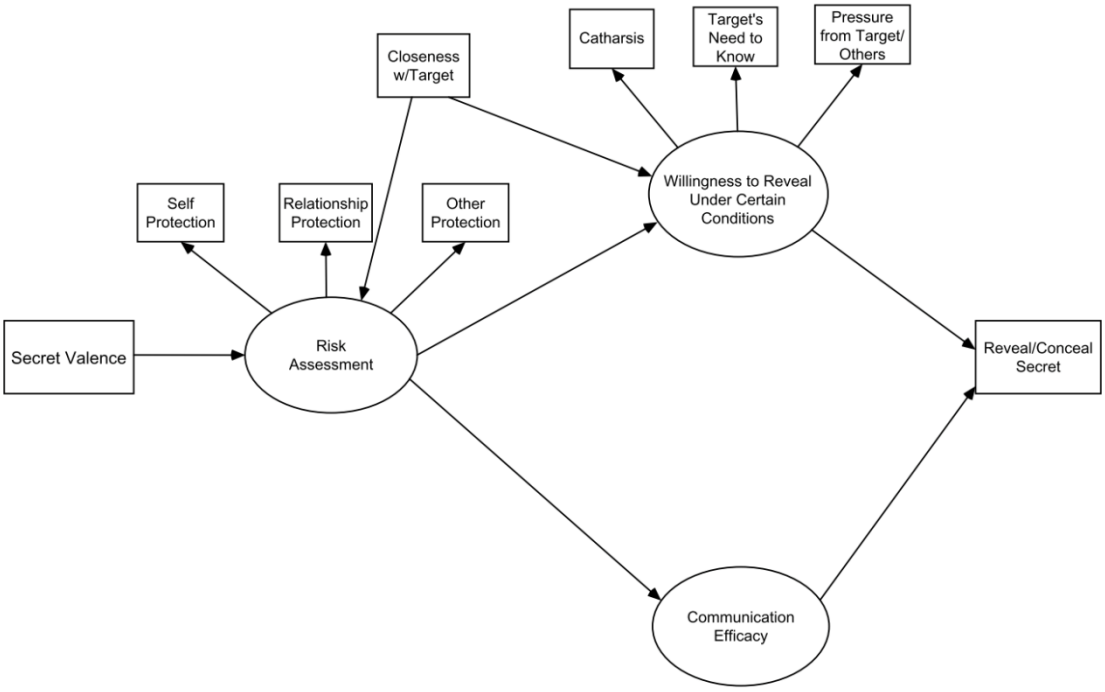

Figure 4:Risk Revelation Model (Afifi & Steuber, 2009)

Thus, the RRM contends that the predictors of an individual's willingness to reveal their private information is a function of catharsis, their closeness to the disclosure recipient, their perception that the person needs to know the information, and pressure from others to disclose the information (Afifi & Steuber, 2009). Catharsis refers to an individual's sense that the disclosure would allow them to get something "off of their chest" as well as the psychological relief that is associated with it. Disclosing a secret, particularly when it receives a positive response, positively predicts individuals coping and health (Pennebaker & Francis, 1996). For example, Jones' (2016) examination of pregnancy disclosures at work found that the degree to which women engaged in concealment behaviors (i.e., avoiding conversation topics that may lead to suspicion of pregnancy, dodging personal questions, speaking in generalities) was positively associated with rates of psychological distress (anxiety and depression).

The fever model would suggest that one reason expecting women would eventually shift from concealment behaviors to disclosure is because disclosure acts as a means to relieve this psychological distress, resulting in positive health and psychological outcomes.

Additionally, decision making regarding who should have access to information often derives from core privacy rules rooted in sociocultural scripts regarding what kind of communication a good relationship should entail (Afifi & Steuber, 2009). Expecting women might be motivated to reveal the secret if they perceive that to be considered a good colleague and worker by others, they must reveal their pregnancy to supervisors or coworkers given their *need to know* about the pregnancy. Perceptions of work colleagues' need to know may derive from potential needs to alter work duties and schedules to accommodate doctor's appointments, birth, and/or maternity leave. Others who know of the pregnancy may also pressure women to share that information (un)intentionally with co-workers or supervisors. However, even in the face of these pressures, individuals may struggle to share that information if they do not have adequate *communication efficacy*, or the perception that they have the ability to talk about a secret (Afifi & Steuber, 2009; Bandura, 1977). Thus, while catharsis, other's need to know, and pressure from others may positively influence the likelihood of disclosure, additional factors exist that may negatively predict individuals' communication efficacy including perceived risks (see Vangelisti, Caughlin, & Timmerman, 2001).

As people consider if and how they will disclose their secrets, they engage in a process of risk assessment which is associated with their communication efficacy; individuals are more likely to reveal information when they feel they have adequate communication efficacy in the face of perceived risks (Afifi & Steuber, 2009). To determine the degree of risk associated with disclosing information, people take into account the valence of the secret and their motives to

protect themselves, their relationships, and others. *Secret valence* refers to how negative or positive the information is perceived to be; secrets considered to be more negative in nature are likely to pose a significant risk which is why some people never intend to reveal a secret unless they are forced or directly confronted. *Self-protection* motives refer to an individual's need to avoid or protect themselves from the judgment, ridicule, harm, embarrassment or exposure (Afifi & Guerro, 2000) that might result from the disclosure.

Relatedly, *relational protection* motives refer to an individual's desire to restrict the privacy boundaries (see Petronio, 2002) of the secret in order to prevent relational harm or protect an existing bond with another person, while *other protection* motives reflect a concern regarding the impact the disclosure would have on third parties should the secret be revealed (Afifi & Schrodt, 2003; Afifi & Steuber, 2009). For example, Medley, Garcia-Moreno, Gill, and Maman (2004) found that in the disclosure of HIV women experienced barriers associated with fear of abandonment, rejection, discrimination, violence, upset family members, and accusations of infidelity. These barriers reflect risks associated with self-protection motives (i.e., embarrassment, rejection, discrimination) and other protection motives (e.g., upset family members) that are taken into account when women determine whether they are willing to disclose their HIV status.

In some cases, relational and other protection motives are as salient, if not more salient, than self-protection motives. For example, Steuber and Solomon (2011) utilized the RRM to examine disclosure of infertility in married couples. Wives were more likely to refrain from disclosing infertility in cases of male-factor infertility than in cases of female-factor infertility (Steuber & Solomon, 2011). These results suggest that women's desire to protect their husband's self-identities (e.g., partner-protection movies) were influential in their disclosure decision making

more-so than their own self-protective motives instances of infertility. Thus, even when individuals may feel that disclosing their secrets may not subject them to stigma, the desire to protect others and their relationships from stigma-based discrimination may increase their perception of the riskiness of the disclosure, negatively impacting women's perception of their communication efficacy.

In addition to highlighting factors that influence disclosure decision-making and communication efficacy, the RRM identifies six dominant disclosure strategies through which individuals are likely to share their private information. *Direct disclosures* are strategies that are face-to-face, often initiated by the individual, or that occur when the secret is revealed in response to a direct question (Afifi & Steuber, 2009). Direct disclosures are more likely to occur as relational closeness increases (Afifi & Steuber, 2009). *Preparation and rehearsal* strategies are characterized by individuals' use of planning and practicing the disclosure. This parallels pre-planned disclosure (Manning, 2014) and practicing (Catona, Greene, & Magsamen-Conrad, 2015) in which individuals often devise scripts and plan out how to respond to anticipated comments others might make.

Third-party revelations, or third-party disclosures, represent a strategy in which another person shares the private information on behalf of the discloser (Afifi & Steuber, 2009). For example, in a study of LGB disclosures to health care providers, Venetis et al. (2016) suggest that these disclosures can occur verbally (e.g., a romantic partner states the person's orientation) or nonverbally (e.g., if romantic partners come to the doctor's appointment and engage in intimate nonverbal behaviors such as handholding in front of the medical professional). Research has presented contradictory findings regarding the predictors of third-party disclosure strategies. While Afifi and Steuber (2009) found that third party revelations were negatively associated with

communication efficacy, additional research has identified non-significant relationships between communication efficacy and third-party disclosures (see Venetis, Chernichky-Karcher, & Gettings, 2017). That lower levels of disclosure efficacy have been associated with higher use of this strategy may be associated with the factors that make people feel less capable of sharing their information. For example, individuals are often motivated to use third-party revelations as a means to avoid the recipients' anticipated negative reaction to the disclosure (Greene & Magsamen-Conrad, 2010).

However, the third-party strategy is used sparingly because it is associated with a loss of control over the dissemination of the information (e.g., permeability and ownership of the privacy boundary, see Petronio & Bantz, 1991). For example, a woman may not plan to use third-party disclosures to tell her supervisor that she is expecting. However, if she shares information of her pregnancy with a close colleague before telling her supervisor it is possible that the information may reach the supervisor before the woman is able to speak with the supervisor directly. Thus, non-significant associations between disclosure efficacy and third-party revelations may be a result of a loss of privacy control rather than a reflection of women's decreased perception of their ability to talk with their supervisor about their condition.

Incremental disclosures occur as individuals begin to share bits of information about the secret at a time, testing the water to determine how the person responds to each component before moving forward to tell them the entirety of the information. For example, in LGB interactions with health providers, individuals reported that they were often not comfortable to come out abruptly ("I'm a lesbian") but instead opted to use indirect approaches and language choices that indicated their sexuality (e.g., partner pronouns; Venetis et. al, 2016, p. 7).

In the context of pregnancy disclosure, incremental disclosures may take the form of expecting women hinting about their interest in one day being a parent to see how their supervisor reacts before moving forward with the actual pregnancy disclosure. Incremental disclosures have been negatively associated with communication efficacy and positively associated with perceptions of risk; individuals who feel less capable to disclose this information and perceive the disclosure as being a higher risk to themselves and their relationships are more likely to use this disclosure strategy (Afifi & Steuber, 2009; Venetis et al., 2017). Incremental disclosures are similar to the stigmatized identity management process of *signaling*. During signaling, individuals test the waters, drop hints, and provide clues (Clair, Beatty, & Maclean, 2005) and in the context of pregnancy disclosures women are have been found more likely to use signaling (i.e., incremental disclosures) when they perceive themselves to have a moderate to high risk of pregnancy-based discrimination (Jones, 2016).

The fifth disclosure strategy, ***entrapment,*** occurs when individuals blurt out their secret in the heat of the moment (often conceptualized as occurring during conflict) or are backed into a corner by inquiries from others. For examples, instances in which women are asked about illness at work (e.g., morning sickness) or the need to schedule doctor's appointments (e.g., pre-natal checks ups) may force women to share the news of their pregnancies in order to field an onslaught of queries regarding perceived anomalies in their behaviors. Studies suggest that people are more likely to experience entrapment strategies when the secret is perceived to be negatively valenced (Afifi & Steuber, 2009) and that entrapment is negatively predicted by relational closeness (Venetis et al., 2017).

Additionally, a study on the disclosure of mental illness among college students (Venetis et al., 2017) found that the impact of information assessment (i.e., symptoms, stigma, see Greene,

2009) on the use of entrapment was partially mediated by disclosure efficacy. Specifically, higher levels of information assessment were associated with decreased communication efficacy which was in turn associated with greater use of this disclosure strategy. This suggests that in the context of pregnancy, disclosure perceptions of risk and stigma are likely to be associated with decreased disclosure efficacy and thus increased use of this disclosure strategy as expecting women disclose this information in contexts in which when they are cornered and perceive the disclosure process to put them at risk of stigma.

Finally**,** *indirect disclosures* are done through non-face-to-face channels such as telephone, email, mail, and texting. The risker the information is perceived to be, the more likely individuals are to use indirect disclosures (Afifi & Steuber, 2009). In their study on the disclosure of mental illness, Venetis et al. (2017) found that indirect disclosures were negatively associated with disclosure efficacy. Once again, disclosure efficacy partially mediated the relationship use of indirect disclosures and information assessment strategy such that information assessment is negatively associated with disclosure efficacy, which is in turn associated with higher usage of this strategy.

Extant research utilizing the RMM highlights the association that exists between disclosure antecedents (e.g., catharsis, protection motives, relational closeness), disclosure efficacy, and how individuals choose to share their secrets with specific others. Drawing on this body of research, the components of the proposed antecedent pregnancy disclosure model (see Figure 5) associated with the predictors of disclosure strategy selection are presented.

2.2.1.1. Developing the Antecedent Pregnancy Disclosure Model (APDM)

Disclosure is an active and goal driven process through which individuals (e.g., pregnant women) share specific information with specific others (e.g., supervisors; Greene, 2009;

Omarzu, 2000). As is made clear by the RRM, disclosures are enacted through a variety of strategies that exist on a spectrum of direct (i.e., strategies that are interactive, verbal, and immediate in nature; ones in which the discloser initiates the disclosure or responds with disclosure within a conversational context) to indirect (i.e., strategies that are asynchronous, delivered through other individuals; Afifi & Steuber, 2009).

In addition to the factors highlighted by the RRM, behavioral intention research suggests that women's *intent* to use a specific disclosure strategy (i.e., their anticipation of using a strategy before the actual disclosure event) should be associated with expecting women's actual enactment of these strategies at T2. For example, the theory of planned behavior (TPB) contends that the most proximal predictors of an individual's engagement in a behavior are intentions to engage in behavior and perceived behavior control (PCB; Ajzen, 1991). Behavioral intent in this context is a reflection of the motivations one has to engage in the behavior while PCB is comparable to an individual's disclosure efficacy (i.e., perceptions of how capable one is of engaging in a behavior due to its perceived ease or difficulty). Often engaged in health and health-intervention research (Hutchinson et al., 2003; Moan, 2005), behavioral intent literature suggests that expecting women's perceptions of organizational support and risk may contribute to expecting women's behavioral intention (i.e., their anticipated disclosure strategy) by influencing their attitudes towards the disclosure experience; these anticipated disclosure strategies in turn are likely to be associated with the specific strategies that expecting women engage at T2.

The antecedent model of pregnancy disclosure (APDM) assesses the associations between disclosure decision making (i.e., disclosure antecedents), mediators, and specific disclosure strategies (see Figure 5). Drawing from disclosure and pregnancy-discrimination literatures, the

proposed model tests hypotheses that organizational support and perceived risk will impact the disclosure strategy expecting women select vis-à-vis their disclosure efficacy and anticipated disclosure strategies.

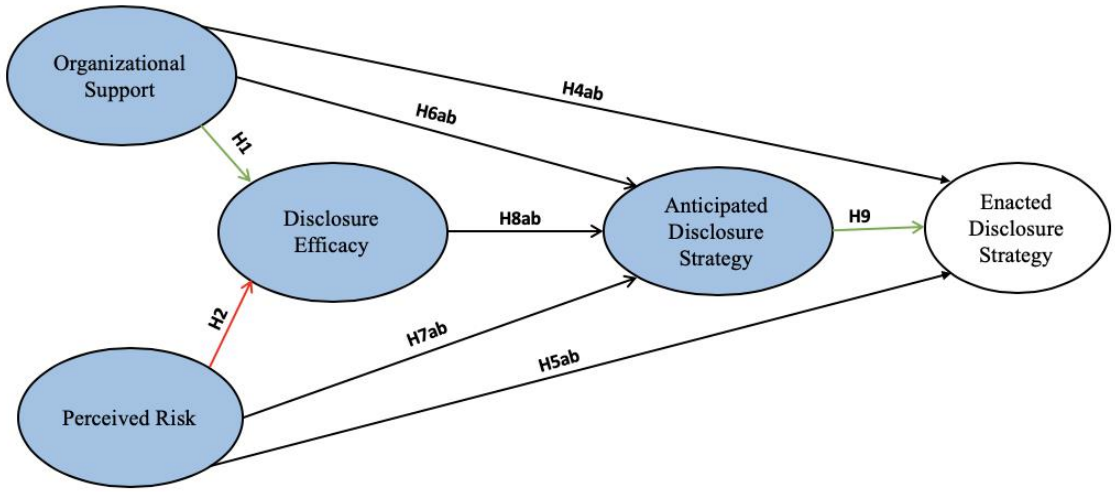

Figure 5:Hypotheses for the Antecedent Pregnancy Disclosure Model (APDM)

Note: Red paths indicate predicted negative associations while green paths indicate predicted positive associations; Black paths indicate predicted associations that are either negative or positive depending upon disclosure strategy; H3ab, H10ab, H11, and H12ab are not pictured in the model but predict mediation between antecedents and enacted disclosure strategies; Blue constructs (e.g., organizational support, perceived risk, disclosure efficacy, anticipated disclosure strategy) are those that are collected prior to pregnancy disclosures to supervisors, white constructs (i.e., enacted disclosure strategy) are those collected after women have disclosed their pregnancy to supervisors.

Drawing from the RRM and work-life literatures, I propose that support and risk are two key predictors of disclosure strategy selection. Within the APDM, organizational support (i.e. perceptions of structural, relational, and symbolic support) and perceived (self, relational, and

career) risk are associated with individual's disclosure strategy selection though both disclosure efficacy and anticipated disclosure strategies. While previous disclosure research has established positive associations between factors such as relational support and disclosure efficacy (Afifi & Steuber, 2009) little research has been done to account for how perceptions of structural (e.g., organizational) factors may influence the disclosure process.

When individuals disclose their pregnancy in the workplace they do so within a particular sociocultural context; thus, the organization itself can be a site through which expecting women feel that they receive social support on both institutional and relational levels. Given this, the APDM suggests that when disclosing their pregnancies to supervisors, the perceived level of organizational support influences women's disclosure efficacy and thus the way they choose to enact their disclosures. In this context, the APDM suggests that first-time mothers who report higher levels of *organizational support* are those that feel that they work in a context in which they have access to structural, relational, and symbolic support.

Structural support may take the form of organizational policies, ordinances, and rules designed to protect stigmatized groups from discrimination or backlash in the face of disclosures (Raggins, 2008). This is particularly important for women planning to disclose their pregnancy given that workplace pregnancies have been likened to a disability (Buzzanell & Liu, 2005) and are often thought of as a stigmatized identity (Jones, 2016). However, the mere presence of policies intended to defend against pregnancy discrimination is not enough to indicate high levels of structural support. Individuals engage in their own processes of policy knowledge construction (Canary, 2010) that may reflect the degree to which they perceive these policies as effective in actually protecting them against negative consequences. Ryan and Kossek (2008) found that individuals often receive backlash for using family leave policies that are available to

them. This backlash typically derives from supervisors and colleagues, suggesting that while organizations have policies in place that are intended to help protect expecting women from pregnancy-based discrimination, coworker discourse may act as "a system of control" over policy utilization that exposes women to day-to-day resentment (Kirby & Krone, 2002, p. 22). Thus, structural support is likely assessed by women not only in the existence of these institutionalized policies but in their perception of their ability to use these policies and the potential of these policies to protect them against backlash after their pregnancy disclosure.

While organizational structural support is an unexamined antecedent of disclosure, the impact of relational support on disclosure is well documented (Afifi & Steuber, 2009; Greene, 2009; Vangelisit & Caughlin, 1996). Within the context of the proposed study *relational support* takes the form of existing close relationships with supervisors and colleagues within the organization in which pregnant women have a strong sense of intimacy and trust. Collegial subordinate-supervisor relationships that are characterized by high levels of relational support are likely to positively predict the willingness to disclose, given previous research regarding the associations between friend and family relational support and increases in disclosure efficacy (Greene, 2009). Thus, it is possible, particularly in the instance of important life events such as pregnancy, that expecting mothers may be even more motivated to disclose information when they have a close relationship characterized by high levels of relational support with the other person. The presence of positive sources of relational support (e.g., close and trusting relationships) within the organizational context may increase expecting mothers' perceptions that they will have social support sources in the workplace after pregnancy disclosure.

In addition to structural support (i.e., organizational policy) and relational support (i.e., close/positive relationships), *symbolic support* (i.e., the presence of organizational symbols and

practices that support the stigmatized identity; Ragins, 2008) may also positively contribute to pregnant women's perception of overall organizational support. Symbolic support can take the form of company organized events (e.g., child friendly events, mentoring programs for new parents, sharing prenatal resources) and symbols (e.g., positive pregnancy announcement emails, presence of family photos, designated areas for breastfeeding) that boost the perception that children and pregnancy are welcome in the workplace. Overall, I propose that these three dimensions of organizational support (structural, relational, symbolic) will positively predict individual's disclosure efficacy as they increase expecting mothers' perceptions that they are disclosing within a context in which they have access to, and use of, support on institutional as well as relational levels.

H1: Organizational support will be positively associated with disclosure efficacy.

However, while organizational support may increase disclosure efficacy, there are also contextual factors that may negatively impact expecting mothers' perceptions of their ability to share the news of pregnancy in the workplace. Afifi and Steuber (2009) identified risk as a negative predictor of an individual's likelihood to use certain disclosure strategies (e.g., direct) and included dimensions of personal protection, other protection, and relational protection as motives individuals may have for concealing secrets. Drawing from the RRM, I re-conceptualize two of the predictors of disclosure strategy selection (i.e., self-protection and other- protection) and add in the proposed dimension of career-risk to assess the impact of *perceived risk* (i.e., self-risk, relational risk, and career risk) within the APDM. Thus, perceived risk represents women's perception that pregnancy disclosure may negatively impact them personally, relationally, or that disclosure may negatively impact their careers. Given existing literatures I argue that this perceived risk will negatively predict women's disclosure efficacy.

To discern the risk that pregnancy disclosures may pose, expecting women are likely to assess the risk as it pertains to their personal, relational, and professional selves. *Self-risk* refers to the degree to which expecting women perceive that their pregnancy disclosure is likely to result in discrimination, humiliation, embarrassment, or other face threats (Afifi & Guerrero, 2000). In contrast, *relational risk* refers to the degree to which expecting women perceive that their pregnancy disclosure may negatively impact their existing relationships with their co-workers and/or supervisors (Afifi & Steuber, 2009), while *career risk* refers to expecting mothers' perceptions that their pregnancy disclosure may negatively impact their current career status and future career trajectory.

The career dimension of risk has not been conceptualized within disclosure models to date as a potential decision-making antecedent. However, given that women, particularly in team oriented and competitive occupations, are perceived as less reliable and committed to their work after announcing pregnancy (Yu & Kuo, 2017), and are perceived as less deserving of promotion after colleagues learn of their pregnancy across occupations (Morgan et al., 2000), this may be a significant contributor to overall perceptions of risk. To determine the perceived career risk that pregnancy disclosure may represent, expecting mothers may draw upon their observations of organizational responses to pregnancy disclosures in the past. Women often develop a sense of how challenging the intersection of motherhood and work will be by seeing how other pregnant women and working mothers have managed their own careers (Ladge, Clair, & Greenberg, 2012). Thus, individuals who have higher perceptions of self, relational, and career risks are likely to experience decreased levels of disclosure efficacy.

H2: Perceived risk will be negatively associated with disclosure efficacy.

Next, the disclosure strategies identified through RRM are examined to provide a rationale for how expecting women may decide upon and enact their pregnancy disclosures to supervisors given their perceived risks, support, and levels of disclosure efficacy.

2.2.1.3 APDM: Associations Between Antecedents and Disclosure Strategies

The RRM identifies six dominant disclosure strategies through which individuals are likely to share their private information: (a) directness, (b) preparation and rehearsal, (c) incremental, (d) third-party disclosures, (e) entrapment, and (f) indirect disclosures. Existing literature suggests that perceived risk and perceived support are likely to influence expecting women's enactment specific disclosure strategies. For example, given associations between perceived risk, perceived support, and disclosure efficacy, pregnant women who report higher levels of disclosure efficacy may be likely anticipate using and use *direct disclosures*. Pregnant women who feel that they are capable of sharing the news of their pregnancy with their supervisor and know what to say may be more likely to select direct approaches to disclosure; indeed, levels of disclosure efficacy have been inversely associated with perceived risk and positively associated with relational closeness (Afifi & Steuber, 2009). This suggests that expecting women who perceive that they have (structural, symbolic, and relational) support at the workplace and decreased levels of (self, relational, and career) risk are more likely to engage in disclosures that are verbal and immediate. Thus, I hypothesize that

H4a: Organizational support will be positively associated with the direct disclosure strategy.

H5a: Perceived risk will be negatively associated with the direct disclosure strategy.

Additionally, while there is a rich body of literature that explores the influence of a variety of predictors on the disclosure decision making process, little research has explored the role

disclosure strategy intention in the disclosure process. When examining the associations between perceived risk, organizational support, and the enactment of disclosure strategies it is likely that support and risk constructs will predict women's *anticipation* of using specific disclosure strategies use as well. Given that perceptions of risk and support are likely to influence expecting women's attitudes towards disclosure (e.g., the degree to which they feel positively or negatively about the pregnancy disclosure itself; Ajzen 1991), this suggests that risk and support may be predictors not only for disclosure efficacy but for the intent to use specific disclosure strategies (e.g., anticipated direct disclosure). Thus, I hypothesize that

H6a: Organizational support will be positively associated with *anticipated* direct disclosure.

H7a: Perceived risk will be negatively associated with *anticipated* direct disclosure.

In contrast, *preparation and rehearsal* strategies are positively associated with risk assessment (and thus decreased levels of communication efficacy), such that the higher the risk the more likely individuals are to use planning and preparation disclosures (Afifi & Steuber, 2009). This suggests that expecting women who perceive higher levels of self, relational, and career risks associated with their pregnancy disclosures are more likely to use a planning and preparation disclosure strategy. For example, expecting women can test the disclosure process by revealing their pregnancy to a third party outside of work as a means to develop and revise a script for revealing this information to their supervisors.

Third-party revelations (e.g., having a colleague share news of their pregnancy with their supervisor), *incremental disclosures* (e.g., dropping hints about children and pregnancy), *entrapment disclosures* (e.g., having to disclose pregnancy in order to field queries regarding sickness or missed work), and *indirect disclosures* (e.g., texting one's supervisor to disclose the

pregnancy) have also been associated with increased perceptions of risk, decreased perceptions of relational closeness, and diminished communication efficacy (Afifi & Steuber, 2009; Venetis et al., 2017). Given existing literature regarding the predictors of these disclosure strategies, I propose the following hypotheses regarding the associations between organizational support, perceived risk, and anticipated and enacted disclosure strategies:

H4b: Organizational support will be negatively associated with preparation and rehearsal, third-party, incremental, entrapment, and indirect disclosure strategies.

H5b: Perceived risk will be positively associated with preparation and rehearsal, third-party, incremental, entrapment, and indirect disclosure strategies.

H6b: Organizational support will be negatively associated with *anticipated* preparation and rehearsal, third-party, incremental, entrapment, and indirect disclosure strategies.

H7b: Perceived risk will be positively associated with *anticipated* preparation and rehearsal, third-party, incremental, entrapment, and indirect disclosure strategies.

While the APDM hypothesizes associations between disclosure antecedents and the enactment of specific disclosure strategies it is likely that these effects may in part derive from their association with both disclosure efficacy and anticipated disclosure strategies. Disclosure efficacy is a well-documented contributor to an individual's decision to disclose (Greene & Magsamen-Conrad, 2010) as well as the use of particular disclosure strategies (Venetis et al., 2017). Additionally, behavioral intention literature positions intention as a proximal predictor of one's engagement in a particular behavior.

This suggests that both disclosure efficacy and anticipated disclosure strategies may mechanisms through which antecedents influence the specific disclosure strategies that expecting women enact to tell their supervisors that they are pregnant. Thus, in the context of the APDM,

perceived organizational (structural, relational, and symbolic) support and (self, relational, career, stigma) risk are likely to impact expecting women's disclosure strategy selection through their influence on women's disclosure efficacy, which in turn is associated with the strategies that expecting women anticipate, and ultimately use to disclose their pregnancies to their supervisors. For example, expecting women who perceive low organizational support (e.g., that their organizational policies will not protect them from pregnancy-based discrimination, that they do not have access to relational support from their supervisors and colleagues, and that their organizations are unwelcoming towards parents) and high risk (e.g., perceptions that disclosing their pregnancies would negatively impact their relationship with their supervisor and their career) may feel less capable of initiating the disclosure process or that they do not know what to say when disclosing their pregnancy (i.e., decreased levels of disclosure efficacy).

Given that this perceived lack of support and the riskiness of the disclosure makes them feel less capable, before these women actually disclose to their supervisors they may be more likely anticipate that they will use indirect (e.g., email, phone, texting) disclosure strategies rather than more direct (e.g., face-to-face, verbally interactive, immediate) disclosure strategies which is in turn associated with the actually use of less direct disclosure. Drawing upon previous literature regarding the associations between similar disclosure antecedents and disclosure efficacy, literature regarding the association between behavioral intention and enactment, as well as research regarding the association between disclosure efficacy and disclosure strategies, I hypothesize that:

> **H3**: Disclosure efficacy will mediate the relationship between *anticipated* disclosure strategies and (a) organizational support and (b) perceived risk.

H8ab: Disclosure efficacy will be (a) positively associated with anticipated use of direct disclosure and (b) negatively associated with anticipated use of preparation and rehearsal, third-party, incremental, entrapment, and indirect disclosure strategies.

H9: Anticipated disclosure strategy will be positively associated with actual disclosure strategy.

H10ab: *Anticipated* disclosure strategies will mediate the relationship between (a) organizational support and (b) perceived risk and the actual disclosure strategy enacted.

H11: *Anticipated* disclosure strategies will mediate the relationship between disclosure efficacy and enacted disclosure strategies.

H12ab: Disclosure efficacy and anticipated disclosure strategies will serially mediate the relationship between (a) organizational support and (b) perceived risk and enacted disclosure strategies.

These six disclosure strategies (preparation and rehearsal, directness, third party, incremental, entrapment, and indirect disclosure) represent the dominant body of research in terms of how stigmatized personal information or family secrets are disclosed. However, gaps in the literature are in current need of examination. For example, very little empirical research to date has focused on looking at the associations between the specific disclosure strategies used and potential psychological and relational outcomes (for an exception, see Steuber & High, 2015). In addition, only a small portion of disclosure strategy studies utilize longitudinal data, limiting the conclusions one can draw about disclosure strategies and their outcomes. In the case of Steuber and High's (2015) cross-sectional study of infertility disclosures among women, for example, it is unclear if the association between increased quality of life and the use of direct and indirect disclosure strategies occurs because the increased perception of support yields these disclosure

strategies or if the use of these disclosure strategies is more effective in eliciting quality support. A similar critique can be made regarding their negative findings associated with the use of entrapment and indirect disclosure strategies.

To further refine the examination of the processes and outcomes associated with pregnancy disclosure, I next review and conceptualize perceived supervisor responsiveness (Reis & Shaver, 1988) into the OPDM; highlighting the interactive nature of the disclosure process as a factor that may both qualify the association between disclosure strategies and outcomes and serve as the mechanism through which disclosure strategies impact relational, psychological, and career outcomes.

2.2.2 Interpersonal Process Model of Intimacy

I have thus far proposed that expecting women's perceptions of organizational support and perceived risk influence their disclosure strategies, and that the influence of these constructs is likely mediated through disclosure efficacy and anticipated disclosure strategies. I hypothesize that mothers who decide to directly share news of their pregnancy to a supervisor in a face-to-face meeting, for example, are likely to have higher levels of disclosure efficacy which positively predicted their plans to, and eventual enactment of, direct disclosure strategies. However, to assess the outcomes associated with expecting women's disclosure processes, the dyadic nature of disclosure requires examining the responsiveness of the disclosure recipient (i.e., supervisors).

Reis and Shaver's (1988) interpersonal process model examines the conditions under which disclosures can contribute to the development of intimate relationships (see Figure 6). Reis and Shaver (1988) argue that intimacy is not "a state to be attained" but a process that occurs between two people; the theory developed upon the premise that intimacy is a dynamic interpersonal and interactive process characterized by specific communicative and emotional

features (e.g., disclosure, perceived partner responsiveness; pp. 370-371). Each person in an interaction (e.g., persons "A" and "B," see Figure 4) have their own *motives* (e.g., to share affection, seek guidance), *fears* (e.g., of reprisal, loss of informational control), and *goals* (e.g., to be validated) that act as interpretive filters which influence how both individuals understand the information exchanged during the disclosure process. However, when individuals disclose information about themselves it is the reaction of their partner (i.e., perceived partner responsiveness) that can serve to enhance feelings of connection and closeness (Reis & Shaver, 1988).

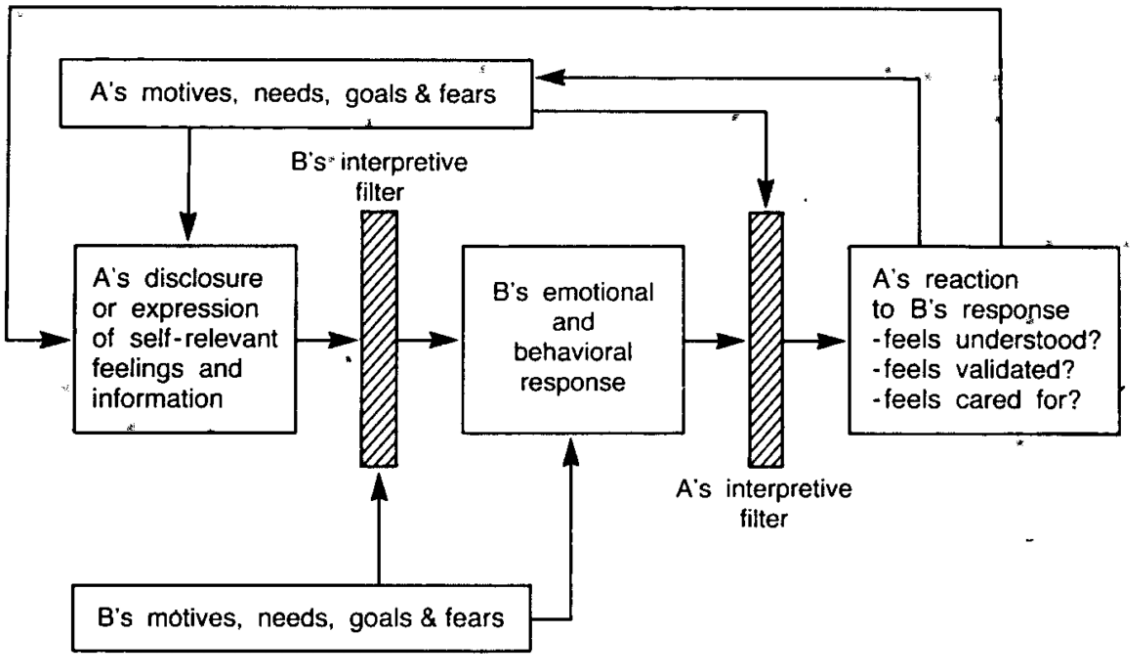

Figure 6:Interpersonal Process Model of Intimacy (Reis & Shaver, 1988)

Perceived partner responsiveness is "a process by which individuals come to believe that relationship partners both attend to and react supportively to central, core defining features of the self" (Reis, Clark, & Holmes, 2004, p. 203). Research utilizing the interpersonal process model of intimacy suggests that disclosure itself does not result in the immediate development of

positive relational outcomes. Thus, the benefits of disclosure are deeply rooted not in the act of disclosure but in the reaction of the disclosure recipient (Reiss & Shaver, 1988). In a study on intimacy in marriage, for example, results indicated that perceptions that one's spouse was *responsive* to a disclosure positively predicted relational intimacy above and beyond the disclosure itself; while more positive effects occurred for women than men, responsiveness predicted positive relational outcomes for both sexes that extended above and beyond the simple exchange of disclosure (Laurenceau, Barett, & Rovine, 2005). The influence of perceived partner responsiveness has also been established in the examination of intergroup friendships. For example, Shelton, Trail, West, and Bergsieker's (2010) examination of interracial (African-American and Caucasian) friendships indicated that these relationships where characterized by higher levels of intimacy and disclosure when parties felt that their partner was responsive to the information they shared with their friend.

An interaction partner is perceived as being responsive when their verbal and non-verbal behaviors are understood as indicating *caring*, (i.e., concern for the discloser), *understanding* (i.e., comprehension of the discloser's thoughts, feelings, and perceptions of the situation brought to bear), and *validation* (i.e., as expressing support for and validating the discloser's position; Laurenceau, Barrett, & Pietromonaco, 1998; Reis & Shaver, 1988). Thus, in the context of interracial friendships, African-American individuals reported higher levels of intimacy with out-group friends (i.e., friends who did not share the same race) when their partner responded in ways that were responsive (e.g., indicated they were aware of racial issues and communicated caring, and validation of their friend's experiences; Shelton, Trail, West & Bergsieker, 2010). Perceived partner responsiveness highlights how the interactive and dyadic nature of the disclosure process (e.g., disclosure, response, interpretation) provides a space through which

disclosure can result in positive relational outcomes such as intimacy. In the context of pregnancy disclosures to supervisors, the salience of personal, relational, and career contexts may create the potential for disclosure to influence a variety of outcomes for expecting women.

2.2.3. OPDM: Psychological, Relational and Career Outcomes of the Disclosure Process

Research utilizing Reis and Shaver's (1988) interpersonal process model focuses on dyadic patterns (e.g., disclosure, responsiveness) associated with the development of intimacy in personal relationships. Although pregnancy disclosure and supervisor responsiveness are likely to influence the ongoing quality of the employee-supervisor relationship, pregnancy disclosure processes have implications for a much broader range of personal and career outcomes. Becoming a working mother entails a variety of transitions that span personal life and employment across factors such as women's "role transitions, role demands, altered work experiences, well-being, decisions to return to work, breastfeeding" and the need to reconcile both work and new life demands of parenthood (Spitzmueller & Matthews, 2016, p. 2). The following section explains both the conceptualization of outcomes within the OPDM as well as the rationale for their inclusion in the disclosure model. Finally, section 2.2.4 is presented to offer hypotheses linking first-time mothers' disclosure strategies and supervisor responsiveness to these disclosure outcomes (see Figure 7). The OPDM positions the workplace pregnancy disclosure process as one with both career and relational implications for expecting first-time mothers. Expecting women's intent to return, organizational and occupational identification, and burnout are all work-related outcomes that may be influenced by women's disclosure experiences.

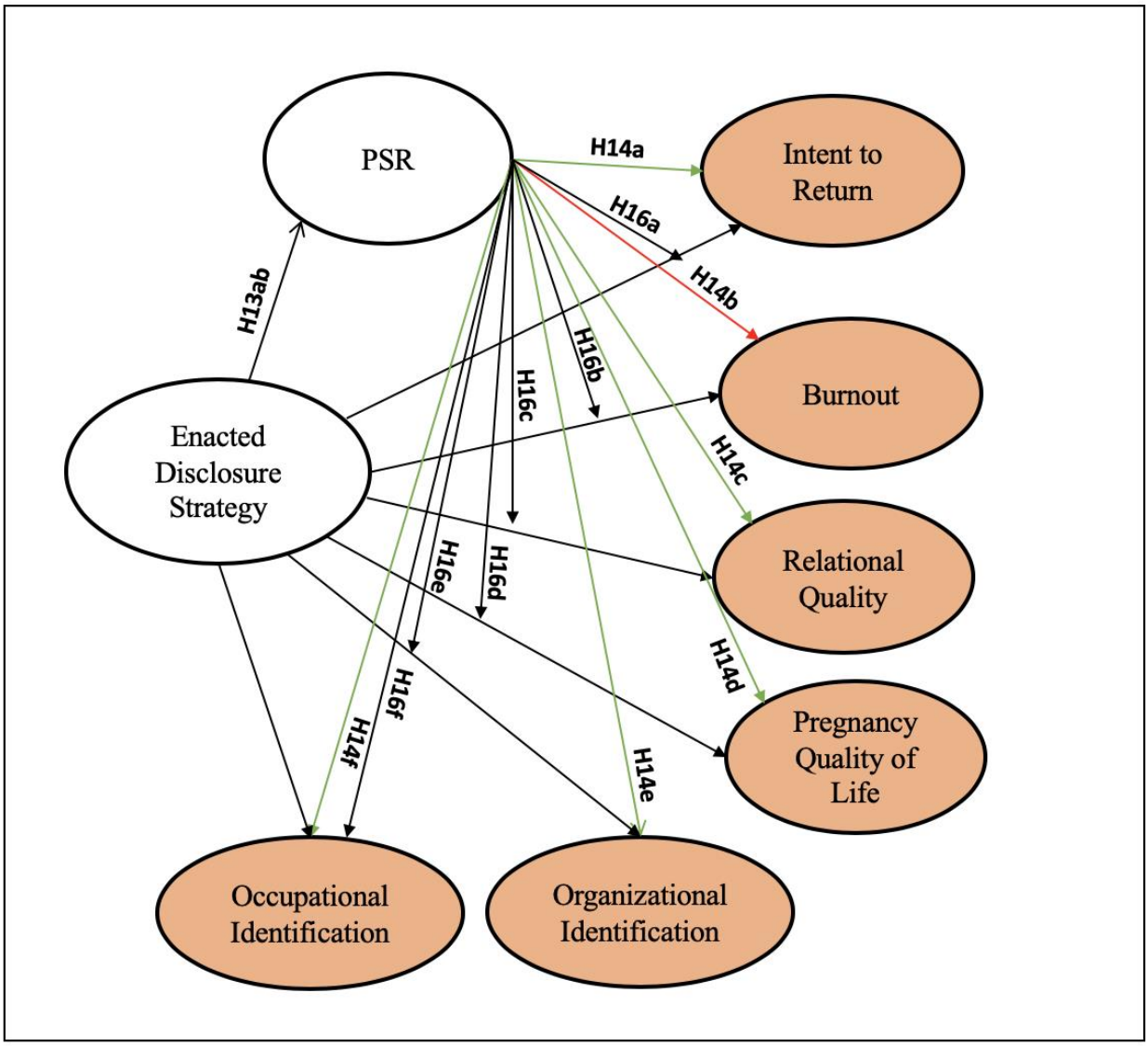

Figure 7:Outcome Pregnancy Disclosure Model

Note: Red paths indicate predicted negative associations while green paths indicate predicted positive associations; Black paths indicate predicted associations that are either negative or positive depending upon disclosure strategy; H15 and RQ1 are not pictured but predict mediation between disclosure strategies and outcomes through PSR (H15) while RQ1 examines the direct association between disclosure strategies and outcomes; white constructs (i.e., disclosure strategies) are those collected after women have disclosed their pregnancy to supervisors while orange constructs are those that were collected both pre and post-pregnancy disclosure in order to assess the impact of disclosure strategies and PSR after controlling for the pre-disclosure levels of outcomes.

Intent to return refers to the degree to which expecting women plan to return to their current position in the workplace for the long-term, after childbirth and maternity leave (when

leave is available to them). Organizationally, women's intent to return to work after childbirth is a concern given perceptions that women are less committed to their work after becoming parents. However, research suggests that women's intent to return to work is a function of factors such as their attitudes toward parenting and the perceived supportiveness of their organization; organizations that are perceived to have more supportive work-family cultures are associated with higher and faster return rates among new parents (Lyness, Thompson, Francesco, & Judeisch, 1999). Thus, the disclosure experience may be influential regarding women's return decision-making given the potential to alter how supportive women perceive their organizations to be post-pregnancy disclosure.

Organizational and occupational identifications highlight the ways in which expecting mothers embed themselves within relevant identities (Scott et al., 1998), defining themselves in terms of the attributes associated with their organization and/or occupation. For an employed woman transitioning into motherhood, pregnancy can become a period in which she is "likely to question who she wants to be as a mother and as a professional woman and how central each of these identities will be to her overall self-concept" (Greenberg, Ladge, & Clair, 2009, p. 44). The disclosure process may alter these identifications should the disclosure experience (fail to) provide women with a perception they continue to share these attributes or values as a result of supervisor responses that (do not) indicate that expecting women will continue to be supported, validated, and valued after the pregnancy disclosure. For example, most women in a qualitative study of identity and motherhood indicated that prior to the birth of their first child they were forced to reconsider and change their expectations regarding the future of their careers and motherhood (Greenberg, Ladge, & Clair, 2009). Because responsiveness to disclosure is a process that entails attending to and supportively responding to central features of self (Reis,

Clark, & Holmes, 2004), perceived supervisor responsiveness to women's pregnancy disclosures may influence women's organizational and occupational identifications.

As women consider the futures of their careers they may report decreases in organizational and occupational identification when they perceive that their supervisors are not caring, validating, or understanding during the disclosure process. The perceived lack of understanding and support may suggest to women that their pregnancy and motherhood status are unwelcome in their organization and/or that being a mother may be a challenge to them in this occupation. In contrast, when women's supervisors are perceived as responsive it may increase their levels of identification as their supervisor's response may reify their perception that women are still "a part of the team" who share the same characteristics and qualities needed to succeed in both the organization and their field. Given the association with individuals' organizational and occupational identifications and factors such as employee work performance (Carmeli, Gilat, & Waldman, 2007), examination of how women's pregnancy disclosure experiences influence these identifications may be useful to understanding women's work behaviors (e.g., job performance).

Burnout is characterized by the experience of emotional exhaustion (i.e., perceptions that one is "emotionally depleted" or drained), depersonalization (i.e., negative or cynical attitudes about one's supervisors or colleagues) and a decreased sense of personal accomplishment (i.e., negative evaluation of one's work or career achievements or productivity; Maslach, Jackson, & Leiter, 1997, p. 192). Role-conflict (e.g., work-family role conflicts) and role-overload are associated with higher levels of burnout among employees (Cordes & Dougherty, 1993; Schwab & Iwanicki, 1982). Given that first-time parents report increases in burnout and role-conflict during their transition to parenthood (Allen, Herst, Bruck, & Sutton, 2000; Devine et al., 2006;

Voydanoff, 2002), it is likely that the nature of their pregnancy disclosure experiences may influence the degree to which first-time mothers experience increases in their levels of organizational burnout. For example, burnout is negatively associated with perceived social support in the workplace (Cordes & Dougherty, 1993). Expecting women who perceive higher levels of organizational relational, structural, and symbolic support may be less likely to experience organizational burnout than those who feel that they do not have access to organizational support at work. However, the relationship between organizational support and burnout in the context of pregnancy disclosures may be further qualified by how the expecting women's supervisors respond to the pregnancy disclosure.

In addition to potential career implications, the pregnancy disclosure process may also have further relational (i.e., supervisor-subordinate relational quality) and psychosocial (i.e., pregnancy quality of life) outcomes for working first-time mothers. *Supervisor-subordinate relationship quality* refers to the degree to which expecting women perceive that they have a close relationship with their supervisors after the pregnancy disclosure (Liden & Maslyn, 1988). Research suggests that the pregnancy disclosure itself can serve as a means through which women can develop increased support and relational closeness with colleagues when colleagues express interest in the pregnancy and respond positivity to the news (Greenberg et al., 2009). Examination of how the pregnancy disclosure process impacts close relationships with supervisors is particularly important given the association between these relationships and women's workplace commitment, turnover intention, and organizational citizenship behaviors (Kuvaas & Dysivk, 2010).

Finally, drawing upon the work of Boivin, Takefman, and Braverman (2011), *pregnancy quality of life* is conceptualized as women's experiences of negative emotions (e.g., jealousy,

resentment, anger), the mind-body impact of pregnancy (i.e., the degree to which expecting women feel physically drained or worn out), and the social impact of pregnancy (i.e., the degree to which expecting women feel socially isolated because of their pregnancy). Given that perceptions of pregnancy in the workplace are particularly negative in specific fields (e.g., highly competitive, team-oriented), the degree to which women may experience social isolation, negative emotion, and mind-body affects (as a function of increased work pace and accommodation refusals) may be a function of occupation and behavioral response. For example, expecting women vary regarding the strategies they use to negotiate the physical changes and needs associated with the embodied nature of pregnancy at work. Women may engage in accommodative behaviors (i.e., prioritizing the needs of the organization over their own) such as ignoring pain and attempting to suppress symptoms or competing strategies (i.e., strategies in which women prioritize their physical and medical needs over that of the organization; Greenberg et al., 2009).

To bolster their professional legitimacy, pregnant women often do not ask for accommodations, minimize time they had to take off time for doctor's appointments, refuse to follow doctor's orders to reduce time at work, work even more than they had previously, and even ask for shorter maternity leaves than they were provided (Little et al., 2015). This body of work suggests that there may be a link to some women's refusal to seek out accommodations and their efforts to manage how others perceive their workplace competency and character (i.e., professional image). However, workplaces perceived as supportive and positive reactions to pregnancy disclosure may decrease women's perception of their need to engage in these behaviors, thus increasing expecting women's pregnancy quality of life. Thus, expecting women's disclosure experiences may impact emotionally (i.e., negative emotion), socially (i.e.,

colleague social exclusion), and physically (i.e., mind-body) vis-a-vi their pregnancy quality of life. The pregnancy disclosure process has the potential to influence expecting first-time mothers' intent to return to work after childbirth, their organizational and occupational identifications, level of burnout, relational quality and quality of life. To better understand how these outcomes are influenced through the disclosure process the next section traces the disclosure process from antecedent to outcome, highlighting the role of perceived supervisor responsiveness in particular.

2.2.4. OPDM: Associations Between Disclosure Strategies, Perceived Supervisor Responsiveness, and Outcomes

The addition of perceived supervisor responsiveness (PSR) to the OPDM (see Figure 7) further extends disclosure theorizing by identifying how specific disclosure strategies may: a) engender more responsive reactions from disclosure recipients and thus b) alter the types of outcomes associated with the disclosure process. Given that research indicates that the positive relational outcomes from disclosure may derive from how the recipient reacts (Little et al., 2017), I argue that PSR will both moderate and mediate the relationship between the disclosure strategies and specific psychological, relational, and career outcomes. Previous research regarding interracial friendship development, for example, identifies responsiveness to disclosure as the mediator between both self and friend disclosure and intimacy (Shelton, Trail, West, & Bergsieker, 2010).

Given the literature on PSR, the inclusion of this construct in the OPDM posits that PSR: (a) will be directly associated with both disclosure strategies and disclosure outcomes, (b) will mediate the relationship between strategies and outcomes, and (c) will also moderate the

relationship between strategies and outcomes. The rationale for each of these predictions is explained in turn.

When considering the *direct* associations between PSR and disclosure strategies, research suggests that women who engage in direct disclosure strategies are likely to experience higher levels of perceived supervisor supportiveness. Direct disclosures may better position women to receive higher quality PSR because the immediacy associated with the face-to-face context may provide individuals an opportunity to "immediately clarify, adjust, and reach each other…features that enable effective support" (Steuber & High, 2015, p. 1640). For example, Catona et al. (2015) found that in the disclosure of HIV status, participants felt that the face-to-face nature of these types of disclosure were a benefit in that they were able to view the other person's reactions and more easily and immediately answer.

In contrast, PSR may be negatively associated with disclosure strategies that are perceived negatively or catch the disclosure recipient off-guard. For example, individuals often perceive third-party disclosures (e.g., when supervisor hears of the pregnancy from another person) as inappropriate and may immediately prompt negative responses to news of the pregnancy (Catona, et al., 2015). Additionally, entrapment disclosure strategies have been negatively associated with (fertility) quality of life and perceived support quality (Steuber & High, 2015). It is possible that the negative associations between quality of life and perceived support are prompted by disclosure recipients' reactions to receiving information in an unexpected and abrupt manner; if hurt, surprised, caught off guard, or hearing this information in the midst of a conflict, supervisors may be more reactive and thus less capable of acknowledging the disclosure in a way that communicates understanding, validation, and caring. Drawing upon the existing

literature on perceived partner responsiveness and the associations between specific disclosure strategies and their outcomes, I hypothesize that:

H13a: Direct and incremental disclosures will be positively associated with perceived partner responsiveness.

H13b: Third-party, indirect, entrapment, and preparation and rehearsal disclosure strategies will be negatively associated with perceived partner responsiveness.

Additionally, while specific disclosure strategies are likely to enhance (or inhibit) the likelihood that expecting women will receive responses that are caring, understanding, and validate their experiences, the responsiveness of their supervisor is also likely to be associated with the post-disclosure relational, psychological, and career outcomes. Perceived partner responsiveness, for example, has been positively associated with relational outcomes in previous research (Laruenceau et al., 2005) and the earlier review literature regarding career outcomes (i.e., burnout, identification, intent to return) highlighted how responsive reactions to the pregnancy disclosure could positively influence these constructs. Thus, I hypothesize that

H14: Perceived partner responsiveness will be positively associated with (a) intent to return, negatively associated with (b) burnout, and positively associated with (c) relational quality, (d) pregnancy quality of life, (e) organizational identification, and (f) occupational identification.

In addition to the direct associations, PSR is also likely to *mediate* the relationship between disclosure strategies and outcomes. A mediation orientation to PSR suggests that supervisor responsiveness is a mechanism through which disclosure strategies impact expecting women's outcomes. For example, while little research has been done on the associations between specific disclosure strategies and their outcomes, findings do indicate that direct and incremental

disclosures are positively associated with perceived support, quality of life, and fertility quality of life for women disclosing infertility, while third-party and indirect disclosures are negatively associated with these outcomes (Steuber & High, 2015). Interestingly, when considering the associations between direct disclosure of infertility and fertility quality of life, the relationship was fully mediated by the perception of support quality. These mediation findings regarding direct disclosure, perceived quality of support, and (fertility) quality of life suggest that direct disclosures *correspond* with positive perceptions of support from social network members. However, the cross-sectional nature of Steuber and High's (2015) study prevent any claims of potential causality regarding this relationship.

Additionally, given that some disclosure strategies are likely to engender or inhibit women's perceptions of their supervisor's responsiveness, it is likely that women who disclose their pregnancy through third-party disclosure strategies may experience decreased outcomes (e.g., relational closeness with supervisor) because they feel that their supervisor was not understanding, caring, or validating in response to their news. Thus, expecting women's disclosure strategies will predict perceived supervisor responsiveness and PSR in return will predict their psychological, relational, and career outcomes suggesting that PSR will serve as a mediator between disclosure strategies and outcomes. It is through PSR that disclosure strategy impacts outcomes and expecting women who rate the disclosure recipient as more responsive will report more positive outcomes (i.e., increased intent to return, identification, relational quality, quality of life, and decreased burnout) than those who rate the recipient as less responsive. Given this I hypothesize that:

H15: Perceived supervisor responsiveness will mediate the relationship between disclosure strategies and (a) intent to return, (b) burnout, (c) relational quality, (d)

pregnancy quality of life quality, (e) organizational identification, and (f) occupational identification.

Finally, I argue that in addition to serving as the mechanism through which disclosure strategies influence outcomes, perceived supervisor responsiveness may also *moderate* the association between these two variables. Specifically, the size of the association between specific strategies and outcomes may be dependent upon the level of PSR that women report. This suggests that greater use of third-party disclosure strategies, for example, will be negatively associated with post-disclosure adjustment outcomes (e.g., burnout, identification) when PSR is low, but the association may be weaker or even insignificant when PSR is high. PSR thus may function to qualify the association between disclosure strategy and the psychological, relational, and career outcomes associated with the disclosure process. Drawing upon this premise suggests that greater usage of direct disclosure strategies (which have been associated with positive outcomes in previous research; Steuber & High, 2015) will not always result in positive outcomes. The level of PSR reported by expecting women would modify the association between direct strategy usage and outcomes such that a positive association with post-disclosure outcomes would exist only when PSR is high, complicating our understanding of the association between disclosure strategies and their outcomes. Given the literatures regarding perceived partner responsiveness I hypothesize that:

H16: For all disclosure strategies, perceived partner responsiveness will moderate the relationship between disclosure strategy and (a) intent to return, (b) burnout, (c) relational quality, (d) pregnancy quality of life quality, (e) organizational identification, and (f) occupational identification.

Although women may use specific strategies to disclose their pregnancies to supervisors, the impact of disclosure on women and their relationships with their organization and peers is actually a product of the interaction between women and supervisors during the disclosure process. However, if disclosure strategies are associated with outcomes both through and as a function of PSR, that draws into questions what effect (if any) these strategies have upon outcomes above and beyond those that derive from PSR. To further explore this, I propose the following research question:

> **RQ1**: What is the association between disclosure strategies and expecting women's (a) intent to return, (b) burnout, (c) relational quality, (d) pregnancy quality of life quality, (e) organizational identification, and (f) occupational identification?

2.3 Contributions of the APDM and OPDM

To date, a significant portion of disclosure research has been dedicated to understanding how individuals choose if they will disclose their private information (Greene, 2009), the timing of disclosure, and individuals' disclosure strategies (Afifi & Steuber, 2009). More recently studies have examined the outcomes associated with disclosure strategies (Steuber & High, 2015). The APDM and OPDM contributes to this literature in three respects. First, research regarding stigmatized identity disclosures (e.g., LGBTQ disclosures in the workplace; Ragins, Singh, & Cornwell, 2007) has not empirically tested the impact of organizational features (perceived effectiveness of anti-discriminatory policy, symbolic support, etc.) on individuals' disclosure decision making and disclosure strategy use. The proposed model builds upon the existing bodies of research to propose a new theoretical model (i.e., APDM) that takes into account individual's perceptions of these organizational level features as well as women's

perceptions of the perceived career risk of their pregnancy disclosure; a factor that may be salient to all individuals disclosing stigmatized information in the workplace.

Second, prior disclosure research often has focused on a narrow range of outcomes (e.g., intimacy). In the context of women's pregnancy disclosures to supervisors, the OPDM examines how the disclosure process impacts expecting women's (a) intent to return, (b) burnout, (c) relational quality, (d) pregnancy quality of life quality, (e) organizational identification, and (f) occupational identification. Given that workplace pregnancy in the U.S. is often perceived as a detriment (Halpert & Berg, 1997), and is often associated with experiences of stigma and discrimination (Greenberg et al., 2016), as well as altered perceptions of women's competence (Fuegen, Biernat, Haines, & Deaux, 2004) the disclosure process can serve as an important turning point for how women relate to their supervisors, their organizations, and their occupations. Third and finally, the OPDM examines not only the potential associations between specific disclosure strategies and outcomes but also the impact that the disclosure recipient (e.g., workplace supervisor), through PSR, has on individual's psychological, relational, and career outcomes.

Exploring the APDM and OPDM through a hypothetical first-time mother, Allie, helps to illustrate how both models provide insight into the disclosure process from antecedents to outcomes as well as why disclosure strategies and PSR likely to impact the selected outcomes for first-time mothers. For example, prior to disclosure Allie might report low levels of perceived structural support and high levels of risk. In her organization Allie does not see symbolic support (i.e., there are few family friendly events, no lactating spaces for mothers, no celebrations such as baby showers), and while she feels that her supervisor and colleagues are mildly supportive (i.e., relational support), she does not feel that there are policies that would actually protect her if

she were to be discriminated against. Additionally, while Allie is excited about becoming a new mother, she's also aware of the negative perceptions of pregnant workers in the workplace (Greenberg et al., 2009), and she is therefore worried that her co-workers will disapprove of her pregnancy, her relationship with her supervisor will be harmed (e.g., self-risk, relational-risk), and her chances of promotion (i.e., career risk) will be hurt. Feeling like she has little support and a lot to lose, Allie is worried and is not confident in her ability to tell her supervisor the news.

Given her decreased confidence in her ability to share the news (i.e., disclosure efficacy), she thinks that it would be best to not have this conversation face to face (i.e., anticipated indirect disclosure strategy), and when the time comes, she decides to tell her supervisor via email (i.e., enacted indirect disclosure strategy). However, to her surprise, Allie's supervisor quickly replies with a caring, understanding, and responsive email and sets up a meeting to chat further (i.e., perceived supervisor responsiveness). While women may perceive pregnancy disclosure as a potentially challenging and risky process, it can also serve as a point in which women can build stronger social support circles in the workplace (Greenberg et al., 2012).

In this instance, Allie's perception that her supervisor was responsive (i.e., PSR) is what associates her disclosure strategy with her relational closeness with her supervisor. In this way, PSR may modify the association between her disclosure strategy (e.g., indirect) and Allie's perception of supervisor relational quality. In other words, even if other women who use indirect strategies may in some cases damage their relationship with their supervisor, in Allie's case, her supervisor's initial responsiveness has prevented this from occurring. Additionally, receiving a positive response to her disclosure is likely to contribute to a positive evaluation of the social support in the organization (leading to an increased intent to return after childbirth), as well as

contribute to the perception that this organization and/or occupation is welcoming to parents and that she still shares similar values and characteristics of the organization (thus an increase in organizational and occupational identification; see Ashforth et al., 2013). Additionally, Allie's perceived pregnancy quality of life (i.e., stress and worries regarding workplace wellbeing; Boivin et al., 2011) is likely to be lower if she feels that the news of her pregnancy was met supportively. Her higher levels of perceived supervisor responsiveness are likely to be associated with decreased levels of burnout (i.e., psychological distress associated with emotional exhaustion, stress, and anxiety; Maslach, Jackson, Leiter, Schaufeli, & Schwab, 1986) given her perception that she is cared for and understood.

While the impact of organizational support and perceived risk through both disclosure efficacy are likely to predict the anticipation and enactment of specific disclosure strategies differently (see hypotheses in Appendix B), Allie's example provides insight into not only the decision making process behind women's specific disclosure strategy selection, but also how these strategies and responses to the enacted disclosure strategy may impact expecting women psychologically (e.g., burnout) and alter their perceptions of their workplace relationships (e.g., relational quality with supervisor) as well their careers (e.g., intent to return, identifications). Thus, not only does this study extend two models of pregnancy disclosure, but also study findings may highlight key factors that positively, or negatively, alter women's relationships with their colleagues and their organizations.

CHAPTER 3. STUDY DESIGN, PARTICIPANTS, AND PROCEDURES

The antecedent pregnancy disclosure model (APDM) and outcome pregnancy disclosure models (OPDM) were designed to provide insight into the processes and outcomes of first-time mother's pregnancy disclosures to their supervisors (see Appendix B for specific study hypotheses and research questions). To test the APDM and OPDM and address study hypotheses, I engaged a two-wave single-cohort longitudinal study design. This data collection design solicited first-time working mothers (e.g., the cohort) to fill out specific survey measures (i.e., demographic variables, organizational support, perceived risk, disclosure efficacy, and outcome measures) *prior* to the disclosure of their pregnancy to their supervisors and then additional measures *post* pregnancy disclosure (e.g., disclosure strategy, perceived supervisor responsiveness, as well as outcome variables for a second time; see Table 1).

Longitudinal data are uniquely situated to provide insight into the "predictors of the overall levels of the responses as well as predictors of changes in the responses over time" (Skrondal & Rabe-Heskeeth, 2004, p. 80). Thus, the pre-post disclosure data collection method enables inferences regarding both the predictors of disclosure strategy selection as well as how predictors, strategies, and PSR may account for changes in employee relational, psychological, and career outcomes (e.g., supervisor-subordinate relational closeness, employee burnout, and employee organizational identification) through the disclosure process. In particular, the longitudinal design of this study helps to bolster the local molar causal validity (i.e., the presumption that the covariation between disclosure antecedents and disclosure strategy selection, for example, results from a causal relationship; Shadish, Cook, & Campbell, 2002) by establishing clear temporal precedence (e.g., organizational support predicts disclosure strategy rather than strategy determining perceptions of organizational support) through the collection of

specific measures pre and post pregnancy disclosure. A longitudinal design bolsters the inferences that can be drawn regarding mediation hypotheses in particular (Trafimow, 2015). Participant recruitment, study procedures, demographics, and questionnaire measures are next outlined to provide further insight into the execution of this two-wave longitudinal design.

3.1 Study Procedures

Participation in wave one of the study data collection was open to women in the U.S. who were employed, pregnant, and had yet to disclose their pregnancy to their supervisors. Women could be employed either full or part-time, and enrollment was not limited to a specific occupation. Participants were recruited using Amazon's Mechanical TurkPrime. Response rates for longitudinal data on Amazon Turk have been cited at 75% (Daly & Nataraajan; 2015; Stoycheff, 2016) and research suggests that TurkPrime produces valid and reliable datasets drawn from demographically and occupationally diverse participants (Kees, Berry, Burton, & Sheehan, 2017). Given the history of generally representative population samples drawn from MTurk (Goodman & Paolacci, 2017), recruitment of participants from this platform helped to bolster external validity (i.e., confidence that inferences regarding claims of causality between disclosure strategies, antecedents, and outcomes will hold over variation in persons, settings, treatment variables, and measurement variables; Shadish et al., 2002) by testing the APDM and OPDM with a demographically and occupationally diverse dataset.

Using TurkPrime's premium qualifiers, an invitation to participate in the study was only extended to employed women pregnant with their first child who had ***not*** yet disclosed their pregnancy to their supervisor. TurkPrime's premium qualifiers helped to ensure that the invitation to study participation only went to those who meet my study criteria (e.g., women). To further ensure the quality of data collected best practices for crowdsourcing research data were

followed: (a) inclusion of premium qualifers and a screening survey (i.e., a short demographic survey to further assess women's pregnancy, employment, and pregnancy disclosure status), (b) the implementation of attention checks, (c) notification to participants that the study would incude subsequent waves, and (d) increased pay for wave two data colelction (Sheehan, 2018; Stoycheff, 2016).

Data collection occurred in two waves, prior to women's pregnancy disclosure to supervisors (T1) and after disclosure (T2). See Appendix C for a complete list of measures that were gathered at T1 only, T2 only, and at both T1 and T2. Wave one of data collection occurred September 2018 to November 2018. After completing a short screening survey, eligible participants completed a Qualtrics questionnaire to collect demographic information (about the women and organizations in which they work) and responses to disclosure antecedent, efficacy, and outcome measures (see Table 1). Wave two of data collection ran from November 2018 to January 2019. Only those who participated in the T1 data collection received another invitation to participate at T2. Participants completed a short screening survey to assess if they had disclosed their pregnancies to their supervisors. Those who met the screening criteria continued on to fill out T2 measures (e.g., disclosure strategies, perceived supervisor responsiveness, outcomes). Follow-up invitations were sent out to those remaining women who had not disclosed to their supervisors during the initial T2 participation invitation in January 2019 to provide T1 participants a final opportunity to complete the second wave of data collection providing that they had disclosed their pregnancies to their supervisors. Eligible expecting women who participated in this study were compensated $1.50 for completing the T1 online questionnaire and $2.50 for completing the T2 questionnaire.

Table 1:Measures collected at T1 and T2

Data Collection Wave	Measures Collected
T1 (Prior to Pregnancy Disclosure)	Environmental Support Structural Support (Brown, Bain, & Freeman, 2008) Symbolic Support (Author, 2018) Relational Support (Ruiller & Van Der Heijden, 2008) Perceived Risk Self-Risk (Vangelisti & Caughlin, 1997) Relational Risk (Vangelisti & Caughlin, 1997) Career Risk (Berman & West, 1999) Disclosure Efficacy (Afifi & Steuber, 2009)
T2 (Post Pregnancy Disclosure)	Disclosure Strategy (Afifi & Steuber, 2009) Perceived Supervisor Responsiveness PSR (Schuster, Kessler, & Aseltine, 1990)
T1 & T2 (Pre and Post Disclosure)	Intent to Return (O'Reilly, Chatman, & Caldwell, 1991) Identification (Kreiner & Ashforth, 2004) Burnout (Maslach & Jackson, 1986) Relational Quality (Liden & Maslyn, 1988) Pregnancy Quality of Life (Boivin, Takefman, & Braverman, 2011)

3.1 Study Participants

3.1.1 Data Cleaning.

A total of 2,347 people started the T1 survey. Of those individuals, 1,867 were prevented from continuing in the study through the initial screening questionnaire because they failed to meet study participation requirements (i.e., not pregnant, *n* = 81; male, *n* = 347; unemployed, *n* =139; pregnant, employed but already disclosed pregnancy to supervisor, *n* =1,300). The remaining 480 individuals completed the T1 questionnaire, and their data were further

scrutinized for extreme missing data, unengaged responses, and tested for data normality (i.e., skewness, kurtosis, see Table 3) using SPSS. Listwise deletion was used in instances of extreme missing data (i.e., cases in which more than one third of the responses were left blank, *n* = 36). For the remaining instances of missing data maximum likelihood estimation (MLE) was used to estimate missing values.

Maximum likelihood estimation (MLE) and multiple imputation (MI) are regarded as the best methods for dealing with missing data in (longitudinal) SEM as they reduce biased parameter estimates (Graham, 2009), especially in comparison to mean imputation in particular (Brown, 1994; Wothke, 2000). Additionally, MLE methods have been found to be a better choice than MI in smaller sample sizes because of the reduction in parameter estimate bias (von Hippel, 2016), thus the MLE function in AMOS was used to estimate the remaining missing values for the dataset during study analyses. After screening out ineligible study participants (*n* = 1,867) and participants for missing data (*n* = 36) an additional 52 individuals were removed from the dataset for poor quality (i.e., unengaged responses). Responses were considered unengaged if participants failed any of four attention checks or if participants responses on Likert-type items revealed no variation (e.g., participants responded to all questions with a "4") as revealed through an examination of the standard deviations for these items. After screening the T1 participants a total of 392 women remained in the study.

These 392 expecting women were later invited to participate in the T2 data collection (post-pregnancy disclosure) as described by the study procedures. A total of 220 women began the T2 survey but 86 women had not yet disclosed their pregnancies to their supervisors by the end of the T2 data collection period. Thus, although 392 expecting women were invited at T2 only 306 were eligible for participating because they had disclosed their pregnancy to their

supervisor. Of the T1 participants, 136 completed the T2 survey[7], resulting in a response rate of 44%. The previously described data cleaning procedures were applied to the 136 T2 respondents, resulting in the removal of four additional cases for unengaged responses (i.e., failed attention checks, n = 3) and missing data (n =1). The final sample for this study consists of 132 participants who completed two waves of data, one before they disclosed their pregnancy to their supervisors and one after pregnancy disclosure.

3.1.2 Participant demographics

On average, the 132 participants were 30.32 years old (SD = 5.96) and predominately identified as white (67.4%, n = 89), followed by African-American (18.9%, n = 25), Asian (5.3%,

[7] To examine the impact of attrition between the two waves of data collection on the external validity of the sample, descriptive analyses were conducted to compare demographic factors for participants who had completed just the T1 survey with those who completed both T1 and T2. There was no significant difference in age between participants who had completed T1 (M = 28.16, SD = 5.94) vs T1T2 (M = 30.32, SD = 5.97), $t(390) = -3.4$, $p > .05$. T-test analyses regarding how long participants had been working under their current supervisor (in months) also revealed no statistically significant differences between those who had completed T1 (M = 21.69, SD = 27.93) vs T1T2 (M = 30.17, SD = 23.44), $t(389) = -2.99$, $p > .05$. Additionally, two chi-square analyses crossing the variables of waves (T1, T1T2) with demographic variables income (X^2 (10) = 16.92, $p > .05$) and employment type (i.e., full-time, part-time, other; X^2 (2) = 3.58, $p > .05$) did not reveal significant results, suggesting that there was not a significant difference between participants who participated at T1 versus T2 on these demographic variables. However, t-test analyses did reveal a statistically significant difference between how long participants had been in their current positions at work (in months) between those who had completed T1 (M = 19.26, SD = 17.09) vs T1T2 (M = 28.69, SD = 25.07), $t(388) = -4.03$, $p < .05$, d =.44. Results indicate that those who had been in their positions longer were more likely to complete both waves of data collection in comparison to those who would complete only T1. Additionally, chi-square analyses crossing the variables of participant race and marital status did reveal significant results. Examination of marital status variable revealed a statistically significant result, X^2 (5) = 31.80, $p < .05$, ϕ = .29, reflecting that a larger percentage of the expecting women who completed both waves of data collection were single (18 of 132, or 13.6%), cohabitating (19 of 132, or 14.4%), and engaged (14 of 132, or 10.6%) as compared to women who completed only T1 (15 of 260, or 5.8% single; 13 of 260, or 5% cohabitating; and 10 of 260, or 3.8% engaged). It also revealed that a smaller percentage of married women completed both waves of data collection (78 of 132, or 59.1%) as compared to those who completed only T1 (219 of 260, or 84.2%). Finally, examination of race revealed a statistically significant result, X^2 (6) = 20.29, $p < .05$, ϕ = .23, reflecting that a smaller percentage of expecting women who completed both waves of data collection were Latinx (6 of 132, or 4.6%) and larger percentage were both African-American (25 of 132, or 19.1%) and Asian (7 of 132, or 5.3%) in comparison to the women who completed only T1 (35 of 260, or 13.5% Latinx; 25 of 260, or 9.6% African American; and 7of 260, or 2.3% Asian). Overall, results of data analysis suggest that there was no difference in participants who completed T1 versus T1T2 as it pertained to age, employment type, income, and time working under their supervisors. However, more African-American, Asian, single, cohabitating, and engaged expecting women completed both waves of data collection than would be expected due to chance. Finally, fewer Latinx expecting women completed both waves of data collection and those two had been in their current positions longer were more likely to complete both waves of data collection that those who had been there for a shorter period of time.

n = 7), Latinx (4.5%, *n* = 6), American-Indian/Alaskan Native (1.5%f, *n* = 2), and other (1.5%, *n* = 2). Participants on average were 15.51 weeks (*SD* = 8.80) pregnant at the time they completed their T1 survey and 20.99 weeks (*SD* = 7.90) pregnant when they disclosed their pregnancies to their supervisors (as reported during the T2 data collection). The majority of participants were married (59.1%, *n* = 78), with additional cohabitating (14.4%, *n* = 18), single, (13.6%, *n* =18), and engaged (10.6%, *n* = 14) participants. Over 90% of participants worked full time (i.e., 36 or more hours per week, 93.2%, *n* = 123) in a variety of occupations including IT/Tech (13.6%, *n = 18*), retail/sales (12.9%, *n* = 17), medicine (e.g., physical therapy, radiology, 6.8%, *n* = 9), and restaurant positions (e.g., waitstaff and kitchen, 5.3%, *n* = 7). Time two demographic data revealed that the majority of participants planned to return to their current position and the workforce more generally after the birth of their child (94.7%, *n* = 125). For complete demographic information see Table 2.

Table 2: Participant Demographic Data

Variable		*%*	*M*	*SD*
Age			30.32	5.96
T1: Pregnancy Duration			15.81 weeks	8.80
T2: Pregnancy Duration (at time of disclosure)			20.99 weeks	7.90
Race	White, Non-Latinx	67.4% (*n* = 89)		
	Latinx	4.5% (*n* = 6)		
	African-American	18.9% (*n* = 25)		
	Asian	5.3% (*n* = 7)		
	American Indian/Alaskan Native	1.5% (*n* = 2)		
	Other	*1.5% (n* = 2)		
Marital Status	Single	13.6% (*n = 18)*		
	Cohabitating	14.4 % (*n* = 19)		
	Engaged	10.6% (*n* = 14)		

Table 2 continued

Variable		%	*M*	*SD*
	Married	59.1% (*n* = 78)		
	Remarried	.8% (*n* = 1)		
	Divorced	1.5% (*n* = 2)		
Total family income	Under $9,999	.8% (*n* = 1)		
	$10,000- $29,999	15.2% (*n* = 20)		
	$30,000- $49,999	26.5% (*n* = 35)		
	$50,000- $69,999	22% (*n* = 29)		
	$70,000- $89,999	18.9% (*n* = 25)		
	$90,000- $109,999	9.1% (*n* = 12)		
	$110,000- $129,999	3.8% (*n* = 5)		
	$130,000- $149,999	1.5% (*n* = 2)		
	$150,000 or over	.8% (*n* = 1)		
	Do not want to answer	.8% (*n* = 1)		
	Do not know	.8% (*n* = 1)		
Employment Status	Full-time, 36 or more hours per week	93.2% (*n* =123)		
	Part-time, less than 36 hours per week	6.8% (*n* = 9)		
Occupation				
	Account Manager	3% (*n* = 4)		
	Accounting	6.8% (*n* = 9)		
	Analyst	2.3% (*n* = 3)		
	Office Administrator	9.8% (*n* = 13)		
	Customer Service	6.8% (*n* = 9)		
	Driver	1.5% (*n* = 2)		
	Engineering	1.5% (*n* = 2)		
	Government Employee	1.5% (*n* = 2)		
	Human Resources	3% (*n* = 4)		
	Insurance	2.3% (*n* = 3)		
	Program Management (IT/Tech)	13.6% (*n* = 18)		
	Manufacturing (Factory)	4.5% (*n* = 6)		

Table 2 continued

Variable		%	*M*	*SD*
	Marketing	2.3% (*n* = 3)		
	Medicine (e.g., radiology, physical therapist)	6.8% (*n* = 9)		
	Nursing	4.5% (*n* = 6)		
	Public Service (e.g., dispatcher, EMT, law enforcement)	2.3% (*n* = 3)		
	Restaurant (waitstaff and kitchen)	5.3% (*n* = 7)		
	Retail/Sales	12.9% (*n* = 17)		
	Social Work	1.5% (*n* = 2)		
	Software Developer	3% (*n* = 4)		
	Teacher	1.5% (*n* = 2)		
	Did not disclose	3% (*n* = 4)		
Time working under current supervisor			30.17 months	23.44
Time working in current position			28.69 months	25.07
Timeline for promotion consideration	Within the month	6.8% (*n* = 9)		
	In 1 to 3 months	13.6% (*n* = 18)		
	In 3 to 6 months	15.2% (*n* = 20)		
	In 6 to 12 months	19.7% (*n* = 26)		
	In 1 to 2 years	8.3% (*n* = 11)		
	I am uncertain when I will be considered for promotion	36.4% (*n* = 48)		
Timeline for next job review/evaluation	Within the month	6.8% (*n* = 9)		
	In 1 to 3 months	36.4% (*n* = 48)		
	In 3 to 6 months	24.2% (*n* = 32)		
	In 6 to 12 months	18.2% (*n* = 24)		
	In 1 to 2 years	6.1 % (*n* = 8)		

Table 2 continued

Variable		%	*M*	*SD*
	I am uncertain when I will be considered for promotion	8.3% (*n* = 11)		
Intent to return to current position after childbirth	Yes	94.7% (*n* = 125)		
	No	5.3% (*n* = 7)		
Intent to return to workforce after childbirth	Yes	94.7% (*n* = 125)		
	No	5.3% (*n* = 7)		

Note: *N* = 132 participants who completed T1 and T2 measures. All demographic variables were collected at T1 except for pregnancy duration at time of disclosure, intent to return to current position after childbirth and intent to return to the workforce after childbirth which were collected at T2. Intent to return to position and the workforce were both measured with a single item measure (e.g., "Do you currently intend to return to your current position at your workplace after you give birth to your child?") focusing on plans immediately following childbirth in which participants could select either a "Yes" or "No" response. These single item measures were not used in structural equation modeling and were collected in addition to the Intent to Return scale (O'Reilly, Chatman, & Caldwell, 1991) which was a three-item Likert-type measure that more broadly assessed participants desire to return to their workplace and stay there for the long term (e.g., "I seriously intend to look for another job within the next year").

3.4 Data Normality

Descriptive analyses were conducted to ensure measure reliability, evaluate the assumptions of data normality (e.g., skewness and kurtosis), and to test for multivariate normality through confirmatory factor analyses. Data were evaluated as normal if descriptive analyses revealed skewness and kurtosis to be within ± 2 (Field, 2013), and no study measures violated this assumption (see Table 3). Bivariate Pearson correlations were run for all Likert scales in both the antecedent pregnancy disclosure model (see Table 4) and the outcome pregnancy disclosure model (see Table 5). AMOS structural equation modeling was used to

assess if both latent and observed constructs met assumptions of multivariate normality and results indicated that all models were within acceptable the range. Further information regarding multivariate normality can be found in the CFA reporting for each measure.

Table 3: Data Normality

Measure	A	*M*	*SD*	Skewness	Kurtosis
Structural Support (T1) 1-7 Scale	.85	5.00	1.37	-.27	-.84
Symbolic Support (T1) 1-7 Scale	.78	4.68	1.34	-.10	-.75
Relational Support (T1) 1-7 Scale	.95	4.92	1.26	-.40	-.23
Self-Risk (T1) 1-7 Scale	.90	3.07	1.40	.20	-.93
Relational Risk (T1) 1-7 Scale	.66	3.23	1.23	.24	.15
Career Risk (T1) 1-7 Scale	.91	3.42	1.61	.24	-.75
Disclosure Efficacy (T1) 1-7 Scale	.74	4.71	1.41	-.16	-.73
Anticipated Direct Disclosure (T1) 1-7 Scale	.75	5.53	1.43	-.98	.47
Anticipated Incremental Disclosure (T1) 1-7 Scale	.91	3.53	1.56	-.10	-1.01
Anticipated Prep. & Rehearsal Disclosure (T1) 1-7 Scale	.92	3.81	1.51	-.21	-.82
Anticipated Third-party Disclosure (T1) 1-7 Scale	.91	3.03	1.63	-.26	-1.26
Anticipated Entrapment Disclosure (T1) 1-7 Scale	.75	3.62	1.41	-.22	-.68
Anticipated Indirect Disclosure (T1) 1-7 Scale	.91	2.64	1.51	.52	-.90
Direct Disclosure (T2) 1-7 Scale	.76	5.81	1.27	-1.05	-.94
Incremental Disclosure (T2) 1-7 Scale	.89	3.32	1.58	.02	-1.14

Table 3 continued

Measure	A	*M*	*SD*	Skewness	Kurtosis
Preparation & Rehearsal Disclosure (T2)	.89	3.56	1.42	-.32	-.94
1-7 Scale					
Third-party Disclosure (T2)	.93	2.69	1.68	.76	-.62
1-7 Scale					
Entrapment Disclosure (T2)	.82	2.90	1.51	.32	-.94
1-7 Scale					
Indirect Disclosure (T2)	.93	2.20	1.40	1.00	-.18
1-7 Scale					
Perceived Supervisor Responsiveness (T2)	.87	3.21	.65	-.38	-.55
1-4 Scale					
Intent to Return T1 (T2)	.90	4.29	1.79	.04	-1.17
1-5 Scale	(.84)	(5.97)	(.99)	(-.54)	(-.91)
Organizational Identification T1 (T2)	.89	3.20	1.00	-.40	-.20
1-5 Scale	(.86)	(3.40)	(.88)	(-.50)	(.01)
Occupational Identification T1 (T2)	.89	3.31	1.00	-.35	-.27
1-5 Scale	(.87)	(3.42)	(.95)	(-.20)	(-.38)
Burnout: Depersonalization T1 (T2)	.71	2.72	1.58	-.07	-.87
0-6 Scale	(.81)	(3.07)	(1.61)	(.59)	(-.58)
Burnout: Emotional T1 (T2)	.90	2.86	1.48	.06	-.60
0-6 Scale	(.91)	(3.34)	(1.46)	(.29)	(-.67)
Burnout: Personal Accomplishment T1 (T2)	.88	2.10	1.33	.21	-.95
0-6 Scale	(.86)	(1.87)	(1.17)	(.58)	(.12)
Relational Quality T1 (T2)	.95	4.97	1.50	-.62	-.19
1-7 Scale	(.94)	(5.28)	(1.31)	(-.65)	(.04)
Pregnancy Quality of Life: Social T1 (T2)	.89	2.78	1.32	.17	-1.18
0-4 Scale	(.85)	(3.93)	(1.10)	(-.92)	(-.05)
Pregnancy Quality of Life: Mind-Body T1 (T2)	.80	2.85	.97	.36	-.11
0-4 Scale	(.80)	(3.48)	(.81)	(-.36).	(.02)
Pregnancy Quality of Life: Emotional T1 (T2)	.91	2.72	1.37	.29	-1.23
0-4 Scale	(.86)	(4.04)	(1.02)	(-1.17)	(1.04)

Note: For variables collected at T1T2 reliabilities, means, standard deviations, skewness, and kurtosis for T2 data are reported in parentheses.

Table 4: Antecedent Pregnancy Disclosure Model (APDM) Bivariate Correlations

Variable	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1.	-																	
2.	.63**	-																
3.	.66**	.73**	-															
4.	-.37**	-.36**	-.43**	-														
5.	-.26**	-.13	-.21*	.73*	-													
6.	-.41**	-.37**	-.43*	.76**	.73**	-												
7.	.48**	.41**	.61**	-.31**	-.12	-.31**	-											
8.	.49**	.39**	.54**	-.30**	-.19*	-.08	.53**	-										
9.	-.10	.11	.05	.45**	.48**	.48**	-.06	-.03	-									
10.	-.08	.07	-.06	.45*	.49**	.28**	-.13	-.36**	.47**	-								
11.	.01	.16	.10	.34*	.43**	.37**	-.01	-.04	.65**	.61**	-							
12.	-.10	.04	-.03	.51**	.51**	.40**	-.05	-.12	.56**	.53**	.58**	-						
13.	-.14	-.01	-.12	.45**	.43**	.27**	-11	-.47**	.40**	.79**	.49**	.54**	-					
14.	.25**	.19*	.22*	-.28**	-.22*	-.11	.21*	.52**	-.15	-.33**	-.21*	-.27**	-.49**	-				
15.	-.10	-.03	-.19*	.36*	.33**	.31**	-.13	-.22*	.39**	.31**	.48**	.38**	.30**	-.18*	-			
16.	-.09	.04	-.05	.31*	.22*	.12	-.09	-.37**	.29**	.48**	.41**	.48**	.65**	-.43**	.39**	-		
17.	-.07	.02	-.03	.27*	.23**	.22*	-.11	-.23**	.34**	.36**	.54**	.39**	.33**	-.27**	.57**	.55**	-	
18.	-.14	-.07	-.11	.35**	.23**	.20*	-.04	-.33**	.17	.36**	.31**	.44**	.34**	-.42**	.35**	.58**	.50**	-
19.	-30**	-.18*	-.26**	.37**	.23**	.13	-.18*	-.50**	.07	.44**	.22*	.27**	.58**	-.61**	.26**	.62**	.44**	.65**

Note: 1, Structural support; 2, Symbolic Support; 3, Relational Support; 4, Self-Risk; 5, Relational Risk; 6, Career Risk; 7, Disclosure Efficacy; 8, Anticipated Direct Disclosure; 9, Anticipated Preparation Disclosure; 10, Anticipated Third-Party Disclosure; 11, Anticipated Incremental Disclosure; 12, Anticipated Entrapment Disclosure; 13, Anticipated Indirect Disclosure; 14, Direct Disclosure (T2); 15, Preparation Disclosure (T2); 16, Third-Party Disclosure (T2); 17, Incremental Disclosure (T2); 18, Entrapment Disclosure (T2); 19, Indirect Disclosure (T2);

** correlation is significant at the .01 level; * correlation is significant at the .05 level

Table 5: Outcome Pregnancy Disclosure Model (OPDM) Bivariate Correlations

Variable	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1.	-															
2.	-.18*	-														
3.	-.42**	.39**	-													
4.	-.27**	.57**	.55**	-												
5.	-.42**	.35**	.58**	.50**	-											
6.	-.61**	.26**	.62**	.44**	.65**	-										
7.	.42**	-.28**	-.28**	-.16	-.28**	-.26**	-									
8.	.47**	-.31**	-.48**	-.36**	-.46**	-.55**	.55**	-								
9.	.25**	-.08	-.14	.01	-.12	-.06	.32**	.17	-							
10.	.29**	-.07	-.25**	-.12	-.16	-.18*	.37**	.32**	.65**	-						
11.	-.15	.18*	.23**	.29**	.36**	.30**	-37**	-.45**	-.10	-.31**	-					
12.	-.14	.24**	.28**	.34**	.32**	.29**	-.27**	-.36**	-.05	-.25**	.69**	-				
13.	-.55**	.20*	.35**	.18*	.28**	.30**	-.57**	-.45**	-.43**	-.53**	.31**	.17	-			
14.	.43**	-.29**	-.27**	-.14	-.37**	-.38**	.71**	.54**	.39**	.37**	-.43**	-.28**	-.54**	-		
15.	.39**	-.08	-.38**	-.23**	-.36**	-.46**	.26**	.35**	.16	.14	-.17*	-.21*	-45**	-.37**	-	
16.	.24**	-.08	-.09	-.16	-.21*	-.16	.19*	.21*	.11	.06	-.28**	-.27**	-.31**	.27**	.69**	-
17.	.44**	-.21*	-.44**	-.27**	-.40**	-.48**	.31**	.47**	.23**	.24**	-.21*	-.26**	-.43**	.41**	.85**	.66**

Note: 1, Direct Disclosure; 2, Preparation Disclosure; 3, Third-Party Disclosure; 4, Incremental Disclosure; 5, Entrapment Disclosure; 6, Indirect Disclosure; 7, PSR; 8, Intent to Return; 9, Organizational Identification; 10, Occupational Identification; 11, Emotional Burnout; 12, Burnout Depersonalization; 13, Burnout Personal Accomplishment; 14, Relational Quality; 15, Pregnancy Quality of life: Emotional; 16, Pregnancy Quality of Life: Mind-Body; 17, Pregnancy Quality of Life: Social; All variables measured at T2

** correlation is significant at the .01 level; * correlation is significant at the .05 level

3.5 Time 1 Measures (see Appendix D).

To test the overall measurement model fit of each construct, Confirmatory Factor Analyses (CFAs) were conducted using AMOS 23 for all study measures consisting of four or more items. Good CFA model fit was determined using the chi-square and degrees of freedom, comparative fit index, and the root mean square of approximation (RMSEA). The chi-square statistic was considered good when χ^2 was non-significant, though this criterion is sensitive to sample size. Additionally, the comparative fit index (CFI), an incremental measure of fit that calculates the ratio of the non-centrality parameter estimate of the hypothesized model to that of the baseline model (Bentler, 1990), was used; values must be above .90 to indicate acceptable fit while those above .95 are indicative of good fit (Holbert & Stephenson, 2008). Finally, the cut off for root mean square of approximation (RMSEA), an absolute measure of fit that accounts for errors of approximation in the population, was assessed; values at or below .08, where all values below this are indicative of "good" fit, and those below .10 are indicative of acceptable fit (Browne & Cudeck, 1993; Bryne, 2001; Kline, 1998). CFAs that meet these criteria indicate that the measurement models are a good fit for expecting mothers; after completing the CFA analyses all study measures with four or more items met CFA fit criteria. Reliability analyses were calculated for all composite measures. Given the number of CFAs that were conducted for this study, tables reporting CFA results are shown only in the Appendix rather than in this document in order to enhance readability.

Organizational support.

Organizational support is a composite of perceptions of structural support, symbolic support, and relational support in the workplace.

Structural support.

Structural support assessed the degree to which individuals felt that organizational policies, ordinances, and rules were effective in protecting them from pregnancy-based discrimination or backlash (Raggins, 2008). While communication research has developed measures that broadly examine organizational policy communication practices (Canary, Riforgiate, & Montoya, 2013), no scale examines how *effective* individuals perceive policies to be that can be applied across several contexts. Thus, structural support (6 items) was measured using a seven-point Likert type scale adapted by the author from environmental and alcohol and drug policy effectiveness scales (see Brown, Bain, & Freeman, 2008).

Before completing the items, participants were prompted, "The following questions ask you about the policies of the organization in which you are currently employed. Please rate the degree to which you agree with the following statements from 1 (*Strongly Disagree*) to 7 (*Strongly Agree*)." Example structural support items include, "The policies at my workplace prevent pregnancy-based discrimination," and "People who are expecting a child are protected by policies at my workplace" (see Table 28 for all final scale items). The initial CFA for the scale did not meet CFA fit criteria and as such three items with low factor weights were iteratively dropped from the scale (e.g., "The policies at my workplace make it a better place for expecting parents."), see Table 24 for poor CFA fit indices and initial item loadings. Given that the final scale for structural support contained only three items CFA analyses could not be conducted. However, the final three-item scale had a strong reliability ($\alpha = .85$). Responses to the three retained items were averaged to produce an overall structural support score. Higher scores on this measure are indicative of higher perceptions of organizational policy effectiveness in preventing pregnancy-based discrimination in the workplace ($M = 5.00$, $SD = 1.37$).

Relational support.

Organizational relational support measured the degree to which pregnant women felt that their supervisors and colleagues provided them with general social support in the workplace. An adapted form of Ruiller and Van Der Heijden's (2016) 17-item Workplace Social Support Scale was used to measure organizational relational support on a 1 (*Strongly Disagree*) to 7 (*Strongly Agree*) scale. Example items from this scale include, "My supervisor is empathetic towards me" and "I feel personally and professional recognized by my colleagues." The initial CFA model for this measure fit well, $\chi^2(119) = 468.70$, $p = .00$, CFI = .91, RMSEA = .08 (for individual item loadings see Table 25) and the scale exhibited a strong reliability ($\alpha = .85$). To increase the power of AMOS analyses, parcels were created by randomly assigning individual items to one of five parcels. The CFA model fit indices for the parceled items were strong, $\chi^2(4) = 10.58$, $p = .03$, CFI = .99, RMSEA = .07, thus the parceled items were used in lieu of the individual items for structural analyses (see Table 28). Higher scores on measure items were indicative of higher levels of perceived organizational relational support ($M = 4.92$, $SD = 1.26$).

Symbolic support.

Symbolic support assessed the degree to which expecting mothers perceived the presence of organizational symbols and practices that publicly displayed support for expecting and new parents in the workplace (Raggins, 2008). This construct was measured on a 1 (*Strongly Disagree*) to 7 (*Strongly Agree*) Likert-type scale using six items created for the present study. Symbolic support included items such as include, "My organization hosts child-friendly events for employees with families" and "My organization publicly congratulates employees on the birth of new children or grandchildren." The initial CFA did not fit and two items were dropped based on low factor loadings (i.e., "It is discouraged at my workplace to have family photos

displayed" *reverse coded; "Events in my workplace make it clear that pregnant employees are valued here"), see Table 26 for poor CFA fit indices and initial item loadings. CFA model analyses of the remaining four items revealed strong fit (see Table 27), $\chi^2(2) = .95$, $p = .62$, CFI = .99, RMSEA = .03 and the scale had acceptable reliability ($\alpha = .78$). Higher scores on this measure are indicative of higher perceptions or organizational symbolic support in the workplace ($M = 4.68$, $SD = 1.34$).

Second-order CFA: Organizational support.

Organizational support is a second order latent variable comprised of structural support, symbolic support, and relational support in the workplace. First, CFA and reliability analyses were completed on each proposed sub-dimension of organizational support (see structural, symbolic, and relational support CFA information in the previous sections for further detail). After finalizing structural, symbolic, and relational measures based on the initial CFA measurement fit analyses, a second-order CFA was conducted to ensure that each dimension loaded onto the organizational support latent variable. The CFA analysis for this second-order construct revealed strong fit, $\chi^2(50) = 122.05$, $p = .001$, CFI = .98, RMSEA = .06 (see Table 28 for factor loadings).

Perceived risk.

Perceived risk is a composite of ratings for self-, relational-, and career-risk.

Self-risk.

Self-risk assessed the degree to which expecting women perceived that disclosing their pregnancy to their supervisor might result in personal discrimination, humiliation, and

embarrassment (Afifi & Guerrero, 2000), or that this information would be used against them. These data were collected using an adapted version of Vangelisti and Caughlin's (1997) self-protection measure. The eight items were measured on a seven-point Likert-type scale that ranged from 1 (*Very Unlikely*) and 7 (*Very Likely*). Measure items included, "My supervisor would disapprove if they knew about my pregnancy" and "My supervisor would use my pregnancy against me if they knew." The initial CFA fit indices for this measure were strong, $\chi^2(20) = 91.31$, $p = .00$, CFI = .97, RMSEA = .09 (see Table 29) and Cronbach's alpha indicated that the measure had acceptable reliability ($\alpha = .78$). To increase the power for future structural modeling analyses the items in this measure were next randomly assigned to one of three parcels. CFA analysis of the parceled measure indicated good fit $\chi^2(1) = 3.00$, $p = .08$, CFI = .99, RMSEA = .07, and the parceled items for self-risk were then used in all further analyses. Higher scores on this measure are indicative of higher perceptions of self-risk when disclosing pregnancy in the workplace ($M = 3.07$, $SD = 1.40$).

Relational risk.

Relational risk was measured using an adapted version of Vangelisti and Caughlin's (1997) five-item relationship protection measure. This measure assessed the degree to which pregnant women perceived that their pregnancy disclosure would negatively impact their existing relationships with their supervisors (Afifi & Steuber, 2009). Participants rated the degree to which they perceived a risk to their relationship with their supervisor on a 1 (*Very Unlikely*) to 7 (*Very Likely*) scale. Sample measure items include, "Not telling my supervisor about my pregnancy would prevent problems in our relationship" and "Disclosing my pregnancy would do nothing but harm the relationship I have with my supervisor now." Higher responses indicated higher perceptions of relationship risk. Based on the initial CFA analysis, one item was removed

due to a low factor loading ("If I revealed my pregnancy, my relationship with my supervisor would never be as good as it is now", see Table 30 for poor model fit indices and item loadings). Analysis of the revised four-item measure revealed good fit indices, $\chi^2(3) = 5.37$, $p = .07$, CFI = .99, RMSEA = .07 (see Table 31 for finalized scale) and the measure had an acceptable reliability ($\alpha = .66$). Higher scores on this measure reflect higher perceptions of relational-risk when disclosing pregnancy in the workplace ($M = 3.23$, $SD = 1.23$).

Career risk.

Career risk assessed the degree to which expecting mothers anticipated that their pregnancy disclosure would negatively impact their current career status and future career trajectory. This measure was assessed using an adapted version of Berman and West's (1999) seven-item scale where responses ranged from 1 (*Strongly Disagree*) to 7 (*Strongly Agree*). Participants responded to measure items such as "Disclosing my pregnancy may hurt my career" and "Disclosing my pregnancy is a risk to my career advancement." Based on the initial CFA, one item with a low loading was deleted from the scale ("Disclosing my pregnancy will make me more attractive to my current employer," reverse coded; see Table 32 for poor CFA fit indices and initial item loadings). The revised five-item measure had both acceptable measurement fit indices, $\chi^2(7) = 32.69$, $p = .08$, CFI = .98, RMSEA = .09 (see Table 33 for finalized CFA model) and a strong reliability ($\alpha = .91$). Higher scores on this measure are indicative of higher perceptions of career-risk when disclosing pregnancy in the workplace ($M = 3.42$, $SD = 1.61$).

Second-order CFA: Perceived risk.

Perceived risk is a second-order latent construct associated with levels of self, relational, and career risk. To create this construct first-order CFAs on the individual dimensions were

conducted (see above) to ensure good measurement fit and reliability. After finalizing the self, career, and relational risk first-order CFAs a second-order CFA was conducted to ensure that all dimensions loaded strongly onto perceived risk while meeting measurement fit standards. Model fit indices for the second-order CFA were strong, $\chi^2(54) = 121.00$, $p = .00$, CFI = .98, RMSEA = .06 (see Table 34).

Disclosure efficacy.

Disclosure efficacy refers to the degree to which individuals feel that they are able to share *specific* information with *a specific target* to get their desired outcome (Greene, 2009). Adapted from Afifi and Steuber (2009) this five-item scale prompted participants to rate the degree to which they agreed with items on a 1 (*Strongly Disagree*) to 7 (*Strongly Agree*) scale. Example measure items include, "'I know how to approach sharing the pregnancy with my supervisor" and "Telling my supervisor that I am pregnant is something I think I can do." The initial CFA for this measure did not fit and so the two lowest loading items were deleted from the scale (e.g., "I don't even know how to begin telling my supervisor about the pregnancy," reverse coded, see Table 35 for poor CFA fit indices and initial item loadings). The remaining three items exhibited an acceptable reliability ($\alpha = .74$) and higher scores on this measure are indicative of higher levels of disclosure efficacy ($M = 4.71$, $SD = 1.41$).

Anticipated disclosure strategy.

Anticipated disclosure strategies (i.e., active processes of sharing information) were measured using 27 items adapted from Afifi and Steuber's (2009) disclosure strategy scale. The scale consists of six disclosure sub-dimensions: preparation and rehearsal, incremental, direct, indirect, entrapment, and third-party disclosures. Scale items were measured on a 1 (*Strongly*

Disagree) to 7 (*Strongly Agree*) scale, where higher values indicated greater anticipated strategy use. Participants were asked to rate the degree to which they believed that they would use these strategies when they shared news of their pregnancy with their supervisors. Because the six strategies were not created to vary systematically along any conceptual dimension, they were analyzed separately rather than combining them into one or more second-order constructs. CFA model fit indices for each strategy are below and individual item loadings for the anticipated disclosure variables can be found in Table 36-43.

Anticipated preparation and rehearsal.

This measure (7 items) assessed the degree to which individuals believed that they would engage strategies that planned and practiced for disclosures. A sample item is, "I will rehearse the way I will tell my supervisor about my pregnancy with other people first." The initial CFA for this measure had an acceptable fit, $\chi^2(14) = 69.18$, $p = .00$, CFI = .97, RMSEA = .10 (see Table 36) and the scale exhibited acceptable reliability ($\alpha = .74$). To increase power for future structural analyses the items were then randomly assigned to one of three parcels, the parceled CFA measure also exhibited acceptable fit $\chi^2(1) = 15.31$, $p = .001$, CFI = .98, RMSEA = .09 thus the parceled version of the measure was used in structural analyses.

Anticipated directness.

This sub-scale (4 items) assessed the degree to which expecting women planned to disclose their pregnancy directly to their supervisor, "I will tell my supervisor about my pregnancy in person, face-to-face." This four-item measure did not exhibit strong CFA fit and the two items with the lowest loadings and lowest inter-item correlations were removed from the

scale (see Table 37 for initial poor CFA fit indices), the remaining two items had an acceptable reliability (α = .75).

Anticipated third-party.

Five items were used to measure the degree to which participants planned to have someone other than themselves share the news of the pregnancy with their supervisor. A sample item is, "I will tell someone else who I knew will tell my supervisor about the pregnancy." The initial CFA for this measure did not fit well and the lowest loading item was removed from the scale, see Table 38 for poor fitting model indices. The modified four-item measure met CFA fit criteria, $\chi^2(2) = 8.11$, $p = .02$, CFI = .99, RMSEA = .08 (see Table 39 for final CFA item loadings) and had a strong reliability (α = .91).

Anticipated incremental.

This measure (5 items) assessed the degree to which expecting mothers planned to share hints of information about the pregnancy a little at a time, testing to determine how the supervisor would respond to each component before moving forward to tell them everything. This measure included items such as, "I will reveal subtle hints about my pregnancy first to see how my supervisor responds to it." The initial CFA for this measure had an acceptable fit, $\chi^2(5) = 12.06$, $p = .03$, CFI = .99, RMSEA = .06 (see Table 40) and the scale had strong reliability (α = .91).

Anticipated entrapment.

This sub-scale (7 items) assessed the degree to which individuals planned to disclose the pregnancy due to workplace pressures; sample items include, "Factors at work will force me to

tell my supervisor about the pregnancy" and "I will be backed into telling my supervisor about the pregnancy." The initial CFA for this measure did not fit well and the three items with the lowest factor loadings were iteratively dropped ("I will reveal it directly to my supervisor in the heat of an argument."), see Table 41 for poor CFA fit indices and initial item loadings. The revised four-item measure exhibited both acceptable fit, $\chi^2(2) = 3.52$, $p = .17$, CFI = .99, RMSEA = .04 (see Table 42) and reliability ($\alpha = .75$)

Anticipated indirect.

The final five items assessed the degree to which expecting mothers planned to disclose their pregnancy through non-face-to-face channels. Three items from Afifi and Steuber's (2009) scale were used including, "I will tell my supervisor about my pregnancy over the telephone." Additionally, two items developed by the author were added to this sub-dimension to more accurately reflect technological advances since the scale was developed. These items included "I will text my supervisor and tell them about my pregnancy" and "I will tell my supervisor about my pregnancy through a social networking site (e.g., Facebook, Instagram, Snapchat)." The initial CFA for this measure had an acceptable fit, $\chi^2(5) = 29.08$, $p = .00$, CFI = .99, RMSEA = .10 (see Table 43) and the scale had strong reliability ($\alpha = .91$).

3.6 Time 2 measures (see Appendix E)

Disclosure strategy (T2).

In addition to participants *anticipated* disclosure strategies (i.e., prior to pregnancy disclosure) the author also gathered data after women disclosed their pregnancies to their supervisors to assess the degree to which women actually *used* particular strategies. Afifi and Steuber's (2009) disclosure strategy measure was used again for all six disclosure sub-

dimensions on a 1 (*Strongly Disagree*) to 7 (*Strongly Agree*) scale, where higher values indicate greater strategy use. In order to maintain continuity between the anticipated and enacted disclosure strategies the same items included in the anticipated disclosure strategies at T1 were included in the enacted disclosure strategies at T2 (e.g., the same four items were used for anticipated entrapment disclosure as were used for enacted disclosure). The CFA fit indices for each of the sub-scales is listed below (for additional detail see Tables 44-59).

Preparation and rehearsal.

The initial CFA for this measure had an acceptable fit, $\chi^2(9) = 28.32$, $p = .00$, CFI = .96, RMSEA = .07 (see Table 44) and the scale had strong reliability ($\alpha = .89$). As with the anticipated preparation and rehearsal measure, items from the enacted preparation disclosure strategy scale were parceled to increase power for future structural analyses. Items were randomly assigned to one of three parcels, the parceled CFA measure also exhibited good fit $\chi^2(1) = 1.93$, $p = .17$, CFI = .99, RMSEA = .05 and thus the parceled version of the measure was used in structural analyses.

Direct.

As with the anticipated direct disclosure, the CFA for the four-item measure for enacted direct disclosure did not fit and the same two items with the lowest loadings and lowest inter-item correlations were removed from the scale, the remaining two items had an acceptable reliability ($\alpha = .76$).

Third-party.

The initial CFA for third-party disclosures (5 items) did not fit and the same two items dropped from the T1 variable (anticipated disclosure strategies) were dropped from the scale, see Table 44 for initial fit. The revised four-item scale fit well, $\chi^2(2) = 3.47$, $p = .18$, CFI = .99, RMSEA = .04 (see Table 45) and had strong reliability ($\alpha = .93$).

Incremental.

The initial CFA for this measure (5 items) once again fit well $\chi^2(5) = 4.01$, $p = .04$, CFI = .98, RMSEA = .01 (see Table 46) and had strong reliability ($\alpha = .89$).

Entrapment.

The initial CFA for this sub-scale did not fit well and as with anticipated entrapment the same items with the lowest factor loadings were iteratively dropped, see Table 47. The revised four-item measure exhibited both acceptable CFA fit, $\chi^2(2) = 6.40$, $p = .04$, CFI = .98, RMSEA = .08 (see Table 48) and reliability ($\alpha = .82$).

Indirect.

Finally, the initial CFA for this measure again fit well and had a strong reliability, $\chi^2(5) = 10.98$, $p = .05$, CFI = .99, RMSEA = .06, $\alpha = .93$ (see Table 49).

Perceived supervisor responsiveness.

Perceived supervisor responsiveness was measured using four items adapted from previous research (Schuster, Kessler, & Aseltine, 1990; Selcuk & Ong, 2013): one overall measure of responsiveness and one item that corresponds with each of the three dimensions of

responsiveness (i.e., caring, understanding, and validation). A supervisor was conceptualized as responsive when his/her reaction to the pregnancy disclosure communicated caring (i.e., shows affection or concern for the discloser), understanding (i.e., accurately captures the disclosers needs and feelings of the discloser), and validation (i.e., confirms that the discloser is valid and accepted as a person). One scale item was designed after each component of responsiveness: caring (i.e., "How much did your supervisor really care about you?"), understanding (i.e., "How much did they understand you felt about things?"), and validation (i.e., "How much did your supervisor appreciate you?"). In addition, a final item assessed the overall degree to which women perceived their supervisor to be responsive during the disclosure process (i.e., "Overall, how supportive do you feel that your supervisor was when you disclosed your pregnancy?"). Participants responded to these questions on a four-point Likert type scale from 1 (*Not at All*) to 4 (*A Lot*). The initial CFA for the measure fit well, $\chi^2(2) = .93$, $p = .63$, CFI = .99, RMSEA = .02 (see Table 50) and the scale had good reliability ($\alpha = .87$).

3.7 Measures Included at T1 and T2 (see Appendix F)

For all measures with four or more items that were collected at both T1 and T2 CFA analyses were conducted to determine if the measurement models fit well for each wave (i.e., T1 and T2 CFA individual fit indices) and then again to ensure good model fit across both waves (i.e., T1T2 CFA fit). Overall fit indices and specific item loadings for each measure can be found in Tables 51-65. As with the measures for T1 and T2 only, given the number of fit indices that are involved for each measure for each of the outcomes assessed at T1 and T2 (i.e., T1, T2, and T1T2), fit indices are reported only in the tables and not in the text. As with anticipated and enacted disclosure strategies, outcomes variables measured at T1 and T2 were kept parallel. The

same items were dropped from T1/T2 measures until good item fit was met across both times, resulting in outcome measures with the same items at each wave of data collection.

Intent to Return.

Intent to return assessed the degree to which participants anticipated returning to their current employer. Participants responded to a four-item measure adapted from O'Reilly, Chatman, and Caldwell (1991) on a scale of 1 (*Strongly Disagree*) to 7 (*Strongly Agree*). Sample items include, "I seriously intend to look for another job within the next year" and "I would prefer another more ideal job than the one I now work in." The initial CFA for this measure did not fit well at either T1 or T2 and so the lowest loading item at both T1 and T2 ("I hope to work for seriously for this organization until I retire," reverse coded) was dropped from the measure, see Table 51 for initial poor CFA fit indices. The three-item measure had good reliability at both T1(α = .90) and T2 (α = .84). Items were reverse scored so that higher scores reflect higher intention by participants to return to their current employer for an extended period of time.

Organizational and occupational identification.

Identification assesses individuals' cognitive and emotional association with the organization or occupation (e.g., "When someone criticizes my organization, it feels like a personal insult" and "When I talk about my occupation, I usually say 'we' rather than 'they'"). Organizational identification was measured using one six-item sub-dimension of Kreiner and Ashforth's (2004) organizational identification scale and occupational identification was measured using one six-item subdimension of Ashforth et al.'s (2013) occupational identification scale. All questions for each occupational and organizational identification were measured on a five-point Likert-type scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*), where

higher values indicated higher levels or organizational and occupational identifications. The initial separate CFAs for both organizational and occupational identification fit well at T1, T2, as well as across both T1T2 (see Tables 52-53 for fit indices and factor loadings) and both measures had acceptable reliabilities at T1 (organizational identification, α = .89; occupational identification; α = .89) and T2 (organizational identification, α = .86; occupational identification; α = .87).

Burnout.

Burnout was measured using an adapted version of Maslach and Jackson's (1986) 22-item Maslach Burnout Inventory (MBI) that consists of three subscales; emotional exhaustion (9 items), depersonalization (5 items), and personal accomplishment (8 items). Emotional exhaustion assessed the degree to which expecting mothers felt depleted emotionally (e.g., "I feel tired when I get up in the morning and have to face another day on the job."). Depersonalization evaluated the presence of negative, cynical attitudes about others (e.g., "I've become more callous toward people since I've worked at this job."). Finally, personal accomplishment assessed women's level of dissatisfaction with their work accomplishments ("I have become more cynical about whether my work contributes anything"). Participants indicated the frequency with which they experienced each item on a 7-point Likert-type scale ranging from 0 (*Never*) to 6 (*Every Day*). I report the initial CFAs for each of these three sub-dimensions, followed by a 2nd-order CFA to assess if all three loaded onto a single latent burnout construct.

Emotional exhaustion.

Based on the CFA analyses of the emotional exhaustion sub-dimension, three of the lowest loading items were iteratively dropped to achieve good measurement fit (e.g., "Working

with people all day is really a strain for me," see Table 54 for initial model fit indices) and the revised six-item sub-dimension had good CFA model fit at T1, T2, across T1T2 (see Table 55 for model fit indices and item loadings) and strong reliabilities (T1 α = .90; T2 α = .91).

Emotional depersonalization.

The initial CFA for the emotional depersonalization measure did not fit and the two items with the lowest loadings were dropped from the scale (e.g., "I can easily understand how my colleagues feel about things, "reversed coded), see Table 56 for initial model fit indices. The revised three item measure had acceptable reliability at both T1 (α = .71) and T2 (α = .81).

Personal accomplishment.

Finally, initial CFA analyses of the personal accomplishment sub-dimension revealed good fit at T1, T2, and across T1T2 (see Table 57 for model fit indices and item loadings) and the measure had strong reliabilities (T1 α = .88; T2 α = .86).

Second-order CFA.

After completing the CFA analyses on the individual sub-dimensions, a second-order latent construct for burnout was created loading with each of the three sub-dimensions and a CFA analysis was conducted to assess measurement model fit at T1, T2, and T1T2. The initial CFA did not fit well, the personal accomplishment sub-dimension of burnout did not strongly load onto the second-order construct and resulted in poor model fit. After dropping the personal accomplishment sub-dimension, the model fit well at T1T2 (see Table 58 for initial poor model fit indices and 59 for the final CFA and item loadings). Thus, the final second-order burnout

construct consisted of two sub-dimensions (emotional exhaustion and depersonalization) which was used in all subsequent structural analyses. Higher scores indicate higher levels of burnout.

Relational quality.

The degree to which women felt that they had a close relationship with their supervisors was assessed using eleven-items from Liden and Maslyn's (1988) leader-member exchange (LMX) relational quality scale. Participants rated the degree to which they agreed with measure items on a 1 (*Strongly Disagree*) to 7 (*Strongly Agree*) Likert-type scale. Sample items include "I like my supervisor very much as a person" and "My supervisor is the kind of person one would like to have as a friend." Based on the initial CFAs of the measure at T1 and T2 three items were dropped from the scale due to low loadings (e.g., "My supervisor would come to my defense if I were 'attacked' by others," see Table 60 for initial poor model fit indices). The revised eight-item scale had good fit at T1, T2, and across T1T2 (see Table 61 for model fit indices and item loadings) the measure had strong reliabilities (T1 $\alpha = .95$; T2 $\alpha = .94$). To increase the power for future structural modeling analyses the items in this measure were then randomly assigned to one of four parcels. CFA analysis of the parceled measure indicated good fit at T1, T2, and T1T2 (see Table 43) and the parceled items for self-risk were then used in all further analyses.

Pregnancy quality of life.

Pregnancy quality of life was measured by adapting three subscales of Boivin, Takefman, and Braverman's (2011) fertility quality of life questionnaire. This adapted measure utilized 18 items to assess women's perceived pregnancy quality of life as it relates to their emotional, mind-body, and workplace social wellbeing.

The emotional subscale assessed the degree to which negative emotions impacted pregnant participants' quality of life (e.g., "Does dealing with your pregnancy at work make you angry?"). Mind-body measured the impact of women's pregnancy on their physical health, cognitions, and behavior (e.g., "Do you feel drained or worn out because of your pregnancy?"). The social measure assessed the degree to which the pregnancy caused perceived problems in participants' work-related social lives (e.g., "Are you socially isolated at work because of your pregnancy?").

For each of the three subscales (emotional, mind—body, and social), the pregnancy quality of life measure uses a five-point Likert type scale with differing labels in scale range for satisfaction, frequency, intensity, and capacity type items. Satisfaction-related questions responses ranged from 0 (*Very Dissatisfied*) to 4 (*Very Satisfied*), "Are you satisfied with the support that you get at work regarding your pregnancy?". Frequency related responses ranged from 0 (*Always*) to 4 (*Never*), "Are you socially isolated at work because of your pregnancy?". Questions of intensity use a 0 (*An extreme amount*) to 4 (*Not at All*) scale, "At work, do you feel that your pregnancy makes you inferior to people who do not have children?". Finally, questions measuring capacity ranged from 0 (*Completely*) to 4 (*Not at all*), "Do you think you cannot move ahead with other life goals and plans because of your pregnancy?" First order CFA analyses were conducted on each of the individual sub-dimensions.

Emotional well-being.

The initial CFA for emotional quality of life did not fit well and the three items with the lowest factor loadings were iteratively dropped from the scale, see Table 62 for poor model fit indices. The revised three-item scale had a strong reliability at T1(α = .91) and T2 (α = .86).

Mind-body well-being.

The initial CFA for the mind-body subdimension did not fit well. To improve model fit two latent constructs were created (mind and body) which were then separately loaded onto the mind-body subdimension. The revised latent variable had good fit at T1, T2, and T1T2 (see Table 63 for model fit indices and item loadings) the measure had strong reliabilities (T1 & T2 α = .80).

Social well-being.

Finally, initial CFA analyses of the social sub-dimension did not fit well, see Table 64 for poor CFA fit indices. Three items were iteratively dropped from this scale due to poor loadings and the revised three-item version of the social quality of life sub-dimension had good reliability at both T1(α = .89) and T2 (α = .85).

Second-order CFA.

After completing the CFA analyses on the individual sub-dimensions, a second-order latent construct for pregnancy quality of life was created loading with each of the three sub-dimensions onto one latent construct and a CFA analysis was conducted to assess measurement model fit at T1, T2, and T1T2. The initial CFA fit well (see Table 65 for model fit indices and item loadings). All three subscales were computed as mean composites where higher values indicate higher pregnancy quality of life in each sub-dimension (see participant descriptive information in Table 4).

3.8 Control Variables

Preliminary correlation and ANOVA analyses were conducted between demographic variables and all independent, mediator, moderator, and outcome variables in both the APDM and OPDM models to determine what, if any, control variables should be included as covariates in the AMOS structural models. Thus, demographic variables (e.g., age, marital status) were included as control variables in the appropriate structural models if they were significantly associated with observed or latent constructs in the model. As such, age, length of pregnancy at T1 (in weeks), marital status, time in position (in months), time to promotion (in months), and income were all included as control variables in the APDM (see Table 6). Control variables in the OPDM included age, marital status, time in position, time to promotion, income, and time since disclosure (see Table 7).

Table 6: Correlations for Antecedent Pregnancy Disclosure Model (APDM) Control Variables

Variable	Age	T1 Pregnancy Length	Marital Status	Time in Position	Time to Promotion	Income
Structural Support	.06	-.10	.06	-.17*	.04	-.07
Symbolic Support	.05	-.01	.09	-.04	.05	-.01
Relational Support	.07	-.05	.10	-.03	.09	.01
Self-Risk	-.16	.01	-.11	-.05	-.20*	-.24**
Relational Risk	-.14	.11	-.05	.02	-.21*	-.13
Career Risk	-.13	.05	-05	.09	-.05	-.07
Disclosure Efficacy	-.03	-.10	.14	.05	.05	-.10
Anticipated Preparation (T1)	-.17*	.10	-.03	.03	.004	-.13
Anticipated Direct (T1)	.06	-.09	.20*	.11	.26**	.11
Anticipated Third-Party (T1)	-.20*	.16	-.19*	-.18*	-.27**	-.29**
Anticipated Incremental (T1)	-.19*	.03	-.05	-.12	-.07	-.14

Table 6 continued

Variable	Age	T1 Pregnancy Length	Marital Status	Time in Position	Time to Promotion	Income
Anticipated Entrapment (T1)	-.26**	.21*	-.16	-.20*	-.10	-.27**
Anticipated Indirect (T1)	-.23**	.11	-.23**	-.19*	-.25**	-.29**
Preparation Disclosure (T2)	-.20*	.01	-.07	-.10	-10	-.25**
Direct Disclosure (T2)	.23**	-.02	.21*	.18*	.03	.16
Third-Party Disclosure (T2)	-.20*	.07	-.11	-.16	-.16	-.34**
Incremental Disclosure (T2)	-.16	-.04	-.06	-.14	.03	-.16
Entrapment Disclosure (T2)	-.14	-.06	-.09	-.07	-.15	-.23**
Indirect Disclosure (T2)	-.14	.01	-.20*	-.10	-.20*	-.19*

Table 7: Correlations for Outcome Pregnancy Disclosure Model (OPDM) Control Variables

Variable	Age	Marital Status	Time in Position	Time to Promotion	Income	Time since disclosure
Preparation Disclosure (T2)	-.20*	-.07	-.10	-.10	-.25**	-.01
Direct Disclosure (T2)	.23**	.21*	.18*	.03	.16	.09
Third-Party Disclosure (T2)	-.20*	-.11	-.16	-.16	-.34**	.15
Incremental Disclosure (T2)	-.16	-.06	-.14	.03	-.16	.02
Entrapment Disclosure (T2)	-.14	-.09	-.07	-.15	-.23**	.11
Indirect Disclosure (T2)	-.14	-20*	-.10	-.20*	-.19*	.05
Intent to Return (T1)	.23**	.09	.01	.06	-.01	.04
Org. Ident. (T1)	.09	.08	.02	-01	.02	.09
Occ. Ident. (T1)	.07	.12	.04	.08	.08	.12
Burnout: Emotional(T1)	-.07	.11	.10	.00	.03	.08

Table 7 continued

Variable	Age	Marital Status	Time in Position	Time to Promotion	Income	Time since disclosure
Burnout: Personal Accomplishment (T1)	-.16	-.10	.04	-.03	-.13	-.18*
Relational Quality (T1)	.08	.18*	-.06	.08	.05	.06
PQual: Emotional (T1)	.08	.04	-.06	.04	.09	-.11
PQual: Mind-Body (T1)	-.07	.13	.17	.10	.16	.06
PQual: Social (T1)	.03	.02	-.05	.04	.11	-.09
PSR (T2)	.18*	.20*	-.13	-.05	.15	.09
Intent to Return (T2)	-.08	.07	.05	.14	.08	.07
Org. Ident. (T2)	.18*	.03	.11	-.07	-.004	.02
Occ. Ident. (T2)	.08	.07	.11	.06	.07	.04
Burnout: Emotional (T2)	.07	.001	.17	-.06	.04	.02
Burnout: Depersonalization (T2)	.07	.03	.11	-.02	-.05	.02
Burnout: Personal Accomplishment (T2)	-.26**	-.001	-.03	-.02	-.16	-.02
Relational Quality (T2)	.09	.16	-.13	.18*	.04	.01
PQual: Emotional (T2)	.18*	.01	.11	.07	.06	-.08
PQual: Mind-Body (T2)	.17	-.03	-.07	.004	-.04	-.20*
PQual: Social (T2)	.17*	-.01	.15	.10	.09	-.16

3.9 Conclusion

This chapter provided information regarding participant recruitment, study procedures, demographics, measures CFAs and reliabilities, and identified controls to be used in the subsequent structural equation modeling in AMOS. The next chapter provides information regarding data analysis procedures used to test both the APDM and the OPDM.

CHAPTER 4. APDM RESULTS

This chapter details the data analysis procedures associated with both the APDM and OPDM as well as APDM data analysis results. First, information regarding general data analysis procedures is provided. Next, the direct and indirect results associated with the APDM are presented, see Table 8. Finally, the chapter ends with a brief summary of hypotheses results, see Table 9.

4.1 General Data Analysis Procedures

The pregnancy disclosure models (i.e., APDM and OPDM) were both tested using AMOS 23 structural equation modeling. Structural equation modeling is a combination of regression and factor analysis that allows the researcher to simultaneously test for the relationships between dependent, mediator, and independent variables in a proposed model while taking into account measurement error. As with the confirmatory factor analyses (CFAs), good model fit in SEM structural models is be determined by the chi-square and degrees of freedom, comparative fit index, and the root mean square of approximation (RMSEA) fit indices. Acceptable structural model fit is characterized by non-significant χ^2 values, though this criterion is sensitive to sample size. Given the sample size associated with this study an adjusted chi-square fit statistic for sample sizes is also included. This adjusted fit statistic examines the ratio of χ^2 to degrees of freedom, where a ratio of 3 or less is considered an indicator of good model fit (i.e., $\chi^2 < 3$; Hoe, 2008). Additionally, structural models were considered to have acceptable when they had CFI values above .90 and RMSEA values below .10 (Browne & Cudeck, 1993; Bryne, 2001; Kline, 1998; Holbert & Stephenson, 2008). To determine if proposed hypotheses

were (not) supported the significance and loadings of paths in well-fitting models were evaluated.

Overall, separate structural models were tested for each of the six disclosure strategies for the antecedent (APDM) disclosure model resulting in a total of six models. The outcome (OPDM) disclosure models assessed the impact of disclosure strategies on outcomes while controlling for participants levels of outcome measures at time one. Given the small sample size, one model was run for each outcome with each disclosure strategy to ensure that models were adequately powered. The overall model fit indices, direct effects, and indirect effects associated with the antecedent pregnancy disclosure model are presented first followed by the outcome disclosure pregnancy model.

4.2 Antecedent Pregnancy Disclosure Model(s): Assessing direct and indirect effects

The APDM tested the direct effects associated with organizational support, perceived risk, disclosure efficacy, anticipated disclosure strategies, and enacted disclosure strategies. Six models, one for each disclosure strategy, were tested to assess the effect of predictors on the strategies that women used to disclose their pregnancy to their supervisors (see Figures 8 – 13). Specifically, these hypotheses tested the direct effects between perceived risk, organizational support, and disclosure efficacy (H1 and H2), organizational support and enacted disclosure (H4ab), perceived risk and enacted disclosure (H5ab), support and anticipated disclosure (H6ab), risk and anticipated disclosure (H7ab), disclosure efficacy and anticipated disclosure (H8ab), and enacted and anticipated disclosure (H9). Hypotheses regarding direct effects were considered to be supported when the path was significant and in the predicted direction (when applicable) after all other constructs were included in the model. Path weights for direct effects are reported as standardized betas (β).

In order to assess the indirect effects associated with the APDM, I engaged in a combination of bootstrapping and phantom analyses. Bootstrapping (i.e., iterative data resampling used to generate an estimation of the sampling distribution to define confidence intervals; Cheung & Lau, 2008; Mooney & Duval, 1993) was performed to test the mediation effects (i.e., whether bootstrapped confidence intervals for indirect effects include zero) predicted in H3ab, H10ab, H11, H12ab, and H15. While bootstrapping is sufficient to identify the significance of the total indirect effects (e.g., the total indirect effect of organizational support on enacted disclosure strategies) it does not provide insight into the significance of specific mediation paths (e.g., the significance of organizational support on enacted disclosures through anticipated disclosure strategies versus the impact of organizational support on enacted disclosures through both disclosure efficacy and anticipated disclosure strategies). To test the significance of these specific paths I engaged in phantom modeling (i.e., the creation of a latent phantom variable from covariance matrices to test the significance of individual mediation effects; see Macho & Ledermann, 2011). Thus, mediation hypotheses were considered supported when bootstrapping and phantom analyses revealed significant associations while accounting for all other indirect and direct effects in the structural model. The path coefficients for indirect associations are reported as unstandardized betas (*b)* given the use of phantom modeling (see Table 8).

Table 8: Antecedent Pregnancy Disclosure Model (APDM) Structural Equation Modeling Outcomes

	Direct	*Preparation & Rehearsal*	*Third-Party*	*Indirect*	Entrapment	Incremental
Direct Associations						
Organizational Support -> Disclosure Efficacy	.75** (.13)	.75** (.13)	.75** (.13)	.75** (.13)	.75** (.13)	.75** (.13)
Perceived Risk -> Disclosure Efficacy	.05 (.07)	.05 (.07)	.05 (.06)	.05 (.06)	.05 (.07)	.05 (.06)
Organizational Support -> Enacted Disclosure Strategy	-.43* (.19)	-.02 (.15)	-.06 (.15)	-.29* (.12)	-.08 (.12)	-.22*(.12)
Perceived Risk -> Enacted Disclosure Strategy	-.27* (.10)	.25 (.15)	-.05 (.15)	-.15 (.11)	.06 (.13)	-.16 (.14)
Organizational Support -> Anticipated Disclosure Strategy	.50* (.17)	.53** (.20)	.56** (.19)	.25 (.21)	.28 (.12)	.66**(.21)
Perceived Risk -> Anticipated Disclosure Strategy	.09 (.08)	.71** (.13)	.66** (.12)	.53** (.13)	.71** (.10)	.67**(.13)
Disclosure Efficacy -> Anticipated Disclosure Strategy	.33* (.18)	-.21 (.22)	-.38* (.22)	-.18 (.23)	-.06 (.13)	-.31*(.23)
Anticipated Disclosure Strategy -> Enacted Disclosure Strategy	.87** (.19)	.28* (.11)	.57** (.13)	.63** (.09)	.40* (.20)	.68**(.12)
Indirect Associations						
Support -> Anticipated Disclosure -> Enacted Disclosure	.46* (.18)	.18* (.11)	.46**(.17)	.19 (.13)	.12 (.11)	.59* (.18)
Support -> Efficacy -> Anticipated Disclosure -> Enacted Disclosure	.23* (.12)	-.05 (.05)	-.23* (.11)	-.10 (.09)	-.02 (.06)	-.20* (.11)
Efficacy -> Anticipated Disclosure -> Enacted Disclosure	.37* (.18)	-.09 (.09)	-.39* (.19)	-.17 (.16)	-.03 (.10)	-.34* (.19)
Support -> Efficacy -> Anticipated Disclosure	.26* (.14)	-.20 (.17)	-.34* (.15)	-.17 (.15)	-.03 (.10)	-.28* (.15)
Risk -> Efficacy -> Anticipated Disclosure -> Enacted Disclosure	.01 (.03)	-.002 (.01)	-.01 (.03)	-.004 (.02)	-.001 (.01)	-.008 (.03)
Risk -> Anticipated Disclosure -> Enacted Disclosure	.07 (.16)	.21* (.11)	.45* (.13)	.34* (.10)	.24* (.15)	.51* (.13)

Table 8 continued

	Direct	*Preparation & Rehearsal*	*Third-Party*	*Indirect*	Entrapment	Incremental
Risk -> Efficacy -> Anticipated Disclosure	.01 (.03)	-.007 (.03)	-.02 (.04)	-.007 (.02)	-.001 (.01)	-.01 (.04)

Note: Output is reported as beta (standard error); coefficients for direct effects are reported as standardized betas while indirect effects are reported as un-standardized betas; * $p < .05$, **$p < .001$

4.3 APDM: Direct disclosure

Analysis of the direct disclosure model revealed acceptable fit, $\chi^2(422) = 1023.51$, $\chi^2/df < 3$, $p < .001$, CFI = .93, RMSEA = .06 (see Figure 8).

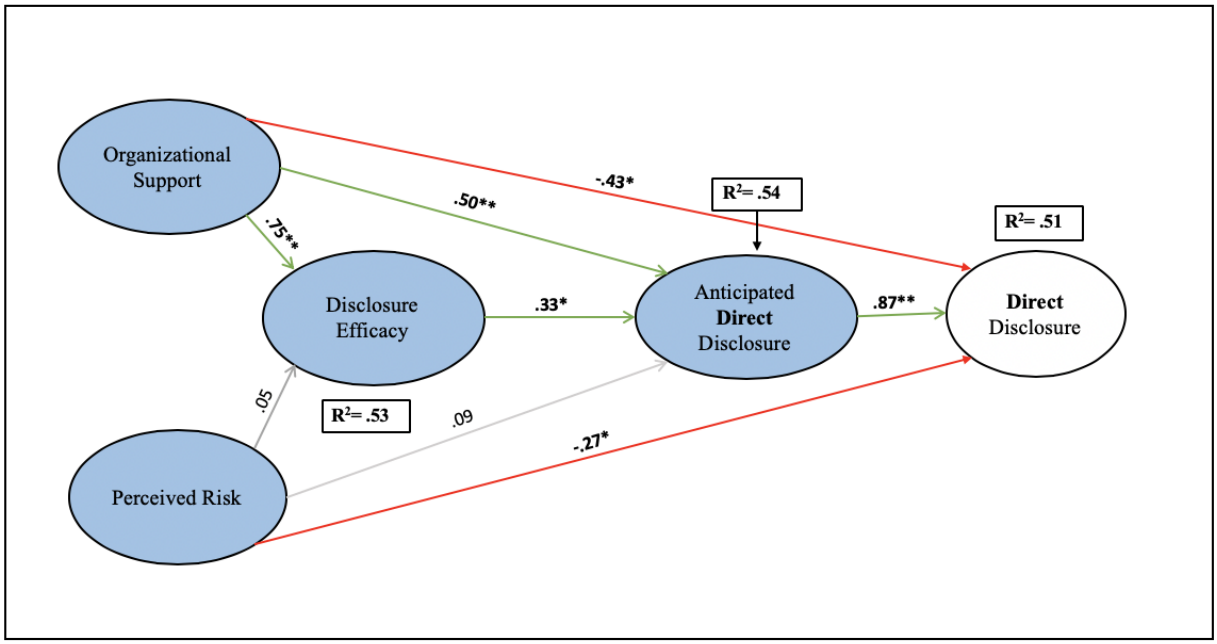

Figure 8: Antecedent Pregnancy Disclosure Model (Direct Disclosure) Effects of Organizational Support, Perceived Risk, Disclosure Efficacy, and Anticipated Direct Disclosure on Direct Disclosure Strategy Usage.

Note: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths[8]; Green lines indicate significant positive paths; Standardized

[8] In the direct disclosure model, inferences drawn regarding the direct effect of organizational support on direct disclosure are qualified by the zero-order correlation between the support sub-dimensions and direct disclosure (relational support $r = .22$, $p < .01$; structural support $r = .25$, $p < .005$; symbolic support $r = .19$, $p < .001$) which were significant and positive in direction. Instances of structural path coefficients that are opposite in sign to the zero-order correlation with the dependent variable are indicative of inconsistent mediation or suppression (Davies, 1985; Maassen & Bakker, 2001). Inconsistent mediation often occurs if mediators act as suppressor variables such that the

coefficients are reported; Income, Time in position, time until promotion review, and age were included as covariates in the model. * $p < .05$, ** $p < .001$

H1 predicted that organizational support would be positively associated with disclosure efficacy, results of structural analyses supported this hypothesis indicating that for each standard deviation increase in organizational support there was a .75 standard deviation increase in expecting women's disclosure efficacy. This suggests that expecting women were likely to experience an increase in their levels of disclosure efficacy if they had higher perceptions of organizational support. In contract, results of data analysis did not support the prediction that perceived risk would be directly and negatively associated with expecting women's disclosure efficacy (H2 not supported).

When examining the direct association between organizational support and enacted direct disclosure there was an unexpected and significant direct association. Each standard deviation increase in organizational support was associated with a .43 decrease in expecting women's engagement in direct disclosures (H4a not supported). However, given that the zero-order correlation between each sub-dimension of organizational support and enacted direct disclosure were positive (relational support $r = .22$, $p < .01$; structural support $r = .25$, $p < .005$; symbolic support $r = .19$, $p < .001$), this suggests that both the direct and indirect effects of organizational support on enacted direct disclosure must be considered to fully understand the association between these two variables (see below). As predicted, results indicated a significant negative association between perceived risk and women's enacted use of direct disclosure strategies. For each standard deviation increase in the perceived risk associated with pregnancy disclosure there

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sign of the structural coefficient is the opposite of that associated with the Pearson's correlation (Kline & Kline, 2015). These suppressor effects are more probable in longitudinal structural equation modeling given often high coefficient stability and were evident in the direct disclosure model (Demerouti, Le Blanc, Bakker, Schaufeli, & Hox, 2009; Maassen & Bakker, 2001). However, all other effects in this model and across the other five disclosure types were consistent with the zero-order correlations suggesting that suppression was not present outside of the current model.

was a .27 decrease in expecting women's use of direct disclosure strategies to tell their supervisors that they were expecting (H5a supported).

When examining the associations between organizational support, perceived risk, disclosure efficacy, and anticipated direct disclosure the support for study hypotheses were mixed. Results indicated that there was a significant direct effect of organizational support on anticipated direct disclosure such that every standard deviation increase in organizational support was associated with a one-half standard deviation increase in women's anticipated direct disclosures (H6a supported). Additionally, a one standard deviation increase in expecting women's disclosure efficacy was associated with a .33 increase in women's anticipated direct disclosures (H8a supported). These results suggest that, when controlling for all other effects in the model, pregnant women are more likely to anticipate using direct disclosures strategies to tell their supervisors that they are pregnant when they have higher perceptions of organizational supported and higher perceptions of their own disclosure efficacy. Additionally, there was a significant direct effect between women's anticipation that they would use direct disclosures and their actual use of this disclosure strategy. For each standard deviation increase in anticipating direct disclosures there was a .87 increase in women's actual enactment of direct disclosure strategies to tell their supervisors that they were pregnant (H9 supported). However, there was not a significant association between perceived risk and women's anticipated use of direct disclosure strategies (H7a not supported).

Analysis of indirect effects further unpacked the associations between predictors and women's use of direct disclosure strategies by revealing mediation effects for organizational support but not for perceived risk. H3ab predicted that disclosure efficacy would mediate the relationship between anticipated disclosure strategies and (a) organizational support and (b)

perceived risk. Support for this hypothesis was mixed in that disclosure efficacy positively mediated the association between organizational support and anticipated direct disclosure (b = .26, SE = .14, p <.05; H3a supported), such that as perceived organizational support increased, so did disclosure efficacy which in turn positively predicted women's plans to disclose their pregnancies directly to their supervisors. However, efficacy did not mediate the association between perceived risk and anticipated direct disclosure (b = .01, SE = .03, p >.05; H3b not supported). Anticipated direct disclosure also mediated the relationship between organizational support and enacted direct disclosure (b = .46, SE = .18, p <.05; H10a supported), such that as perceived organizational support increased, so did plans for disclosing directly at Time 1 which in turn predicted actually disclosing directly at Time 2. Once again, efficacy did not mediate the relationship between perceived risk and enacted direct disclosure, b = .07, SE = .16, p >.05 (H10b not supported).

Finally, in keeping with H11, anticipated direct disclosure mediated the relationship between disclosure efficacy and women's use of direct disclosure strategies to tell their supervisors about their pregnancy (b = .37, SE = .18, p <.05), such that as women experienced greater efficacy they were more likely to plan to disclose directly at Time 1, and hence do so at Time 2. When examining final hypotheses regarding the serial mediation between organizational support, perceived risk, and enacted direct disclosure the support for H12ab was mixed. Consistent with mediation findings in this model, disclosure efficacy and anticipated direct disclosure serially mediated the relationship between organizational support and direct disclosure (b = .23, SE = .12, p <.05; H12a supported) but not the relationship between perceived risk and direct disclosure (b = .01, SE = .03, p >.05; H12b not supported).

In sum, organizational support exerted a number of positive indirect effects on enacted direct disclosure through efficacy and anticipated direct disclosure, though it also exerted an unexpected direct effect on enacted direct disclosure as well. Because the total effect of organizational support on enacted direct disclosure was positive, it appears that the indirect positive effects were stronger than the unexpected negative direct effect. Having said this, the findings suggest that organizational support exerts complex effects on actual direct disclosure. Perceived risk exerted a direct negative effect on enacted direct disclosure but was not associated with either efficacy or anticipated direct disclosure (i.e., no significant indirect effects), suggesting that these mediators are less useful in explaining the impact of perceived risk. The model does explain more than half of the variance in disclosure efficacy, anticipated direct disclosure, and enacted direct disclosure.

4.4 APDM: Preparation and rehearsal disclosure

Analysis of the preparation disclosure model revealed acceptable fit, $\chi^2(484) = 1097.29$, $\chi^2/df < 3$, $p < .001$, CFI = .93 (see Figure 9).

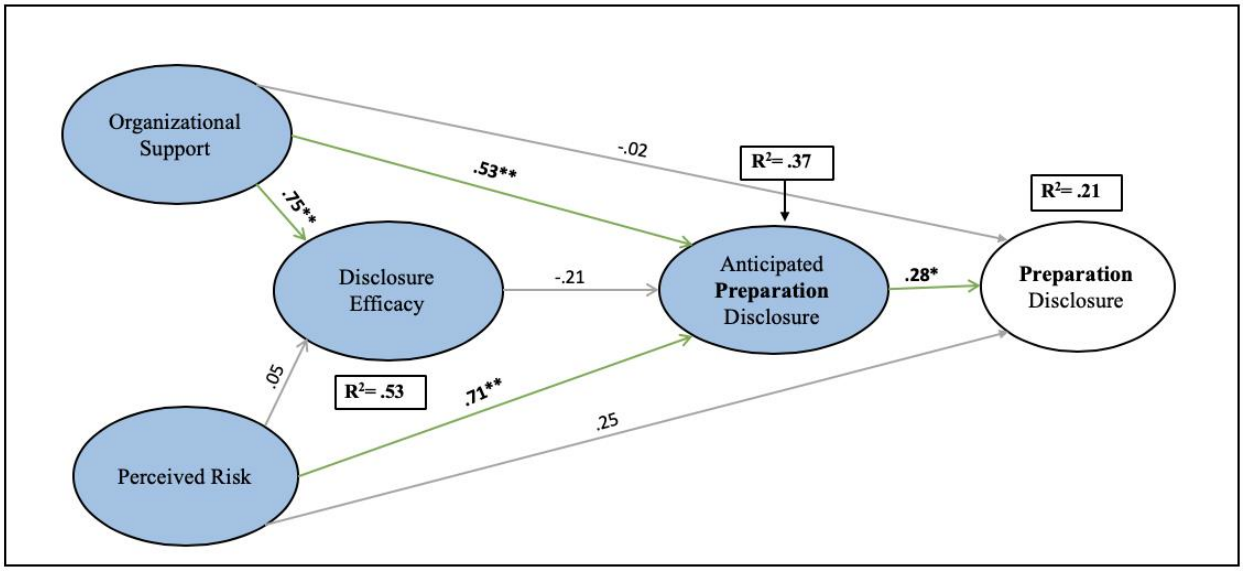

Figure 9: Antecedent Pregnancy Disclosure Model (Preparation Disclosure) Effects of Organizational Support, Perceived Risk, Disclosure Efficacy, and Anticipated Preparation Disclosure on Preparation Disclosure Strategy Usage.

Note: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths; Green lines indicate significant positive paths; Standardized coefficients are reported; Income, age, time until promotion review, and time in current position were included as covariates in the model. * $p < .05$, ** $p < .001$

As with direct disclosure, organizational support positively predicted disclosure efficacy such that for each standard deviation increase in organizational support there was a .75 standard deviation increase in expecting women's disclosure efficacy (H1 supported) while there was no significant association between perceived risk and expecting women's disclosure efficacy (H2 not supported). However, there was not a significant association between organizational support and enacted preparation disclosure (H4b not supported) nor was there a significant direct association between perceived risk and enacted preparation disclosure strategies (H5b not supported).

In contrast to H6b, there was a significant *positive* association between organizational support and anticipated preparation disclosure, such that each standard deviation increase in women's perceptions of organizational support was associated with a .53 standard deviation

increase in women's anticipation of using rehearsal strategies to prepare themselves to tell their supervisors that they were pregnant (H6b not supported). Additionally, the data did not support H8b in that there was no significant association between disclosure efficacy and anticipated preparation disclosure (H8b not supported). As predicted, anticipated preparation disclosure was positively associated with enacted preparation disclosure in that a standard deviation increase in women's anticipation of using preparation and rehearsal strategies at T1 was associated with a .28 standard deviation increase in their engagement in preparation and rehearsal strategies at T2 (H9 supported). H7b predicted a significant positive association between perceived risk and anticipated preparation disclosure, this hypothesis was supported by the data in that a standard deviation increase in women's perceptions of the riskiness of disclosing of their pregnancy to their supervisors was associated with a .71 standard deviation increase in anticipated use of preparation and rehearsal disclosure strategies.

Analysis of indirect effects further unpacked these associations by revealing significant mediation effects through anticipated preparation disclosure but not disclosure efficacy. H3ab predicted that disclosure efficacy would mediate the relationship between *anticipated* disclosure strategies and (a) organizational support and (b) perceived risk. However, analysis did not reveal a significant mediation effect for either organizational support (b = -.20, SE = .17, p >.05) or perceived risk (b = -.01, SE = .03, p > .05; H3ab not supported), suggesting that disclosure efficacy does not mediate the relationship between organizational support, perceived risk, and anticipated preparation disclosure.

Anticipated preparation disclosure provided the only significant mediation results in this model. Women's anticipation of engaging in preparation strategies positively mediated the relationship between both organizational support and enacted preparation disclosure (b = .18, SE

= .11, p <.05; H10a supported) and between perceived risk and enacted preparation disclosure, *b* = .21, SE = .11, p < .05 (H10b supported). These finding suggests that as women's perceptions of organizational support and perceived risk increased, so did their plans for engaging in preparation and disclosure strategies at T1, which in turn positively predicted their use of these strategies at T2. Anticipated preparation disclosure did not mediate the relationship between disclosure efficacy and women's use of preparation disclosure strategies to tell their supervisors about their pregnancy (*b* = -.09, SE = .09, p > .05; H11 not supported). Finally, when examining hypotheses regarding the serial mediation between organizational support, perceived risk, and enacted preparation disclosure there were no significant findings in association with H12ab. Disclosure efficacy and anticipated preparation disclosure did not serially mediate the relationship between organizational support and preparation disclosure (*b* = -.05, SE = .03, p > .05; H12a not supported) nor the relationship between perceived risk and preparation disclosure (*b* = -.002, SE = .01, p >.05; H12b not supported).

In sum, expecting women who perceived greater organizational support as well as greater risk reported higher levels of anticipated preparation disclosure. Anticipated preparation disclosure in turn helped explain the impact of both organizational support and perceived risk on enacted preparation disclosure whereas disclosure efficacy did not. This model explained about one-third of the variance in anticipated preparation and one-fifth of the variance in enacted preparation.

4.5 APDM: Third-party disclosure

The third-party disclosure model had acceptable fit, $\chi^2(547) = 1149.04$, $\chi^2/df < 3$, $p < .001$, CFI = .94, RMSEA = .05 (see Figure 10).

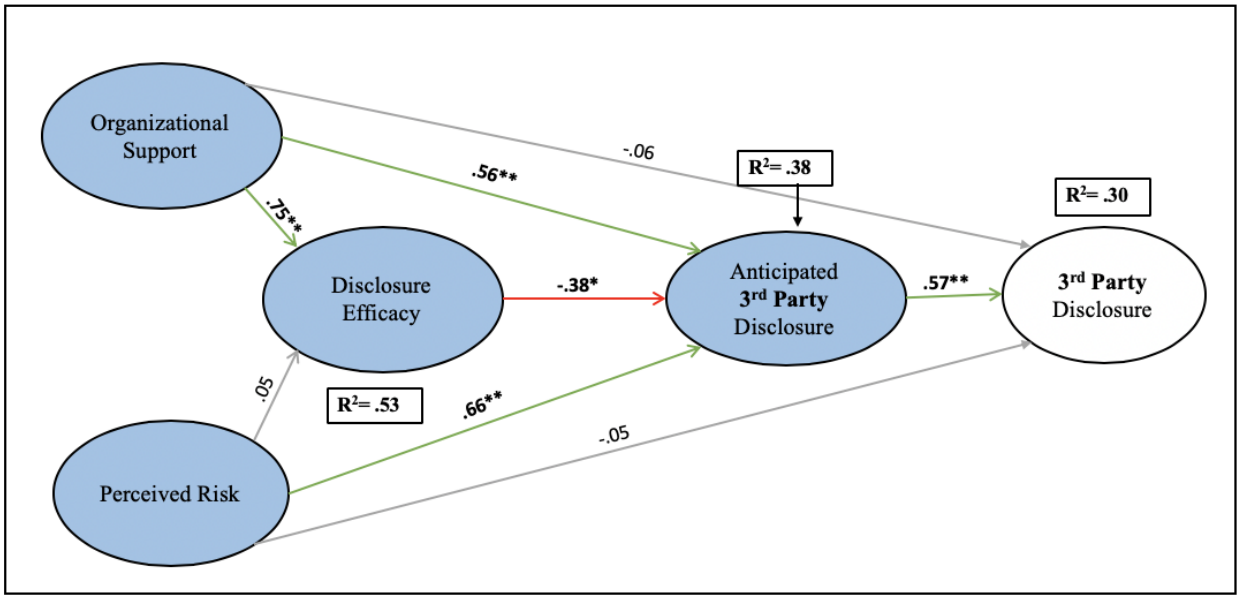

Figure 10: Antecedent Pregnancy Disclosure Model (Third-Party Disclosure) Effects of Organizational Support, Perceived Risk, Disclosure Efficacy, and Anticipated Third-Party Disclosure on Third-Party Disclosure Strategy Usage.

Note: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths; Green lines indicate significant positive paths; Standardized coefficients are reported; Income, age, marital status, time in position, and time until promotion review were included as covariates in the model. * $p < .05$, ** $p < .001$

Results of this model also supported H1 in that there was a significant positive association between organizational support and disclosure efficacy, each standard deviation increase in perceived organizational support was associated with a .75 standard deviation increase in expecting women's disclosure efficacy. However, H2 was not supported, there was no significant association between perceived risk and disclosure efficacy. Additionally, there was not a significant direct association between organizational support and enacted third-party disclosure or between perceived risk and women's use of third-party disclosure strategies (H4b and H5b not supported).

Additionally, there was mixed support for hypothesized associations between organizational support, perceived risk, disclosure efficacy, and anticipated third-party disclosure. While there was a significant association between organizational support and anticipated third-

party disclosure, this association unexpectedly was positive in direction. As such, for every standard deviation increase in organizational support was associated with a .56 standard deviation increase in women's anticipation of using third-party disclosure strategies (H6b not supported). As predicted, disclosure efficacy had a significant negative association with anticipated third-party disclosure, each standard deviation increase in expecting women's disclosure efficacy was associated a .38 decrease in women's anticipation of using third-party disclosure strategies (H8b supported). Additionally, in keeping with H9, anticipated third-party disclosure was positively associated with enacted third-party disclosure such that a standard deviation increase in anticipated third-party disclosures at T1 was associated with a .57 standard deviation increase in women's use of this strategy at T2. Finally, there was a significant and positive direct association between perceived risk and anticipated third-party disclosure, each standard deviation increase in perceived risk was associated with a .66 increase in women's' anticipation of using third-party disclosures (H7b supported).

Analysis of indirect effects further unpacked these associations by revealing significant mediation effects through both disclosure efficacy and anticipated preparation disclosure for organizational support and through anticipated preparation disclosure for perceived risk. H3ab predicted that disclosure efficacy would mediate the relationship between *anticipated* disclosure strategies and (a) organizational support and (b) perceived risk. While analysis did not reveal a significant mediation effect for perceived risk (b = -.02, SE = .04, p >.05) there was a significant negative mediation effect for perceived support (b = -.34, SE = .15, p < .05; H3a supported, H3b not supported). Thus, while disclosure efficacy did not mediate the association between perceived risk and anticipated third-party disclosure it did act as a mediator between organizational support and anticipated third-party disclosure. As perceived organizational

support increased, so did women's disclosure efficacy, which in turn led women to be less likely to plan to disclosure through a third party.

In contrast to the mediation findings for efficacy, anticipated third-party disclosure acted as a mediator for both organizational support and perceived risk. Women's anticipation of engaging in third-party disclosure strategies positively mediated the relationship between both organizational support and enacted third-party disclosure (b = .46, SE = .17, p <.001; H10a supported) as well as between perceived risk and third-party disclosure, b = .45, SE = .13, p < .05; H10b supported. As both organizational support and perceived risk increased, so did women's plans to disclose through a third party at Time 1, which in turn predicted women actually doing so at Time 2. This indirect effect was expected for perceived risk but the direction of the effect between ran contrary to what was expected for organizational support.

Anticipated third-party disclosure also negatively mediated the relationship between disclosure efficacy and women's use of third-party disclosure strategies to tell their supervisors about their pregnancy (b = -.39, SE = .19, p < .05; H11 supported). As disclosure efficacy increased, plans to disclosure through a third party decreased, as did actually doing so at T2. Finally, when examining hypotheses regarding the serial mediation between organizational support, perceived risk, and enacted third-party disclosure support there were significant findings for organizational support but not risk. Disclosure efficacy and anticipated third-party disclosure serially mediated the relationship between organizational support and third-party disclosure (b = -.23, SE = .11, p < .05; H12a supported); specifically, as organizational support increased, so did disclosure efficacy which in turn led to less anticipated and enacted disclosure through a third party. This negative indirect effect for the serial mediator (i.e., organizational support→efficacy→planned third party→enacted third party) runs in the opposite direction as

the positive indirect effect through planned third-party disclosure (i.e., organizational support→planned third party→enacted third party) which again suggests that organizational support exerts complex effects on this form of disclosure. In contrast, there was not a significant serial mediation effect for the relationship between perceived risk and enacted third-party disclosure (*b* = -.01, SE = .03, p >.05; H12b not supported).

In sum, greater perceived risk led expecting women to have greater plans to disclose their pregnancy to their supervisor through a third party at T1, which in turn predicted women actually doing so at T2. Organizational support had a more complex relationship with enacted third-party disclosure, as both positive and negative indirect effects were detected. Taking into account both the direct and indirect effects, organizational support exerted a negative total effect on enacted third-party disclosures such that expecting women who perceived greater organizational support on average were less likely to actually disclose via a third party. This model explained about one-third of the variance in both planned and enacted third-party disclosure.

4.6 APDM: Indirect disclosure

The indirect disclosure model had acceptable fit, $\chi^2(616) = 1425.81$, $\chi 2/df < 3$, $p < .001$, CFI = .92, RMSEA = .06 (see Figure 11).

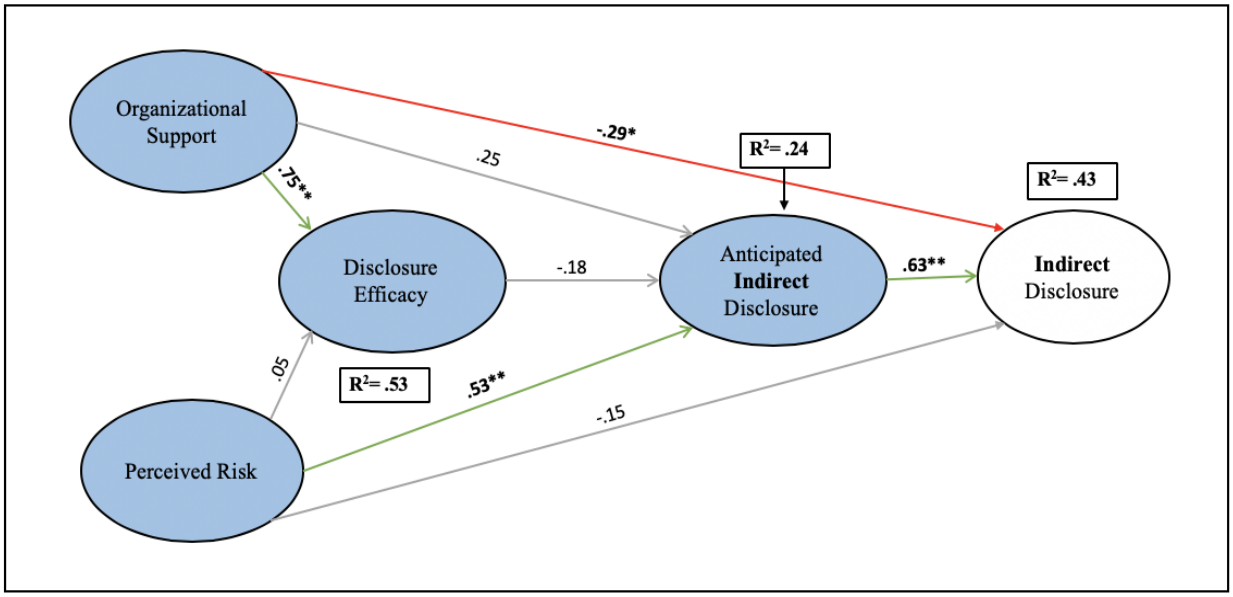

Figure 11: Antecedent Pregnancy Disclosure Model (Indirect Disclosure) Effects of Organizational Support, Perceived Risk, Disclosure Efficacy, and Anticipated Indirect Disclosure on Indirect Disclosure Strategy Usage.

Note: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths; Green lines indicate significant positive paths; Standardized coefficients are reported; Age, marital status, income, time in position, and time until promotion review were included as covariates in the model. * $p < .05$, ** $p < .001$

Results of this model also supported H1, each standard deviation increase in organizational support was associated with a .75 standard deviation increase in expecting women's disclosure efficacy. However, there was not support for H2 in that there was not a significant association between perceived risk and expecting women's disclosure efficacy. However, analyses revealed a significant negative association between organizational support and enacted indirect disclosure, each standard deviation increase in organizational support was associated with a .29 standard deviation decrease in women's use of indirect disclosure strategies at T2 (H4b supported). In contrast, there was not a significant association between perceived risk and women's use of indirect disclosure strategies (H5b not supported).

Additionally, data did not support H6b or H8b, as there was no significant association between organizational support and anticipated indirect disclosure nor was there a significant

association between disclosure efficacy and anticipated indirect disclosure. However, anticipated indirect disclosure was positively associated with enacted indirect disclosure, each standard deviation increase in anticipated use of indirect disclosures at T1 was associated with a .63 standard deviation increase in use of indirect disclosure strategies at T2 (H9 supported). Finally, there was a significant and positive direct association between perceived risk and anticipated indirect disclosure. For expecting women, a standard deviation increase in the riskiness associated with disclosing their pregnancies to their supervisors was associated with approximately half a standard deviation increase in their anticipation of using indirect disclosure strategies (H7b supported).

Analysis of indirect effects revealed only one significant mediation effect through anticipated indirect disclosure. H3ab predicted that disclosure efficacy would mediate the relationship between anticipated disclosure strategies and (a) organizational support and (b) perceived risk but there were no significant effects found for either support or perceived risk (b = -.17, SE = .15, p >.05; b = -.01, SE = .02, p > .05; H3ab not supported). In contrast, while anticipated indirect disclosure did not act as a mediator for organizational support (b = .19, SE = .13, p >.05; H10a not supported) it did positively mediate the relationship between actual indirect disclosure and perceived risk, b = .34, SE = .10, p < .05 (H10b supported). As perceived risk increased, women planned to disclose indirectly at Time 1, which in turn led them to do so at Time 2. However, anticipated indirect disclosure also did not mediate the relationship between disclosure efficacy and women's use of indirect disclosure strategies to tell their supervisors about their pregnancies (b = -.17, SE = .16, p > .05; H11 not supported). Finally, when examining hypotheses regarding the serial mediation between organizational support, perceived risk, and enacted indirect disclosure support there were no significant findings for either

organizational support (*b* = -.10, SE = .08, p > .05; H12a not supported) nor perceived risk (*b* = -.004, SE = .02, p > .05; H12b not supported).

In sum, organization support exerted a direct negative effect on indirect disclosure, whereas perceived risk exerted an indirect positive effect through anticipated indirect disclosure. This model explained about one-quarter of the variance in anticipated indirect disclosure, as well as nearly half of the variance in enacted indirect disclosure.

4.7 APDM: Entrapment disclosure

The entrapment disclosure model had acceptable fit, $\chi^2(547) = 1149.04$, $\chi 2/df < 3$, $p < .001$, CFI = .94, RMSEA = .05 (see Figure 12).

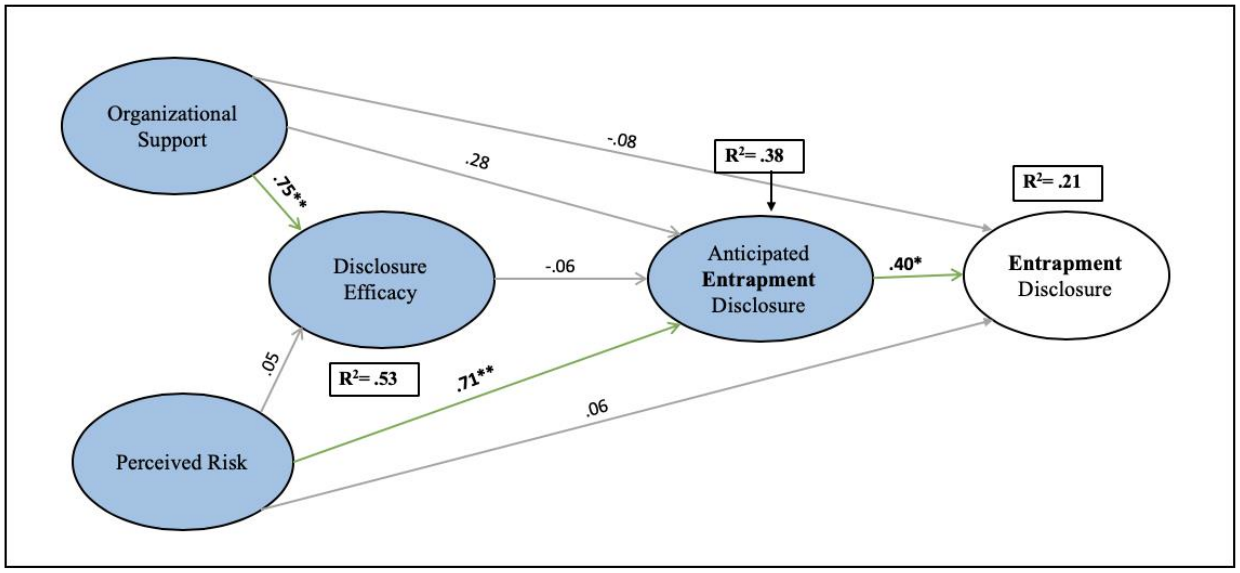

Figure 12: Antecedent Pregnancy Disclosure Model (Entrapment Disclosure) Effects of Organizational Support, Perceived Risk, Disclosure Efficacy, and Anticipated Entrapment Disclosure on Entrapment Disclosure Strategy Usage.

Note: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths; Green lines indicate significant positive paths; Standardized coefficients are reported; Income, age, time into pregnancy (weeks), time in position, and time until promotion review were included as covariates in the model. * $p < .05$, ** $p < .001$

As with previous models, organizational support positively predicted disclosure efficacy and a one standard deviation increase in organizational support corresponded with a .75 standard deviation increase in expecting women's disclosure efficacy (H1 supported) while there was no significant association between perceived risk and disclosure efficacy (H2 not supported). Additionally, there was not a significant direct association between organizational support and enacted entrapment disclosure, (H4b not supported) or between perceived risk and enacted entrapment disclosure strategies, (H5b not supported).

Support for hypothesized associations between organizational support, perceived risk, disclosure efficacy, and anticipated entrapment disclosure were mixed. There was no significant association between organizational support and anticipated entrapment disclosure (H6b not supported) and disclosure efficacy was not significantly associated with anticipated entrapment disclosure (H8b not supported). However, anticipated entrapment disclosure was positively associated with enacted entrapment disclosure, and each standard deviation increase in anticipated entrapment at T1 was associated with a .40 standard deviation increase in enacted entrapment at T2 (H9 supported). Additionally, there was a significant positive association between perceived risk and anticipated entrapment disclosure, in which a standard deviation increase in the perceived riskiness of the pregnancy disclosure was associated with a .71 standard deviation increase in expecting women's anticipation of entrapment disclosure (H7b supported).

Analysis of indirect effects further unpacked these associations by revealing only one significant mediation effect through anticipated entrapment disclosure. H3ab predicted that disclosure efficacy would mediate the relationship between anticipated disclosure strategies and (a) organizational support and (b) perceived risk but there were no significant effects found for either organizational support or perceived risk (b = -.03, SE = .10, p >.05; b = -.001, SE = .01, p

> .05; H3ab not supported). In contrast, while *anticipated* entrapment disclosure did not act as a mediator for organizational support (*b* = .12, SE = .09, p >.05; H10a not supported) it did positively mediate the relationship between actual entrapment disclosure and perceived risk, *b* = .24, SE = .15, p < .05 (H10b supported). As perceived risk increased, women were more likely to anticipate that they might disclose because they felt entrapped, and this in turn predicted that actual occurrence of entrapment disclosure. Anticipated entrapment disclosure did not mediate the relationship between disclosure efficacy and women's experience of entrapment disclosure at T2 (*b* = -.03, SE = .10, p > .05; H11 not supported). Finally, when examining hypotheses regarding the serial mediation between organizational support, perceived risk, and enacted entrapment disclosure strategies there were no significant findings for either organizational support (*b* = -.02, SE = .06, p > .05; H12a not supported) nor perceived risk (*b* = -.001, SE = .01, p > .05; H12b not supported).

In sum, organizational support did not exert significant direct or indirect effects on entrapment disclosure. In contrast, perceived risk did exert a positive indirect effect via anticipated entrapment. This model explained more than one-third of the variance in anticipated entrapment disclosure and about one-fifth of the variance in enacted entrapment disclosure.

4.8 APDM: Incremental disclosure

The incremental disclosure model had acceptable fit, $\chi^2(616) = 1320.79$, $\chi 2/df < 3$, $p < .001$, CFI = .93, RMSEA = .05 (see Figure 13).

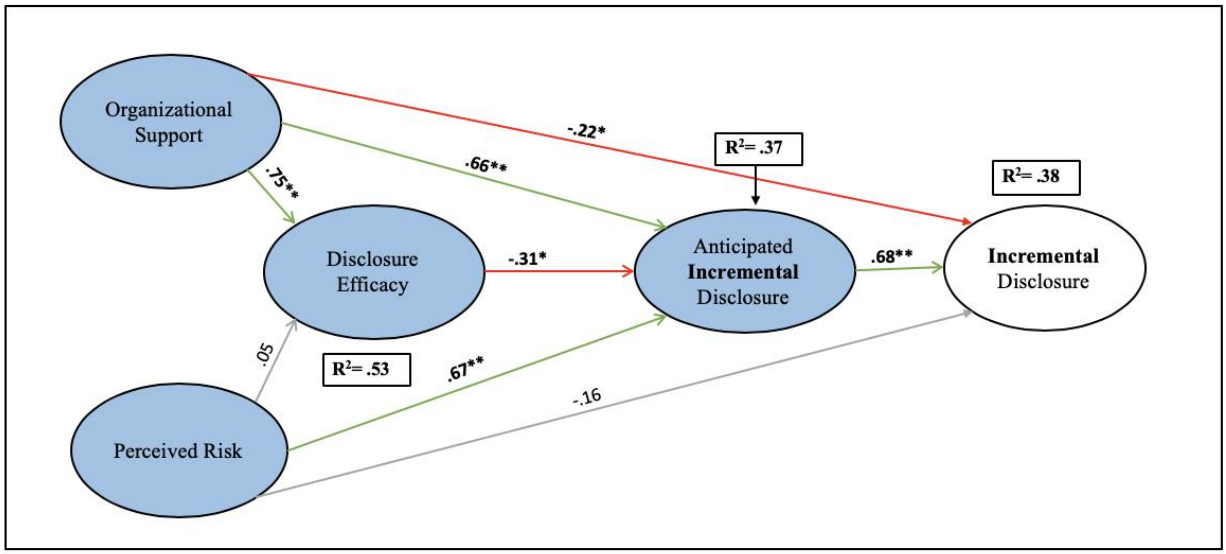

Figure 13: Antecedent Pregnancy Disclosure Model (Incremental Disclosure) Effects of Organizational Support, Perceived Risk, Disclosure Efficacy, and Anticipated Incremental Disclosure on Incremental Disclosure Strategy Usage.

Note: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths; Green lines indicate significant positive paths; Standardized coefficients are reported; Age, income, time until promotion review, and time in current position were included as covariates in the model. * $p < .05$, ** $p < .001$

As with the other five disclosure strategies, model results revealed a positive association between organizational support and disclosure efficacy that was characterized by a .75 standard deviation increase in disclosure efficacy for each standard deviation increase in organizational support (H1 supported) and no significant association between perceived risk and disclosure efficacy (H2 not supported). There was a significant direct negative association between organizational support and incremental disclosure such that each standard deviation increase in organizational support was associated with a .22 decrease in women's use of incremental

disclosure strategies at T2 (H4b supported) but no significant direct association existed between perceived risk and women's use of incremental disclosure strategies (H5b not supported).

There was mixed support for hypothesized associations between organizational support, perceived risk, disclosure efficacy, and anticipated incremental disclosure. While there was a significant association between organizational support and anticipated incremental disclosure, this association unexpectedly was positive in direction, each standard deviation increase in organizational support was associated with a .66 standard deviation increase in women's anticipation of incremental disclosure (H6b not supported). Disclosure efficacy did have the predicted negative direct association with anticipated incremental disclosure and a one standard deviation increase in disclosure efficacy was associated with a .31 standard deviation decrease in women's anticipation of using incremental disclosure strategies (H8b supported). Anticipated incremental disclosure was positively associated with enacted incremental disclosure such that a one standard deviation increase in anticipated incremental disclosure at T1 was associated with a .68 standard deviation increase in enacted incremental disclosures at T2 (H9 supported). Finally, there was a significant direct and positive association between perceived risk and anticipated incremental disclosure, each standard deviation increase in the perceived riskiness of the pregnancy disclosure was associated with a .67 standard deviation increase in pregnant women's anticipated incremental disclosure (H7b supported).

Analysis of indirect effects further unpacked these associations by revealing significant mediation effects through both disclosure efficacy and anticipated incremental disclosure for organizational support but mediation only through anticipated incremental disclosure for perceived risk. H3ab predicted that disclosure efficacy would mediate the relationship between anticipated disclosure strategies and (a) organizational support and (b) perceived risk. While

analysis did not reveal a significant mediation effect for perceived risk (*b* = -.01, SE = .04, p >.05) there was a significant negative mediation effect for perceived support (*b* = -.28, SE = .15, p < .05; H3a supported, H3b not supported). As organizational support increased, efficacy also increased which in turn led to fewer plans to disclose incrementally. Thus, while disclosure efficacy did not mediate the association between perceived risk and anticipated incremental disclosure it did act as a mediator between organizational support and anticipated incremental disclosure.

In contrast to the findings for efficacy as a mediator, anticipated incremental disclosure acted as a mediator for both organizational support and perceived risk. Women's anticipation of engaging in incremental strategies positively mediated the relationship between both organizational support and enacted incremental disclosure (*b* = .59, SE = .18, p <.001; H10a supported) as well as between perceived risk and enacted incremental disclosure, *b* = .51, SE = .13, p < .05 (H10b supported). Organizational support unexpectedly led women to be more likely to plan to disclose incrementally at Time 1, which in turn predicted them actually doing so at Time 2. As anticipated, perceived risk also led women to be more likely to plan to disclose incrementally at Time 1, and then to actually do so at Time 2.

Anticipated incremental disclosure also negatively mediated the relationship between disclosure efficacy and women's use of incremental disclosure strategies to tell their supervisors about their pregnancy (*b* = -.34, SE = .19, p < .05; H11 supported). In other words, as women's disclosure efficacy increased, they were less likely to plan on disclosing incrementally at Time 1 and hence to do so at Time 2. Finally, when examining hypotheses regarding the serial mediation between organizational support, perceived risk, and enacted incremental disclosure there were significant findings for organizational support but not perceived risk. Disclosure efficacy and

anticipated disclosure strategies serially mediated the relationship between organizational support and incremental disclosure (*b* = -.20, SE = .11, p < .05; H12a supported). Organizational support led to greater feelings of efficacy, which in turn led to less planned or enacted incremental disclosure. Once again, this negative serial mediation (i.e., organizational support→efficacy→anticipated incremental→enacted incremental) ran in the opposite direction of the positive mediation through anticipated incremental disclosure (i.e., organizational support→ anticipated incremental→enacted incremental), highlighting the complex effects of organizational support. Finally, there was not a significant serial mediation effect for the relationship between perceived risk and incremental disclosure (*b* = -.008, SE = .03, p >.05; H12b not supported).

In sum, perceived risk predicted greater anticipated incremental disclosure at T1, which in turn predicted greater enacted incremental disclosure at T2. Findings for organizational support were more complex, as it exerted a direct negative effect on enacted incremental disclosure, but also multiple indirect effects that ran in opposite directions. However, the total effect of organizational support on enacted incremental disclosure was negative, indicating that as expecting women perceived greater organizational support, they were less likely overall to actually engage in incremental disclosure. This model explained a little over one-third of the variance in both anticipated and enacted incremental disclosure.

4.9 APDM: Summary of Findings

This chapter tested the hypotheses associated with the APDM. Results highlighted both the direct and indirect effects associated with organizational support, perceived risk, disclosure efficacy, anticipated disclosure strategies, and enacted disclosure strategies. Six models, one for each disclosure strategy, were tested to assess the effect of predictors on the strategies that

women used to disclose their pregnancy to their supervisors (see Table 9 for a summary of findings). In the next chapter, the data analysis results for the OPDM are presented.

Table 9: APDM Hypotheses and Results

Hypothesis/Research Question	Overall Support	Results
H1: Organizational support will be positively associated with disclosure efficacy.	Supported	There was a significant and positive direct effect of organizational support on disclosure efficacy.
H2: Perceived risk will be negatively associated with disclosure efficacy.	Not Supported	There was not a significant direct effect between perceived risk and disclosure efficacy.
H3a: Disclosure efficacy will mediate the relationship between *anticipated* disclosure strategies and organizational support.	Partially Supported	H3a was supported for anticipated direct, third-party, and incremental disclosures but not for preparation and rehearsal, indirect, and entrapment disclosures.
H3b: Disclosure efficacy will mediate the relationship between *anticipated* disclosure strategies and perceived risk.	Not Supported	H3b was not supported anticipated direct, preparation and rehearsal, third-party, indirect, entrapment, and incremental disclosures.
H4a: Organizational support will be positively associated with use of the direct disclosure strategy.	Not Supported	There was a significant and negative direct association between organizational support and enacted direct disclosures.*
H5a: Perceived risk will be negatively associated with the direct disclosure strategy.	Supported	There was a significant and negative direct association between perceived risk and enacted direct disclosures.
H4b: Organizational support will be negatively associated with preparation and rehearsal, third-party, incremental, entrapment, and indirect disclosure strategies.	Partially Supported	H4b was supported for indirect and incremental disclosures but not for preparation and rehearsal, third-party, and entrapment disclosures.

Table 9 continued

Hypothesis/Research Question	Overall Support	Results
H5b: Perceived risk will be positively associated with preparation and rehearsal, third-party, incremental, entrapment, and indirect disclosure strategies.	Not Supported	There was no significant direct association between perceived risk and third-party, preparation and rehearsal, indirect, entrapment, or incremental disclosures as T2.
H6a: Organizational support will be positively associated with *anticipated* direct disclosure.	Supported	Organizational support was directly and positively associated with the anticipated use of direct disclosure strategies.
H7a: Perceived risk will be negatively associated with *anticipated* direct disclosure.	Not Supported	There was not a significant direct effect of perceived risk on anticipated direct disclosure.
H6b: Organizational support will be negatively associated with *anticipated* preparation and rehearsal, third-party, incremental, entrapment, and indirect disclosure strategies.	Not Supported	H6b was not significantly and negatively associated with preparation and rehearsal, third-party, indirect, entrapment, or incremental disclosures. (However, it was significantly and positively associated with preparation, third-party, and incremental disclosure strategies.)
H7b: Perceived risk will be positively associated with *anticipated* preparation and rehearsal, third-party, incremental, entrapment, and indirect disclosure strategies.	Supported	There was a significant and positive association between perceived risk and women's anticipation of using preparation and rehearsal, third-party, incremental, entrapment, and indirect disclosure strategies.
H8a: Disclosure efficacy will be positively associated with anticipated use of direct disclosure strategies.	Supported	Disclosure efficacy was positively associated with women's anticipation of using direct disclosure strategies.

Table 9 continued

Hypothesis/Research Question	Overall Support	Results
H8b: Disclosure efficacy will be negatively associated with anticipated use of preparation and rehearsal, third-party, incremental, entrapment, and indirect disclosure strategies.	Partially Supported	While disclosure efficacy was negatively associated with third-party and incremental disclosures (H8b supported) it was not significantly and negatively associated with anticipated preparation and rehearsal, indirect, and entrapment disclosure strategies (H8b not supported.)
H9: Anticipated disclosure strategy will be positively associated with actual disclosure strategy.	Supported	For all six disclosure strategies there was a significant and positive direct association between anticipating using that disclosure strategy and women's enactment of those disclosure strategies at T2.
H10a: *Anticipated* disclosure strategies will mediate the relationship between organizational support and the actual disclosure strategy enacted.	Partially Supported	H10a was supported for anticipated direct, preparation and rehearsal, third-party, and incremental disclosures but not for indirect and entrapment disclosures.
H10b: *Anticipated* disclosure strategies will mediate the relationship between perceived risk and the actual disclosure strategy enacted.	Mostly Supported	H10b was supported for anticipated preparation and rehearsal, third-party, indirect, entrapment, and incremental disclosures but not for direct disclosures.
H11: *Anticipated* disclosure strategies will mediate the relationship between disclosure efficacy and enacted disclosure strategies.	Partially Supported	H11 was supported for direct, third-party, and incremental disclosures but not for preparation and rehearsal, indirect, and entrapment disclosures.

Table 9 continued

Hypothesis/Research Question	Overall Support	Results
H12a: Disclosure efficacy and anticipated disclosure strategies will serially mediate the relationship between organizational support and enacted disclosure strategies.	Partially Supported	H12a was supported for direct, third-party, and incremental disclosures but not for preparation and rehearsal, indirect, and entrapment disclosures.
H12b: Disclosure efficacy and anticipated disclosure strategies will serially mediate the relationship between perceived risk and enacted disclosure strategies.	Not Supported	H12b was not supported for direct, preparation and rehearsal, third-party, indirect, entrapment, or incremental disclosures.

Note: *In the direct disclosure model, inferences drawn regarding the direct effect of organizational support on direct disclosure are qualified by the zero-order correlation between the support sub-dimensions and direct disclosure (relational support $r = .22$, $p < .01$; structural support $r = .25$, $p < .005$; symbolic support $r = .19$, $p < .001$) which were significant and positive in direction. Instances of structural path coefficients that are opposite in sign to the zero-order correlation with the dependent variable are indicative of inconsistent mediation or suppression (Davies, 1985; Maassen & Bakker, 2001). Inconsistent mediation often occurs if mediators act as suppressor variables such that the sign of the structural coefficient is the opposite of that associated with the Pearson's correlation (Kline & Kline, 2015). These suppressor effects are more probable in longitudinal structural equation modeling given often high coefficient stability and were evident in the direct disclosure model (Demerouti, Le Blanc, Bakker, Schaufeli, & Hox, 2009; Maassen & Bakker, 2001). However, all other effects in this model and across the other five disclosure types were consistent with the zero-order correlations suggesting that suppression was not present outside of the current model.

CHAPTER 5. OPDM RESULTS

This chapter details the results associated with the outcome pregnancy disclosure model. First, information regarding general data analysis procedures is provided. This is followed by a presentation of the results associated with the OPDM (direct, indirect, and interaction effects), see Table 10. Finally, the chapter ends with a brief summary of hypotheses results, see Table 23.

5.1 Outcome Pregnancy Disclosure Model(s): Assessing direct and indirect effects

The OPDM tested the direct effects associated with pregnant women's T2 disclosure strategies, perceived supervisor responsiveness (PSR), and each of the study outcomes (i.e., intent to return, burnout, relational quality, pregnancy quality of life, organizational identification, and occupational identification). Specifically, these hypotheses tested the direct effects between disclosure strategy and perceived supervisor responsiveness (H13a and H13B), associations between perceived supervisor responsiveness and outcome measures (H14a – H14f), and one research question designed to assess what (if any) direct effects existed between disclosure strategies and outcome measures (RQ1a-RQ1f). In addition to examining these direct effects the model also assessed the indirect effect of disclosure strategies on study outcomes through PSR (see mediation hypotheses H15a -H15f).

In order to bolster the inferences drawn regarding the mediation hypotheses in particular, each model was run with both pre (i.e., outcome measure at T1) and post (i.e., outcome measures at T2) variables in addition to the disclosure strategies and perceived supervisor responsiveness variables. Thus, T1 outcome measures were used as controls in each structural model to ensure that PSR and disclosure strategies accounted for changes in employee relational, psychological, and career outcomes (e.g., supervisor-subordinate relational closeness, employee burnout, and

employee organizational identification) from T1 to T2 rather than outcomes determining disclosure strategy selection. In addition to the T1 outcome variables, a selection of demographic control variables were included as was participant relational quality[9] at T1 in all structural equation models.

Given the small sample size and that each model accounted for the disclosure strategy, PSR, outcome at T1, outcome at T2, and control variables one model was run for each outcome with each disclosure strategy to ensure that models were adequately powered (e.g., six models for direct disclosure). This resulted in a total of 36 models to test the direct and indirect effects associated with OPDM (see t fables for model fit indices). As with the APDM, path weights for direct effects are reported as standardized betas (β) and bootstrapping analyses were conducted to test the indirect effects in the structural model. Mediation hypotheses were considered supported when bootstrapping analyses revealed significant associations while accounting for all other indirect and direct effects in the structural model. The path coefficients for indirect associations are reported as unstandardized betas (*b)* (see Table 10).

In addition to hypotheses regarding both direct and indirect effects, the OPDM also assessed hypotheses regarding the function of perceived supervisor responsiveness as a moderator between disclosure strategies and study outcomes. To test interaction effects between disclosure strategies and PSR, each disclosure strategy and PSR were saved as standardized values and were then computed as product terms (e.g., zDirectDislosure*zPSR) in SPSS. These standardized interaction variables were then regressed onto the outcome variables in AMOS

[9] T1 relational quality was included as a control variable in the structural models given the correlation between PSR and relational quality ($r = .39$, $p < .001$) to bolster inferences regarding the association between disclosure strategies and PSR. Thus, significant associations between disclosure strategies and PSR are those that exist above and beyond the relational quality that expecting women had at T1 with their supervisors, affirming that findings associated in regard to PSR are more than a function of supervisor-subordinate relational quality.

structural equation models to assess if there was a significant association between the standardized interaction variable and study outcomes. As with the models testing direct and indirect effects, control variables were included and each outcome was run separately for each disclosure strategy resulting in a total of 36 structural equation models to test for interaction effects in the OPDM (see tables for fit indices). Thus, to address all hypotheses regarding the direct, indirect, and interaction hypotheses associated with the OPDM a total of 72 structural equation models were run (see Table 10 for the results associated OPDM hypotheses and research questions). Results for each disclosure strategy are collated into one model.

Table 10: Outcome Pregnancy Disclosure Model (OPDM) Structural Equation Modeling Outcomes

	Direct	*Preparation & Rehearsal*	*Third-Party*	*Indirect*	Entrapment	Incremental
Direct Associations						
Disclosure Strategy -> PSR	.33* (.06)	-.13 (.04)	-21* (.03)	-.13 (.04)	-.22* (.05)	-.13 (.04)
PSR -> Intent to Return	.47** (.14)	.60** (.14)	.54** (.13)	.52** (.13)	.54** (.14)	.59** (.14)
Disclosure Strategy -> Intent to Return	.39** (.09)	-.17* (.05)	-.37** (.05)	-.49** (.05)	-.36** (.07)	-.33** (.05)
PSR -> Burnout	-.34**(.18)	-.35** (16)	-.33** (.16)	-.30** (.15)	-.27* (.15)	-.33** (.15)
Disclosure Strategy -> Burnout	-.07 (.11)	.13 (.06)	.18* (.06)	.28** (.07)	.35** (.08)	.32** (.06)
PSR -> Relational Quality	.58** (.16)	.65** (.16)	.65** (.16)	.62** (.15)	.59** (.15)	.63** (.15)
Disclosure Strategy -> Relational Quality	.11 (.09)	-.02 (05)	-.03 (.05)	-.12 (05)	-.16* (.07)	-.01 (.05)
PSR -> Pregnancy Quality of Life	.10 (.15)	.29* (.14)	.21* (.13)	.20* (.13)	.19* (.14)	.26* (.14)
Disclosure Strategy -> Pregnancy Quality of Life	.42** (.10)	-.003 (.06)	-.34** (.05)	-.44** (.06)	-.35** (.08)	-.21* (.05)
PSR -> Organizational Identification	.28* (.11)	.35** (.11)	.31* (.11)	.36** (.11)	.30* (.11)	.35** (.11)
Disclosure Strategy -> Organizational Identification	.14 (.08)	-.004 (.04)	-.13 (.04)	.02 (.04)	-.13 (.05)	-.02 (.04)

Table 10 continued

	Direct	*Preparation & Rehearsal*	*Third-Party*	*Indirect*	Entrapment	Incremental
PSR -> Occupational Identification	.29* (.15)	38** (.14)	.30** (.13)	.35** (.14)	.35** (.14)	.33** (.13)
Disclosure Strategy -> Occupational Identification	.15 (.09)	.05 (.05)	-.19* (.05)	-.04 (.06)	-.05 (.07)	-.13 (.05)
Indirect Associations						
Disclosure Strategy -> PSR -> Intent to Return	.12* (.15)	-.05 (.04)	-.06* (.03)	-.05 (.04)	-.09* (.04)	-.05 (.04)
Disclosure Strategy -> PSR -> Burnout	-.14* (.07)	.03 (.03)	.05* (.02)	.03 (.03)	.06* (.03)	.03 (.03)
Disclosure Strategy -> PSR -> Relational Quality	.25* (.10)	-.06 (.05)	-.09* (.04)	-.06 (.05)	-.13* (.06)	-.06 (.05)
Disclosure Strategy -> PSR -> Pregnancy Quality of Life	.03 (.04)	-.02 (.02)	-.02* (.02)	-.20 (.02)	-.03* (.02)	-.02 (.02)
Disclosure Strategy -> PSR -> Organizational Identification	.08* (.04)	-.03* (.02)	-.03* (.02)	-.03 (.02)	-.04* (.02)	-.03* (.02)
Disclosure Strategy -> PSR -> Occupational Identification	.09* (.06)	-.03 (.02)	-.03* (.02)	-.04* (.02)	-.06* (.03)	-.03 (.02)
Moderation						
Disclosure Strategy*PSR -> Intent to Return	.08 (.07)	.009 (.07)	.11 (.08)	.04 (.07)	.17* (.07)	.12 (.07)
Disclosure Strategy*PSR -> Burnout	-.08 (.09)	-.03 (.09)	.02 (.11)	-.01 (.10)	-.01 (.10)	-.002 (.09)
Disclosure Strategy*PSR -> Relational Quality	.11 (.07)	-.03 (.07)	-.03* (.09)	-.18* (.08)	-.11 (.08)	-.18* (.07)
Disclosure Strategy*PSR -> Pregnancy Quality of Life	-.12 (.07)	.03 (.08)	.28* (.09)	.15 (.08)	.15 (08)	.12 (.08)
Disclosure Strategy*PSR -> Organizational Identification	.09 (.06)	.02 (.06)	-.08 (.07)	-.05 (.06)	-.09 (.06)	-.005 (.06)

Table 10 continued

	Direct	*Preparation & Rehearsal*	*Third-Party*	*Indirect*	Entrapment	Incremental
Disclosure Strategy*PSR -> Occupational Identification	.16* (.07)	-.02 (.08)	-.20* (.09)	-.16 (.08)	-.15 (.08)	-.03 (.08)

Note: Output is reported as beta (standard error); coefficients for direct effects are reported as standardized betas while indirect and moderation effects are reported as un-standardized betas;

*$p < .05$, **$p < .001$

4.11 OPDM: Direct Disclosure

Analysis of the outcome models associated with direct disclosure revealed acceptable fit, see Table 11. Findings for the direct disclosure mode are shown in Figure 14.

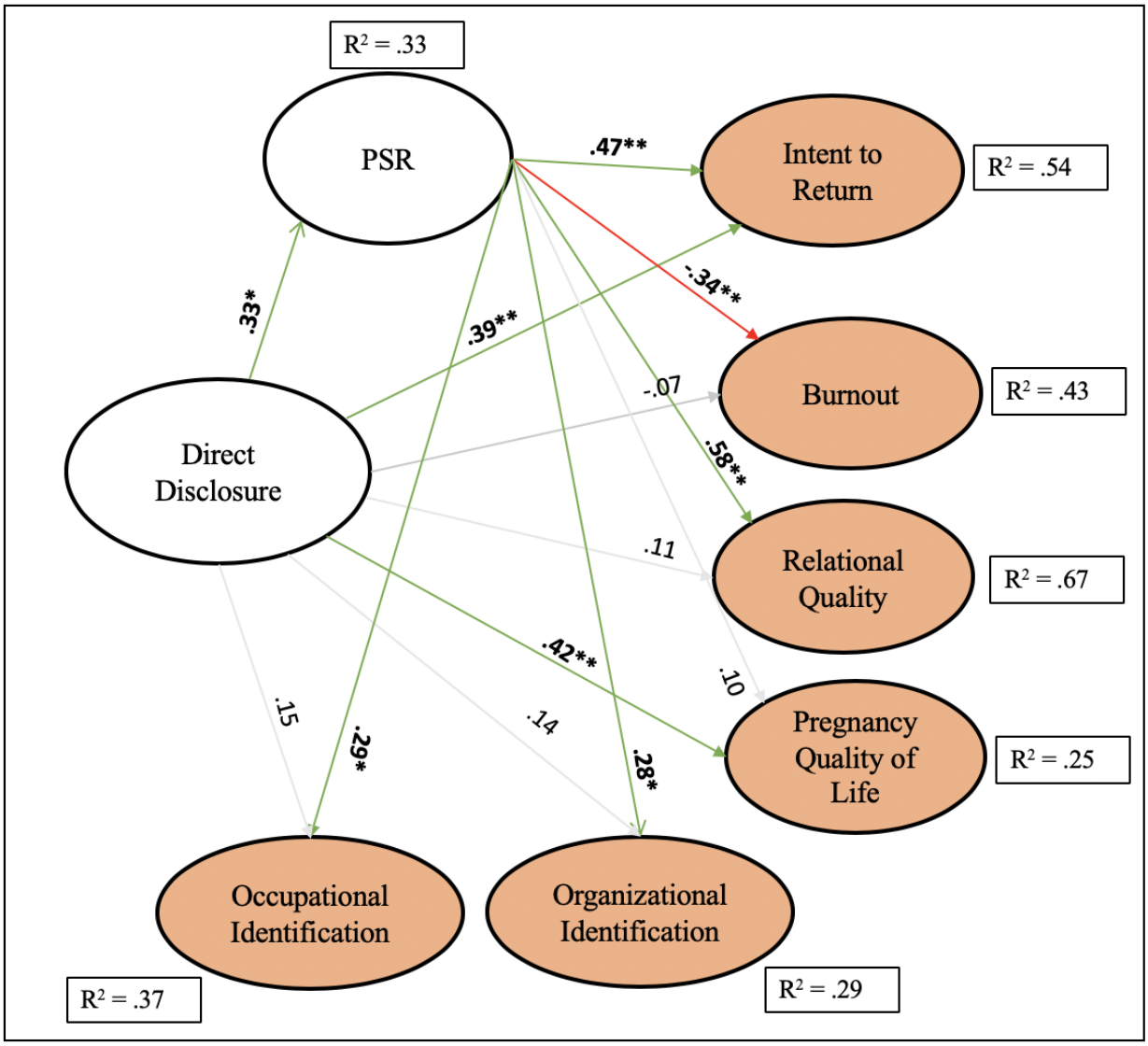

Figure 14: Outcome Pregnancy Disclosure Model (Direct Disclosure) Effects of Direct Disclosure on Perceived Supervisor Responsiveness and Outcomes.

Note: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths; Green lines indicate significant positive paths; Standardized coefficients are reported; Relational Closeness, age, marital status, time in position, time since disclosure, and time until promotion review were included as covariates in the model. * $p < .05$, ** $p < .001$

H13a predicted that direct disclosure would be positively associated with perceived supervisor supportiveness. Results of the structural analyses supported this hypothesis by indicating that for each standard deviation increase in participants degree of direct disclosure

strategy use there was a .33 standard deviation increase in expecting women's perceptions of perceived supervisor responsiveness to their disclosure. This suggests that even when controlling for demographic factors and the supervisor-subordinate relationship quality at T1, as the degree to which women characterize their disclosure strategy as direct increased so did their perceptions of their supervisor's responsiveness to the pregnancy disclosure. This model explained nearly one third of the variance in perceived supervisor responsiveness.

Table 11: Outcome Pregnancy Disclosure Model (OPDM): Direct Disclosure Model Fit Indices

Model	X^2	*df*	*p*	*CFI*	RMSEA
Intent to Return	288.24	128	.001	.94	.06
Burnout	755.12	367	.001	.92	.05
Relational Quality	233.24	96	.001	.94	.06
Pregnancy Quality of Life	1056.15	544	.001	.90	.05
Organizational Identification	554.62	203	.001	.90	.07
Occupational Identification	510.33	246	.001	.92	.05

Examination of study hypotheses exploring the association between PSR and study outcomes revealed significant effects for all outcomes except pregnancy quality of life. Each standard deviation increase in partner responsiveness was associated with a .47 standard deviation increase in expecting women's intent to return to the workplace (H14a supported). PSR was also significantly and negatively associated with expecting women's experiences of burnout, each standard deviation increase in women's perceptions of PSR was associated with a .34 decrease in burnout (H14b supported). Analysis also revealed a significant and positive association between PSR and T2 relational quality such that each standard deviation increase in PSR was associated with a .58 standard deviation increase in expecting women's perceptions of the quality of their relationship with their supervisor (H14c supported).

However, there was not a significant association between PSR and pregnancy quality of life in this model (H14d not supported). Finally, there was a significant and positive relationship between PSR and both organizational and occupational identifications, a one standard deviation increase in PSR was associated with a .28 standard deviation increase in organizational identification and a .29 increase in occupational identification (H14e and H14f supported). Overall, these effects suggest that as perceptions of a supervisor's responsiveness to the pregnancy disclosure increases so do women's relational, psychological, and career outcomes. Increases in perceptions of PSR are associated with decreased burnout and increased intent to return, relational quality, organizational, and occupational identifications.

In contrast to the findings associated with PSR, examination of the direct association between direct disclosure and outcome variables revealed only two significant effects. Direct disclosure was significantly and positively associated with both intent to return and pregnancy quality of life. Each standard deviation increase in the degree of directness at T2 was associated with a .39 standard deviation increase expecting women's intent to return (RQ1a) and a .42 standard deviation increase in pregnancy quality of life (RQ1d). However, there was not a significant direct association between direct disclosure and burnout, relational quality, organizational identification, or occupational identification.

Analysis of indirect effects further unpacked the association between direct disclosure, PSR, and outcomes by revealing significant mediation effects for all outcomes except pregnancy quality of life. PSR positively mediated the relationship between direct disclosure and intent to return (b = .12, SE = .15, $p < .05$; H15a supported) such that as the degree of directness increased, so did women's perceptions that their supervisors were responsive during the disclosure interaction which was in turn positively predicted women's intent to return. PSR also negatively

mediated the relationship between direct disclosure and burnout (*b* = -.14, SE = .07, p <.05; H15b supported), as direct disclosure increased so did PSR which was in turn associated with decreases in expecting women's burnout.

There was a mediation effect between direct disclosure and relational quality, reflecting that direct disclosure was positively associated with PSR which in turn positively predicted relational quality with supervisors at T2 (*b* = .25, SE = .10, p <.05; H15c supported). However, there was not a significant mediation effect for pregnancy quality of life (*b* = .03, SE = .04, p >.05; H15d not supported). Finally, PSR positively mediated the association between direct disclosure and both organizational (*b* = .08, SE = .04, p <.05; H15e supported) and occupational identifications (*b* = .09, SE = .06, p <.05; H15f supported), as direct disclosure positively predicted PSR which in turn lead to increased levels of both organizational and occupational identifications.

In sum, both direct disclosure and PSR exerted a positive effect on women's psychological, career, and relational outcomes. Controlling for outcomes at T1, expecting women who disclosed directly reported higher intent to return to work and pregnancy quality at T2. In addition, PSR acted as a mediator between direct disclosure and five of the six outcomes at T2 (c.f., pregnancy quality of life). Overall these models explained nearly one third of the variance in PSR, half the variance in intent to return, over one-third of the variance in burnout, over three-fifths of the variance in relational quality, a quarter of the variance in pregnancy quality of life, and nearly one third of the variance in both organizational and occupational identifications.

To see if PSR moderated the relationship between direct disclosure and study outcomes standardized interaction variables were created crossing direct disclosure with PSR and

regressing them onto each outcome variable individually. This resulted in a total of six structural models, see Table 12 for model fit indices.

Table 12: Outcome Pregnancy Disclosure Model (OPDM): Direct Disclosure Moderation Model Fit Indices and Outcomes

Model	X^2	*df*	*p*	*CFI*	RMSEA
Intent to Return	318.60	145	.001	.93	.06
Burnout	801.74	395	.001	.91	.05
Relational Quality	259.49	111	.001	.94	.06
Pregnancy Quality of Life	1096.06	578	.001	.90	.05
Organizational Identification	560.30	221	.001	.90	.06
Occupational Identification	540.84	269	.001	.91	.05

Data analysis revealed only one significant moderation effect for occupational identification, b = .16, SE = .07, p <.05 (H16f supported). Overall, expecting women who described their supervisors as having responses that were more validating, caring, and understanding reported higher levels of occupational identification. This positive relationship between PSR and occupational identification was strengthened, however, when women also described their disclosure to their supervisor as being higher in directness (see Figure 15). While PSR moderated the relationship between direct disclosure and occupational identification, this was the only outcome (out of six) where significant moderation occurred. When considering the function of PSR in the relationship between direct disclosure and all study psychological, relational, and career outcomes, the results suggest that PSR functions more often as a mediator than a moderator for these variables (see Table 10).

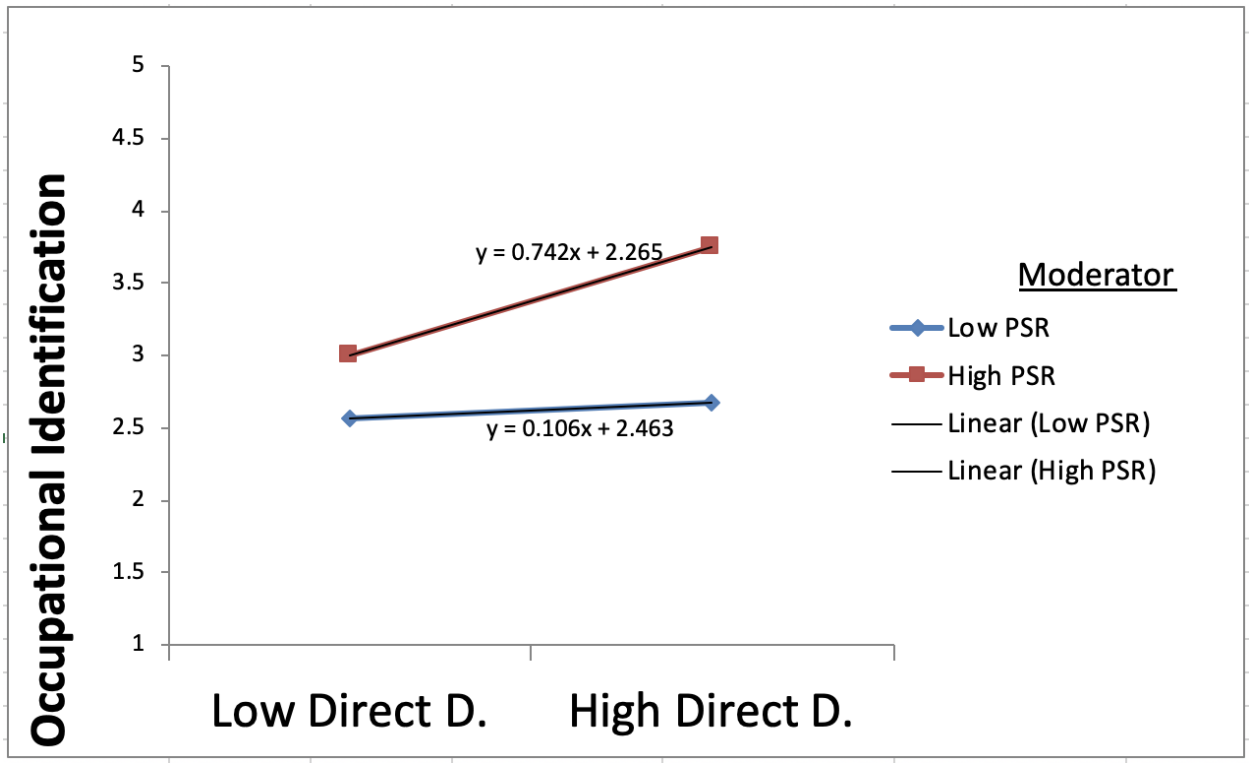

Figure 15: OPDM: PSR*Direct Disclosure Moderation for Occupational Identification

4.12 OPDM: Preparation and rehearsal disclosure

Analysis of the outcome models associated with preparation and rehearsal disclosure revealed acceptable fit, see Table 13. Results for this model are shown in Figure 16.

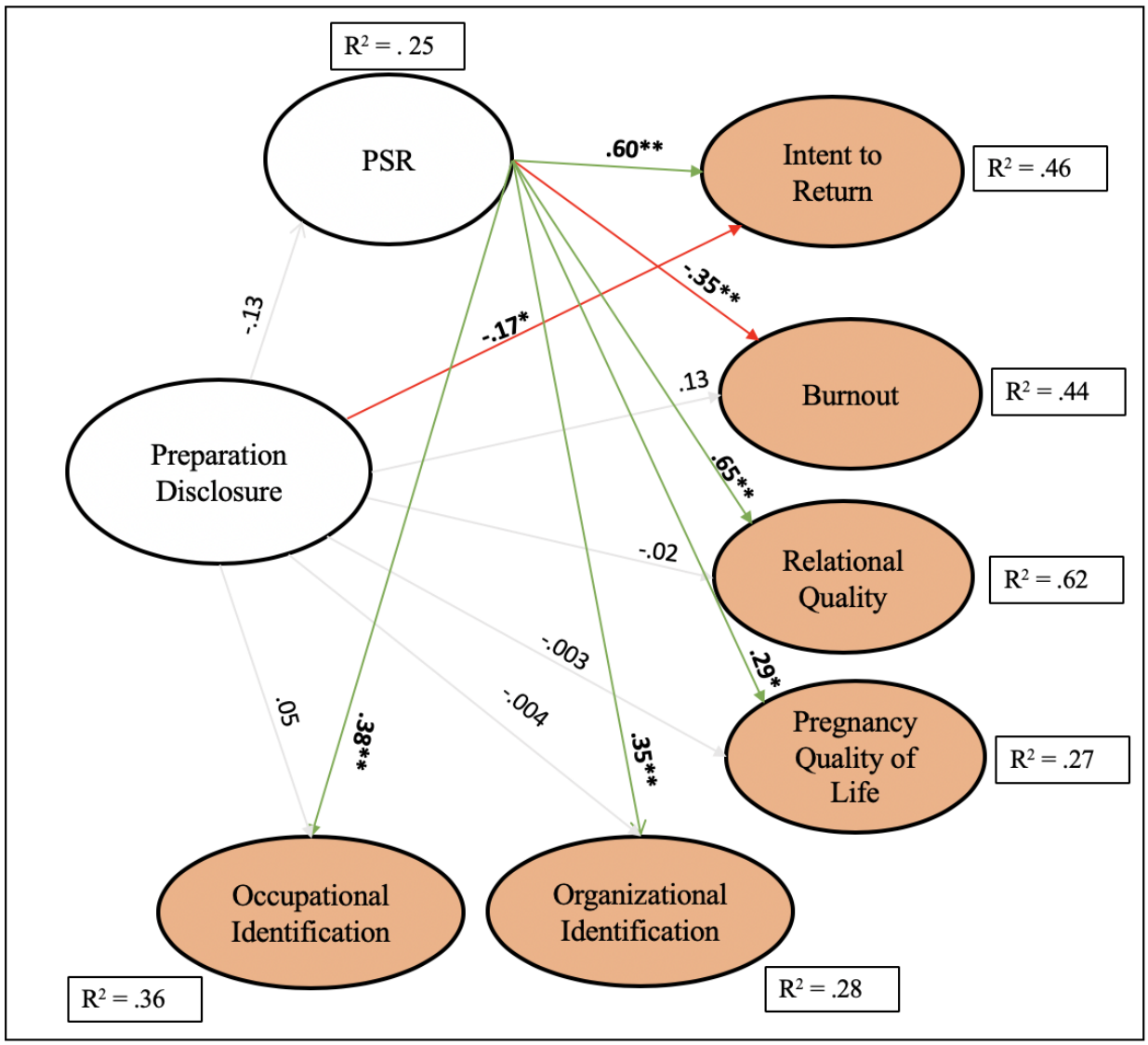

Figure 16: Outcome Pregnancy Disclosure Model (Preparation and Rehearsal Disclosure) Effects of Preparation and Rehearsal Disclosure on Perceived Supervisor Responsiveness and Outcomes.

Note: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths; Green lines indicate significant positive paths; Standardized coefficients are reported; Relational Closeness, age, marital status, income, time since disclosure, and time until promotion review were included as covariates in the model. * $p < .05$, ** $p < .001$

H13b predicted that preparation and rehearsal disclosure would be negatively associated with perceived supervisor supportiveness; however, there was not a significant association between preparation and rehearsal disclosures and PSR at T2. However, examination of study hypotheses exploring the association between PSR and study outcomes revealed significant

effects for all six outcomes. Controlling for relevant outcomes at T1, higher PSR was associated with greater intent to work, relational quality, pregnancy quality of life, and organizational and occupational identification as well as lower burnout at T2 (see Figure 16).

Table 13: Outcome Pregnancy Disclosure Model (OPDM): Preparation and Rehearsal Disclosure Model Fit Indices

Model	X^2	*df*	*P*	*CFI*	RMSEA
Intent to Return	294.91	146	.001	.95	.05
Burnout	772.86	396	.001	.92	.05
Relational Quality	196.59	112	.001	.97	.04
Pregnancy Quality of Life	1087.26	579	.001	.91	.05
Organizational Identification	529.50	224	.001	.91	.06
Occupational Identification	519.51	270	.001	.92	.05

Analyses of the direct association between preparation and rehearsal disclosure and outcome variables revealed only one significant effect. Controlling for T1 intent to return to work, preparation and rehearsal disclosure was significantly and negatively associated with intent at T2; each standard deviation increase was associated with a .17 standard deviation decrease in expecting women's intent to return (RQ1a). However, there was not a significant direct association between preparation and rehearsal disclosure and the other outcome variables.

Analysis of indirect effects revealed only one significant mediation effect for organizational identification (see Table 10 for both significant and non-significant effects). PSR positively mediated the relationship between preparation and rehearsal disclosure and organizational identification (b = -.03, SE = .12, p <.05; H15e supported) such that as the degree of preparation and rehearsal increased, women's perceptions that their supervisors were responsive decreased which was in turn associated with lowered organizational identification.

In sum, while PSR had direct and positive impact on women's psychological, career, and relational outcomes, preparation and rehearsal disclosure strategies exerted few direct (only for intent to return) and indirect negative impacts (only for organizational identification). Overall these models explained one fourth of the variance in PSR, nearly half the variance in intent to return and burnout, over three-fifths of the variance in relational quality, a quarter of the variance in pregnancy quality of life, and nearly one third of the variance in both organizational and occupational identifications.

To see if PSR moderated the relationship between preparation and rehearsal disclosure and study outcomes standardized interaction variables were created crossing preparation and rehearsal disclosure variable with PSR and regressing the new interaction variable onto each outcome variable individually. This resulted in a total of six structural models, see Table 14 for model fit indices. Data analysis revealed no significant moderation effects for (see Table 10 H16a – H16f not supported). Unlike direct disclosure, data suggests that PSR does not serve as central a role as either a moderator or mediator between preparation and rehearsal disclosure strategies and women's psychological, relational and career outcomes associated with their pregnancy disclosure experiences.

Table 14: Outcome Pregnancy Disclosure Model (OPDM): Preparation and Rehearsal Disclosure Moderation Model Fit Indices

Model	X^2	*df*	*P*	*CFI*	RMSEA
Intent to Return	308.83	164	.001	.95	.05
Burnout	801.38	425	.001	.92	.05
Relational Quality	210.12	128	.001	.97	.04
Pregnancy Quality of Life	1135.05	614	.001	.90	.05
Organizational Identification	552.55	246	.001	.91	.06
Occupational Identification	538.59	294	.001	.93	.05

4.13 OPDM: Third-party disclosure

Analysis of the outcome models associated with third-party disclosure revealed acceptable fit indices, see Table 15. SEM results are shown in Figure 17.

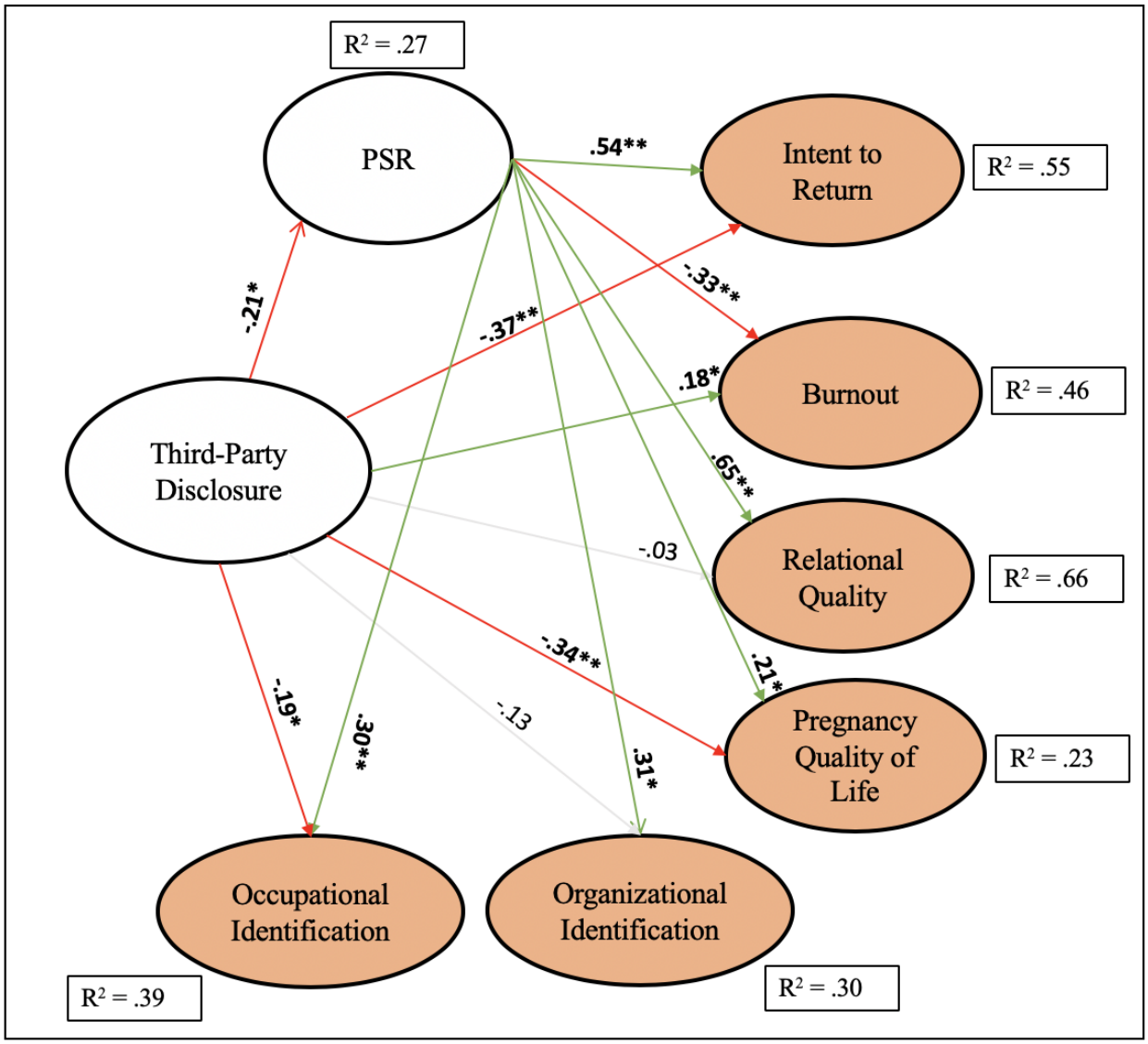

Figure 17: Outcome Pregnancy Disclosure Model (Third-Party Disclosure) Effects of Third-Party Disclosure on Perceived Supervisor Responsiveness and Outcomes.

Note: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths; Green lines indicate significant positive paths; Standardized coefficients are reported; Relational Closeness, age, marital status, income, time since disclosure, and time until promotion review were included as covariates in the model. * $p < .05$, ** $p < .001$

H13b predicted that third-party disclosure would be negatively associated with perceived supervisor supportiveness and results of the structural analyses supported this hypothesis. For each standard deviation increase in participants degree of third-party disclosure strategy use there was a .21 standard deviation decrease in expecting women's perceptions of supervisor responsiveness to the disclosure. This suggests that even when controlling for demographic factors and the supervisor-subordinate relationship quality at T1, as the degree to which women characterize news of their pregnancy being shared with their supervisor via a third-party increased, perceptions of their supervisor's responsiveness to the pregnancy disclosure decreases. This model explained one fifth of the variance in perceived supervisor responsiveness.

Table 15: Outcome Pregnancy Disclosure Model (OPDM): Third-Party Disclosure Model Fit Indices

Model	X^2	*df*	*p*	*CFI*	RMSEA
Intent to Return	376.34	163	.001	.93	.06
Burnout	851.67	424	.001	.92	.05
Relational Quality	241.66	127	.001	.96	.05
Pregnancy Quality of Life	1175.35	613	.001	.90	.05
Organizational Identification	580.09	245	.001	.90	.06
Occupational Identification	577.09	293	.001	.92	.05

As with preparation and rehearsal disclosure, all hypotheses regarding the associations between PSR and study outcomes were supported (see Figure 17). However, unlike both direct disclosure and preparation and rehearsal disclosure strategies, examination of the direct association between third-party disclosure and outcome variables revealed significant direct effects for all outcome variables except relational quality and organizational identification. Controlling for relevant outcomes at T1, third-party disclosure was significantly and negatively

associated with intent to return to work (RQ1a), pregnancy quality of life (RQ1d), and occupational identification (RQ1f) at T2. Each standard deviation increase in third-party disclosure was associated with a .37 decrease in expecting women's intent to return to the workplace, a .34 decrease in pregnant women's quality of life, and a .19 decrease in occupational identification. Third-party disclosures also had a direct and positive association with burnout, each standard deviation increase was associated with a .18 standard deviation increase in expecting women's burnout at T2 (RQ1b).

Analysis of indirect effects further unpacked the association between third-party disclosure, PSR, and outcomes by revealing significant mediation effects for all six outcomes. Controlling for outcomes at T1, PSR negatively mediated the relationship between third-party disclosure and intent to return (b = -.06, SE = .13, p <.05; H15a supported) such that as the degree of third-party disclosure increased perceptions of PSR decreased which was associated with a negative impact on expecting women's intent to return at T2. PSR also positively mediated the relationship between third-party disclosure and burnout (b = .05, SE = .02, p <.05; H15b supported), as third-party disclosures negatively predicted women's experiences of PSR which in turn positively predicted expecting women's experiences of burnout at T2.

Examination of mediation between direct disclosure and relational quality also revealed a significant and negative effect, such that third-party disclosure was again negatively associated with PSR which in turn lead to decreased perceptions of T2 relational quality (b = -.09, SE = .14, p <.05; H15c supported). There was also a negative mediation effect for pregnancy quality of life (b = -.02, SE = .02, p <.05; H15d supported). Finally, PSR negatively mediated the association between third-party disclosure and both organizational b = -.03, SE = .02, p <.05; H15e supported) and occupational identifications b = -.03, SE = .02, p <.05; H15f supported), third-

party disclosures negatively predicted PSR which in turn lead to decreased levels of both T2 organizational and occupational identifications.

In sum, there were significant negative direct and indirect effects associated with women's use of third-party disclosure strategies. The presence of both direct and indirect effects of third-party disclosure on outcomes suggests that third-party disclosures are negatively associated with psychological, relational, and career outcomes in part because they reduce PSR, but third-party disclosures also impact these outcomes for reasons above and beyond the decreased PSR that accompanies this particular type of disclosure strategy. Overall, structural models associated with third-party disclosures explained one fifth of the variance in PSR, half the variance in intent to return, nearly one-third of the variance in burnout, over three-fifths of the variance in relational quality, a quarter of the variance in pregnancy quality of life, and nearly a third of the variance in both occupational and organizational identifications.

To see if PSR moderated the relationship between third-party disclosure and study outcomes standardized interaction variables were created crossing third-party disclosure with PSR and regressing the interaction variable onto each individual outcome variable. This resulted in a total of six structural models, see Table 16 for model fit indices.

Table 16: Outcome Pregnancy Disclosure Model (OPDM): Third-Party Disclosure Moderation Model Fit Indices

Model	X^2	*df*	*P*	*CFI*	RMSEA
Intent to Return	412.71	182	.001	.92	.06
Burnout	907.22	454	.001	.91	.05
Relational Quality	268.84	144	.001	.95	.05
Pregnancy Quality of Life	1224.26	649	.001	.90	.05
Organizational Identification	610.84	268	.001	.90	.06
Occupational Identification	619.21	318	.001	.91	.05

Data analysis revealed three significant moderation effects for relational quality, pregnancy quality of life, and occupational identification. For all three moderation effects individuals who reported higher levels of PSR reported better outcomes (i.e., higher levels of relational quality, pregnancy quality of life, and occupational identification). However, when looking at the moderation effect of PSR on relational quality it appeared that while individuals who had higher PSR experiences overall reported higher relational quality with their supervisor as a result, the positive effect of supervisor responsiveness was dampened at higher levels of third-party disclosure (*b* = -.03, SE = .09, p <.05; H16c supported). This suggests that while PSR has an overall positive impact on the association between third-party disclosure and relational quality this impact is decreased the more highly women characterize their disclosure strategy as third party (see Figure 18)

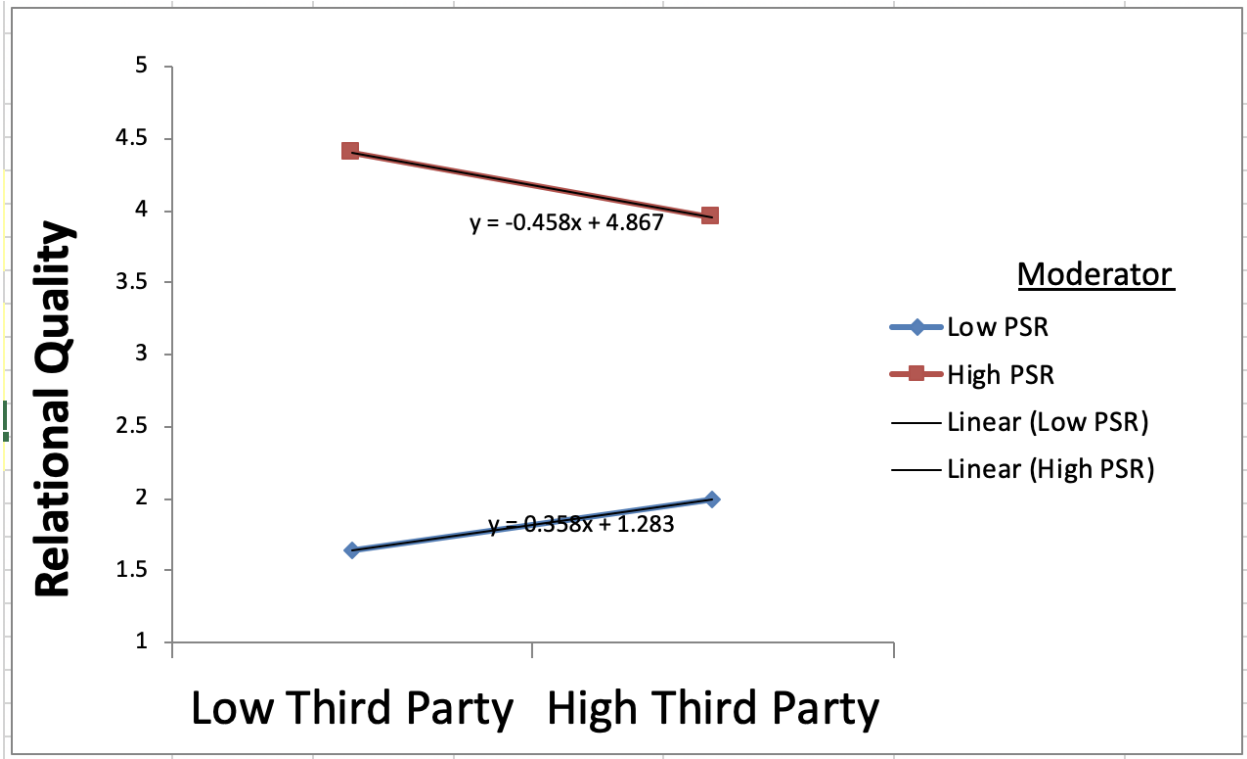

Figure 18: PSR*Third Party Disclosure Moderation for Relational Quality

When examining the interaction effect in relation to pregnancy quality of life, individuals who experienced higher levels of PSR again reported increased levels of pregnancy quality of life; PSR dampens the negative relationship between third-party disclosures and pregnancy quality of life. However, the degree to which women characterize their disclosure as being third-party also influences this relationship, women who experience low levels of PSR and describe their interaction has higher in third-party disclosure characteristics experience even lower outcomes, *b* = .28, SE = .09, p <.05 (H16d supported), see Figure 19.

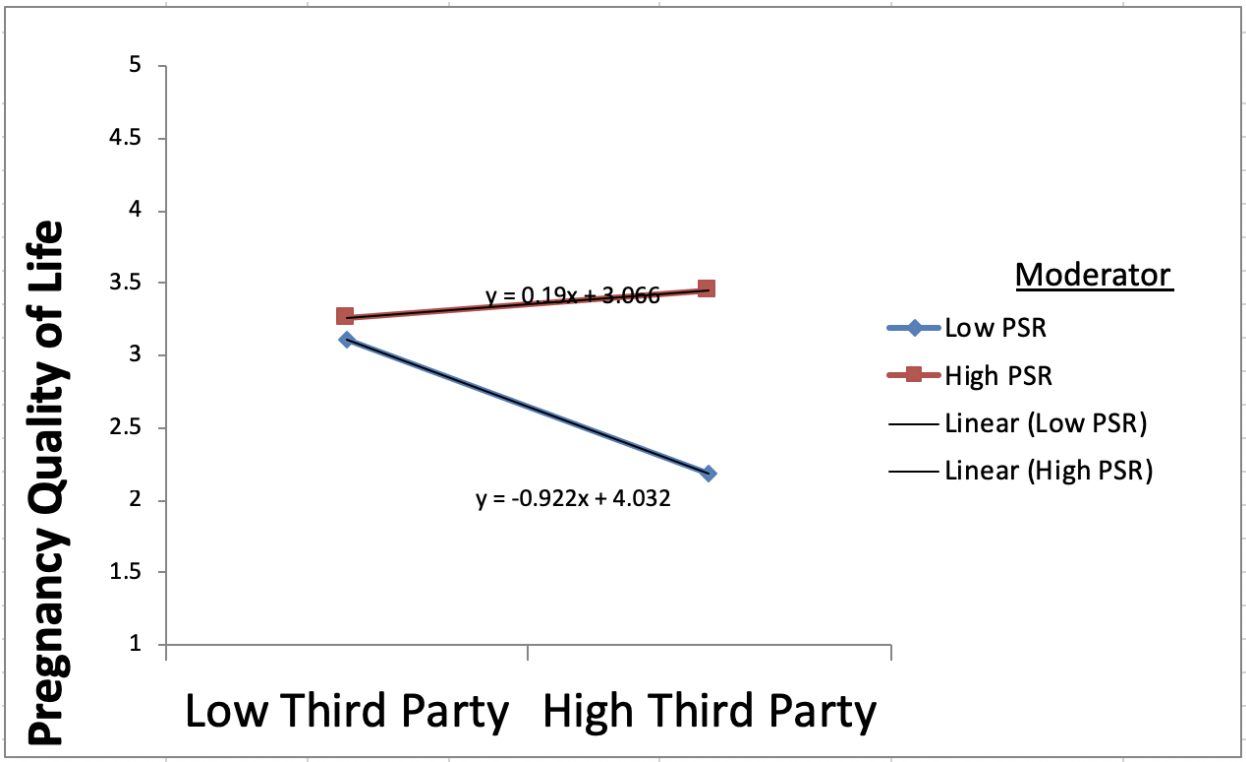

Figure 19: PSR*Third Party Disclosure Moderation for Pregnancy Quality of Life

Finally, when examining the moderation effect in relation to occupational identification it appeared that while individuals who had higher PSR experiences overall reported higher levels of occupational identification, the positive effect of supervisor responsiveness was dampened at higher levels of third-party disclosure (*b* = -.20, SE = .09, p <.05; H16f supported). This suggests that while PSR has an overall positive impact on the association between third-party disclosure

and occupational identification this impact is decreased the more highly women characterize their disclosure strategy as third party (see Figure 20). As with the moderation effects found in the direct disclosure models, individuals who described their supervisors as having responses that were more validating, caring, and understanding reported improved outcomes. However, this positive relationship was dampened when women also described their disclosure as being higher in third-party characteristics. In sum, PSR appears to function as both a mediator and a moderator of the impact of third-party disclosures on organizational outcomes. Third-party disclosures tend to elicit lower PSR, which in turn impacts outcomes. In addition, pregnant women who report higher PSR tend to have more favorable outcomes, but this effect often is dampened when women report having disclosed to their supervisor via a third party.

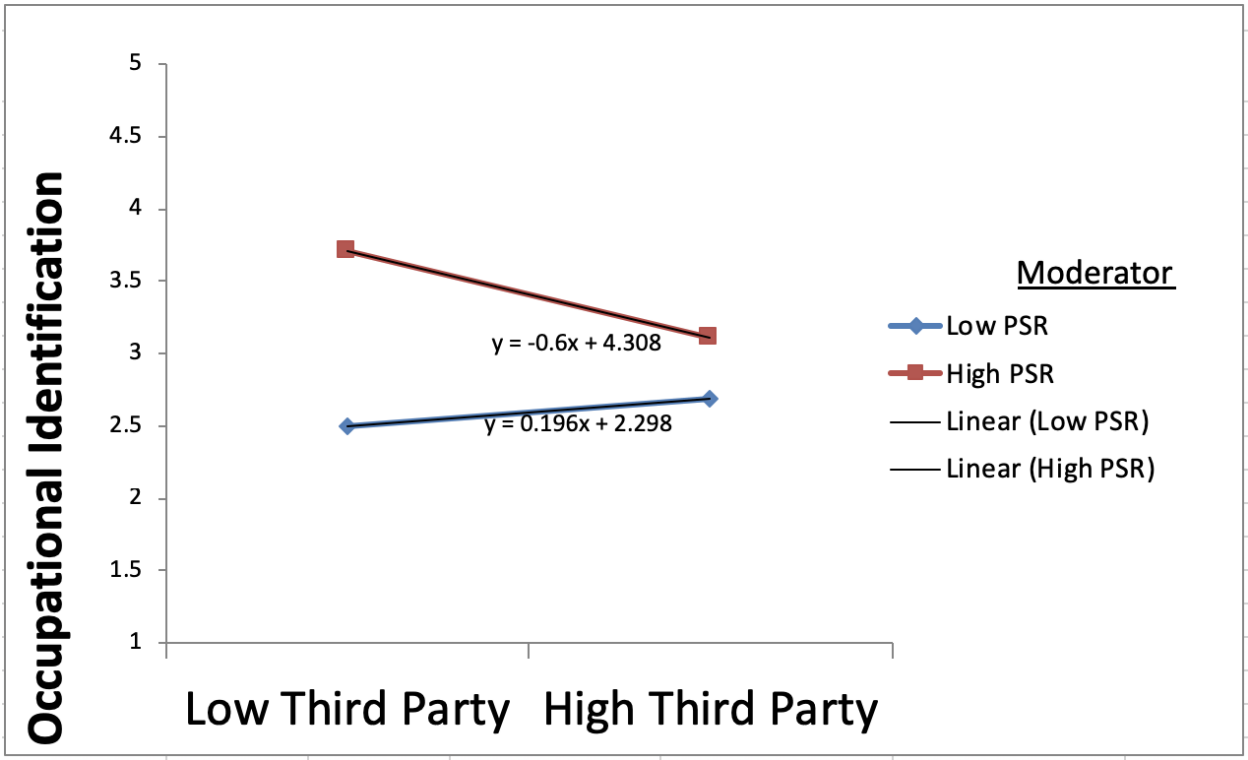

Figure 20: PSR*Third Party Disclosure Moderation for Occupational Identification

4.14 OPDM: Indirect disclosure

Analysis of the outcome models associated with indirect disclosure revealed acceptable fit, see Table 17. See Figure 21 for SEM results for the indirect disclosure models.

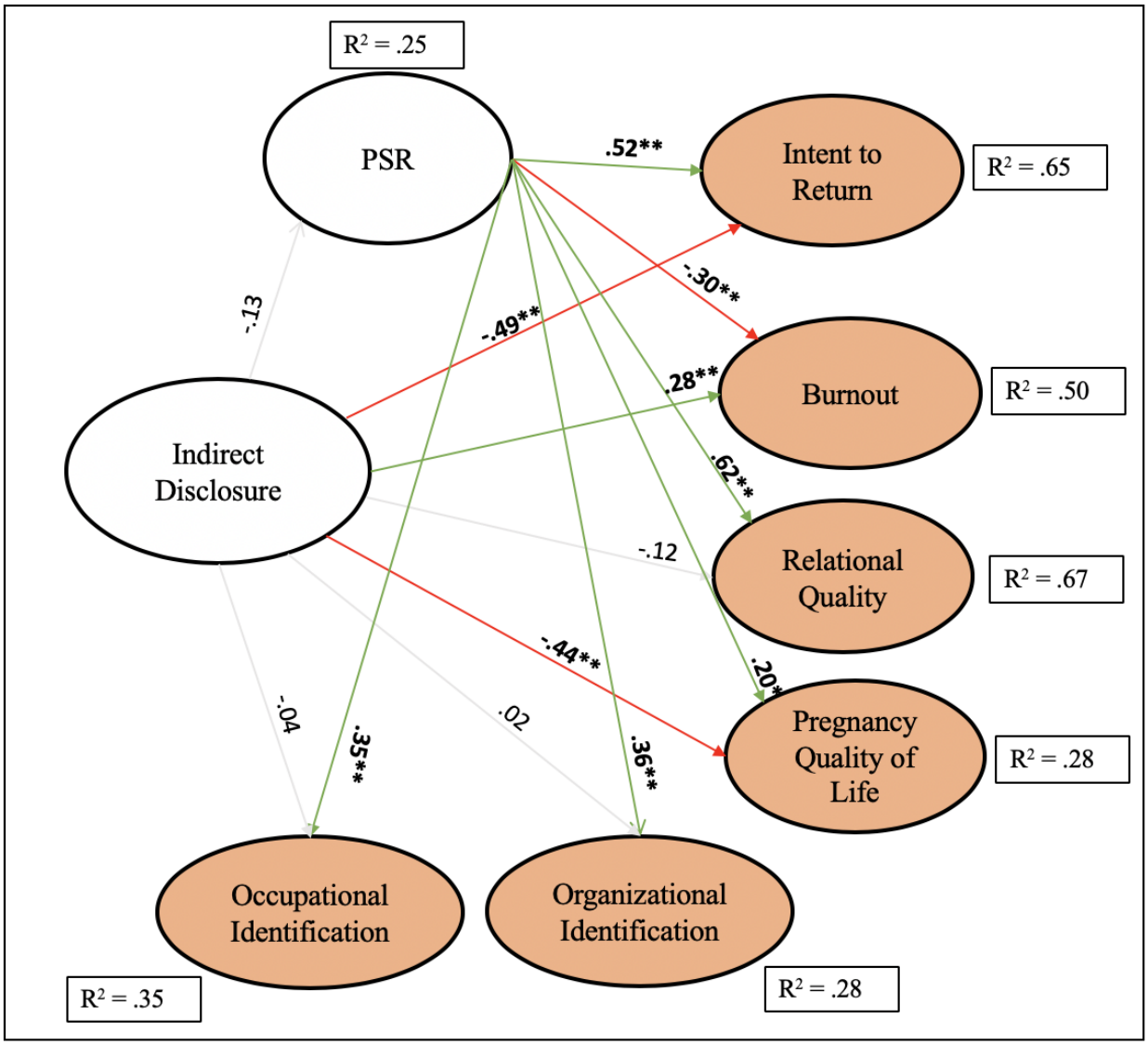

Figure 21: Outcome Pregnancy Disclosure Model (Indirect Disclosure) Effects of Indirect Disclosure on Perceived Supervisor Responsiveness and Outcomes.

Note: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths; Green lines indicate significant positive paths; Standardized coefficients are reported; Relational Closeness, age, marital status, income, time since disclosure, and time until promotion review were included as covariates in the model. * $p < .05$, ** $p < .001$

H13b predicted that indirect disclosure would be negatively associated with perceived supervisor supportiveness; however, there was not a significant association between PSR and indirect disclosures at T2. However, examination of study hypotheses exploring the association between PSR and study outcomes once again revealed significant effects for all six outcomes (see Figure 21).

Table 17: Outcome Pregnancy Disclosure Model (OPDM): Indirect Disclosure Model Fit Indices

Model	X^2	*df*	*p*	*CFI*	RMSEA
Intent to Return	387.36	182	.001	.93	.05
Burnout	948.54	454	.001	.91	.05
Relational Quality	298.07	144	.001	.95	.05
Pregnancy Quality of Life	1208.54	614	.001	.90	.05
Organizational Identification	635.35	268	.001	.90	.06
Occupational Identification	656.15	293	.001	.90	.06

Examination of the direct association between indirect disclosure and outcome variables revealed three significant effects. Controlling for relevant outcomes at T1, indirect disclosure was negatively associated with intent to return and pregnancy quality of life and positively associated with burnout at T2. A standard deviation increase in indirect disclosure strategies was associated with a .49 standard deviation decrease in expecting women's intent to return (RQ1a) and a .44 decrease in their pregnancy quality of life (RQ1d). Conversely, there was a direct and positive association with burnout such that each standard deviation increase in indirect disclosure was associated with a .28 standard deviation increase in women's levels of burnout at T2 (RQ1b). However, there was not a significant direct association between indirect disclosure and the other outcome variables.

Unlike third-party disclosure, analysis of indirect effects between indirect disclosure, PSR, and outcome variables revealed only one significant mediation effect for occupational identification (see Table 10 for both significant and non-significant effects). PSR negatively mediated the relationship between indirect disclosure and occupational identification (b = -.04, SE = .02, p <.05; H15f supported) such that as the degree of indirect disclosure increased, women's perceptions that their supervisors were responsive decreased which was in turn negatively predicted women's levels of occupational identification at T2.

In sum, while PSR continued to exert a positive impact on women's psychological, career, and relational outcomes, indirect disclosure strategies also had a negative impact on some outcomes. In most cases, PSR did not mediate the effects of indirect disclosures. Overall these models explained one fourth of the variance in PSR, over half the variance in intent to return, half the variance of burnout, over three-fifths of the variance in relational quality, a quarter of the variance in pregnancy quality of life, and nearly one third of the variance in both organizational and occupational identifications.

To see if PSR moderated the relationship between indirect disclosure and study outcomes standardized interaction variables were created crossing indirect disclosure with PSR and regressing the interaction variable onto each outcome variable individually. This resulted in a total of six structural models, see Table 18 for model fit indices.

Table 18: Outcome Pregnancy Disclosure Model (OPDM): Indirect Disclosure Moderation Model Fit Indices

Model	X^2	*df*	*p*	*CFI*	RMSEA
Intent to Return	416.40	202	.001	.93	.05
Burnout	998.48	485	.001	.90	.05
Relational Quality	316.54	162	.001	.95	.05
Pregnancy Quality of Life	1243.48	650	.001	.90	.05
Organizational Identification	665.44	291	.001	.90	.06
Occupational Identification	689.29	318	.001	.90	.06

Data analysis revealed only one significant moderation effect for relational quality, b = -.18, SE = .08, p <.05 (H16c supported). Overall, individuals who described their supervisors as being highly responsive reported higher levels of relational quality. However, the positive impact of this relationship was dampened when women also described their disclosure as being higher in the degree of indirectness (see Figure 22). In sum, data analysis results suggest that PSR may not function as strongly as a mediator or moderator for indirect disclosure strategies as for other disclosure strategies.

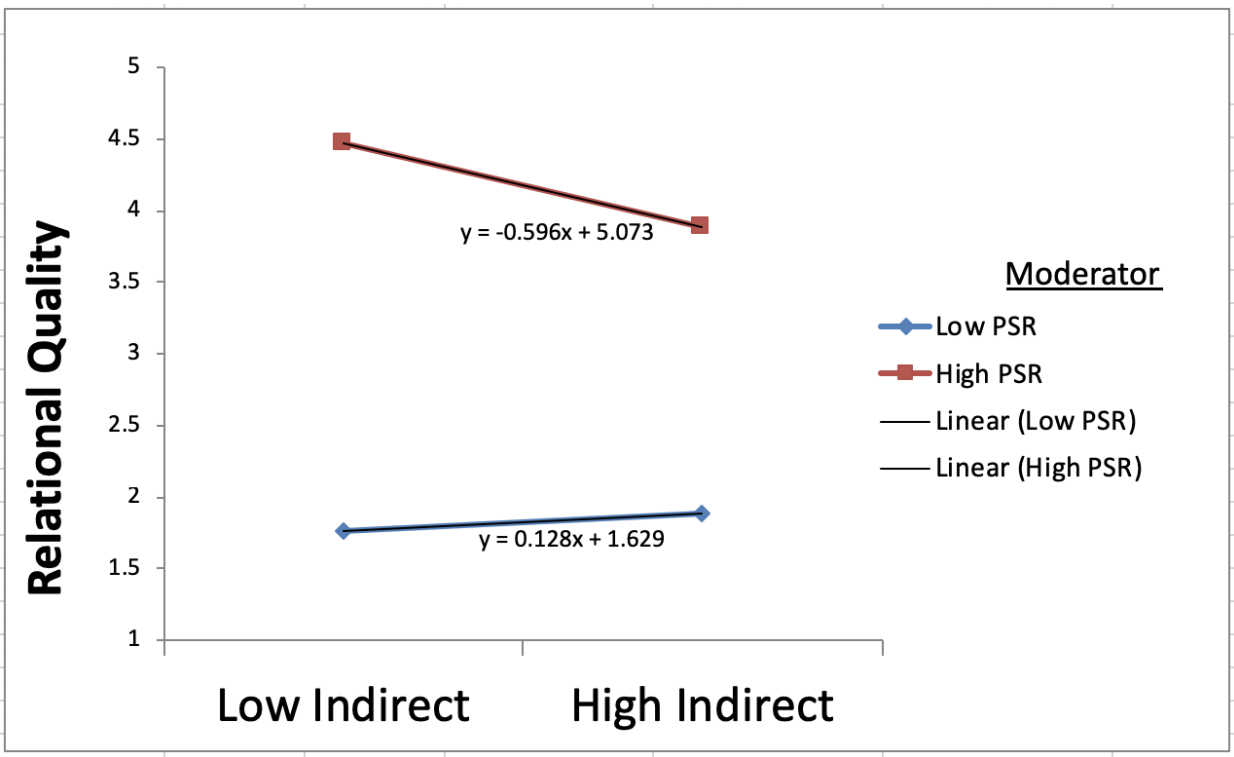

Figure 22: OPDM: PSR*Indirect Disclosure Moderation for Relational Quality

4.15 OPDM: Entrapment disclosure

Analysis of the outcome models associated with entrapment disclosure revealed acceptable fit indices, see Table 19. Findings from SEM analyses for this model appear in Figure 23.

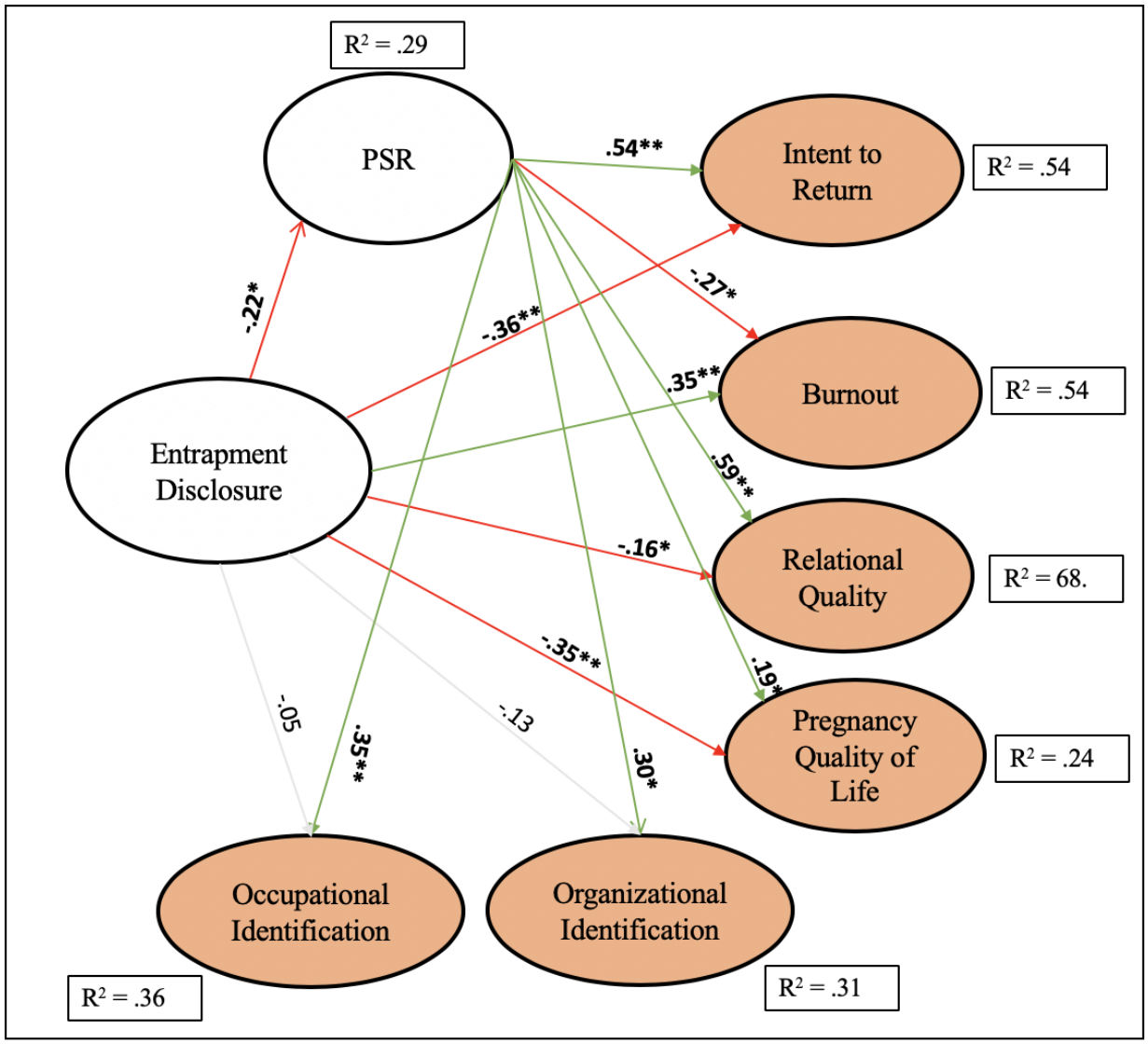

Figure 23: Outcome Pregnancy Disclosure Model (Entrapment Disclosure) Effects of Entrapment Disclosure on Perceived Supervisor Responsiveness and Outcomes.

Note: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths; Green lines indicate significant positive paths; Standardized coefficients are reported; Relational Closeness, age, marital status, income, time since disclosure, and time until promotion review were included as covariates in the model. * $p < .05$, ** $p < .001$

H13b predicted that entrapment disclosure would be negatively associated with perceived supervisor supportiveness. Results of the structural analyses supported this hypothesis indicating that for each standard deviation increase in participants degree of entrapment disclosure strategy use there was a .22 standard deviation decrease in expecting women's perceptions of supervisor

responsiveness to the disclosure. This suggests that even when controlling for demographic factors and the supervisor-subordinate relationship quality at T1, as the degree to which women characterize themselves as being entrapped into disclosing their pregnancy increases, perceptions of their supervisor's responsiveness to the pregnancy disclosure decreases. This model explained one fifth of the variance in perceived supervisor responsiveness.

Table 19: Outcome Pregnancy Disclosure Model (OPDM): Entrapment Disclosure Model Fit Indices

Model	X^2	*df*	*p*	*CFI*	RMSEA
Intent to Return	325.70	163	.001	.94	.05
Burnout	796.02	424	.001	.92	.05
Relational Quality	229.10	127	.001	.96	.04
Pregnancy Quality of Life	1138.02	613	.001	.90	.05
Organizational Identification	575.23	245	.001	.90	.06
Occupational Identification	573.15	293	.001	.91	.05

As with preparation and rehearsal, third-party, and indirect disclosure all hypotheses regarding the associations between PSR and study outcomes were supported in this model (see Figure 23). However, examination of the direct association between entrapment disclosure and outcome variables also revealed significant effects for all outcome variables except organizational and occupational identifications. Entrapment disclosure was significantly and negatively associated with intent to return (RQ1a), relational quality (RQ1c), and pregnancy quality of life (RQ1d). It was also positively associated with burnout (RQ1b). Controlling for relevant outcomes at T1, each standard deviation increase in third-party disclosure was associated with a .36 decrease in expecting women's intent to return to the workplace, a .16 decrease in relational quality, and a .35 standard deviation decrease pregnant women's quality of

life at T2. Conversely, the positive association with burnout resulted in a .35 standard deviation increase in women's burnout at T2 for each standard deviation increase in entrapment disclosure.

Analysis of indirect effects further unpacked the association between entrapment disclosure, PSR, and outcomes by revealing significant mediation effects for all six outcomes. Controlling for outcomes at T1, PSR negatively mediated the relationship between entrapment disclosure and T2 intent to return (b = -.09, SE = .04, p <.05; H15a supported) such that as the degree of entrapment disclosure increased, perceptions of PSR decreased which was associated with a negative impact on expecting women's intent to return. PSR also positively mediated the relationship between entrapment disclosure and burnout (b = .06, SE = .03, p <.05; H15b supported), entrapment negatively predicted women's experiences of PSR which in turn positively predicted burnout.

Examination of mediation between entrapment disclosure and relational quality also revealed a significant and negative effect, entrapment disclosure was again negatively associated with PSR which in turn lead to decreased perceptions of relational quality T2 (b = -.13, SE = .06, p <.05; H15c supported). There was also a negative mediation effect for pregnancy quality of life (b = -.03, SE = .02, p <.05; H15d supported). Finally, PSR negatively mediated the association between entrapment disclosure and both organizational (b = -.04, SE = .03, p <.05; H15e supported) and occupational identifications (b = -.05, SE = .03, p <.05; H15f supported), entrapment disclosures negatively predicted PSR which in turn lead to decreased levels of both organizational and occupational identifications.

In sum, there were significant negative direct and indirect effects associated with women's experiences with entrapment disclosure. The presence of both direct and indirect effects of entrapment disclosure strategies on outcomes suggests that entrapment disclosures

(similar to third-party disclosures) are negatively associated with psychological, relational, and career outcomes in part because they tend to elicit lower PSR, but also for reasons above and beyond the decreased levels of PSR that accompany this particular type of disclosure experience. Overall structural models associated with entrapment disclosures explained one fifth of the variance in PSR, half the variance in intent to return and burnout, over three-fifths of the variance in relational quality, a quarter of the variance in pregnancy quality of life, and nearly a third of the variance in both occupational and organizational identifications.

To see if PSR moderated the relationship between entrapment disclosure and study outcomes standardized interaction variables were created crossing entrapment disclosure with PSR and regressing the interaction variable onto each individual outcome variable. This resulted in a total of six structural models, see Table 20 for model fit indices.

Table 20: Outcome Pregnancy Disclosure Model (OPDM): Entrapment Disclosure Moderation Model Fit Indices

Model	X^2	*df*	*p*	*CFI*	RMSEA
Intent to Return	341.25	182	.001	.94	.05
Burnout	841.92	454	.001	.92	.05
Relational Quality	240.44	144	.001	.96	.04
Pregnancy Quality of Life	1164.47	649	.001	.90	.05
Organizational Identification	593.06	268	.001	.90	.06
Occupational Identification	605.84	318	.001	.91	.05

Data analysis revealed only one significant moderation effects for intent to return. As with previous moderation effects, while individuals who had higher PSR experiences overall reported higher intent to return, the positive effect of supervisor responsiveness was dampened at higher levels of entrapment disclosure (b = .17, SE = .07, p <.05; H16a supported). This suggests

that while PSR has an overall positive impact on intent to return to work, the association between PSR and intent to return is decreased the more highly women characterize themselves as being entrapped into sharing news of their pregnancy with their supervisors (see Figure 24). Despite this, PSR functioned more consistently as a mediator than a moderator for entrapment disclosure.

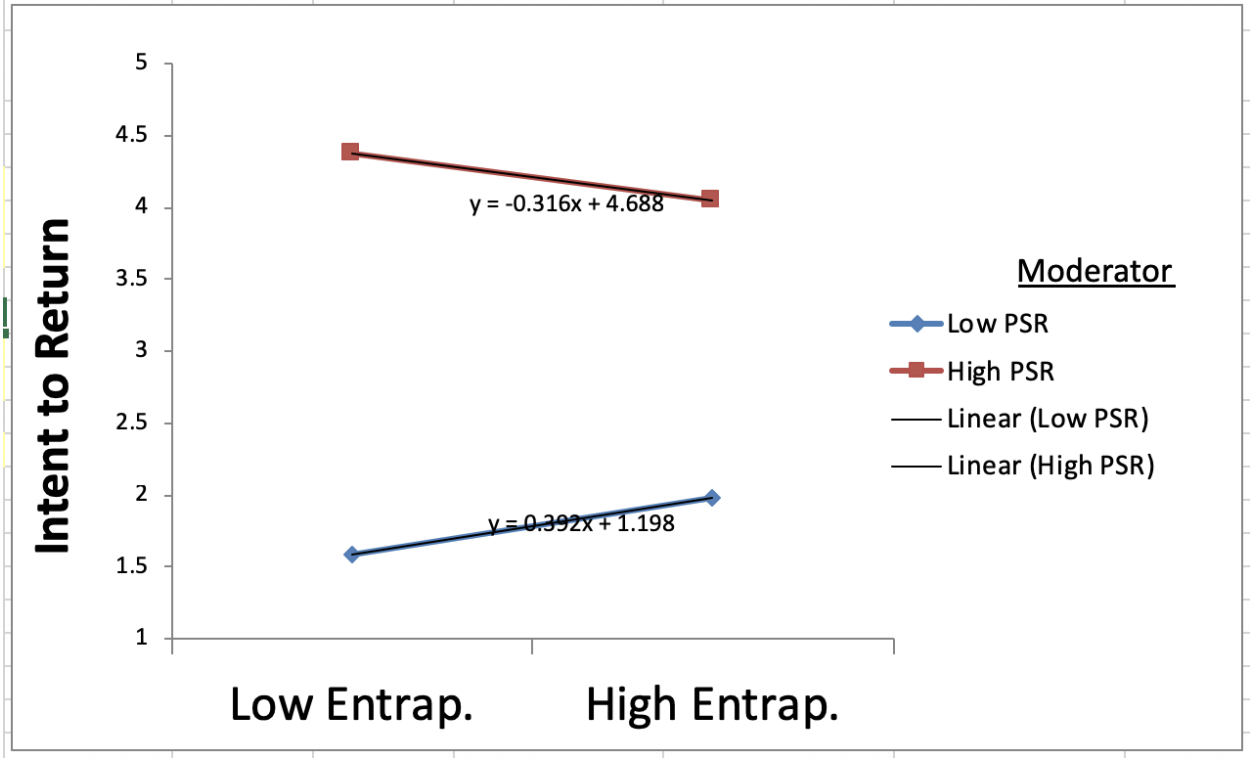

Figure 24: OPDM: PSR*Entrapment Disclosure Moderation for Intent to Return

4.16 OPDM: Incremental disclosure

Analysis of the outcome models associated with incremental disclosure revealed acceptable fit indices, see Table 21. Results from structural models for this final strategy are shown in Figure 25.

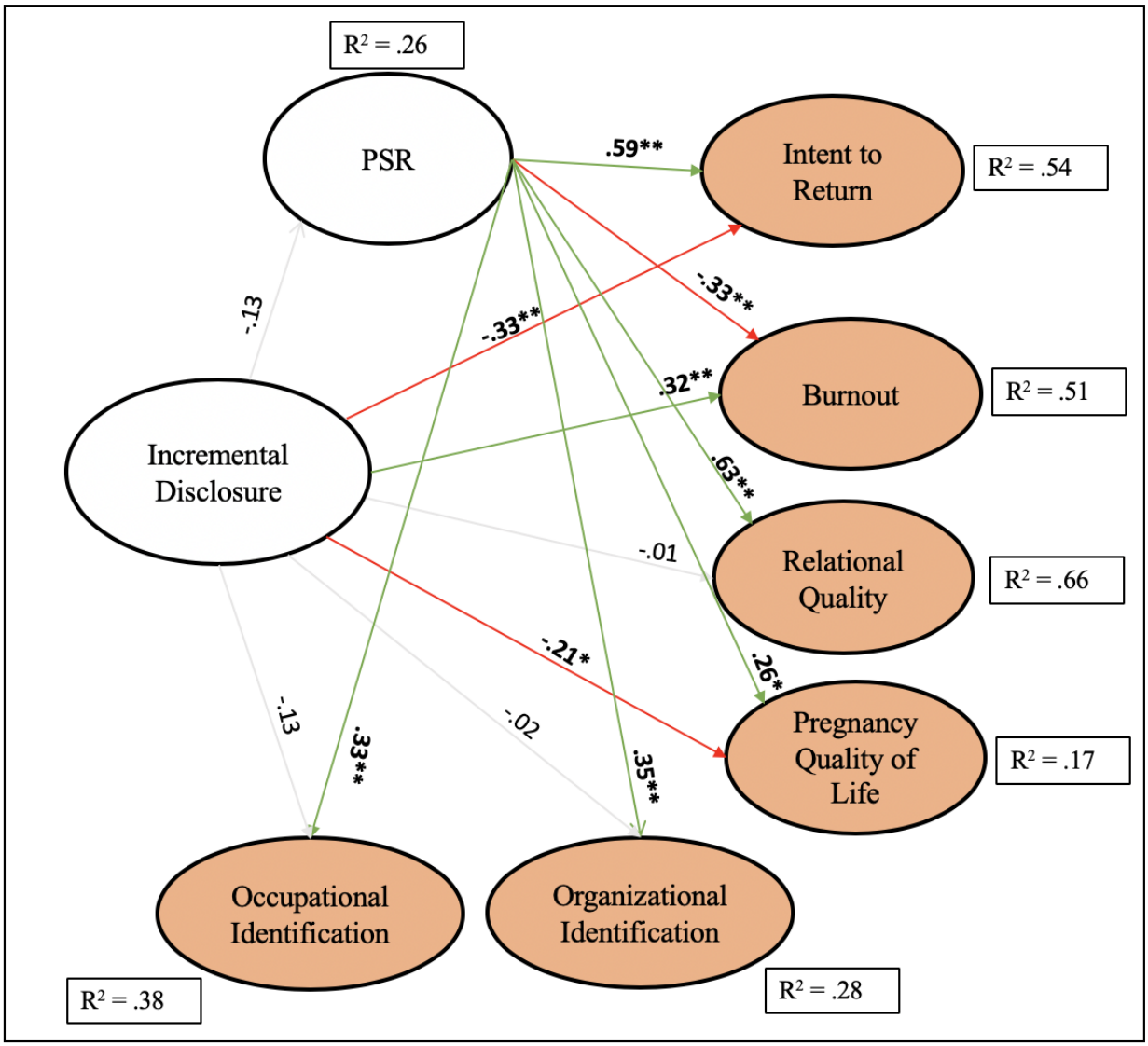

Figure 25: Outcome Pregnancy Disclosure Model (Incremental Disclosure) Effects of Incremental Disclosure on Perceived Supervisor Responsiveness and Outcomes.

Note: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths; Green lines indicate significant positive paths; Standardized coefficients are reported; Relational Closeness, age, marital status, time since disclosure, and time until promotion review were included as covariates in the model. * $p < .05$, ** $p < .001$

H13b predicted that incremental disclosure would be negatively associated with perceived supervisor supportiveness; however, there was not a significant association between PSR and incremental disclosures at T2. However, examination of study hypotheses exploring the association between PSR and study outcomes once again revealed significant effects for all six outcomes (see Figure 25).

Table 21: Outcome Pregnancy Disclosure Model (OPDM): Incremental Disclosure Model Fit Indices

Model	X^2	*df*	*p*	*CFI*	RMSEA
Intent to Return	321.41	182	.001	.95	.04
Burnout	816.61	454	.001	.93	.05
Relational Quality	247.14	144	.001	.96	.04
Pregnancy Quality of Life	1205.69	649	.001	.90	.05
Organizational Identification	589.10	268	.001	.91	.06
Occupational Identification	596.06	318	.001	.92	.05

Examination of the direct association between incremental disclosure and outcome variables revealed three significant effects. Incremental disclosure was negatively associated with intent to return and pregnancy quality of life and positively associated with burnout. Controlling for relevant outcomes at T1, a standard deviation increase in indirect disclosure strategies was associated with a .33 standard deviation decrease in expecting women's intent to return (RQ1a) and a .21 decrease in their pregnancy quality of life at T2 (RQ1d). Conversely, there was a direct and positive association with burnout such that each standard deviation increase in indirect disclosure was associated with a .32 standard deviation increase in women's T2 levels of burnout (RQ1b). However, there was not a significant direct association between incremental disclosures and the other outcome variables.

Analysis of indirect effects between incremental disclosure, PSR, and outcome variables revealed only one significant mediation effect for organizational identification (see Table 10 for both significant and non-significant effects). PSR negatively mediated the relationship between incremental disclosure and organizational identification (b = -.03, SE = .02, p <.05; H15e supported) such that as the degree of incremental disclosure increased, women's perceptions that their supervisors were responsive decreased which was in turn negatively predicted women's levels of organizational identification at T2. In sum, while PSR continued to exert a positive impact on women's outcomes, incremental disclosure strategies had a negative impact which, in most cases, were not mediated by PSR. Overall these models explained one fourth of the variance in PSR, over half the variance in intent to return and burnout, over three-fifths of the variance in relational quality, one-fifth of the variance in pregnancy quality of life, and nearly one third of the variance in both organizational and occupational identifications.

To see if PSR moderated the relationship between incremental disclosure and study outcomes standardized interaction variables were created crossing incremental disclosure with PSR. The interaction variable was then regressed onto each individual outcome variable. This resulted in a total of six structural models, see Table 22 for model fit indices.

Table 22: Outcome Pregnancy Disclosure Model (OPDM): Incremental Disclosure Moderation Model Fit Indices

Model	X^2	*df*	*p*	*CFI*	RMSEA
Intent to Return	350.08	202	.001	.95	.04
Burnout	865.86	485	.001	.93	.05
Relational Quality	260.82	162	.001	.96	.04
Pregnancy Quality of Life	1275.99	686	.001	.90	.05
Organizational Identification	614.21	292	.001	.91	.05
Occupational Identification	622.63	344	.001	.92	.05

Data analysis revealed only one significant moderation effects for relational quality. As with previous moderation effects, individuals who reported higher levels of PSR reported better outcomes (i.e., levels of relational quality). However, when looking at the moderation effect of PSR on relational quality, while individuals who had higher PSR experiences overall reported higher quality relationships with their supervisors, the positive effect of supervisor responsiveness was dampened at higher levels of incremental disclosure (*b* = -.17, SE = .07, p <.05; H16c supported). This suggests that while PSR has an overall positive impact on the relational quality this impact is decreased the more highly women characterize their disclosures as incremental (see Figure 26).

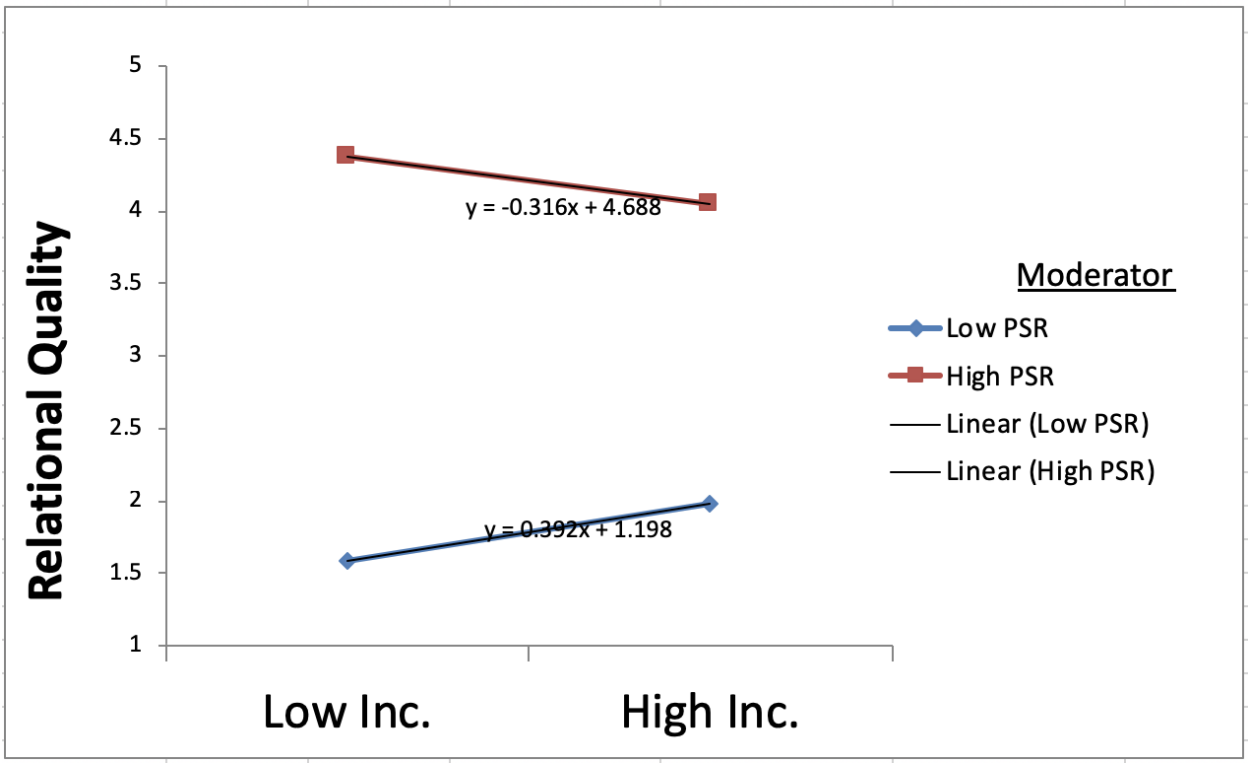

Figure 26: OPDM: PSR*Incremental Disclosure Moderation for Relational Quality

4.17 OPDM: Summary of Findings

This section of the chapter tested the hypotheses associated with the OPDM. Results highlighted the direct, indirect, and interaction effects associated with disclosure strategy, perceived supervisor responsiveness, and individual relational, psychological, and career outcomes. Seventy-two models, six for each disclosure strategy for direct and indirect and six again for strategy to test interaction effects, were tested to assess the effect disclosure strategies and PSR on women's post-disclosure outcomes (see Table 23 for a summary of findings). Next, a discussion regarding the practical and theoretical implications of study findings is presented in Chapter 6.

Table 23: OPDM Hypotheses, Research Questions, and Results

Hypothesis/Research Question	Overall Support	Results
H13a: Direct and incremental disclosures will be positively associated with perceived partner responsiveness.	Partially Supported	Direct disclosure was significantly and positively associated with PSR (H13a supported). Incremental disclosure was not significantly associated with PSR (H13a not supported).
H13b: Third-party, indirect, entrapment, and preparation and rehearsal disclosure strategies will be negatively associated with perceived partner responsiveness.	Partially Supported	While third-party and entrapment disclosures were negatively associated with PSR, preparation and rehearsal, indirect, and incremental disclosures were not significantly and negatively associated with PSR.
H14a: Perceived partner responsiveness will be positively associated with intent to return.	Supported	PSR was significantly and positively associated with expecting women's intent to return to the workplace in all disclosure strategy models.
H14b: Perceived partner responsiveness will be negatively associated with burnout.	Supported	PSR was significantly and negatively associated with expecting women's burnout in all disclosure strategy models.

Table 23 continued

Hypothesis/Research Question	Overall Support	Results
H14c: Perceived partner responsiveness will be positively associated with relational quality.	Supported	PSR was significantly and positively associated with relational quality in all disclosure strategy models.
H14d: Perceived partner responsiveness will be positively associated with pregnancy quality of life.	Mostly Supported	PSR was significantly and positively associated with pregnancy quality of life in all disclosure models except direct disclosure.
H14e: Perceived partner responsiveness will be positively associated with organizational identification.	Supported	PSR was significantly and positively associated with organizational identification in all disclosure strategy models.
H14f: Perceived partner responsiveness will be positively associated with occupational identification.	Supported	PSR was significantly and positively associated with occupational identification in all disclosure strategy models.
H15a: Perceived supervisor responsiveness will mediate the relationship between disclosure strategies and intent to return.	Partially Supported	PSR mediated the relationship for direct, third-party, and entrapment disclosures but not for preparation and rehearsal, and indirect disclosures.
H15b: Perceived supervisor responsiveness will mediate the relationship between disclosure strategies and burnout.	Partially Supported	PSR mediated the relationship for direct and entrapment disclosures but not for preparation and rehearsal, and indirect disclosures.
H15c: Perceived supervisor responsiveness will mediate the relationship between disclosure strategies and relational quality.	Partially Supported	PSR mediated the relationship for direct, third-party, and entrapment disclosures but not for preparation and rehearsal, and indirect disclosures.
H15d: Perceived supervisor responsiveness will mediate the relationship between disclosure strategies and pregnancy quality of life quality.	Partially Supported	PSR mediated the relationship for third-party and entrapment disclosures but not for direct, preparation and rehearsal, and indirect disclosures.

Table 23 continued

Hypothesis/Research Question	Overall Support	Results
H15e: Perceived supervisor responsiveness will mediate the relationship between disclosure strategies and organizational identification.	Mostly Supported	PSR mediated the relationship for direct, preparation and rehearsal, third-party, entrapment, and incremental disclosures but not for indirect disclosures.
H15f: Perceived supervisor responsiveness will mediate the relationship between disclosure strategies and occupational identification.	Partially Supported	PSR mediated the relationship for direct, third-party, indirect, and entrapment disclosures but not for preparation and rehearsal disclosures.
H16a: For all disclosure strategies, perceived partner responsiveness will moderate the relationship between the disclosure strategy and intent to return.	Mostly not supported	This relationship was only moderated for entrapment disclosure strategies.
H16b: For all disclosure strategies, perceived partner responsiveness will moderate the relationship between the disclosure strategy and burnout.	Not Supported	This relationship was not moderated for any disclosure strategy.
H16c: For all disclosure strategies, perceived partner responsiveness will moderate the relationship between the disclosure strategy and relational quality.	Partially Supported	PSR moderated this relationship for third-party, indirect, and incremental disclosures but not for direct, preparation and rehearsal disclosures.
H16d: For all disclosure strategies, perceived partner responsiveness will moderate the relationship between the disclosure strategy and pregnancy quality of life quality.	Mostly not Supported	This relationship was only moderated for third-party disclosures.
H16e: For all disclosure strategies, perceived partner responsiveness will moderate the relationship between the disclosure strategy and organizational identification.	Not Supported	This relationship was not moderated for any disclosure strategy.

Table 23 continued

Hypothesis/Research Question	Overall Support	Results
H16f: For all disclosure strategies, perceived partner responsiveness will moderate the relationship between the disclosure strategy and occupational identification.	Partially Supported	PSR moderated this relationship for direct and third-party disclosures but not for preparation and rehearsal and indirect disclosures.
RQ1a: What is the association between disclosure strategies and intent to return?	Mixed Associations	Direct disclosure was positively associated with intent to return. Preparation and rehearsal, third-party, indirect, entrapment, and incremental disclosures were negatively associated with intent to return.
RQ1b: What is the association between disclosure strategies and burnout?	Mixed Associations	Third-party, indirect, entrapment, and incremental disclosures were positively associated with burnout but direct, preparation and rehearsal disclosures did not predict burnout.
RQ1c: What is the association between disclosure strategies and relational quality?	Mixed Associations	Entrapment was negatively associated with relational quality. However, direct, preparation and rehearsal, third-party, and incremental disclosures were not significantly associated.
RQ1d: What is the association between disclosure strategies and pregnancy quality of life quality?	Mixed Associations	Direct disclosure was positively associated with pregnancy quality of life. Third-party, indirect, entrapment, and incremental disclosures were negatively associated with pregnancy quality of life. However, preparation and rehearsal disclosures were not significantly associated.

Table 23 continued

Hypothesis/Research Question	Overall Support	Results
RQ1e: What is the association between disclosure strategies and organizational identification?	Not Supported	Direct, preparation and rehearsal, third-party, entrapment, and incremental disclosures were not significantly associated.
RQ1f: What is the association between disclosure strategies and occupational identification?	Mixed Associations	Third-party disclosures were negatively associated with occupational identification. However, direct, preparation and rehearsal, entrapment, and incremental disclosures were not significantly associated.

CHAPTER 6. DISCUSSION

This study was designed to answer an overarching question, "What are the processes, antecedents, and outcomes of first-time mother's pregnancy disclosures to their supervisors?" To generate the data necessary to address this question, I developed two models, the antecedent pregnancy disclosure model (APDM) and the outcome pregnancy disclosure model (OPDM). These models examine the direct, mediation, and moderation effects associated with expecting women's pregnancy disclosure experiences.

The APDM and OPDM drew upon disclosure theories (e.g., Afifi & Steuber, 2009), the interpersonal process model (Reiss & Shaver, 1988), and work-life literatures to extend disclosure theorizing through an examination of the work-related predictors of disclosure decision making and the interpersonal, relational, and career outcomes associated with expecting mother's disclosure experiences. The APDM identified both individual-level (e.g., perceived career risk) and organization-level (e.g., structural support) predictors for the specific types of disclosure strategies women used to inform their supervisors that they were pregnant. It also tested two mechanisms (i.e., disclosure efficacy and anticipated disclosure strategy) as potential mediators between predictors and enacted disclosure strategies at T2 (see Figure 2). The OPDM built upon findings of the APDM to examine the association between these enacted disclosure strategies and relational, psychological, and career outcomes while testing the role of perceived supervisor responsiveness as both a moderator and mediator to these effects (see Figure 3).

Chapter six summarizes the key findings associated with each disclosure model and then discusses the associated theoretical and practical implications. Finally, the chapter concludes by addressing the limitations associated with this dissertation; suggesting several future avenues for workplace pregnancy disclosure research.

6.1 Summary of Key Findings

To unpack the key findings associated with this study, this section will be organized into two main sections that look at results across each of the six disclosure strategies. First, the direct and mediation effects associated with the APDM are explored. This is followed by a review of OPDM direct and indirect effects associated with the disclosure strategies used at T2 and perceived supervisor responsiveness on expecting women's outcomes. This format provides a way to explore the (dis)similarities across all six disclosure strategies as it pertains to disclosure predictors (i.e., organizational support, perceived risk), mediators (i.e., disclosure efficacy, anticipated disclosure strategy, and PSR), and moderators (i.e., PSR).

6.1.2 APDM: Enacted Disclosure Strategy Selection, Direct and Mediation Effects

Several themes emerged regarding the associations between predictor variables (i.e., perceived risk and organizational support), mediators (i.e., disclosure efficacy and anticipated disclosure strategies at T1), and enacted disclosure strategies at T2. First, the associations between predictors and women's anticipated disclosure strategies at T1 are discussed. This is followed by a discussion of the indirect effects (e.g., the impact of perceived risk and support through disclosure efficacy and anticipated disclosure strategies) associated with expecting women's enacted disclosure strategies at T2. These are discussed in terms of findings regarding organizational support and then for perceived risk.

Organizational support.

First, across all disclosure strategies there was a significant and positive association between perceived organizational support and disclosure efficacy (H1 supported). Pregnant women's perceptions that they had access to social support from both their colleagues and

supervisors (i.e., relational support), that policies in their workplaces would protect them against pregnancy-based discrimination (i.e., structural support), and that their organizations engaged in welcoming behaviors towards current and expecting parents (i.e., symbolic support) were associated with increases in their disclosure efficacy (i.e., confidence in their ability to disclose their pregnancies to supervisors).

A second, and perhaps surprising, trend is that organizational support shared significant and positive direct associations at T1 not only with anticipated direct disclosure but also across anticipated preparation and rehearsal, anticipated third-party, and anticipated incremental disclosure strategies (c.f., anticipated indirect and anticipated entrapment disclosures) even when accounting for the sometimes-negative association between disclosure efficacy and anticipated strategies (i.e., anticipated third-party and incremental disclosures). This suggests that even when expecting women perceived high levels of organizational support and increased levels of disclosure efficacy, women report not only higher levels of anticipated direct disclosure but also higher levels of some anticipated indirect strategies for telling their supervisors that they are pregnant.

These findings may be a result of several factors. First, while women rated the degree to which they thought they would use a particular type of disclosure strategy (e.g., "I will reveal bits and pieces of information first to see how my supervisor reacts"), expecting women may have anticipated using a combination of several strategies during their pregnancy disclosure (see Manning, 2014). For example, structural equation modeling revealed a significant and positive effect of organizational support on anticipated preparation and rehearsal disclosures. Examination of correlational data revealed that anticipated preparation and rehearsal disclosures were positively associated with all non-direct anticipated disclosure strategies at the zero-order

level[10]. Assessing both SEM and correlational results suggests that even in instances in which women perceive support in the workplace, they anticipated practicing how they approach the issue with their supervisor which may be generally associated with specific anticipated disclosure strategies like anticipated incremental or anticipated third party disclosures. Practicing their disclosure strategies with others may place women at the risk of their information being leaked before they can tell their supervisors themselves (e.g., third-party disclosure, Petronio, 2002). Thus, the positive association between less-direct disclosure strategies and organizational support may be a reflection of women's concerns that others may violate their privacy boundaries and share their information before they were prepared.

Second, the positive association between expecting women's anticipation of using third-party and incremental disclosure strategies and organizational support may be a function of the structural constraints that women experience in the organization. That is to say, even when women feel that they are employed in an organization that provides them with interpersonal, policy-based, and symbolic forms of support, the organizational channels women must engage in

[10] At T1, anticipated preparation and rehearsal disclosures were positively correlated with anticipated third-party disclosures (r = .39, p < .001), anticipated incremental disclosures (r = .57, p < .001), anticipated entrapment disclosures (r = .35, p < .001), and anticipated indirect disclosures (r = .26, p < .001). In contrast, anticipated direct disclosure was not significantly associated with anticipated preparation and rehearsal disclosures (r = -.03, p >.05), anticipated incremental disclosures (r = -.03, p > .05), or anticipated entrapment disclosures (r = -.12, p > .05) but it was negatively associated with anticipated third-party disclosures (r = -.36, p < .001) and anticipated indirect disclosures (r = -.47, p < .001). The pattern of associations also was similar for enacted disclosures at T2 in that enacted preparation and rehearsal disclosure was positively associated with enacted third-party disclosures (r = .39, p < .001), enacted incremental disclosures (r = .59, p < .001), enacted entrapment disclosures (r = .35, p < .001), and enacted indirect disclosures (r = .26, p < .001). This is contrasted against enacted direct disclosures at T2 which were negatively associated with enacted preparation and rehearsal disclosures (r = -.18, p < .05), enacted third-party disclosures (r = -.42, p < .001), enacted incremental disclosures (r = -.27, p < .05), enacted entrapment disclosures (r = -.42, p < .001), and enacted indirect disclosures (r = -.61, p < .001).

order to gain access to policies and accommodation may inhibit their ability to engage in specific disclosure strategies. For example, the Pregnancy Discrimination Act exists in an endeavor to protect expecting women from sex-based discrimination as it pertains to their pregnancy and requires organizations to provide parity of treatment to expecting women regarding their ability or inability to work (U.S. Department of Labor, n.d.). However, the PDA grants absolute protection only to women who are "able to work at full capacity, uninterrupted by pregnancy's physical effect" (Grossman & Thomas, 2009, p.15). Women who need workplace accommodations or access to light-duty work are at risk and often must work with organizational HR representatives in order to access options, if they are even available. This suggests that many expecting women must first disclose their pregnancies to appropriate organizational HR representatives in order to gain access alternative work options, or even to accommodate necessary doctor appointments.

Additionally, even instances in which employees seek further information regarding organizational pregnancy accommodation practices and maternity leave polices may signal to the organization that the employee may be pregnant. Thus, expecting women may anticipate that the very structure of the organization itself may result in someone disclosing their pregnancy to their supervisor before they can (i.e., anticipated third-party disclosure) or may require women to hint that they may not be available for certain work assignments or schedules in the future (i.e., anticipated incremental disclosure). While results support the hypothesized relationship between organizational support and anticipated direct disclosures (H6a), results regarding the positive association between support and anticipated preparation and rehearsal, third-party, and incremental disclosures (H6b) suggest that factors beyond the perception of support influence women's anticipation of engaging in particular disclosure strategies.

To fully understand the association between organizational support at T1 and enacted disclosures strategies at T2, it is necessary to examine both the direct and indirect effects. While organizational support was positively associated with both disclosure efficacy and several anticipated disclosure strategies at T1, direct and indirect results suggest that the relationship between organizational support and enacted disclosure strategies at T2 are complex. For example, associations for enacted direct disclosures as well as enacted third-party disclosures were complicated in that while the total effects of organizational support on each enacted disclosure strategy were in the predicted direction, this occurred because the indirect effects (which were in the predicted direction) outweighed the direct association (which were not) between support and strategy use at T2.

When looking at enacted direct disclosures, for example, there was a direct and negative association between organizational support and direct disclosure at T2 (H4a); however, the total overall effect of organizational support on enacted direct disclosure still was positive. This occurred because there were positive mediation effects through both disclosure efficacy and anticipated direct disclosure. The more expecting women perceived organizational support, the higher their perceptions of their own disclosure efficacy, and hence the more likely they were to plan to disclose directly to their supervisors at T1 which in turn lead to increased reports of enacted disclosures at T2. Thus, the positive indirect effects of organizational support on enacted direct disclosure outweighed the unexpected negative direct effect.

Although the total (overall) effect of organizational support on enacted direct disclosure at T2 was positive, it is still the case that organizational support at T1 exerted a direct negative effect on direct disclosure at T2. This negative direct association between organizational support and enacted direct disclosures may be the result of several factors. First, given the presence of

inconsistent mediation (Davies, 1985; Maassen & Bakker, 2001) this association may simply be a reflection of multicollinearity or suppression given the strong association between anticipated direct disclosures at T1 and enacted direct disclosures at T2. This would suggest that the remaining variance of enacted direct disclosures (i.e., the variance that remains after partialing out anticipated direct disclosures from enacted direct disclosures) cannot be meaningfully interpreted. However, if the direct effect is meaningful (though weaker than the combined indirect effects) it may suggest that the remaining variance of enacted direct disclosures reflects those aspects of enacted direct disclosure that are not planned (e.g., instances in which the conversation occurs unexpectedly). In other words, organizational support may share an overall positive association with direct disclosure at T2 because it bolsters efficacy as well as plans to disclose directly (i.e., anticipated) at T1, but organizational support also to a lesser degree dampen direct disclosure at T2 by affecting factors beyond the expecting women's control.

In sum, these findings illustrate the complex relationship between organizational support and several enacted disclosure strategies.

Perceived risk.

Interestingly, the associations between risk and disclosure efficacy in the APDM were quite different than those with organizational support. While there was a consistent and positive association between disclosure efficacy and organizational support, there was not a significant association between perceived risk and women's perceptions of their disclosure efficacy across all six disclosure strategies (H2). Additionally, there was only one significant and direct association between perceived risk and enacted disclosure strategies; risk negatively predicted women's enactment of direct disclosures at T2 (H5a).

However, for five of the six disclosure strategies (c.f., direct disclosure) anticipated disclosures strategy at T1 mediated the relationship between perceived risk and enactment of disclosure strategies at T2. Perceived risk, or women's perceptions that pregnancy disclosure may negatively impact their relationships with their supervisors, their chances of career advancement, or expose them to pregnancy-based stigma, was associated with higher rates of all anticipated disclosure strategies except direct disclosure at T1, which was in in turn positively associated with women's' use of these strategies at T2. Thus, unlike organizational support, disclosure efficacy did not mediate the impact of perceived risk on anticipated strategies. However, perceived risk influenced anticipated and enacted strategies (though never because it lowered disclosure efficacy), suggesting that the impact of risk on enacted disclosure occurs through alternative mechanisms.

Given that perceived risk highlights the ways in women may experience pregnancy-based stigma and discrimination, it is likely that expecting women may anticipate receiving negative or face-threatening responses to their pregnancy disclosures. Given this, women's anticipation of negatively-valenced perceived supervisor responsiveness (e.g., the anticipation that one's supervisor will respond to the pregnancy in ways that are not validating, understanding, or caring) may mediate the relationship between perceived risk and enacted disclosure strategies. Additionally, in an endeavor to protect themselves and preserve face in the context of perceived risks, expecting women may engage in protective buffering behaviors during the disclosure process (i.e., self-protection buffering motivations, Winterheld, 2017). In other words, perceived risk may increase expecting women's desires to "put up a strong front" or hide their concerns and distress during the disclosure process (i.e., protectively buffer; see Coyne & Smith, 1991). Engaging in protective buffering is often associated with negative outcomes given that it is often

stressful (Joseph & Afifi, 2010; Langer, Brown, & Syrjala, 2009). Consistent with this thinking, examination of zero-order correlations between expecting women's perceptions of risk (i.e., career, relational, and self-risk) and outcomes at T2 revealed significant and negative associations.[11] Thus, while perceived risk may not influence enacted disclosure strategies at T2 by lowering expecting women's disclosure efficacy, it may be associated with enacted strategies through decreased anticipation of PSR or increased desires to protectively buffer during the disclosure process.

6.1.3 OPDM: Disclosure Outcomes, Direct, Mediation, and Moderation Effects

The OPDM builds upon the findings of the APDM by exploring the impact that enacted disclosure strategies had upon expecting women's relational, career and psychological outcomes. Data analysis revealed several patterns related to both the direct and indirect associations between disclosure strategies, PSR, and outcomes.

[11] Pearson correlations were run on all three dimensions of risk (i.e., career, relational, and self-risk) at T1 and expecting women's outcomes at T2. Results revealed significant negative associations between self-risk and expecting women's intent to return (r = -.32, p <.001), supervisor-subordinate relational quality (r = -.36, p <.001), all three sub-dimensions of pregnancy quality of life (i.e., emotional, r = -.30, p <.001; mind-body, r = -.18, p < .05; and social r = -.34, p <.001), as well as positive associations with both dimensions of burnout (i.e., emotional, r = .25, p <.05; depersonalization, r = .34, p < .001). Risk was not significantly associated with either organizational (r = .04, p > .05) or occupational (r = -.07, p > .05) identifications. This trend was repeated for both relational and career risk. There were significant negative associations between relational-risk and expecting women's intent to return (r = -.32, p <.001), supervisor-subordinate relational quality (r = -.25, p <.05), all three sub-dimensions of pregnancy quality of life (i.e., emotional, r = -.23, p <.05; mind-body, r = -.19, p < .05; and social r = -.25, p <.05), and positive associations with both dimensions of burnout (i.e., emotional, r = .22, p <.05; depersonalization, r = .33, p < .001), but no significant association between either organizational (r = -.01, p > .05) or occupational (r = -.04, p > .05) identifications. Finally, there were significant negative associations between career-risk and expecting women's intent to return (r = -.24, p <.05), supervisor-subordinate relational quality (r = -.30, p <.001), two of the three sub-dimensions of pregnancy quality of life (i.e., emotional, r = -.17, p = .053; mind-body, r = -.23, p < .05; and social r = -.18, p <.05), and positive associations with both dimensions of burnout (i.e., emotional, r = .29, p <.001; depersonalization, r = .33, p < .001), but no significant association between either organizational (r = -.01, p > .05) or occupational (r = .001, p > .05) identifications.

Disclosure strategies and PSR.

Only direct, entrapment, and third-party disclosures were significantly associated with perceived supervisor responsiveness. Direct disclosures were positively associated with PSR (i.e., the degree to which women felt that their supervisors were caring, validating, and understanding during the disclosure process) while entrapment and third-party were inversely associated with PSR. The positive association between direct disclosure and PSR may derive from the verbal and interactive nature of this disclosure strategy, in that it provides supervisors ample opportunity to respond to expecting women's disclosures and subsequent questions in ways that are validating and supportive. However, this positive association may also derive from cultural expectations regarding the supervisor's appreciation of the appropriateness of the disclosure strategy. For example, when asked what advice they would give to other expecting women in the workforce, participants consistently advised that women be "honest" and "upfront" about their situation and cautioned them against letting their supervisor find out from others least they feel upset or "deceived." Thus, while the positive association between direct disclosure and PSR may improve the ability of supervisors to provide quality support, this association may also be a function of supervisors' perceptions that their employees are engaging in a more culturally "appropriate" or normative disclosure strategy in this context.

Findings in the OPDM regarding the negative association between third-party discourses and PSR may further reinforce current research regarding the perceived inappropriateness of this specific disclosure strategy in particular contexts (Catona et al., 2010). However, as CPM research regarding boundary turbulence would suggest (Petronio, 2002), third-party disclosures are not always a matter of choice for expecting women in the workplace. For example, when describing how she didn't feel that her supervisor was supportive during her pregnancy disclosure, one participant explained that "my supervisor heard rumors about my pregnancy and

confronted me directly about my commitment to our various projects…She was frustrated but professional with me."

Entrapment disclosures were also negatively associated with PSR. Previous research regarding sexual orientation disclosures to health care providers has highlighted how LGBQ individuals may feel "entrapped" into disclosing their sexual orientation in order to correct inaccurate perceptions that their providers may hold (Venetis et al., 2016). Short answer responses from participants help to further shed light on the negative association between PSR and entrapment as this experience was echoed by expecting women who often described having to disclose earlier than they were comfortable in order to explain absences or strange behavior. For example, one participant described how the physical layout of her workplace made it difficult for her to hide the symptoms of her pregnancy, "I throw up a few times I day. I had to tell my supervisor because I didn't want her to think I was messing around by going to the bathroom so much. I work in a very small office; we see and hear everything anyone does." Thus, factors may force expecting women into disclosing before they are prepared, catching both expecting women and their supervisors off guard. Results suggest that characteristics of the direct, entrapment, and third-party disclosures may engender or inhibit women's perceptions of responsive, caring, or validating responses to their pregnancy disclosures. However, there was no direct association between preparation and rehearsal, indirect, or incremental disclosure strategies and PSR (H13b).

Disclosure strategies and outcomes.

When examining the direct associations between disclosure strategies and expecting women's outcomes, entrapment and third-party disclosures were again highlighted. Both strategies were directly and negatively associated with four of the six outcomes at T2, even after

controlling for the level of these same outcomes at T1. In contrast, both indirect and incremental disclosures were directly associated with three outcomes (decreased intent to return, increased burnout, decreased pregnancy quality of life). Direct disclosures were directly associated with two (increased intent to return and pregnancy quality of life), while preparation and rehearsal disclosure was only directly and negatively associated with intent to return (H16 a-f). Overall, given that the OPDM models controlled for participants perceptions of their relational quality with supervisors at T1, findings suggest that there is something inherent to disclosure strategies that influences not only expecting women's outcomes but also inhibits or engenders their perceptions of the how responsive their supervisors were to the pregnancy disclosure itself. However, to fully unpack the impact of these disclosures on study outcomes, it is necessary to understand how outcomes were mediated and sometimes moderated by the association with perceived supervisor responsiveness.

In all models perceived supervisor responsiveness was significantly associated with increased intent to return (H14a), decreased burnout (H14b), and increased perceptions of women's relational quality (H14c), pregnancy quality of life (H14d; c.f., direct disclosure model), organizational identification (H14e), and occupational identification (H14f) at T2, even after controlling for the initial level of these outcomes at T1. Thus, PSR is positively associated with women's relational, career, and psychological outcomes. Additionally, mediation results suggest that PSR is a mechanism through which direct, third-party, and entrapment disclosure strategies impacted expecting women's outcomes (H15 a-f). For example, PSR mediated the relationship between third-party and entrapment disclosure strategies and all outcomes; these disclosure strategies were associated with decreased perceptions of supervisor responsiveness which in turn lead to decreased outcomes (i.e., decreased intent to return, increased burnout, as

well as decreased relational quality, pregnancy quality of life, and both organizational and occupational identifications).

In contrast, PSR mediated the relationship between direct disclosure and study outcomes positively; direct disclosures were associated with higher levels of PSR which in turn predicted higher intent to return, decreased burnout, and increased relational quality and both organizational and occupational identifications. However, there were fewer mediation effects found for indirect, preparation and rehearsal, and incremental disclosures. These findings suggest that while PSR does act as a mechanism through which disclosure strategies impact outcomes, this association is specific to particular types of disclosure strategies. It is possible that associations with specific strategies (and the lack thereof with others) may derive from the interaction characteristics associated with each disclosure strategy. For example, expecting women may not feel that they can clearly gauge how understanding, validating or caring a supervisor is through indirect mediums (e.g., email) or during small interactions (e.g., hinting or incremental disclosures).

PSR as a moderator.

Assessment of moderation effects suggests that PSR may function as more of a mediator than moderator in the disclosure process. Across all six disclosure strategies there were only six moderation effects that were spread across incremental, entrapment, indirect, direct, and third-party disclosures. Moderation effects revealed two themes. First, while PSR is associated with better outcomes overall, this effect is dampened when expecting women describe their disclosure strategies as being high in non-directness. For example, PSR moderated the relationship between third-party disclosures and women's relational quality with supervisors. While women who experienced high levels of PSR reported higher perceptions of their relationship with their

supervisor, this effect was dampened for women who rated their disclosures as being highly third party. This suggests that while PSR enhances outcomes like relational quality, this effect is dampened the more highly participants describe their disclosure strategy as having third-party characteristics. However, the moderation effect for direct disclosures only strengthened the association between direct disclosure and occupational identification. Not only did participants who reported higher levels of direct disclosure report higher levels of PSR overall, but also their level of occupational identification was further increased the more strongly they described their being direct.

6.2 Theoretical Implications

There is an extensive body of research that has been dedicated to disclosure theorizing. This research has examined how individuals decide *if* they will disclose their private information (Greene, 2009), how individuals negotiate and manage *privacy boundaries* within the context of disclosure (Petronio, 2002), and strategies used during the disclosure process (Afifi & Steuber, 2009). However, these bodies of research have not been connected to empirically test the disclosure process from disclosure antecedents to outcomes. The APDM and OPDM are new theoretical models that draw from this rich body of literature to identify both individual- and structural-level predictors (see APDM) of the types strategies that women use to disclose their pregnancies to supervisors while also testing potential moderators and outcomes of the disclosure process (see OPDM).The next section unpacks how the APDM and OPDM contribute theoretically.

6.2.1 Predictors of Disclosure Strategy Selection

The APDM built upon Afifi and Steuber's (2009) risk revelation model. This model focused upon on antecedents to disclosure as well as the strategies that individuals use to disclose. The development of the APDM from the RRM can be seen in organizational support predictor (particularly as it pertains to relational quality), the perceived risk predictor (particularly as it pertains to self and relational risk), and the inclusion of disclosure efficacy. These variables also have parallels in the DD-MM developed by Greene (2009) which identifies information assessment (e.g., risk), receiver assessment (e.g., support), and disclosure efficacy as key features that influence disclosure decision making.

While there is a rich body of research that derives from both of these theories, additional predictors of self-disclosure in their models are ill-suited for the context of workplace pregnancy disclosures. For example, the DD-MM is ideally designed for the examination of health-related disclosure processes. Predictors such as information assessment are characterized by sub-dimensions (e.g., prognosis of the of a disease as "treatable, chronic, or terminal;" Greene et al., 2012, p. 358) that are inappropriate for application to pregnancy disclosure to supervisors. Thus, the APDM thus draws upon these theoretical perspectives through the inclusion of predictor constructs such as risk, support, and efficacy and tailors them to the application of workplace pregnancy which has been conceptualized as a (temporarily) concealable stigmatized identity (Ragins, 2008). The APDM extended disclosure theorizing by proposing three additional sub-constructs that contribute to disclosure in the context of workplace pregnancy: structural support, symbolic support, and career risk.

As previously indicated, the support predictor in this study was conceptualized as organizational support. Organizational support is a second-order latent construct comprised of structural support (i.e., expecting women's perceptions of organizational policies, ordinances,

and rules effectiveness in protecting stigmatized groups from discrimination or backlash in the face of their disclosures; Ragins, 2008), symbolic support (i.e., the presence of organizational symbols and practices that support expecting parents in the workplace; Ragins, 2008), and relational support (i.e., i.e., close/positive relationships with colleagues and supervisors). While there is a well-documented positive influence of relational support on disclosure, vis-à-vi disclosure efficacy, no research to date has examined structural level predictors such as perceptions of organizational policy and organizational practices. Not only did these two sub-dimensions of load well onto the second-order organizational support CFA, but also the organizational support variable significantly predicted a variety of findings associated with women's pregnancy disclosure strategies.

In addition to assessing the influence of support on disclosure decision making, the APDM also assessed the influence of perceived risk. However, while the APDM drew upon the RRM for the self and relational risk subdimensions, it also proposed a new sub-dimension of risk, perceived career risk, or expecting women's perceptions that disclosing their pregnancy would negatively impact their current career trajectory. As with organizational support, all sub-dimensions loaded onto the perceived risk second order latent variable, and risk served as a significant predictor of the strategies that women anticipated, and ultimately used, to disclose their pregnancies to their supervisors. Findings regarding the addition of structural support, symbolic support, and career risk sub-dimensions to disclosure prediction variables suggest that in the context of work-place disclosures, expecting women are both influenced by and take into consideration their perception of policy as well as concerns regarding not only themselves or their relationships but also their careers. Thus, the APDM may serve as a useful model for future

research regarding workplace disclosures such as pregnancy or other stigmatized identities (e.g., sexual orientation).

6.2.2 Mediators and Moderators in the Disclosure Process

In addition to assessing organizational support and perceived risk as direct predictors of expecting women's disclosure strategies, the APDM also tested two mechanisms through which these constructs would influence the specific strategies women actually utilized, disclosure efficacy and anticipated disclosure strategy. While disclosure efficacy is a documented mediator in the context of disclosure (Afifi & Steuber, 2009; Greene et al. 2009), anticipated disclosure strategies have yet to be assessed in disclosure theorizing. This construct drew from the theory of planned behavior (Aizen 1991), which positions intention as a proximal predictor of one's engagement in a particular behavior. Thus, the APDM highlights the ways in which participants' intention to use a specific disclosure strategy prior to pregnancy disclosure at T1 was significantly associated with their actual engagement in those disclosure strategies at T2.

With regard to the second disclosure model, the degree to which expecting women felt that their supervisors responded to their pregnancy disclosures in ways that were caring, understanding, and validating (i.e., perceived supervisor responsiveness) was assessed as both a mediator and a moderator in the OPDM. The inclusion of this construct in the OPDM served two functions. First, it highlighted the interactive nature of the disclosure process thus acknowledging that outcomes of the disclosure experience are not simply a reflection of the discloser's actions but also are shaped by how the recipient (dis)engages with the disclosure. Second, the inclusion of PSR provided a potential mechanism through which specific disclosure strategies may result in differing outcomes for expecting women. Drawing from the interpersonal process model of intimacy (Reis & Shaver, 1988), PSR helped to extend theorizing by providing a possible

moderator and mediator in the under-examined area of outcomes associated with specific disclosure strategies. Structural equation modeling results suggest that PSR functions primarily as a mediator in this context, but only for specific disclosure strategies.

6.2.3 Outcomes and Disclosure Strategies

Very little research explores the association between specific disclosure strategies and outcomes. For example, prior disclosure research has focused on a narrow range of outcomes (e.g., intimacy; Steuber & High, 2015). In the context of women's pregnancy disclosures strategies in supervisors, the OPDM extends this research by examining how specific disclosure strategies, in conjunction with supervisor PSR, impact expecting women's (a) intent to return to work after childbirth, (b) organizational and occupational identifications, (c) supervisor relational quality, and (d) pregnancy quality of life, and (e) burnout. Results highlight not only the differing effects associated with specific disclosure strategies but also suggest that the disclosure process can serve as an important turning point for how women relate to their supervisors, their organizations, and their occupations.

6.3 Practical Implications

Findings associated with the APDM and OPDM provide insights that may be beneficial to both working pregnant women and organizations. First, the OPDM highlights specific strategies that are more likely to engender caring, validating, and understanding supervisor responses to pregnancy disclosure. Results suggest that even when controlling for women's relational quality before the pregnancy disclosure, disclosures that are more direct are met with higher levels of PSR. While this data cannot provide suggestions regarding the best *time* to make

a pregnancy disclosure, it does suggest that disclosing directly can help facilitate a process in which supervisors are more likely to be responsive.

Conversely, expecting women should note that instances in which supervisors learn of the pregnancy from other people (i.e., third-party disclosures) or where women are backed into telling their supervisor about the pregnancy (i.e., entrapment disclosures) are associated with both decreased PSR and outcomes. However, these disclosure strategies may be a reflection violated privacy boundaries (e.g., other's break confidence and share news of the pregnancy when they should not) or the inability to conceal the symptoms of pregnancy in the office structure. This suggests that should women not intentionally chose to share news of their pregnancy through a third-party, anticipation of potential confidentiality breaches and ways to manage these scenarios may be important. However, it is important to note that the interactive nature of the pregnancy disclosure process can help to mitigate the negative outcomes associated with these strategies if supervisors respond to these disclosures in ways that are caring, validating, and understanding (i.e., high in responsiveness).

While the strategies that expecting women use to disclose their pregnancies to supervisors may engender or inhibit the responsiveness of their supervisor, it is important for organizations to understand that these disclosure strategy choices are influenced by factors such as perceptions of organizational policy, supportiveness of supervisors and colleagues, and the perceived riskiness of disclosure. Findings suggest that improving factors like employees' belief in organizational policy effectiveness to prevent pregnancy-based discriminatory behaviors and making clear efforts to signal that pregnant employees and families are welcomed at the organization (e.g., family friendly events, celebrations of new pregnancies) improve women's perceptions of the supportiveness in their organizations. This positive perception of

organizational supportiveness bolsters women's perceptions of their efficacy which in turn leads them to engage in direct disclosures. Perceptions that disclosing their pregnancies may put their careers and relationships at risk, in contrast, have the inverse effect.

Additionally, findings related to PSR suggest that organizations should provide training and guidance to supervisors regarding appropriate ways to respond to employee pregnancy disclosures. For example, while it may be natural for supervisors to worry about how to reallocate work during an expecting woman's maternity leave, responding to a woman who discloses that she is pregnant with her first child with expressions of worry rather than excitement is unlikely to be perceived as positively responsive. In addition, although direct disclosures may often be met with highest general PSR, supervisors need to acknowledge that instances in which other disclosure strategies are used may be a reflection of factors such as violated privacy boundaries. Supervisors who engage in responses that are characterized as low in PSR not only negatively impact an employee's wellbeing but also increase an employee's intent to leave the organization and decrease both organizational and occupational identifications. Training supervisors to be more caring, validating, and responsive to disclosure is important in even in the context of direct disclosures. While direct disclosures were associated with more positive outcomes overall, women who disclosed directly but received low PSR responses reported lower levels of occupational identification than those who received responses higher in PSR.

Finally, when thinking about the future of new mothers in the organization, supervisors and administrators should note the ways in which PSR may alter trajectories in both negative and positive ways. When asked after disclosing their pregnancies at T2, 94.7% (n =125) of participants indicated that they intended to return to their current position at work after giving

birth. However, structural equation modeling results indicate that when these women looked at their place in the organization in the longer term, low PSR responses were associated with higher desires to look for a more ideal job or consider switching jobs. These results suggest that training supervisors to respond to a variety of disclosure strategies in ways that are caring, validating, and understanding can positively impact women's intent to return to their organizations for the longer term.

6.4 Strengths and Limitations

As with all research, this dissertation contains strengths but also limitations that must be acknowledged. First, the two-wave longitudinal design helps to strengthen study findings regarding both direct and mediation findings, enhancing the internal validity of the project. For example, casual inferences regarding the impact of disclosure strategies on relational, psychological, and career outcomes engaged a data collection method that accounted for time (Trafimow, 2015). This ensures that inferences drawn regarding the association between these constructs cannot be inversed. By controlling for intent to return at T1, for example, the positive significant association between intent to return and direct disclosure reflects the impact of that strategy on the change in intent to return and rather than intent to return influencing expecting women's decision to engage in direct disclosures. Additionally, employed women in the study's sample came from a wide variety of occupations and incomes, which bolsters the external validity of the study.

Limitations included sample size, duration of data collection, and the scope inferences regarding data not collected (e.g., timing of pregnancy disclosure). First, despite recruitment efforts and a response rate of 44%, the final sample for this study was 132. To accommodate the sample size, a larger number of models had to be run in order to ensure that individual structural

models were adequately powered. Aside from resulting in a large number of significance tests, this meant that the study could not model associations between different enacted disclosure strategies themselves (in the APDM) or between different outcomes (in the OPDM). Given the specific requirements associated with the study population (i.e., pregnant, employed, had not disclosed to supervisor at T1) future research should gather a larger number of participants at both waves. Additionally, the timeline of this dissertation project required that data collection ran for approximately a four-month period of time. As such, study participants were on average 21 weeks pregnant at the time they disclosed they disclosed to their supervisors, and the dissertation did not collect data from women who had yet to disclose their pregnancies at T2 (n = 86). Thus, findings from this study can only be extrapolated to those women at a similar stage of pregnancy and not to expecting women who waited until later into their pregnancies to disclose. Future research should allot a wider data collection period (e.g., 6-8 months) in order to more fully capture pregnancy disclosures for expecting women.

Finally, while this study collected data regarding the predictors, strategies, mediators, moderators, and outcomes associated with expecting women's pregnancy disclosures, it did not assess the how these issues were associated with the *timing* of pregnancy disclosure. Given the often-visible nature of pregnancy in the workplace and women's need to accommodate both work expectations and medical leave associated with pregnancy (e.g., doctor's appointments, childbirth, maternity leave) it is likely that the timing of pregnancy disclosure is likely to be a salient factor in expecting women's disclosure decision making processes. Future research should assess how disclosure antecedents influence expecting women's planned timing of pregnancy disclosure and the association of this timing with their relational, career, and psychological outcomes. This type of research may be of particular importance when unpacking

the experiences of women who are in vulnerable positions due to socio-economic status or occupation. While the women in this study were from a wide range of occupations and incomes, there were not enough participants in order to make comparisons between the occupations (e.g., white, blue, and pink-collar workers) or to explore the differences in experiences between full-time versus part-time employees.

6.5 Conclusion

This dissertation drew on disclosure theories, the interpersonal process model of intimacy, and career literatures to explore the under researched area of pregnancy disclosures to supervisors. In this dissertation I proposed and tested two models, the antecedent pregnancy disclosure model and the outcome pregnancy disclosure model, which provided insight into the antecedents, mechanisms, and outcomes associated with the pregnancy disclosure process. Expecting women's actual enactment of specific disclosure strategies used to share the news of their pregnancy with their supervisors was influenced by women's perceptions of support and risk, their disclosure efficacy and their anticipated disclosure strategies, sometimes in complex ways. Results also indicated that the pregnancy disclosure process has an impact on women's career, relational, and psychological outcomes through both the specific disclosure strategies that expecting women enacted as well as their perceptions of supervisors' responsiveness. Findings associated with this study provide future theoretical avenues for examining the disclosure of marginalized identities in the workplace. Despite the prevalence of women in the workforce, pregnancy disclosure represents a both a challenge and potential turning point for expecting working women. When successfully negotiated, the disclosure experience can assuage fears and result in positive outcomes, as one woman explained, "[my supervisor was] not judgmental or angry about the situation. They made me feel like I did not have to worry about losing my job."

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APPENDIX A. CONCEPTUAL DEFINITIONS

		Conceptual Definition
B	**Burnout**	Burnout indicates the degree to which individuals experience emotional exhaustion, depersonalization (i.e., negative and/or cynical attitudes towards others), and decreased levels of personal work accomplishments)
C	**Career Risk**	The degree to which expecting mothers anticipate that their pregnancy disclosure will negatively impact their current career status and future career trajectory.
	Catharsis	Refers to an individual's sense that the disclosure would allow them to get something "off of their chest" and the psychological relief that is associated with it.
	Comparative Fit Index (CFI)	Calculates the ratio of the non-centrality parameter estimate of the hypothesized model to that of the baseline model (Bentler, 1990)
	Communication Efficacy	An individual's belief in their ability to talk about their secret; Afifi & Steuber, 2009
D	**Disclosure**	An active and goal driven process through which individuals share specific information with specific others through a variety of strategies that exist on a spectrum of direct (i.e., strategies that are interactive, verbal, and immediate in nature; ones in which the discloser initiates the disclosure or responds with disclosure within a conversational context) to indirect (i.e., strategies that are asynchronous, delivered through other individuals).
	Discourses	Socially and linguistically constructed social scripts that act as structuring principles in a cultural context; discourses influence both meaning and subjectivity. "At a macro level, discourse refers to the scripts themselves; at a micro level, it is the infinite process of negotiating them, often adhering to but occasionally improving and rewriting them" (Ashcraft & Mumby, 2002, p.12)
	Disclosure Efficacy	The degree to which an individual feels that they are able to share *specific* information with *a specific target* to get their desired outcome (Greene, 2009)
	Disclosure Strategies	Active processes of sharing information through preparation and rehearsal, incremental, direct, indirect, entrapment, and third-party disclosures approaches (Afifi & Steuber, 2009)

Appendix A: Conceptual Definitions continued

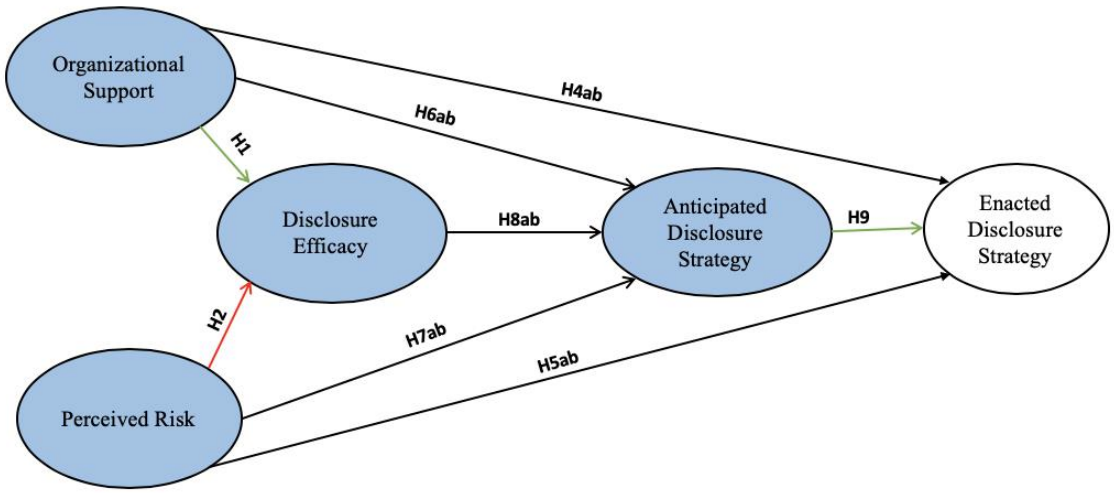
E	**Environmental Support**	A second order latent construct derived from the IDM model in which individuals report high levels of structural support, symbolic support, and relational support
	External Validity	The validity of inferences about whether the cause-effect relationship holds over variation in persons, settings, treatment variables, and measurement variables (Shadish, Cook, & Campbell, 2002)
I	**Identification**	Identification is examined at both the organizational and occupational levels. Organizational identification and occupational identification each consist of subscales that measure ambivalent, neutral, disidentification, and negative identifications (Ashforth et al., 2013). Ambivalent identification measures the extent to which the individual has mixed feelings about the occupation/organization Neutral identification assesses the degree to which individuals have no cognitive or emotional affinity for the organization or occupation Disidentification measures the extent to which individuals separate themselves cognitively and emotionally from the organization/ or occupation
	Intent to Return	The degree to which expecting mothers anticipate returning to their current employer after childbirth.
L	**Local molar causal validity**	The validity of inferences about whether observed covariation between A (the presumed treatment) and B (the presumed outcome) as those variables were manipulated or measured; Shadish, Cook, & Campbell, 2002
P	**Perceived Risk**	A second order latent construct derived from the IDM model that is associated with high levels of self, relational, and career risk.
	Perceived Supervisor Responsiveness	A supervisor is conceptualized as being responsive to pregnancy disclosure when their reaction to the disclosure communicates caring (i.e., shows affection or concern for the discloser), understanding (i.e., accurately captures the disclosers needs and feelings of the discloser), and validation (i.e., confirms that the discloser is valid and accepted as a person; Schuster, Kessler, and Aseltine,1990).

Appendix A: Conceptual Definitions Table continued

	Pregnancy Quality of Life	Pregnancy quality of life is conceptualized as women's emotional (i.e., women's experiences of negative emotions associated with their pregnancy), mind-body (i.e., the impact of pregnancy on women's physical health, cognitions, and behavior), and workplace social (i.e., the degree to which pregnancy negatively impacts participants work-related social lives) wellbeing.
R	**Relational Quality**	Expecting women's perceptions that they have a close relationship with their supervisor after the pregnancy disclosure (Liden & Maslyn, 1988).
	Relational Risk	The degree to which expecting mothers perceive that their pregnancy disclosure will negatively impact their existing relationships with their supervisors (Afifi & Steuber, 2009).
	Relational Support	Perceptions that one has access to professional, supervisory, and collegial social support in the workplace (Ruiller & Van Der Heijden, 2008)
	Root Mean Square Error of Approximation (RMSEA)	Accounts for errors of approximation in the population (Browne & Cudeck, 1993)
S	**Self-Risk**	The degree to which expecting mothers perceive that disclosing their pregnancy to their supervisor may result in personal discrimination, humiliation, and embarrassment, (Afifi & Guerro, 2000) or that this information would be used against them.
	Sensemaking	Highlighting the interplay between interaction and interpretation, sensemaking is a social and ongoing process through which people attend to equivocality as a means to deal with uncertainty, engaging in a process of redrafting "an emerging story so that it becomes more comprehensive" (Weick, Sutcliffe, & Obstfeld, 2005, p. 415).
	Structural Support	The degree to which individuals feel that organizational policies, ordinances, and rules are effective in protecting them from pregnancy-based discrimination or backlash (Raggins, 2008).
	Symbolic Support	Expecting mother's perceptions of the presence of organizational symbols and practices (e.g., organizational family events, celebrations of pregnancy announcements, visual presence of family in the organization through family photos, visits) that publicly display for support expecting and new parents in the workplace (Raggins, 2008).
T	**Turning Point**	A conceptual alternative to stage-based models of relationship development, a turning point "refers to a transformative event that alters a relationship in some important way, either positively or negatively… [they] are the sites of developmental change in relationships" (Baxter, Braithwaite, & Nicholson, 1999, p. 3).

APPENDIX B. HYPOTHESES

Antecedent Pregnancy Disclosure Model (APDM): Hypotheses



Note: Red paths indicate predicted negative associations while green paths indicate predicted positive associations; Black paths indicate predicted associations that are either negative or positive depending upon disclosure strategy; H3ab, H10ab, H11, and H12ab are not pictured in the model but predict mediation between antecedents and enacted disclosure strategies; Blue constructs (e.g., organizational support, perceived risk, disclosure efficacy, anticipated disclosure strategy) are those that are collected prior to pregnancy disclosures to supervisors, white constructs (i.e., enacted disclosure strategy) are those collected after women have disclosed their pregnancy to supervisors

H1: Organizational support will be positively associated with disclosure efficacy.

H2: Perceived risk will be negatively associated with disclosure efficacy.

H3: Disclosure efficacy will mediate the relationship between *anticipated* disclosure strategies and (a) organizational support and (b) perceived risk.

H4a: Organizational support will be positively associated with use of the direct disclosure strategy.

H5a: Perceived risk will be negatively associated with the direct disclosure strategy.

H4b: Organizational support will be negatively associated with preparation and rehearsal, third-party, incremental, entrapment, and indirect disclosure strategies.

H5b: Perceived risk will be positively associated with preparation and rehearsal, third-party, incremental, entrapment, and indirect disclosure strategies.

H6a: Organizational support will be positively associated with *anticipated* direct disclosure.

H7a: Perceived risk will be negatively associated with *anticipated* direct disclosure.

H6b: Organizational support will be negatively associated with *anticipated* preparation and rehearsal, third-party, incremental, entrapment, and indirect disclosure strategies.

H7b: Perceived risk will be positively associated with *anticipated* preparation and rehearsal, third-party, incremental, entrapment, and indirect disclosure strategies.

H8ab: Disclosure efficacy will be (a) positively associated with anticipated use of direct disclosure and (b) negatively associated with anticipated use of preparation and rehearsal, third-party, incremental, entrapment, and indirect disclosure strategies.

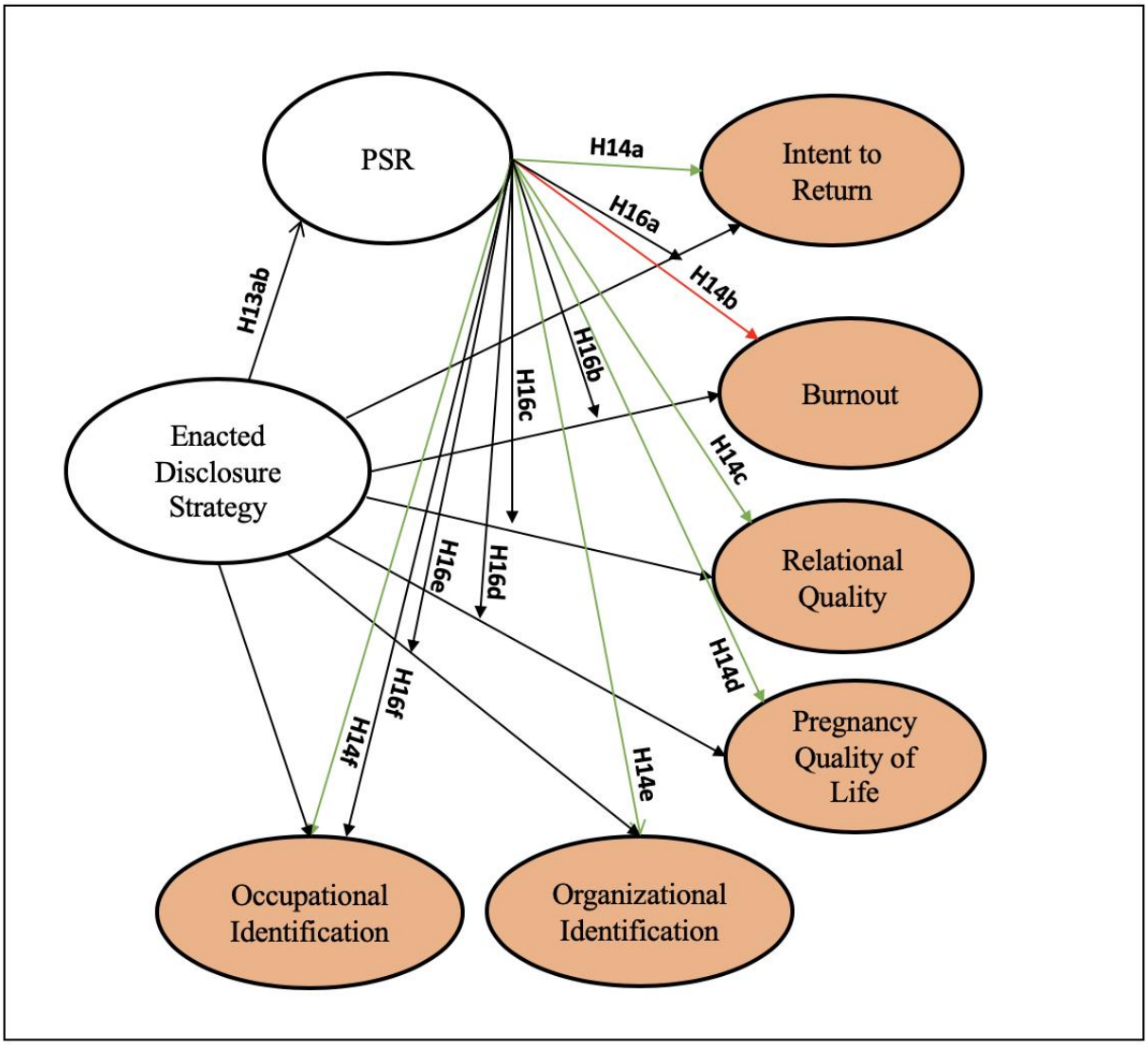
H9: Anticipated disclosure strategy will be positively corelated with actual disclosure strategy.

H10ab: *Anticipated* disclosure strategies will mediate the relationship between (a) organizational support and (b) perceived risk and the actual disclosure strategy enacted.

H11: *Anticipated* disclosure strategies will mediate the relationship between disclosure efficacy and enacted disclosure strategies.

H12ab: Disclosure efficacy and anticipated disclosure strategies will serially mediate the relationship between (a) organizational support and (b) perceived risk and enacted disclosure strategies.

Outcome Pregnancy Disclosure Model (OPDM): Hypotheses



Note: Red paths indicate predicted negative associations while green paths indicate predicted positive associations; Black paths indicate predicted associations that are either negative or positive depending upon disclosure strategy; H15 and RQ1 are not pictured but predict mediation between disclosure strategies and outcomes through PSR (H15) while RQ1 examines the direct

association between disclosure strategies and outcomes; white constructs (i.e., disclosure strategies) are those collected after women have disclosed their pregnancy to supervisors while orange constructs are those that were collected both pre and post-pregnancy disclosure in order to assess the impact of disclosure strategies and PSR after controlling for the pre-disclosure levels of outcomes.

H13a: Direct and incremental disclosures will be positively associated with perceived partner responsiveness.

H13b: Third-party, indirect, entrapment, and preparation and rehearsal disclosure strategies will be negatively associated with perceived partner responsiveness.

H14: Perceived partner responsiveness will be positively associated with (a) intent to return, negatively associated with (b) burnout, and positively associated with (c) relational quality, (d) pregnancy quality of life, (e) organizational identification, and (f) occupational identification.

H15: Perceived supervisor responsiveness will mediate the relationship between disclosure strategies and (a) intent to return, (b) burnout, (c) relational quality, (d) pregnancy quality of life quality, (e) organizational identification, and (f) occupational identification.

H16: For all disclosure strategies, perceived partner responsiveness will moderate the relationship between disclosure strategy and (a) intent to return, (b) burnout, (c) relational quality, (d) pregnancy quality of life quality, (e) organizational identification, and (f) occupational identification.

RQ1: What is the association between disclosure strategies and (a) intent to return, (b) burnout, (c) relational quality, (d) pregnancy quality of life quality, (e) organizational identification, and (f) occupational identification?

APPENDIX C. TABLES AND FIGURES

Table 24: Structural Support CFA (Poor fitting CFA model)

Measure	X^2	*df*	*p*	*CFI*	RMSEA
Structural Support	214.54	8	.001	.68	.25

Item	*b*	*SE*
The policies at my workplace prevent pregnancy-based discrimination.	.61	--
*The policies at my workplace do not make it safe for expecting employees.**	.24	.16
People who are expecting a child are protected by policies at my workplace.	.68	.09
The policies at my workplace make it a better place for expecting parents.	.65	.13
*My workplace's policies do not protect expecting parents from discrimination.**	.14	.07
The policies at my workplace ensure that expecting parents are treated fairly.	.88	.15

Note: Coefficients are reported as standardized betas; Italicized items were dropped from the scale based on poor item loadings and low inter-item correlations; *items are reverse coded; the revised scale consisted of the remaining three items which had a strong reliability ($\alpha = .85$).

Table 25: Relational Support CFA, all items (Finalized CFA)

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
Relational Support	468.70	119	.001	.911	.08	.95	5.00	1.47

Item	*b*	*SE*
My supervisor shows me esteem.	.73	-
I feel personally and professionally recognized by my supervisor.	.76	.07
My supervisor and I have a relationship of mutual respect.	.70	.07
My supervisor and I have a relationship of mutual trust.	.73	.07
My supervisor reassures me about my professional skills.	.70	.07
My supervisor helps me to arrange my schedule in case of trouble.	.72	.08
My supervisor listens to my personal problems.	.73	.08
My supervisor and I communicate easily about my personal problems.	.76	.08
My supervisor is empathetic towards me.	.74	.08
The people I work with encourage me in difficult times.	.71	.08
The people I work with help me put things into perspective when things don't go well.	.71	.07
The people I work with and I communicate easily about my personal problems.	.69	.07
The people I work with protect me from "hard knocks" at work.	.68	.08
The people I work with show me esteem.	.72	.07
The people I work with reassure me about my professional skills.	.69	.07
I feel personally and professionally recognized by the people I work with.	.71	.07
The people I work with help me to arrange my schedule in case of trouble.	.70	.07

Note: Coefficients are reported as standardized betas

Table 26: Organizational Symbolic Support CFA (Poor fitting CFA)

Measure	X^2	*df*	*p*	*CFI*	RMSEA
Symbolic Support	279.73	9	.001	.56	.28

Item	*b*	*SE*
My organization hosts child-friendly events for employees with families.		
It is discouraged at my workplace to have family photos displayed.		
My organization publicly congratulates employees on the birth of new children or grandchildren.		
It is welcomed at my organization when employees talk about their families.		
My organization makes clear efforts to be supportive of parents.		
*Events in my workplace make it clear that pregnant employees are valued here.**		

Note: Coefficients are reported as standardized betas; *items are reverse coded; Italicized items were dropped from the scale based on poor item loadings and low inter-item correlations the revised scale consisted of the remaining four items which had an acceptable reliability (α = .78).

Table 27: Organizational Symbolic Support CFA (Finalized CFA)

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
Symbolic Support	.95	2	.62	.99	.03	.78	4.68	1.34

Item	*b*	*SE*
My organization hosts child-friendly events for employees with families.	.55	--
My organization publicly congratulates employees on the birth of new children or grandchildren.	.67	.14
It is welcomed at my organization when employees talk about their families.	.62	.11
My organization makes clear efforts to be supportive of parents.	.68	.13

Note: Coefficients are reported as standardized betas

Table 28: Organizational support: Relational, Structural, and Symbolic second order CFA

Measure	X^2	*df*	*p*	*CFI*	RMSEA
Organizational Support	122.05	50	.001	.98	.06

Factors	α	*M*	*SD*	*b*	*SE*
Structural Support	.85	5.00	1.37	.91	.08
Symbolic Support	.78	4.68	1.34	.98	.09
Relational Support	.95	4.92	1.26	.90	--

Items					
Structural Support	.85	5.00	1.37	.91	.08

Table 28 continued

Items					
The policies at my workplace prevent pregnancy-based discrimination.				.64	--
People who are expecting a child are protected by policies at my workplace.				.81	.11
The policies at my workplace ensure that expecting parents are treated fairly.				.78	.10
Symbolic Support	.78	4.68	1.34	.98	.09
My organization hosts child-friendly events for employees with families.				.52	--
My organization publicly congratulates employees on the birth of new children or grandchildren.				.61	.13
It is welcomed at my organization when employees to talk about their families.				.80	.13
My organization makes clear efforts to be supportive of parents.				.67	.11
Relational Support	.95	4.92	1.26	.90	--
Parcel 1: Supervisor Professional Support (3 items)				.90	.04
Parcel 2: Supervisor Professional Support (3 items)				.82	.05
Parcel 3: Supervisor Relational Support (3 items)				.86	.03
Parcel 4: Colleague Relational support (4 items)				.82	.04
Parcel 5: Colleague Relational Support (4 items)				.88	.03

Note: Coefficients are reported as standardized betas

Table 29: Perceived Self-Risk scale CFA (all items)

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
Self-Risk	91.31	20	.001	.97	.09	.90	3.07	1.40

Item	*b*	*SE*
My supervisor would disapprove if they knew about my pregnancy.	.85	--
My supervisor would no longer like me if they knew about my pregnancy.	.89	.04
If my supervisor found out about my pregnancy, they would be disappointed in me.	.88	.05
If I told my supervisor I was pregnant it would shatter their beliefs in me.	.85	.05
My supervisor would use my pregnancy against me if they knew.	.89	.05
If I told my supervisor about my pregnancy, they would tell other people about it.	.63	.05
I couldn't trust my supervisor not to gossip about my pregnancy.	.70	.05
I'm not sure what my supervisor would say about my pregnancy.	.62	.05

Note: Coefficients are reported as standardized betas

Table 30: Perceived Relational Risk (Poor Fitting CFA)

Measure	X^2	*df*	*p*	*CFI*	RMSEA
Relational Risk	10.572	5	.06	.85	.05

Item	*b*	*SE*
Disclosing my pregnancy would do nothing but harm the relationship I have with my supervisor now.	.82	--
Not telling my supervisor about my pregnancy would prevent problems in our relationship.	.79	.05
Disclosing my pregnancy to my supervisor would improve my relationship with them.*	.54	.06
Disclosing my pregnancy would create big problems with my supervisor.	.91	.07
If I revealed my pregnancy, my relationship with my supervisor would never be as good as it is now.	.09	.06

Note: Coefficients are reported as standardized betas;*items are reverse coded; Italicized items were dropped from the scale based on poor item loadings and low inter-item correlations the revised scale consisted of the remaining four items which had an acceptable reliability ($\alpha = .66$).

Table 31: Perceived Relational Risk (Finalized CFA)

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
Relational Risk	5.27	3	.07	.99	.07	.66	3.23	1.23

Item	*b*	*SE*
Disclosing my pregnancy would do nothing but harm the relationship I have with my supervisor now.	.82	--
Not telling my supervisor about my pregnancy would prevent problems in our relationship.	.79	.05
Disclosing my pregnancy to my supervisor would improve my relationship with them.*	.52	.06
Disclosing my pregnancy would create big problems with my supervisor.	.91	.06

Note: Coefficients are reported as standardized betas; *items are reverse coded

Table 32: Perceived Career Risk (Poor fitting CFA)

Measure	X^2	*df*	*p*	*CFI*	RMSEA
Career Risk	40.26	11	.001	.83	.08

Item	*b*	*SE*
Disclosing my pregnancy may hurt my career.	.85	--
Disclosing my pregnancy will create resistance that will hurt my current position at work.	.86	.05
Disclosing my pregnancy will make me less attractive to my current employer.	.86	.04
Disclosing my pregnancy is a risk to my career advancement.	.79	.04
My pregnancy will make me less attractive to other employers.	.74	.04
*Disclosing my pregnancy will make me more attractive to my current employer.**	.46	.06

Note: Coefficients are reported as standardized betas; *items are reverse coded; Italicized items were dropped from the scale based on poor item loadings and low inter-item correlations the revised scale consisted of the remaining five items which had a strong reliability (α = .91).

Table 33: Perceived Career Risk (Finalized CFA)

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
Career Risk	32.69	7	.08	.98	.09	.91	3.42	1.61

Item	*b*	*SE*
Disclosing my pregnancy may hurt my career.	.85	--
Disclosing my pregnancy will create resistance that will hurt my current position at work.	.86	.05
Disclosing my pregnancy will make me less attractive to my current employer.	.87	.04
Disclosing my pregnancy is a risk to my career advancement.	.79	.04
My pregnancy will make me less attractive to other employers.	.74	.04

Note: Coefficients are reported as standardized betas

Table 34: Perceived Risk: Self, Career, and Relational Risk second order CFA

Measure	X^2	*df*	*p*	*CFI*	RMSEA				
Perceived Risk	121.00	54	.001	.98	.06				
Factors					α	*M*	*SD*	*b*	se
Self-Risk					.90	3.07	1.40	.91	.04
Career Risk					.91	3.42	1.61	.91	.04
Relational Risk					.66	3.23	1.23	.99	--
Item					α	*M*	*SD*	*b*	*SE*
	Self-Risk								
	Self- Risk: Parcel 1				.90	3.07	1.40	.91	.04
	Self- Risk: Parcel 2							.90	.03
	Self- Risk: Parcel 3							.91	.04
	Career Risk				.91	3.42	1.61	.91	.04
	Disclosing my pregnancy may hurt my career.							.85	.05
	Disclosing my pregnancy will create resistance that will hurt my current position at work.							.87	.03
	Disclosing my pregnancy will make me less attractive to my current employer.							.86	.04
	Disclosing my pregnancy is a risk to my career advancement.							.79	.04

Table 34 continued

Item				b	SE
My pregnancy will make me less attractive to other employers.				.74	.03
Relational Risk	.66	3.23	1.23	.99	--
Disclosing my pregnancy would do nothing but harm the relationship I have with my supervisor now.				.80	.04
Not telling my supervisor about my pregnancy would prevent problems in our relationship.				.42	.05
Disclosing my pregnancy would create big problems with my supervisor.				.89	.05

Note: Coefficients are reported as standardized betas

Table 35: Disclosure Efficacy (Poor Fitting CFA)

Measure	X^2	*df*	*p*	*CFI*	RMSEA
Disclosure Efficacy	245.64	5	.001	.62	.25

Item	*b*	*SE*
I know how to approach sharing the pregnancy with my supervisor.	.88	--
Telling my supervisor that I am pregnant is something I think I can do.	.77	.07
*I don't even know how to begin telling my supervisor about the pregnancy.**	.27	.06
*I don't even know how to begin telling my supervisor about the pregnancy.**	.20	.18
I can think of several ways to tell my supervisor about the pregnancy.	.80	.06

Note: Coefficients are reported as standardized betas; *items are reverse coded; Italicized items were dropped from the scale based on poor item loadings and low inter-item correlations the revised scale consisted of the remaining five items which had an acceptable reliability ($\alpha = .74$).

Table 36: Anticipated Preparation Disclosure CFA

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
Disclosure Preparation	69.18	14	.001	.97	.10	.92	3.81	1.51

Item	*b*	*SE*
I will test disclosing my pregnancy first with other people.	.76	--
I will rehearse disclosing my pregnancy first with other people.	.83	.07
I will rehearse the way I will tell my supervisor about my pregnancy with other people first.	.85	.07
I will rehearse how I would disclose my pregnancy to my supervisor to myself first.	.68	.07
I will practice disclosing my pregnancy with other people first.	.86	.07
I will create a script for how I will reveal my pregnancy first and then tell my supervisor.	.72	.07
I will create a script with other people first for how I will disclose my pregnancy and then tell my supervisor.	.81	.07

Note: Coefficients are reported as standardized betas

Table 37: Anticipated Direct Disclosure CFA results (Poor Fitting CFA)

Measure	X^2	*df*	*p*	*CFI*	RMSEA
Direct Disclosure	19.01	2	.001	.97	.15

Item	*b*	*SE*
I will tell my supervisor about my pregnancy in person, face-to-face.	.80	--
I will tell my supervisor directly myself.	.75	.08
If my supervisor asks me if I am pregnant, I will admit it.	.62	.10
If the subject comes up, I will disclose my pregnancy to my supervisor.	.50	.09

Note: Coefficients are reported as standardized betas; Italicized items were dropped from the scale based on poor item loadings and low inter-item correlations the revised scale consisted of the remaining two items which had an acceptable reliability (α = .75).

Table 38: Anticipated Third-Party CFA results (Poor Fitting CFA)

Measure	X^2	*df*	*p*	*CFI*	RMSEA
Third Party	14.33	5	.01	.89	.12

Item	*b*	*SE*
I will tell other people at work about the pregnancy first, who then can tell my supervisor about my pregnancy.	.88	--
When I tell my supervisor, they will inform me that someone has already told them that I am pregnant.	.86	.04
I will let my supervisor find out that I am pregnant from other employees.	.90	.04
I will tell someone else who I will tell my supervisor about the pregnancy.	.56	.05
Other people will share news of my pregnancy with my supervisor before I do.	.88	.04

Note: Coefficients are reported as standardized betas; Italicized items were dropped from the scale based on poor item loadings and low inter-item correlations the revised scale consisted of the remaining five items which had a strong reliability (α = .91).

Table 39: Anticipated Third-Party CFA results (Final CFA)

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
Third Party	8.11	2	.02	.99	.08			

Item	*b*	*SE*
I will tell other people at work about the pregnancy first, who then can tell my supervisor about my pregnancy.	.89	--
When I tell my supervisor, they will inform me that someone has already told them that I am pregnant.	.90	.04
I will let my supervisor find out that I am pregnant from other employees.	.85	.04
Other people will share news of my pregnancy with my supervisor before I do.	.87	.04

Note: Coefficients are reported as standardized betas

Table 40: Anticipated Incremental Disclosure CFA results

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
Incremental	12.06	5	.03	.99	.06	.91	3.53	1.56

Item	*b*	*SE*
I will test how my supervisor will respond to my pregnancy by hinting that I am thinking about starting a family first.	.85	--
I will only reveal a little information to my supervisor first to see how they respond.	.81	.05
If my supervisor responds positively to similar information, I will reveal my pregnancy to them.	.73	.05
I will reveal bits and pieces of information first to see how my supervisor reacts.	.81	.04
I will reveal subtle hints about my pregnancy first to see how my supervisor will respond to it.	.91	.05

Note: Coefficients are reported as standardized betas

Table 41: Anticipated Entrapment Disclosure CFA results (Poor Fitting CFA)

Measure	X^2	*df*	*p*	*CFI*	RMSEA
Entrapment	133.96	14	.001	.91	.14

Item	*b*	*SE*
I will leave evidence or information about my pregnancy for my supervisor to discover.	.52	--
I will reveal it to my supervisor because I am in a situation where I will be forced to.	.83	.05
I will reveal it directly to my supervisor in the heat of an argument.	.60	.05
Factors at work will force me to tell my supervisor about the pregnancy.	.66	.05
I will reveal it directly to my supervisor out of anger.	.54	.06
I will be backed into telling my supervisor about the pregnancy.	.73	.05
My supervisor will figure out I am pregnant because of things I cannot hide (e.g., baby bump, morning sickness).	.77	.07

Note: Coefficients are reported as standardized betas; Italicized items were dropped from the scale based on poor item loadings and low inter-item correlations the revised scale consisted of the remaining four items which had an acceptable reliability ($\alpha = .75$).

Table 42: Anticipated Entrapment Disclosure CFA results

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
Entrapment	3.52	2	.17	.99	.04	.75	3.62	1.41

Item	*b*	*SE*
I will reveal it to my supervisor because I am in a situation where I will be forced to.	.82	--
Factors at work will force me to tell my supervisor about the pregnancy.	.63	.06
I will be backed into telling my supervisor about the pregnancy.	.70	.07
My supervisor will figure out I am pregnant because of things I cannot hide (e.g., baby bump, morning sickness).	.75	.07

Note: Coefficients are reported as standardized betas

Table 43: Anticipated Indirect Disclosure CFA results

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
Indirect	29.08	5	.001	.99	.10	.91	2.64	1.51

Item	*b*	*SE*
I will tell my supervisor about my pregnancy over the telephone.	.88	--
I will email my supervisor to tell them about my pregnancy.	.86	.04
I will text my supervisor and tell them about my pregnancy.	.85	.04
I will tell my supervisor about my pregnancy through a social networking site (e.g., Facebook, Instagram, Snapchat).	.89	.04
	.87	.04

Note: Coefficients are reported as standardized betas

Table 44: Disclosure Preparation CFA results

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
Disclosure Preparation	28.32	9	.001	.96	.07	.89	3.56	1.42

Item	*b*	*SE*
I tested disclosing my pregnancy first with other people.	.83	--
I rehearsed disclosing my pregnancy first with other people.	.85	.09
I rehearsed the way I would tell my supervisor about my pregnancy with other people first.	.87	.08
I rehearsed how I would disclose my pregnancy to my supervisor to myself first.	.66	.10
I practiced disclosing my pregnancy with other people first.	.87	.08
I created a script for how I would reveal my pregnancy first and then told my supervisor.	.55	.10
I created a script with other people first for how I would disclose my pregnancy and then told my supervisor.	.80	.08

Note: Coefficients are reported as standardized betas

Table 45: Third Party CFA results (Poor Fitting CFA)

Measure	X^2	*df*	*p*	*CFI*	RMSEA
Third Party	7.33	4	.01	.89	.14

Item	*b*	*SE*
I told other people at work about the pregnancy first, who then told my supervisor about my pregnancy.	.86	--
When I told my supervisor, they informed me that someone had already told them that I was pregnant.	.87	.04
I let my supervisor find out that I am pregnant from other employees.	.89	.04
I told someone else who told my supervisor about the pregnancy.	.71	.06
Other people shared news of my pregnancy with my supervisor before I did.	.88	.04

Note: Coefficients are reported as standardized betas; Italicized items were dropped from the scale based on poor item loadings and low inter-item correlations the revised scale consisted of the remaining four items which had a strong reliability (α = .93).

Third Party CFA results (Final CFA)

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
Third Party	3.47	3	.18	.99	.04	.93	2.69	1.68

Item	*b*	*SE*
I told other people at work about the pregnancy first, who then told my supervisor about my pregnancy.	.85	--
When I told my supervisor, they informed me that someone had already told them that I was pregnant.	.87	.07
I let my supervisor find out that I was pregnant from other employees.	.90	.07
Other people shared news of my pregnancy with my supervisor before I did.	.89	.07

Note: Coefficients are reported as standardized betas

Table 46: Incremental Disclosure CFA results

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
Incremental	4.01	5	.04	.98	.01	.89	3.32	1.58

Item	*b*	*SE*
I tested how my supervisor would respond to my pregnancy by hinting that I was thinking about starting a family first.	.85	--
I only revealed a little information to my supervisor first to see how they responded.	.81	.09
If my supervisor responded positively to similar information, I revealed my pregnancy to them.	.53	.11
I revealed bits and pieces of information first to see how my supervisor reacted.	.85	.08
I revealed subtle hints about my pregnancy first to see how my supervisor would respond to it.	.94	.08

Note: Coefficients are reported as standardized betas

Table 47: Entrapment Disclosure CFA results (Poor Fitting CFA)

Measure	X^2	*df*	*p*	*CFI*	RMSEA
Entrapment	77.45	14	.001	.88	.12

Item	*b*	*SE*
I left evidence or information about my pregnancy for my supervisor to discover.	.47	--
I revealed it to my supervisor because I was in a situation where I was forced to.	.65	.13
I revealed it directly to my supervisor in the heat of an argument.	.28	.12
Factors at work forced me to tell my supervisor about the pregnancy.	.68	.14
I revealed it directly to my supervisor out of anger.	.32	.12
I was backed into telling my supervisor about the pregnancy.	.73	.15
My supervisor figured out I was pregnant because of things I could not hide (e.g., baby bump, morning sickness).	.83	.12

Note: Coefficients are reported as standardized betas; Italicized items were dropped from the scale based on poor item loadings and low inter-item correlations the revised scale consisted of the remaining four items which had a good reliability ($\alpha = .82$).

Table 48: Entrapment Disclosure CFA results (Final CFA)

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
Entrapment	6.40	2	.04	.98	.08	.82	2.90	1.51

Item	*b*	*SE*
I revealed it to my supervisor because I as in a situation where I was forced to.	.63	--
Factors at work forced me to tell my supervisor about the pregnancy.	.68	.16
I was backed into telling my supervisor about the pregnancy.	.71	.15
My supervisor figured out I was pregnant because of things I could not hide (e.g., baby bump, morning sickness).	.91	.18

Note: Coefficients are reported as standardized betas

Table 49: Indirect Disclosure CFA results

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
Indirect	10.98	5	.05	.99	.06	.93	2.20	1.40

Item	*b*	*SE*
I told my supervisor about my pregnancy over the telephone.	.89	--
I emailed my supervisor to tell them about my pregnancy	.87	.06
I texted my supervisor and told them about my pregnancy.	.80	.08
I told my supervisor about my pregnancy through a social networking site (e.g., Facebook, Instagram, Snapchat).	.81	.07

Note: Coefficients are reported as standardized betas

Table 50: Perceived Supervisor Responsiveness (PSR) CFA Results

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
PSR	.93	2	.63	.99	.02	.87	3.21	.65

Item	*b*	*SE*
How much did your supervisor really care about you?	.86	--
How much did they understand you felt about things?	.74	.12
How much did your supervisor appreciate you?	.77	.12
Overall, how supportive do you feel that your supervisor was when you disclosed your pregnancy?	.82	.11

Note: Coefficients are reported as standardized betas

Table 51: Intent to Return T1 and T2 (Poor Fitting CFA)

Measure	X^2	*df*	*p*	*CFI*	RMSEA
Intent to Return (T1)	7.99	2	.03	.87	.11
Intent to Return (T2)	6.58	2	.01	.86	.10

Item		*b*	*SE*
I would prefer another more ideal job than the one I now work in.			
	T1	.80	--
	T2	.82	--
I have though seriously about changing jobs since I began working here.			
	T1	.79	.07
	T2	.77	.08
*I hope to work for seriously for this organization until I retire.**			
	T1	.66	.11
	T2	.64	.10
I seriously intend to look for another job within the next year.			
	T1	.82	.07
	T2	.82	.07

Note: Coefficients are reported as standardized betas; *items are reverse coded; Italicized items were dropped from the scale based on poor item loadings and low inter-item correlations the revised scale consisted of the remaining three items which had an acceptable reliability at both T1(α = .90) and T2 (α = .84).

Table 52: Organizational Identification: T1, T2, T1T2 CFA results

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
Organizational Identification (T1)	20.869	9	.01	.99	.06	.89	3.20	1.00
Organizational Identification (T2)	32.593	9	.001	.93	.08	.86	3.40	.88
Organizational Identification (T1T2)	122.266	53	.001	.94	.06			

Item		*b*	*SE*
When someone criticizes my organization, it feels like a personal insult.			
	T1	.72	--
	T2	.65	--
I am very interested in what others think about my organization.			
	T1	.65	.08
	T2	.56	.16
When I talk about this organization, I usually say ‘we’ rather than ‘they.’			
	T1	.67	.08
	T2	.72	.19
This organization’s successes are my successes.			
	T1	.73	.08
	T2	.85	.17
When someone praises this organization, it feels like a personal compliment.			
	T1	.79	.08
	T2	.77	.17
If a story in the media criticized this organization, I would feel embarrassed.			
	T1	.68	.07
	T2	.67	.18

Note: Coefficients are reported as standardized betas

Table 53: Occupational Identification: T1, T2, T1T2 CFA results

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
Occupational Identification (T1)	29.995	9	.00	.98	.08	.89	3.31	1.00
Occupational Identification (T2)	20.637	9	.01	.97	.06	.87	3.42	.95
Occupational Identification (T1T2)	134.132	53	.001	.94	.06			

Item		*b*	*SE*
When someone criticizes my occupation, it feels like a personal insult.			
	T1	.69	--
	T2	.75	.12
I am very interested in what others think about my occupation.			
	T1	.66	.08
	T2	.69	.12
When I talk about this occupation, I usually say ‘we’ rather than ‘they.’			
	T1	.71	.08
	T2	.82	.11
This occupation’s successes are my successes.			
	T1	.73	.09
	T2	.75	.12
When someone praises this occupation, it feels like a personal compliment.			
	T1	.75	.08
	T2	.72	.12
If a story in the media criticized this occupation, I would feel embarrassed.			
	T1	.68	.08
	T2	.65	.13

Note: Coefficients are reported as standardized betas

Table 54: Burnout: Emotional Dimension T1and T2 (Poor Fitting CFA)

Measure	X^2	*df*	*P*	*CFI*	RMSEA
Burnout: Emotional (T1)	85.03	27	.001	.92	.13
Burnout: Emotional (T2)	110.08	27	.001	.87	.09

Item		*b*	*SE*
I feel emotionally drained from my work.			
	T1	.79	--
	T2	.72	--
I feel frustrated by my work.			
	T1	.78	.06
	T2	.81	.12
I feel used up at the end of the workday.			
	T1	.81	.06
	T2	.88	.12
I feel tired when I get up in the morning and have to face another day on the job.			
	T1	.79	.06
	T2	.85	.13
I feel burned out from work.			
	T1	.80	.06
	T2	.86	12
Working with people all day is really a strain for me.			
	T1	.65	.06
	T2	.62	.12
*I feel very energetic.**			
	T1	.55	.07
	T2	.42	.13
Working with people directly puts too much stress on me.			
	T1	.76	.06
	T2	.65	.12
I feel like I'm at the end of my rope.			
	T1	.69	.06
	T2	.60	.12

Note: Coefficients are reported as standardized betas; *items are reverse coded; Italicized items were dropped from the scale based on poor item loadings and low inter-item correlations the revised scale consisted of the remaining three items which had a strong reliability at both T1(α = .90) and T2 (α = .91).

Table 55: Burnout: Emotional Dimension T1, T2, T1T2 CFA results (Final CFA)

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
Burnout: Emotional (T1)	19.968	9	.02	.99	.06	.90	2.86	1.48
Burnout: Emotional (T2)	20.213	9	.02	.98	.06	.91	3.34	1.46
Burnout: Emotional (T1T2)	100.914	53	.01	.98	.05			

Item		*b*	*SE*
I feel emotionally drained from my work.			
	T1	.80	--
	T2	.72	--
I feel frustrated by my work.			
	T1	.77	.06
	T2	.81	.12
I feel used up at the end of the workday.			
	T1	.81	.06
	T2	.88	.13
I feel tired when I get up in the morning and have to face another day on the job.			
	T1	.76	.06
	T2	.85	.13
I feel burned out from work.			
	T1	.83	.06
	T2	.86	.13
Working with people directly puts too much stress on me.			
	T1	.75	.07
	T2	.64	.12

Note: Coefficients are reported as standardized betas

Table 56: Burnout: Depersonalization Dimension T1and T2 (Poor Fitting CFA)

Measure	X^2	*df*	*P*	*CFI*	RMSEA
Burnout: Depersonalization (T1)	7.25	5	.02	.88	.10
Burnout: Depersonalization (T2)	25.98	5	.001	.89	.10

Item		*b*	*SE*
I worry that this job is hardening me emotionally.			
	T1	.77	--
	T2	.77	--
I feel I treat some colleagues as if they were impersonal 'objects.'			
	T1	.52	.07
	T2	.67	.13
I just want to do my job and not be bothered.			
	T1	.85	.07
	T2	.86	.12
*I can easily understand how my colleagues feel about things.**			
	T1	.28	.06
	T2	.16	.12
I've become more callous toward people since I've worked at this job.			
	T1	.79	.07
	T2	.81	.11

Note: Coefficients are reported as standardized betas; *items are reverse coded; Italicized items were dropped from the scale based on poor item loadings and low inter-item correlations the revised scale consisted of the remaining three items which had an acceptable reliability at both T1(α = .71) and T2 (α = .81).

Table 57: Burnout: Personal Accomplishment Dimension T1, T2, T1T2 CFA results

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
Burnout: Personal Accomplishment (T1)	37.676	9	.01	.96	.09	.88	2.10	1.33
Burnout: Personal Accomplishment (T2)	32.197	9	.01	.93	.08	.86	1.87	1.17
Burnout: Personal Accomplishment (T1T2)	130.830	53	.01	.93	.06			

Item		*b*	*SE*
I have accomplished many worthwhile things in this job.*			
	T1	.78	--
	T2	.70	--
I feel very energetic.*			
	T1	.61	.08
	T2	.48	.16
I feel I'm positively influencing people's lives through my work. *			
	T1	.78	.08
	T2	.69	.15
I can effectively solve the problems that arise in my work.*			
	T1	.54	.06
	T2	.78	.13
I am making an effective contribution to what this organization does.*			
	T1	.71	.07
	T2	.80	.14
At my work, I feel confident that I am getting things done.*			
	T1	.57	.06
	T2	.84	.14

Note: Coefficients are reported as standardized betas; *items are reverse coded

Table 58: Burnout second order CFA (All three dimensions) T1 T2 CFA results (Poor Model CFA)

Measure	X^2	*df*	*p*	*CFI*	RMSEA
Burnout (T1)	500.79	132	.001	.90	.14
Burnout (T2)	484.56	132	.001	.88	.12

Factors	*b*	se
Emotional (T1)	*.92*	--
Emotional (T2)	*.94*	--
Depersonalization (T1)	*.88*	*.05*
Depersonalization (T2)	*.83*	*.10*
Personal Accomplishment (T1)	*.43*	*.16*
Personal Accomplishment (T2)	*.40*	*.18*

Item			*b*	*SE*
Emotional		T1	.92	--
		T2	.94	--
I feel emotionally drained from my work.				
	T1		.80	--
	T2		.73	--
I feel frustrated by my work.				
	T1		.78	.06
	T2		.82	.12
I feel used up at the end of the workday.				
	T1		.80	.06
	T2		.86	.13
I feel tired when I get up in the morning and have to face another day on the job.				
	T1		.77	.07
	T2		.84	.13
I feel burned out from work.				
	T1		.83	.06
	T2		.86	.12
Working with people directly puts too much stress on me.				
	T1		.75	.06
	T2		.69	.13
Depersonalization		T1	.88	--

Table 58 continued

Item			
	T2	.83	--
I worry that this job is hardening me emotionally.			
T1		.79	--
T2		.79	--
I just want to do my job and not be bothered.			
T1		.63	.06
T2		.69	.13
I've become more callous toward people since I've worked at this job.			
T1		.74	.05
T2		.85	.12
Personal Accomplishment	T1	*.43*	*.16*
	T2	*.40*	*.18*
*I have accomplished many worthwhile things in this job.**			
T1		.76	--
T2		.70	--
*I feel very energetic.**			
T1		.60	.08
T2		.48	.16
*I feel I'm positively influencing people's lives through my work.**			
T1		.78	.08
T2		.69	.15
*I can effectively solve the problems that arise in my work.**			
T1		.54	.06
T2		.78	.13
*I am making an effective contribution to what this organization does.**			
T1		.71	.07
T2		.80	.14
*At my work, I feel confident that I am getting things done.**			
T1		.57	.06
T2		.84	.14

Note: Coefficients are reported as standardized betas; *items are reverse coded; Italicized items were dropped from the scale based on poor item loadings and low inter-item correlations

Table 59: Burnout second order CFA (containing Emotional and Depersonalization dimensions) T1, T2, T1T2 CFA results

Measure	X^2	*df*	*p*	*CFI*	RMSEA
Burnout (T1)	76.13	26	.001	.98	.07
Burnout (T2)	92.91	26	.001	.91	.08
Burnout (T1T2)	322.99	132	.001	.93	.06

Factors	*b*	se
Emotional (T1)	.96	--
	.94	--
Depersonalization (T1)	.89	--
	.82	--

Item			*b*	*SE*
Emotional		T1	.96	--
		T2	.94	--
I feel emotionally drained from my work.				
	T1		.80	--
	T2		.73	--
I feel frustrated by my work.				
	T1		.77	.06
	T2		.82	.12
I feel used up at the end of the workday.				
	T1		.80	.06
	T2		.87	.13
I feel tired when I get up in the morning and have to face another day on the job.				
	T1		.76	.06
	T2		.84	.13
I feel burned out from work.				
	T1		.83	.06
	T2		.86	.13
Working with people directly puts too much stress on me.				
	T1		.76	.06
	T2		.68	.12
Depersonalization		T1	.89	--
		T2	.82	--
I worry that this job is hardening me emotionally.				
	T1		.79	--
	T2		.79	--
I just want to do my job and not be bothered.				

Table 59 continued

Item			
	T1	.62	.06
	T2	.68	.13
I've become more callous toward people since I've worked at this job.			
	T1	.75	.06
	T2	.83	.12

Note: Coefficients are reported as standardized betas

Table 60: Relationship Quality: LMXR T1 and T2 (Poor Fitting CFA)

Measure	X^2	*df*	*p*	*CFI*	RMSEA
Relationship Quality Individual Items (T1)	159.54	44	.001	.89	.08
Relationship Quality Individual Items (T2)	229.84	44	.001	.84	.10

Item		*b*	*SE*
I like my supervisor very much as a person.			
	T1	.81	--
	T2	.80	--
My supervisor is the kind of person one would like to have as a friend.			
	T1	.80	.06
	T2	.84	.11
My supervisor is a lot of fun to work with.			
	T1	.81	.06
	T2	.84	.10
My supervisor would defend me to others in the organization if I made an honest mistake.			
	T1	.79	.06
	T2	.74	.12
I am willing to apply extra efforts, beyond those normally required, to further the interests of my work group.			
	T1	.68	.06
	T2	.71	.10
I am impressed with my supervisor's knowledge of their job.			
	T1	.80	.06
	T2	.83	.11

Table 60 continued

Item			
I respect my supervisor's knowledge of and competence on the job.			
	T1	.79	.06
	T2	.85	.10
I admire my supervisor's professional skills.			
	T1	.86	.06
	T2	.86	.10
My supervisor defends my work actions to a superior, even without complete knowledge of the issue in question.			
	T1	.67	.06
	T2	.66	.11
My supervisor would come to my defense if I were "attacked" by others.			
	T1	.65	.06
	T2	.70	.10
I do work for my supervisor that goes beyond what is specified in my job description.			
	T1	.60	.06
	T2	.58	.11

Note: Coefficients are reported as standardized betas; *items are reverse coded; Italicized items were dropped from the scale based on poor item loadings and low inter-item correlations

Table 61: Relationship Quality: LMXR T1, T2, T1T2 CFA results

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
Relationship Quality Individual Items (T1)	76.73	20	.001	.97	.09	.95	4.97	1.50
Relationship Quality Individual Items (T2)	97.39	20	.001	.91	.10	.94	5.28	1.31
Relationship Quality Individual Items (T1T2)	310.97	103	.001	.93	.07			
Relationship Quality Parceled Items (T1)	1.05	1	.31	.99	.01			

Table 61 continued

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
Relationship Quality Parceled Items (T2)	.66	1	.42	.98	.02			
Relationship Quality Parceled Items (T1T2)	43.23	17	.00	.98	.06			

Item		*b*	*SE*
I like my supervisor very much as a person.			
	T1	.81	--
	T2	.81	--
My supervisor is the kind of person one would like to have as a friend.			
	T1	.81	.06
	T2	.85	.09
My supervisor is a lot of fun to work with.			
	T1	.81	.06
	T2	.85	.11
My supervisor would defend me to others in the organization if I made an honest mistake.			
	T1	.78	.06
	T2	.69	.10
I am willing to apply extra efforts, beyond those normally required, to further the interests of my work group.			
	T1	.65	.06
	T2	.68	.10
I am impressed with my supervisor's knowledge of their job.			
	T1	.81	.06
	T2	.85	.09
I respect my supervisor's knowledge of and competence on the job.			
	T1	.79	.06
	T2	.87	.09
I admire my supervisor's professional skills.			
	T1	.87	.05
	T2	.86	.10
Parcels			
Parcel 1			
	T1	.87	--
	T2	.92	--

Table 61 continued

Item			
Parcel 2			
	T1	.88	.05
	T2	.85	.07
Parcel 3			
	T1	.88	.05
	T2	.88	.07
Parcel 4			
	T1	.92	.05
	T2	.98	.07

Note: Coefficients are reported as standardized betas

Table 62: Pregnancy Quality of Life: Emotional Dimension (Poor Fitting CFA)

Measure	X^2	*df*	*p*	*CFI*	RMSEA
Pregnancy Quality of Life: Emotional (T1)	39.75	9	.001	.91	.12
Pregnancy Quality of Life: Emotional (T2)	25.15	9	.09	.89	.11

Item		*b*	*SE*
Do you feel able to cope with your pregnancy?			
	T1	.64	--
	T2	.39	--
Does your pregnancy cause feelings of jealousy and resentment toward people who are not expecting?			
	T1	.79	.07
	T2	.75	.09
Do you experience high levels of stress at work because of your pregnancy?			
	T1	.65	.08
	T2	.70	.10
At work, do you fluctuate between excitement and despair because of your pregnancy?			
	T1	.68	.07
	T2	.72	.11
Do you feel sad and depressed about your pregnancy because of work?			
	T1	.75	.07
	T2	.85	.10
Does dealing with your pregnancy at work make you angry?			
	T1	.82	.07
	T2	.82	.10

Note: Coefficients are reported as standardized betas; Italicized items were dropped from the scale based on poor item loadings and low inter-item correlations

Table 63: Pregnancy Quality of Life: Mind-Body Dimension T1, T2, T1T2 CFA results

Measure	X^2	*df*	*p*	*CFI*	RMSEA	α	*M*	*SD*
Pregnancy Quality of Life: Mind-Body (T1)	10.85	8	.21	.99	.03	.80	2.85	.97
Pregnancy Quality of Life: Mind-Body (T2)	11.27	8	.19	.98	.03	.80	3.48	.81
Pregnancy Quality of Life: Mind-Body (T1T2)	83.89	51	.001	.97	.04			

Item		*b*	*SE*
Mind			
	T1	.67	--
	T2	.97	--
Are your attention and concentration impaired by thinking about your pregnancy?			
	T1	.75	--
	T2	.62	--
Do you think you cannot move ahead with other life goals and plans because of your pregnancy?			
	T1	.71	.07
	T2	.70	.20
Do you feel drained or worn out because of your pregnancy?			
	T1	.82	.08
	T2	.76	.21
Body			
	T1	.79	--
	T2	.74	--
Does your pregnancy interfere with your day-to-day work or obligations?			
	T1	.67	--
	T2	.75	--
Are you bothered by fatigue because of your pregnancy?			
	T1	.69	.10
	T2	.62	.13
Do you feel pain and physical discomfort because of your pregnancy?			
	T1	.74	.11
	T2	.73	.14

Note: Coefficients are reported as standardized betas

Table 64: Pregnancy Quality of Life: Social Dimension (Poor Fitting CFA)

Measure	X^2	*df*	*p*	*CFI*	RMSEA
Pregnancy Quality of Life: Social (T1)	15.74	9	.07	.91	.12
Pregnancy Quality of Life: Social (T2)	19.08	9	.03	.87	.09

Item		*b*	*SE*
Are you satisfied with the support that you get at work regarding your pregnancy?			
	T1	.03	--
	T2	.10	--
Are you socially isolated at work because of your pregnancy?			
	T1	.81	.06
	T2	.77	.11
Do you feel uncomfortable attending social work events like holidays or celebrations because of your pregnancy?			
	T1	.79	.07
	T2	.78	.10
Do you feel that your colleagues can understand what you are going through?			
	T1	.23	.06
	T2	.33	.09
At work, do you feel that your pregnancy makes you inferior to people who do not have children?			
	T1	.47	.07
	T2	.30	.10
Do you feel pressure at work to avoid having children?			
	T1	.78	.07
	T2	.80	.10

Note: Coefficients are reported as standardized betas; Italicized items were dropped from the scale based on poor item loadings and low inter-item correlations

Table 65: Pregnancy Quality of Life second order CFA (containing Emotional, Mind-Body, and Social dimensions) T1, T2, T1T2 CFA results

Measure	X^2	*df*	*p*	*CFI*	RMSEA
Pregnancy Quality of Life (T1)	181.20	50	.001	.94	.08
Pregnancy Quality of Life (T2)	104.79	50	.001	.94	.05
Pregnancy Quality of Life (T1T2)	502.54	243	.001	.92	.05

Factors	*b*	se
Emotional (T1)	.97	--
Emotional (T2)	.94	--
Mind-Body (T1)	.83	.05
Mind-Body (T2)	.93	.06

Item		*b*	*SE*
Emotional			
	T1	.97	--
	T2	.94	--
Does your pregnancy cause feelings of jealousy and resentment toward people who are not expecting?			
	T1	.76	--
	T2	.79	--
Do you feel sad and depressed about your pregnancy because of work?			
	T1	.83	.06
	T2	.86	.10
Does dealing with your pregnancy at work make you angry?			
	T1	.79	.07
	T2	.82	.10
Mind-Body			
	T1	.83	.05
	T2	.93	.06
Mind			
	T1	.64	--
	T2	.84	--

Table 65 continued

Item			
Are your attention and concentration impaired by thinking about your pregnancy?			
	T1	.83	--
	T2	.75	--
Do you think you cannot move ahead with other life goals and plans because of your pregnancy?			
	T1	.74	.06
	T2	.75	.13
Do you feel drained or worn out because of your pregnancy?			
	T1	.80	.06
	T2	.67	.13
Body			
	T1	.94	--
	T2	.83	--
Does your pregnancy interfere with your day-to-day work or obligations?			
	T1	.71	--
	T2	.80	--
Are you bothered by fatigue because of your pregnancy?			
	T1	.61	.08
	T2	.53	.12
Do you feel pain and physical discomfort because of your pregnancy?			
	T1	.72	.08
	T2	.67	.11
Social			
	T1	.97	.07
	T2	.98	.11
Are you socially isolated at work because of your pregnancy?			
	T1	.82	--
	T2	.79	--
Do you feel uncomfortable attending social work events like holidays or celebrations because of your pregnancy?			
	T1	.78	.06
	T2	.77	.10
Do you feel pressure at work to avoid having children?			
	T1	.76	.06
	T2	.86	.10

Note: Coefficients are reported as standardized betas

Figure 1: Guiding Research Question, What are the processes, antecedents, and outcomes of first-time mother's pregnancy disclosures to their supervisors?

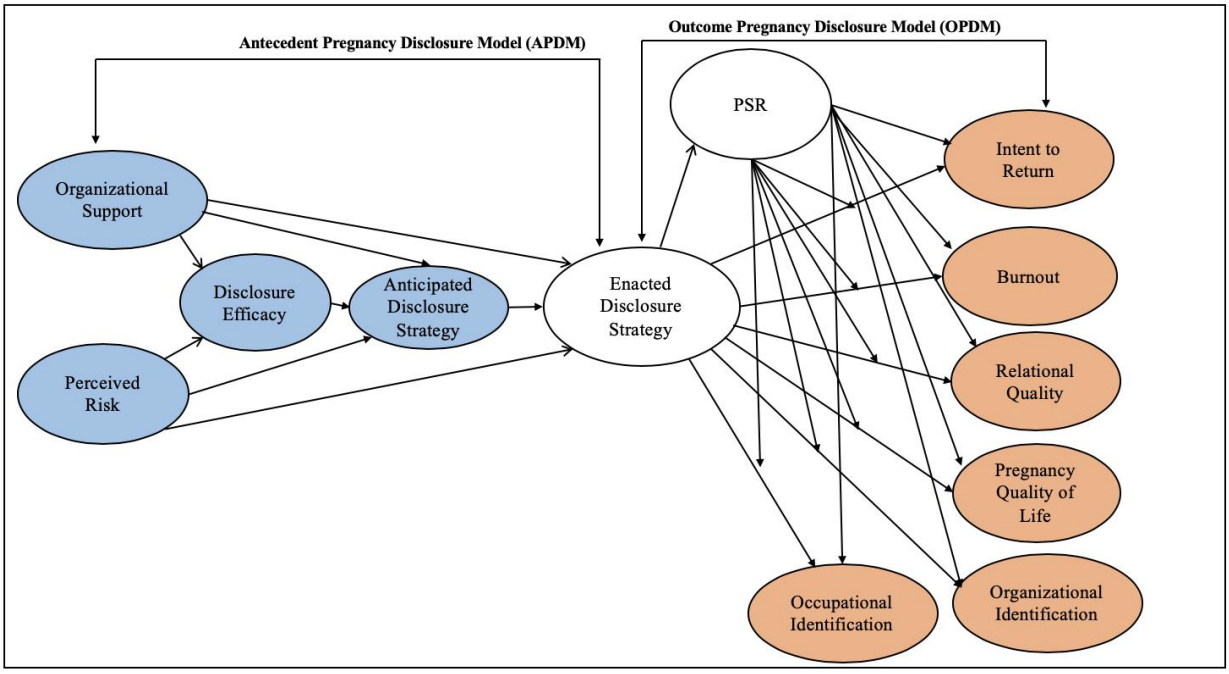


Figure 2: Antecedent Pregnancy Disclosure Model (APDM)

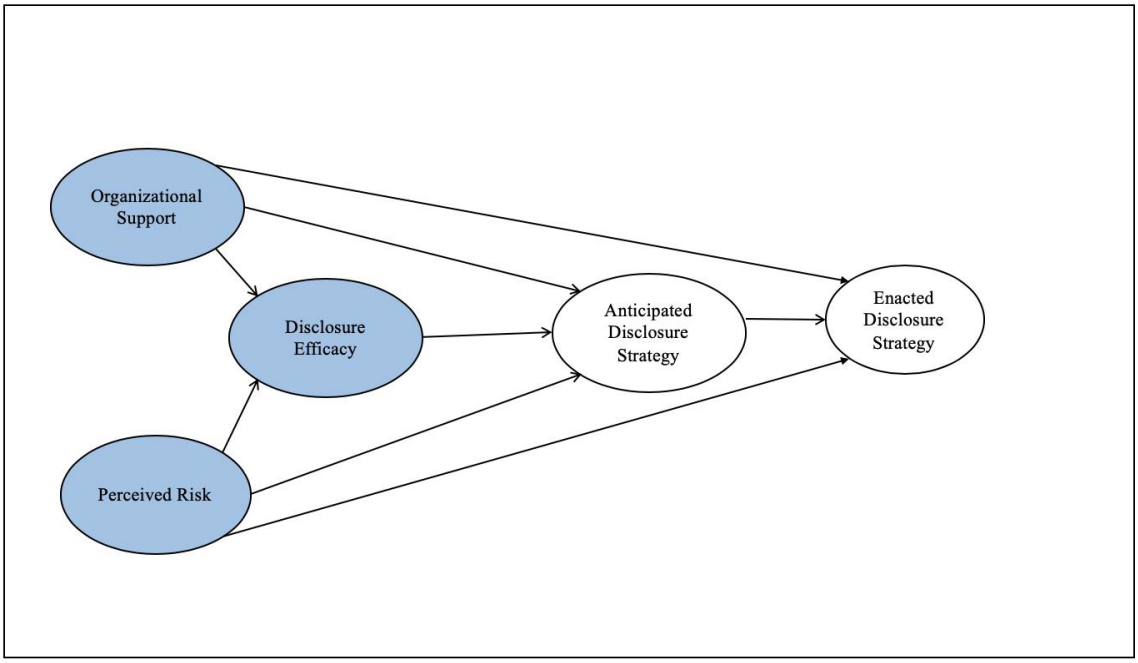


Figure 3: Outcome Pregnancy Disclosure Model (OPDM)

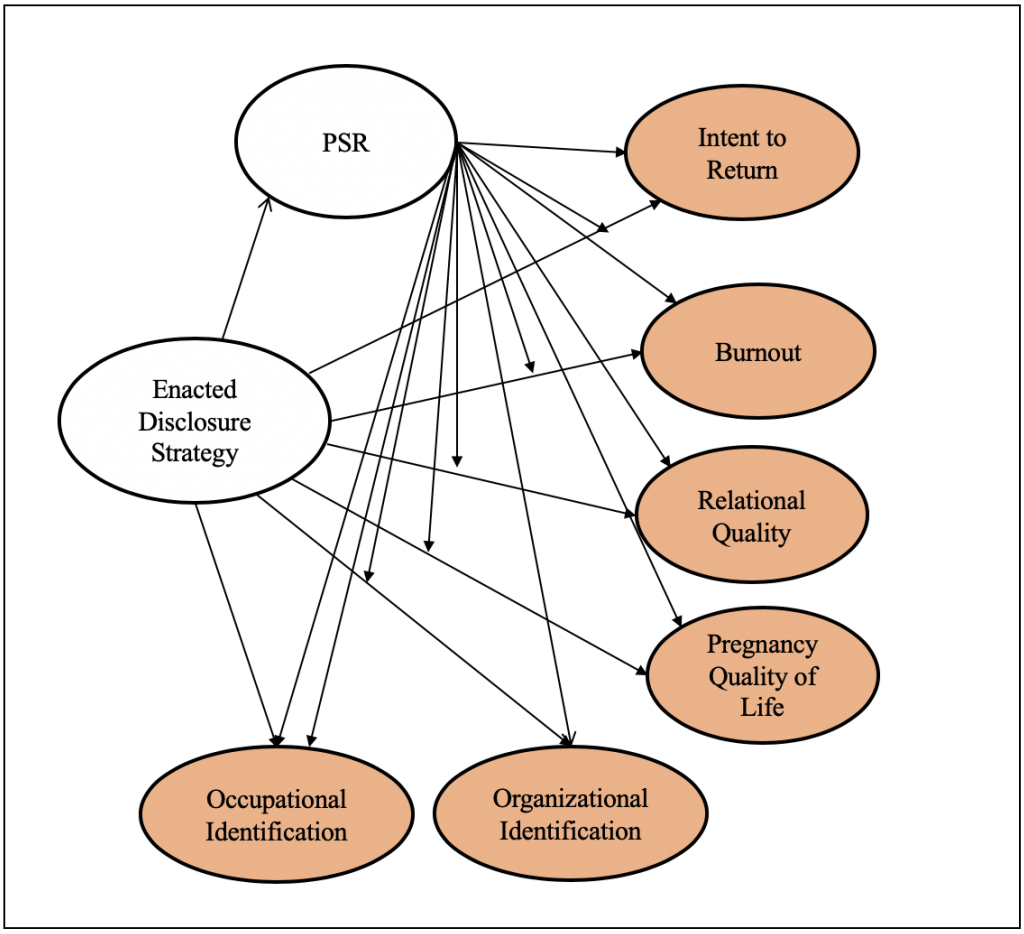


Figure 4: Risk Revelation Model (Afifi & Steuber, 2009)

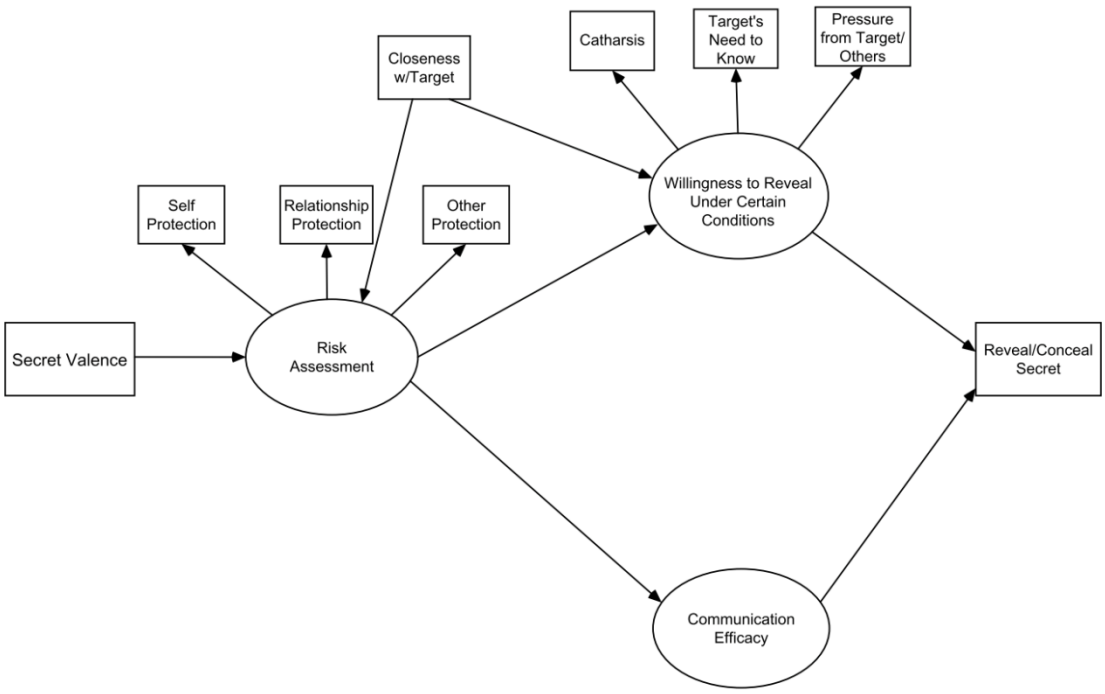


Figure 5: Hypotheses for the Antecedent Pregnancy Disclosure Model (APDM)

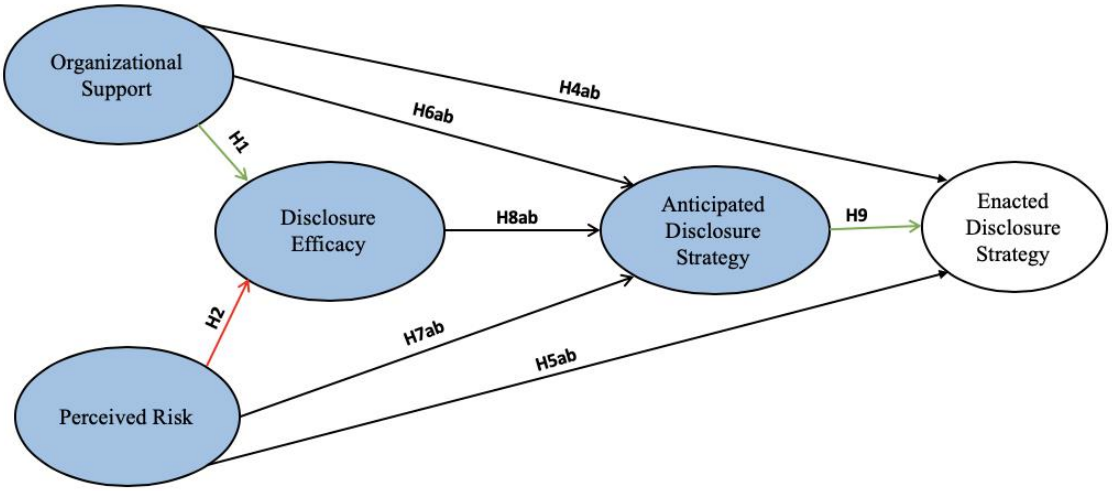


Figure 6: Interpersonal Process Model of Intimacy (Reis & Shaver, 1988)

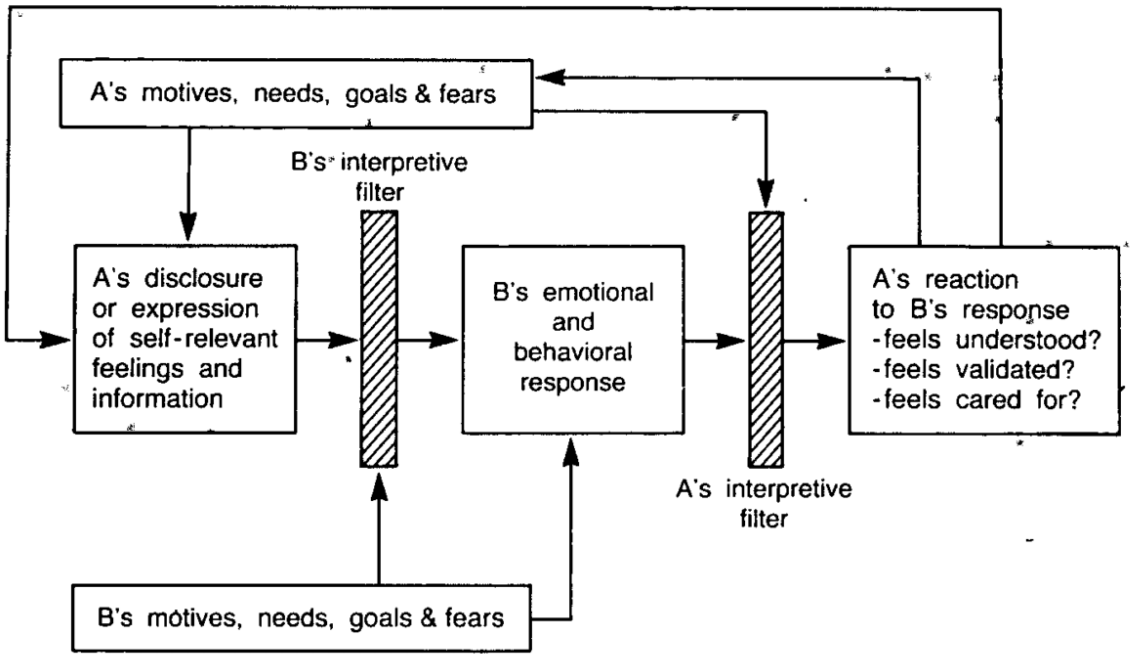
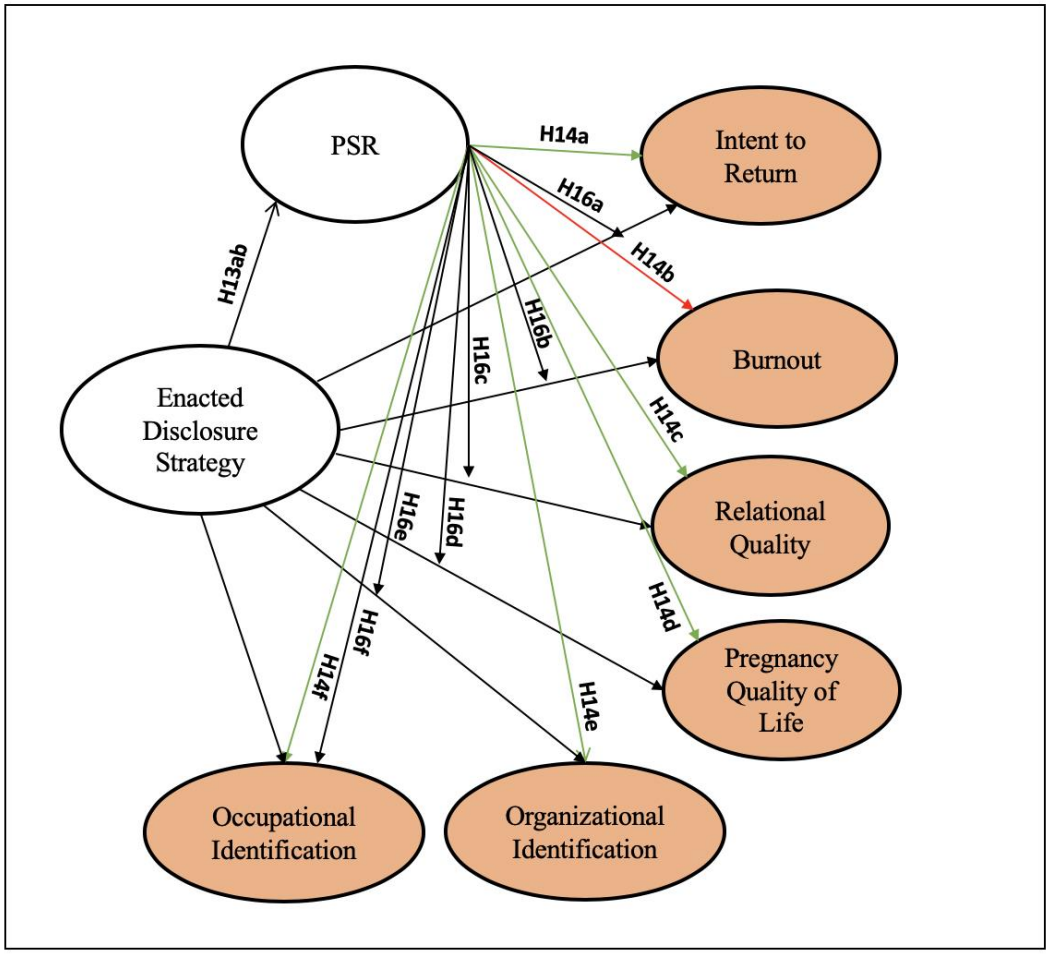


Figure 7: Outcome Pregnancy Disclosure Model (OPDM)



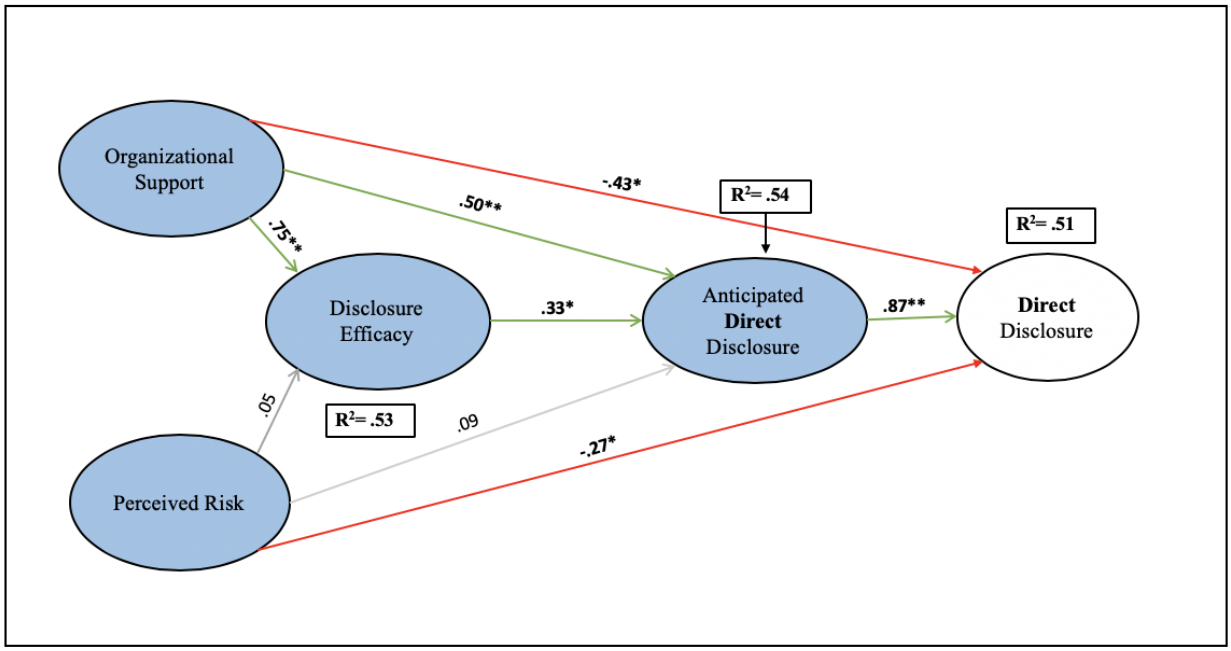


Figure 8: Antecedent Pregnancy Disclosure Model (Direct Disclosure) Effects of Organizational Support, Perceived Risk, Disclosure Efficacy, and Anticipated Direct Disclosure on Direct Disclosure Strategy Usage. *Note*: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths[12]; Green lines indicate significant positive paths; Standardized coefficients are reported; Income, Time in position, time until promotion review, and age were included as covariates in the model. * $p < .05$, ** $p < .001$

[12] In the direct disclosure model, inferences drawn regarding the direct effect of organizational support on direct disclosure are qualified by the zero-order correlation between the support sub-dimensions and direct disclosure (relational support $r = .22$, $p < .01$; structural support $r = .25$, $p < .005$; symbolic support $r = .19$, $p < .001$) which were significant and positive in direction. Instances of structural path coefficients that are opposite in sign to the zero-order correlation with the dependent variable are indicative of inconsistent mediation or suppression (Davies, 1985; Maassen & Bakker, 2001). Inconsistent mediation often occurs if mediators act as suppressor variables such that the sign of the structural coefficient is the opposite of that associated with the Pearson's correlation (Kline & Kline, 2015). These suppressor effects are more probable in longitudinal structural equation modeling given often high coefficient stability and were evident in the direct disclosure model (Demerouti, Le Blanc, Bakker, Schaufeli, & Hox, 2009; Maassen & Bakker, 2001). However, all other effects in this model and across the other five disclosure types were consistent with the zero-order correlations suggesting that suppression was not present outside of the current model.

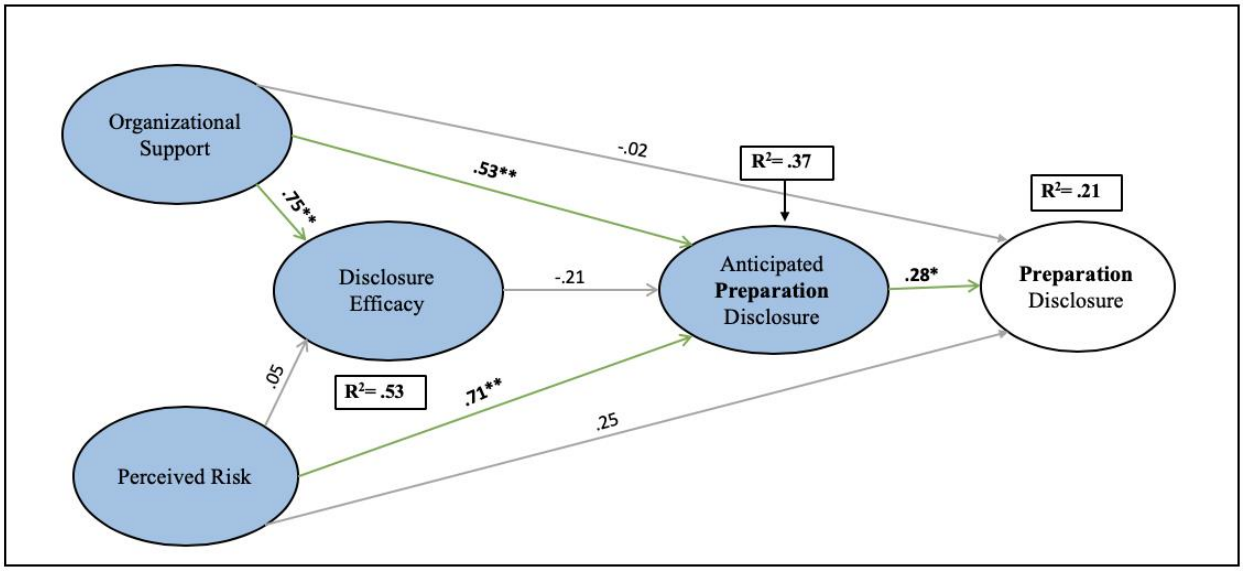


Figure 9: Antecedent Pregnancy Disclosure Model (Preparation Disclosure) Effects of Organizational Support, Perceived Risk, Disclosure Efficacy, and Anticipated Preparation Disclosure on Preparation Disclosure Strategy Usage. *Note*: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths; Green lines indicate significant positive paths; Standardized coefficients are reported; Income, age, time until promotion review, and time in current position were included as covariates in the model. * $p <$ .05, ** $p <$ .001

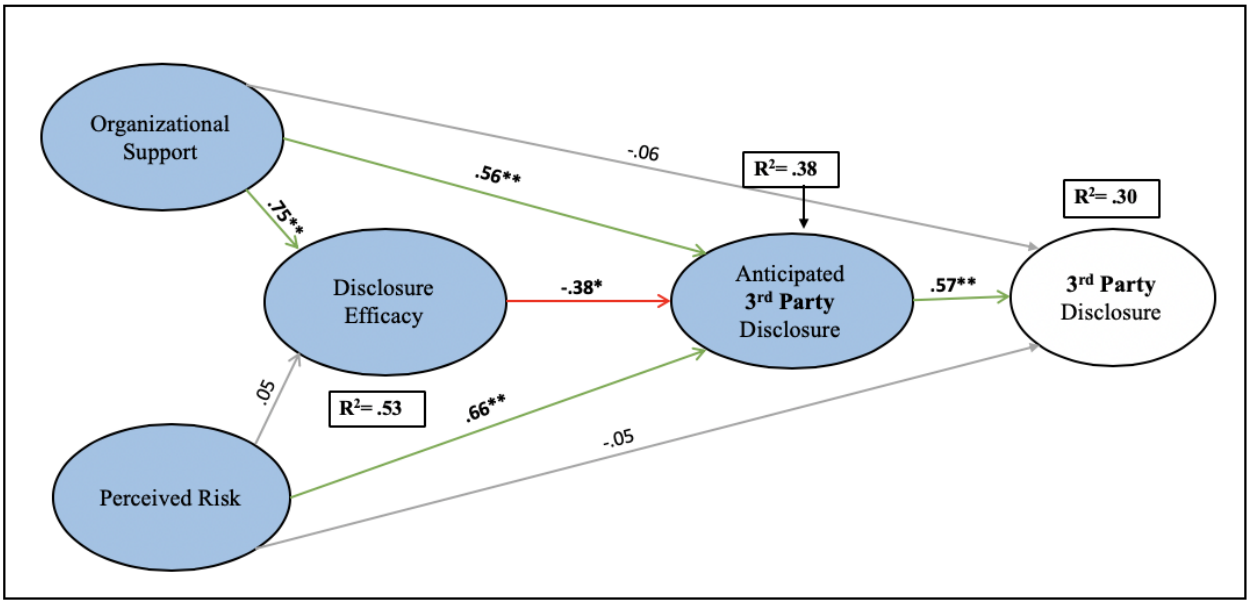


Figure 10: Antecedent Pregnancy Disclosure Model (Third-Party Disclosure) Effects of Organizational Support, Perceived Risk, Disclosure Efficacy, and Anticipated Third-Party Disclosure on Third-Party Disclosure Strategy Usage. *Note*: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths; Green lines indicate significant positive paths; Standardized coefficients are reported; Income, age, marital status, time in position, and time until promotion review were included as covariates in the model. * $p < .05$, ** $p < .001$

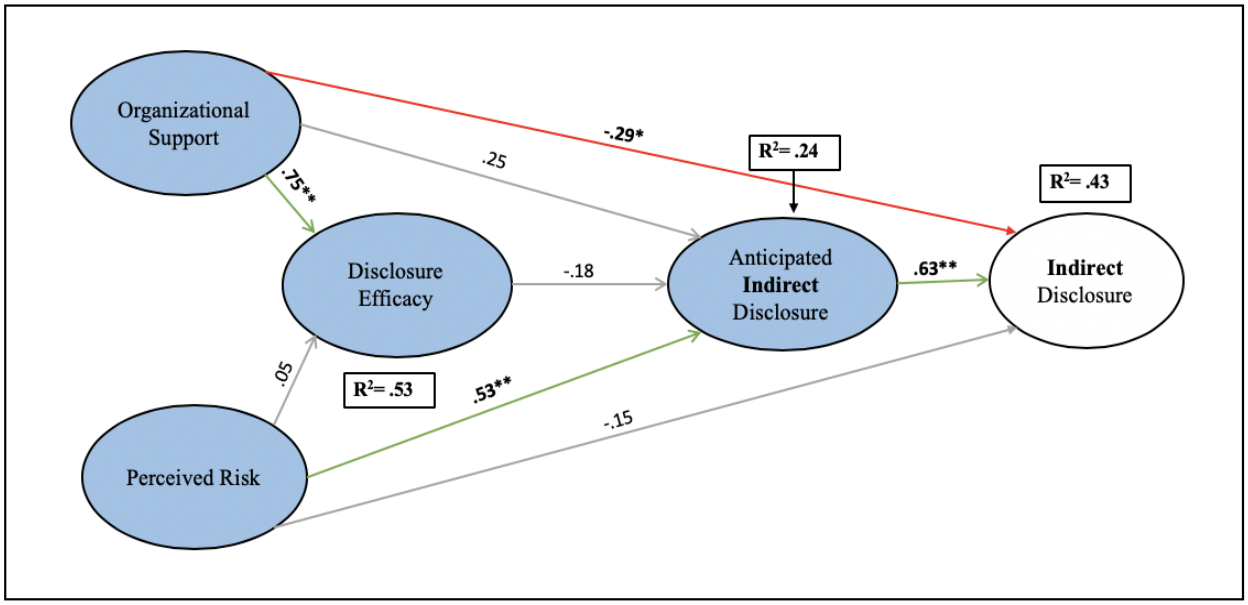


Figure 11: Antecedent Pregnancy Disclosure Model (Indirect Disclosure) Effects of Organizational Support, Perceived Risk, Disclosure Efficacy, and Anticipated Indirect Disclosure on Indirect Disclosure Strategy Usage. *Note*: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths; Green lines indicate significant positive paths; Standardized coefficients are reported; Age, marital status, income, time in position, and time until promotion review were included as covariates in the model. * $p < .05$, ** $p < .00$

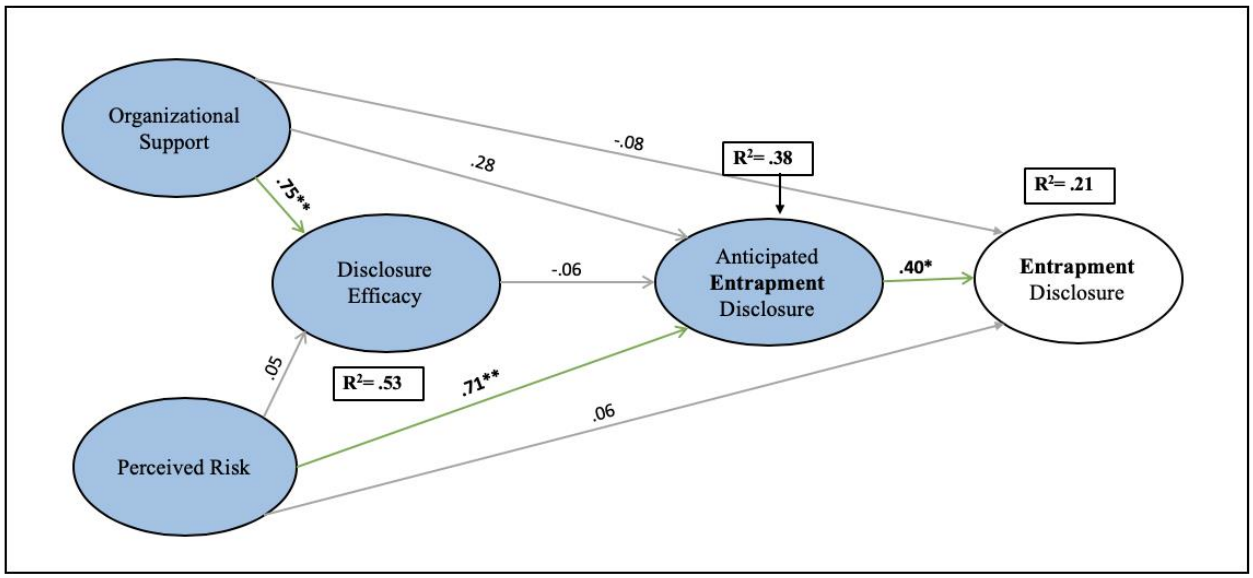


Figure 12: Antecedent Pregnancy Disclosure Model (Entrapment Disclosure) Effects of Organizational Support, Perceived Risk, Disclosure Efficacy, and Anticipated Entrapment Disclosure on Entrapment Disclosure Strategy Usage. *Note*: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths; Green lines indicate significant positive paths; Standardized coefficients are reported; Income, age, time into pregnancy (weeks), time in position, and time until promotion review were included as covariates in the model. * $p < .05$, ** $p < .001$

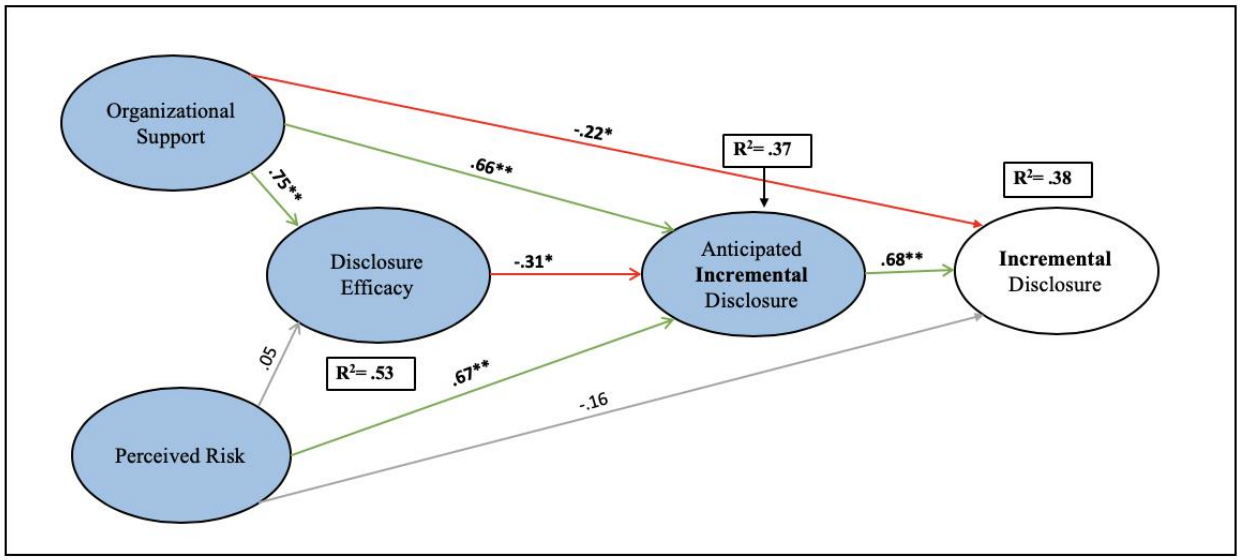


Figure 13: Antecedent Pregnancy Disclosure Model (Incremental Disclosure) Effects of Organizational Support, Perceived Risk, Disclosure Efficacy, and Anticipated Incremental Disclosure on Incremental Disclosure Strategy Usage. *Note*: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths; Green lines indicate significant positive paths; Standardized coefficients are reported; Age, income, time until promotion review, and time in current position were included as covariates in the model. * $p < .05$, ** $p < .001$

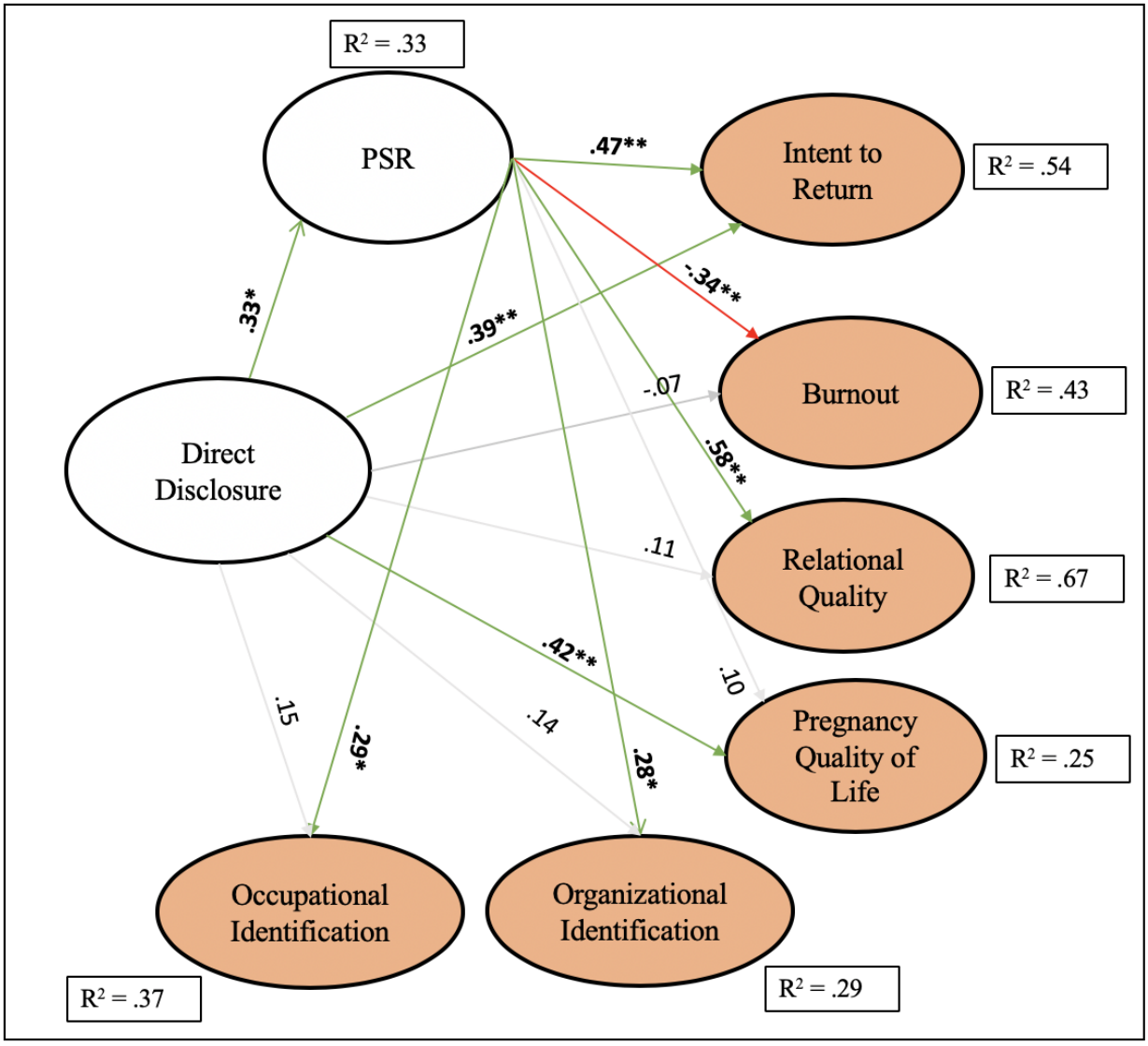
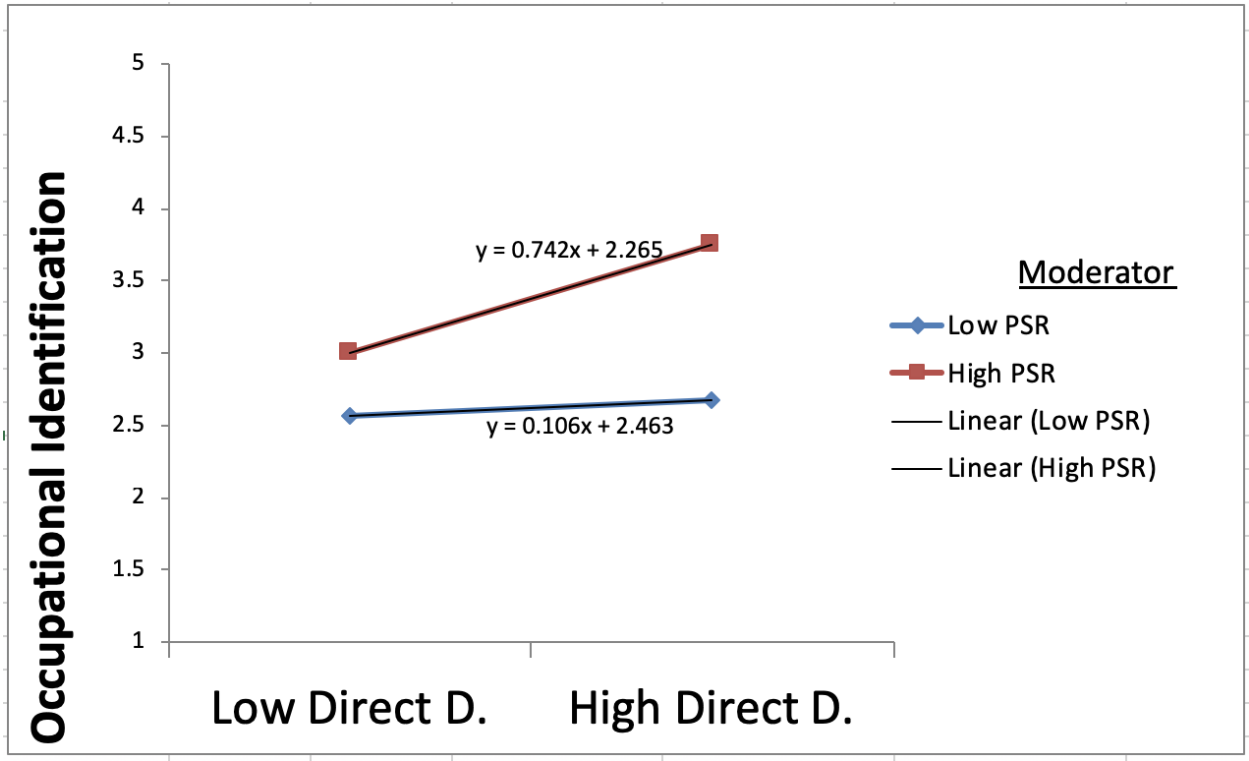


Figure 14: Outcome Pregnancy Disclosure Model (Direct Disclosure) Effects of Direct Disclosure on Perceived Supervisor Responsiveness and Outcomes. *Note*: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths; Green lines indicate significant positive paths; Standardized coefficients are reported; Relational Closeness, age, marital status, time in position, time since disclosure, and time until promotion review were included as covariates in the model. * $p < .05$, **$p < .001$

Figure 15: OPDM: PSR*Direct Disclosure Moderation for Occupational Identification



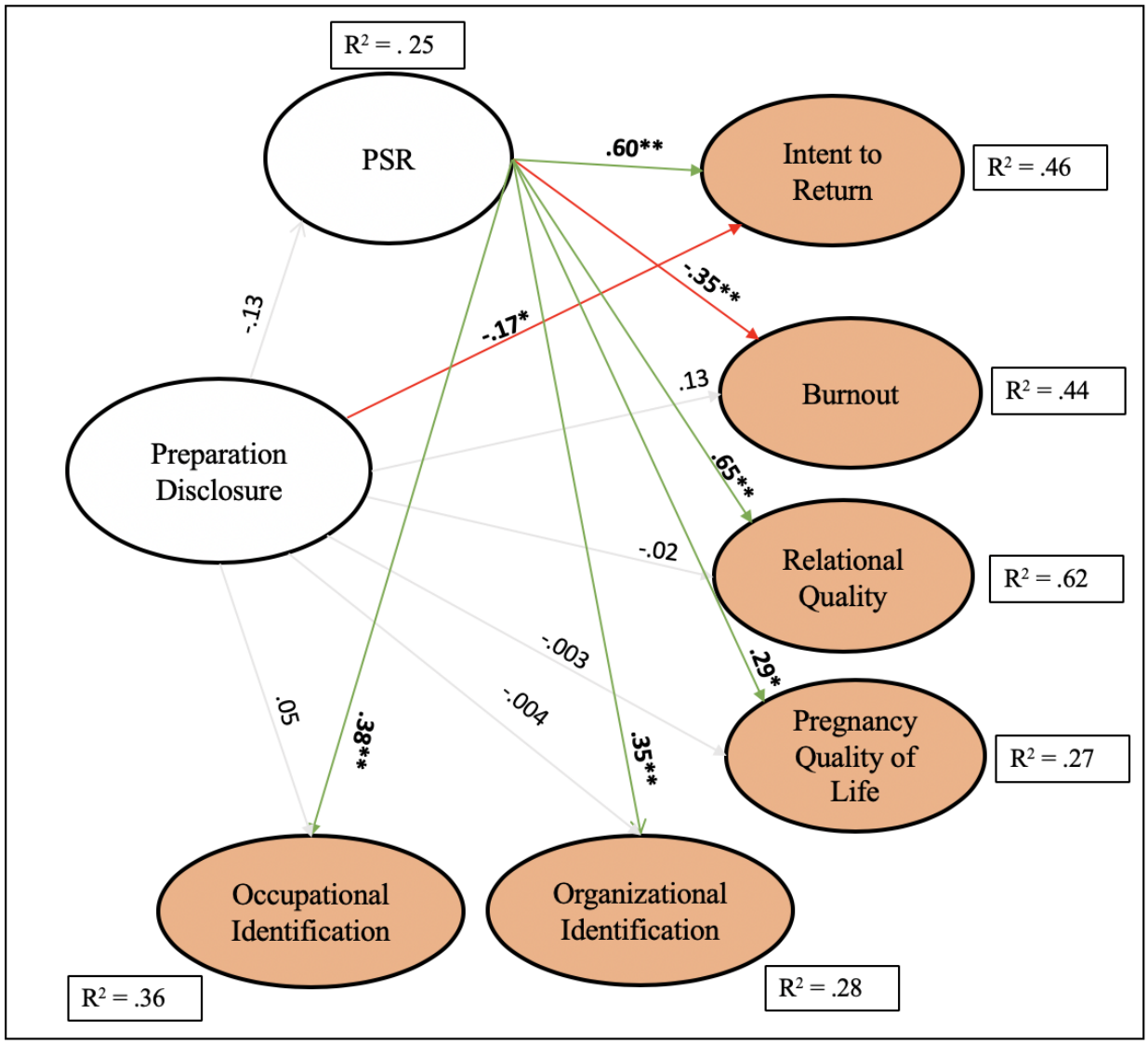


Figure 16: Outcome Pregnancy Disclosure Model (Preparation and Rehearsal Disclosure) Effects of Preparation and Rehearsal Disclosure on Perceived Supervisor Responsiveness and Outcomes. *Note*: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths; Green lines indicate significant positive paths; Standardized coefficients are reported; Relational Closeness, age, marital status, income, time since disclosure, and time until promotion review were included as covariates in the model. * $p < .05$, ** $p < .001$

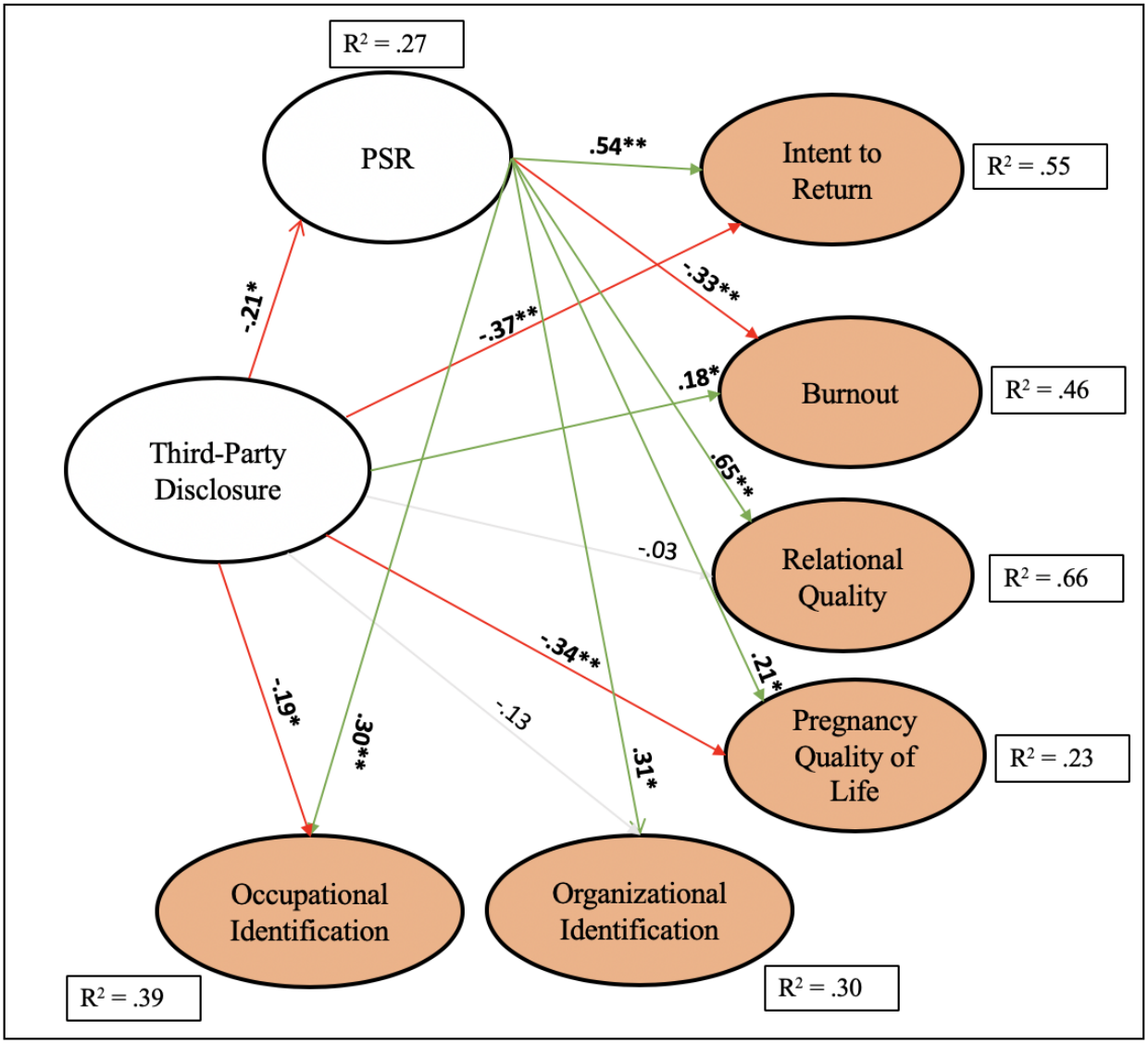


Figure 17: Outcome Pregnancy Disclosure Model (Third-Party Disclosure) Effects of Third-Party Disclosure on Perceived Supervisor Responsiveness and Outcomes. *Note*: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths; Green lines indicate significant positive paths; Standardized coefficients are reported; Relational Closeness, age, marital status, income, time since disclosure, and time until promotion review were included as covariates in the model. * $p < .05$, ** $p < .001$

Figure 18: PSR*Third Party Disclosure Moderation for Relational Quality

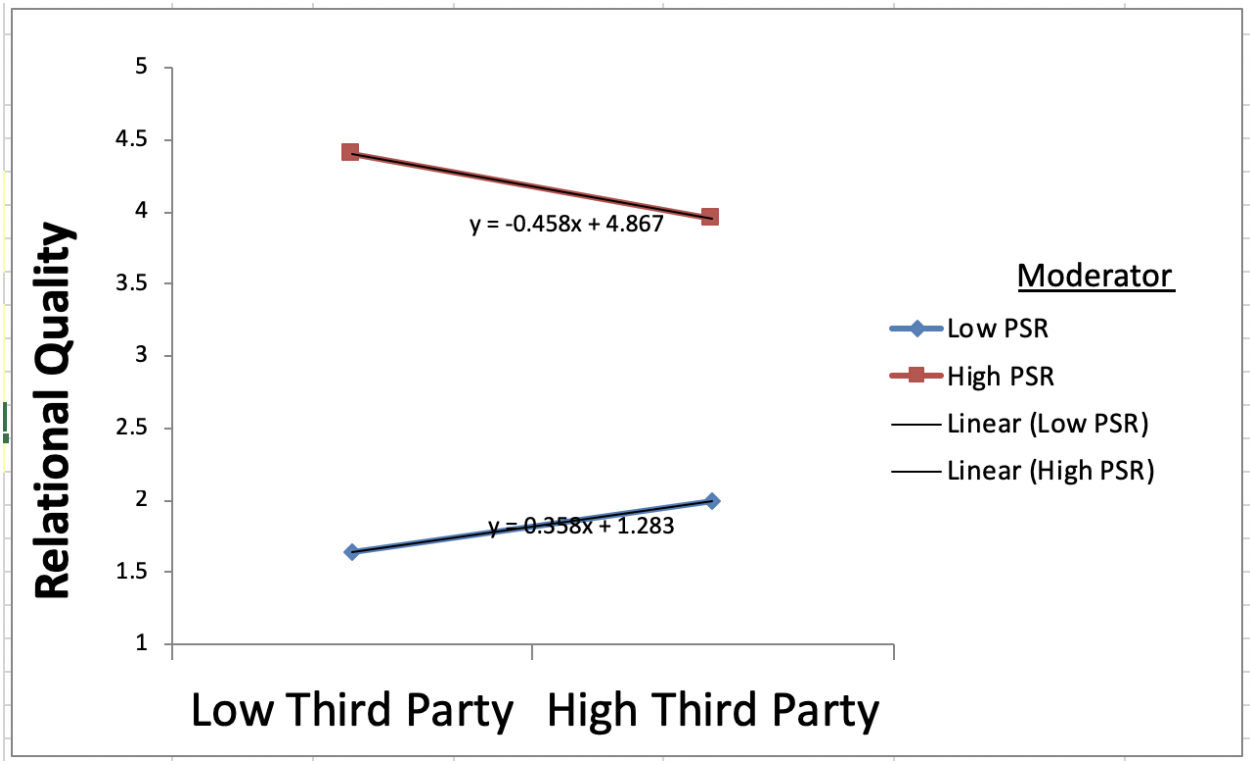


Figure 19: PSR*Third Party Disclosure Moderation for Pregnancy Quality of Life

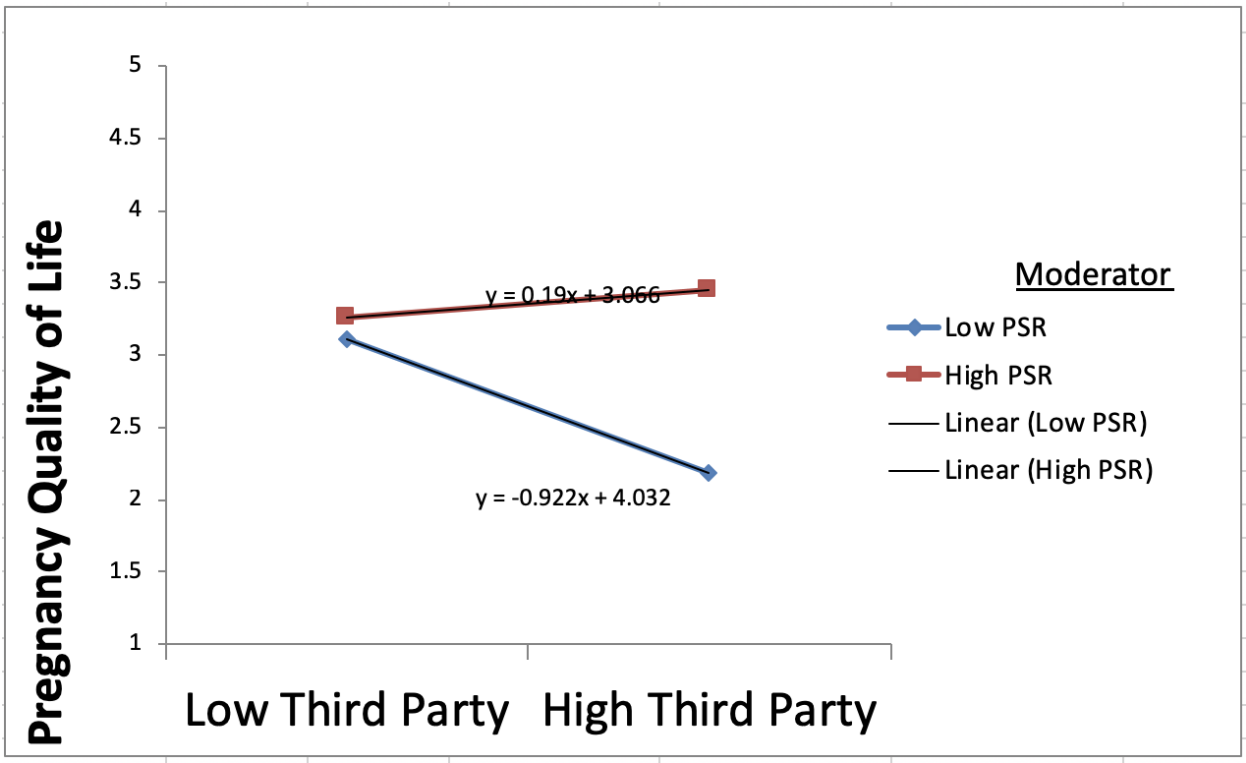
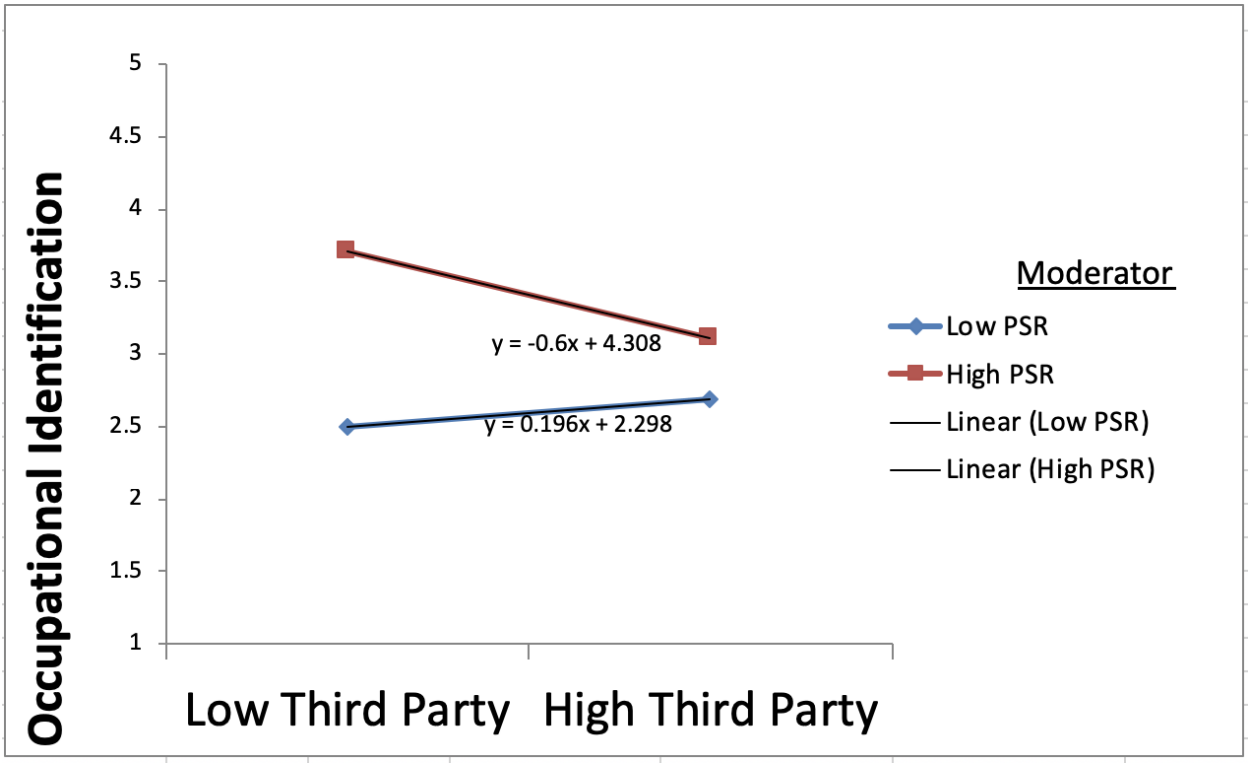


Figure 20: PSR*Third Party Disclosure Moderation for Occupational Identification



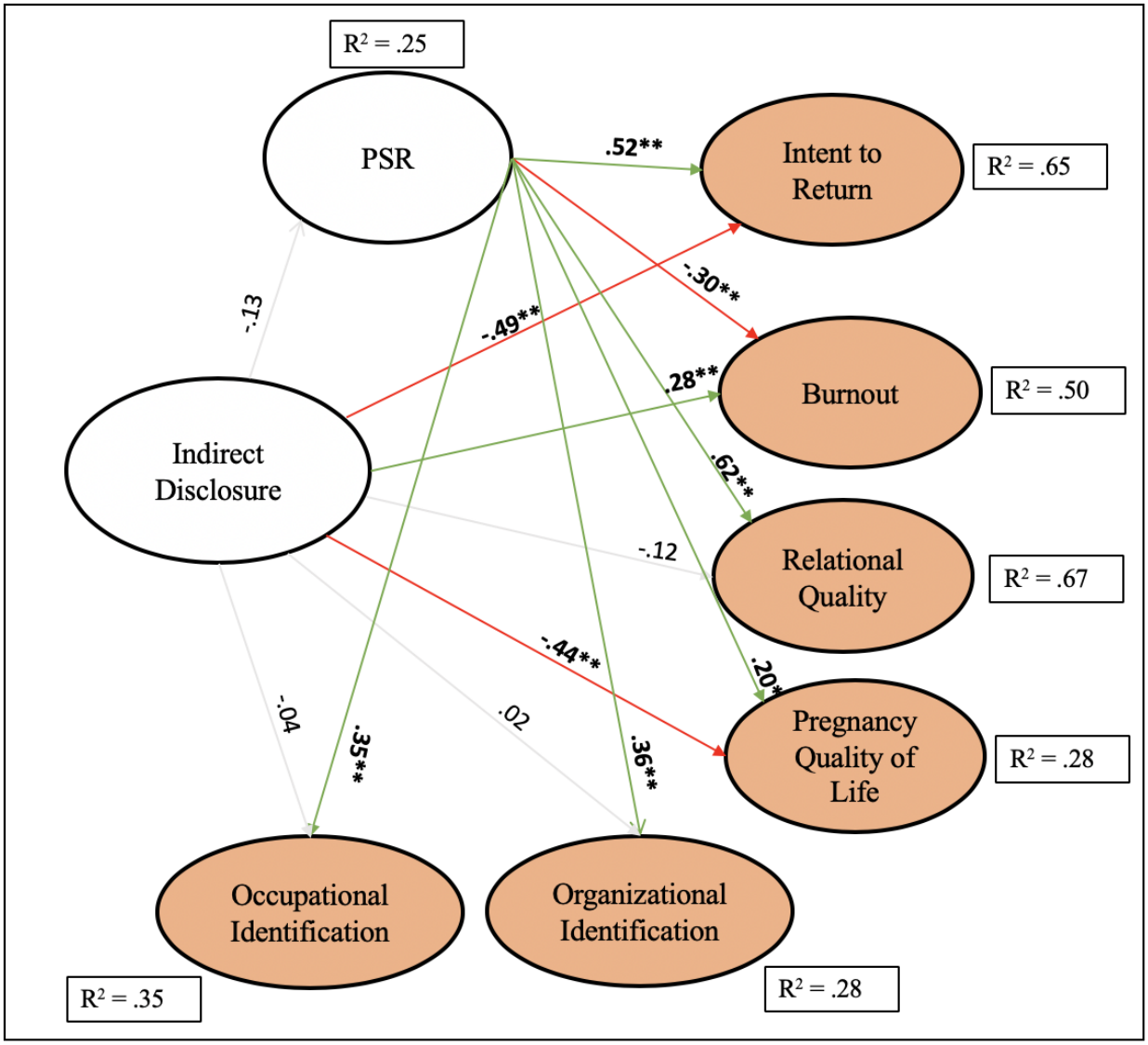
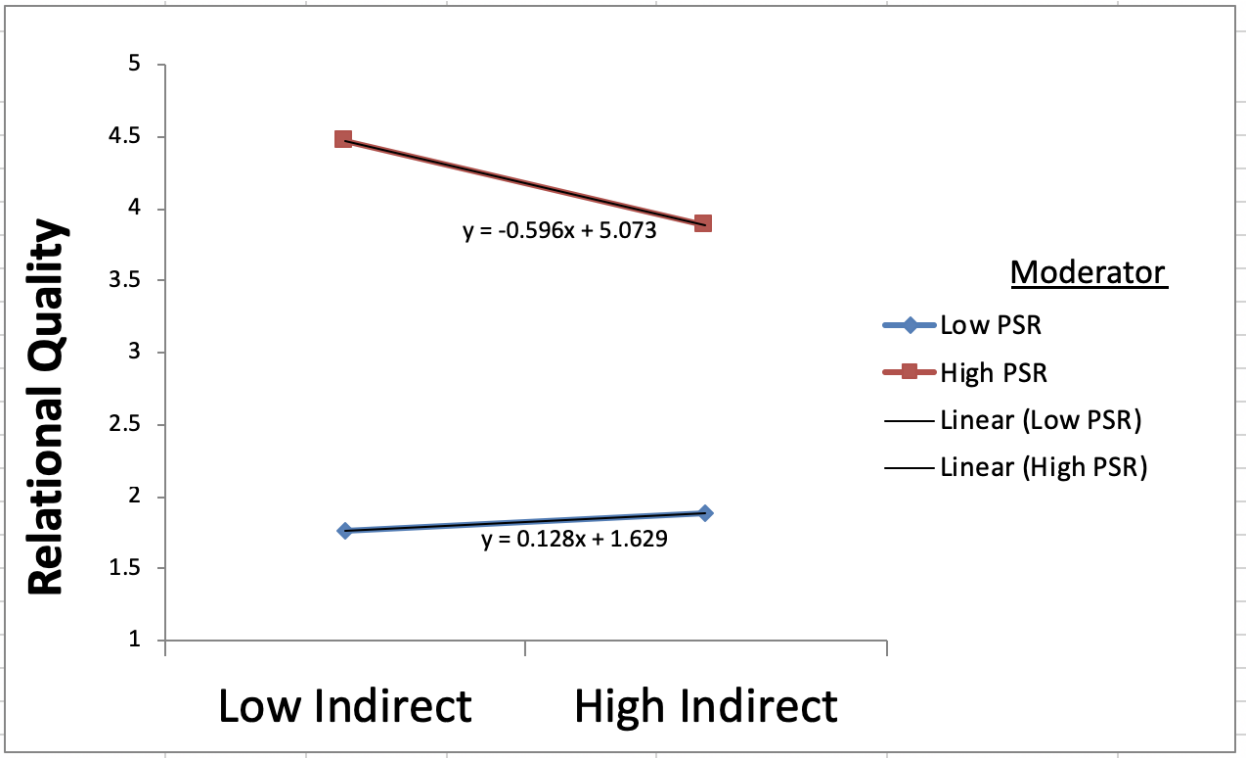


Figure 21: Outcome Pregnancy Disclosure Model (Indirect Disclosure) Effects of Indirect Disclosure on Perceived Supervisor Responsiveness and Outcomes. *Note*: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths; Green lines indicate significant positive paths; Standardized coefficients are reported; Relational Closeness, age, marital status, income, time since disclosure, and time until promotion review were included as covariates in the model. * $p < .05$, **$p < .001$

Figure 22: OPDM: PSR*Indirect Disclosure Moderation for Relational Quality



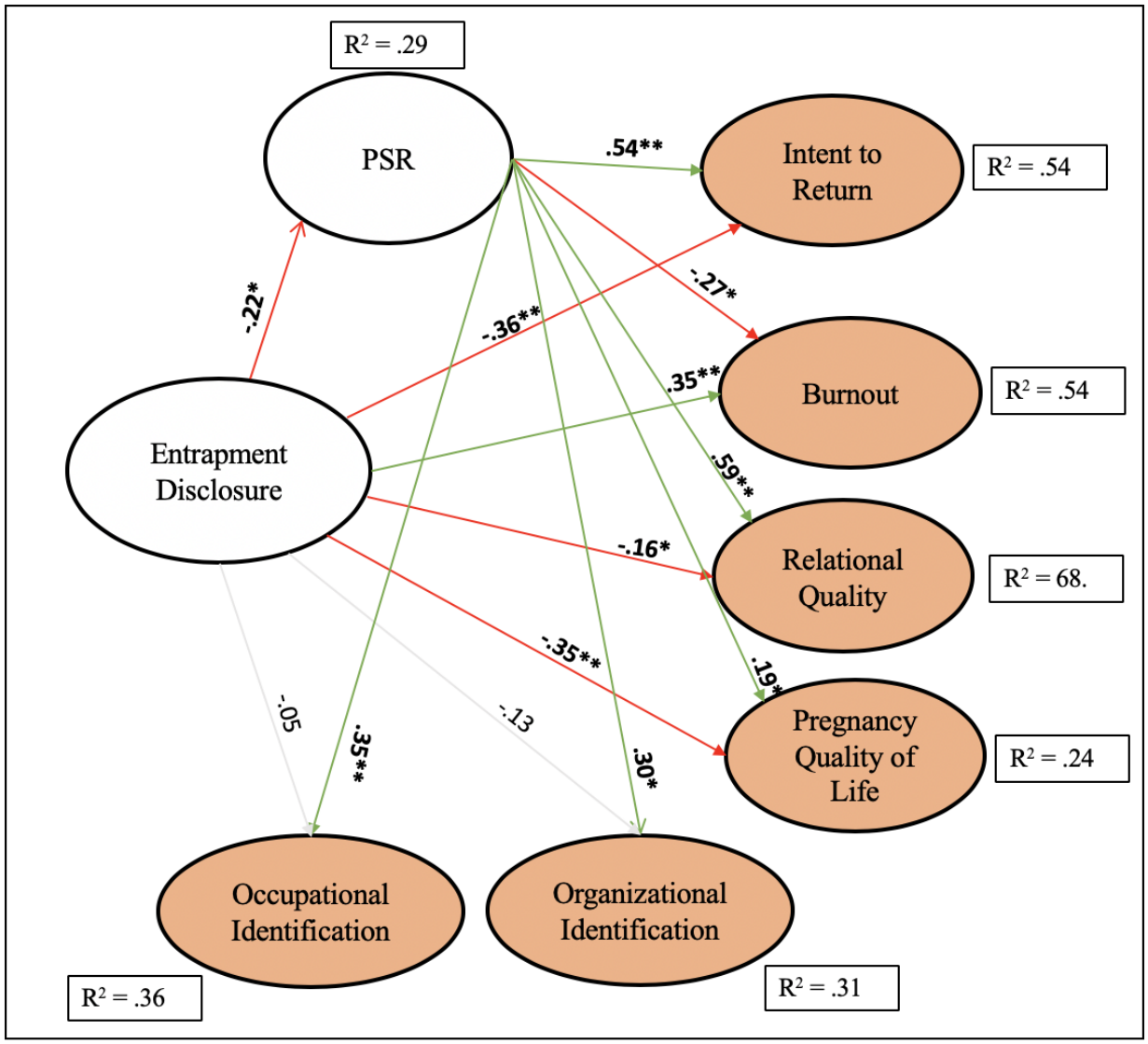
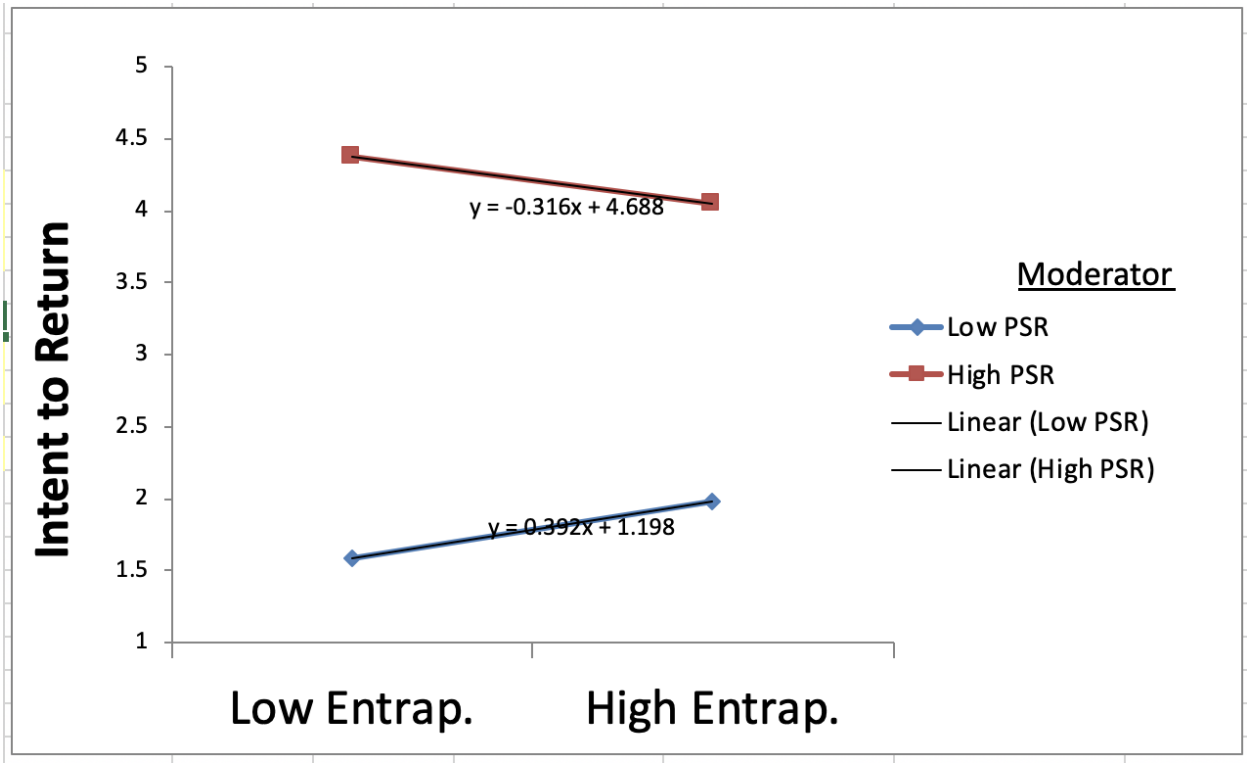


Figure 23: Outcome Pregnancy Disclosure Model (Entrapment Disclosure) Effects of Entrapment Disclosure on Perceived Supervisor Responsiveness and Outcomes. *Note*: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths; Green lines indicate significant positive paths; Standardized coefficients are reported; Relational Closeness, age, marital status, income, time since disclosure, and time until promotion review were included as covariates in the model. * $p < .05$, ** $p < .001$

Figure 24: OPDM: PSR*Entrapment Disclosure Moderation for Intent to Return



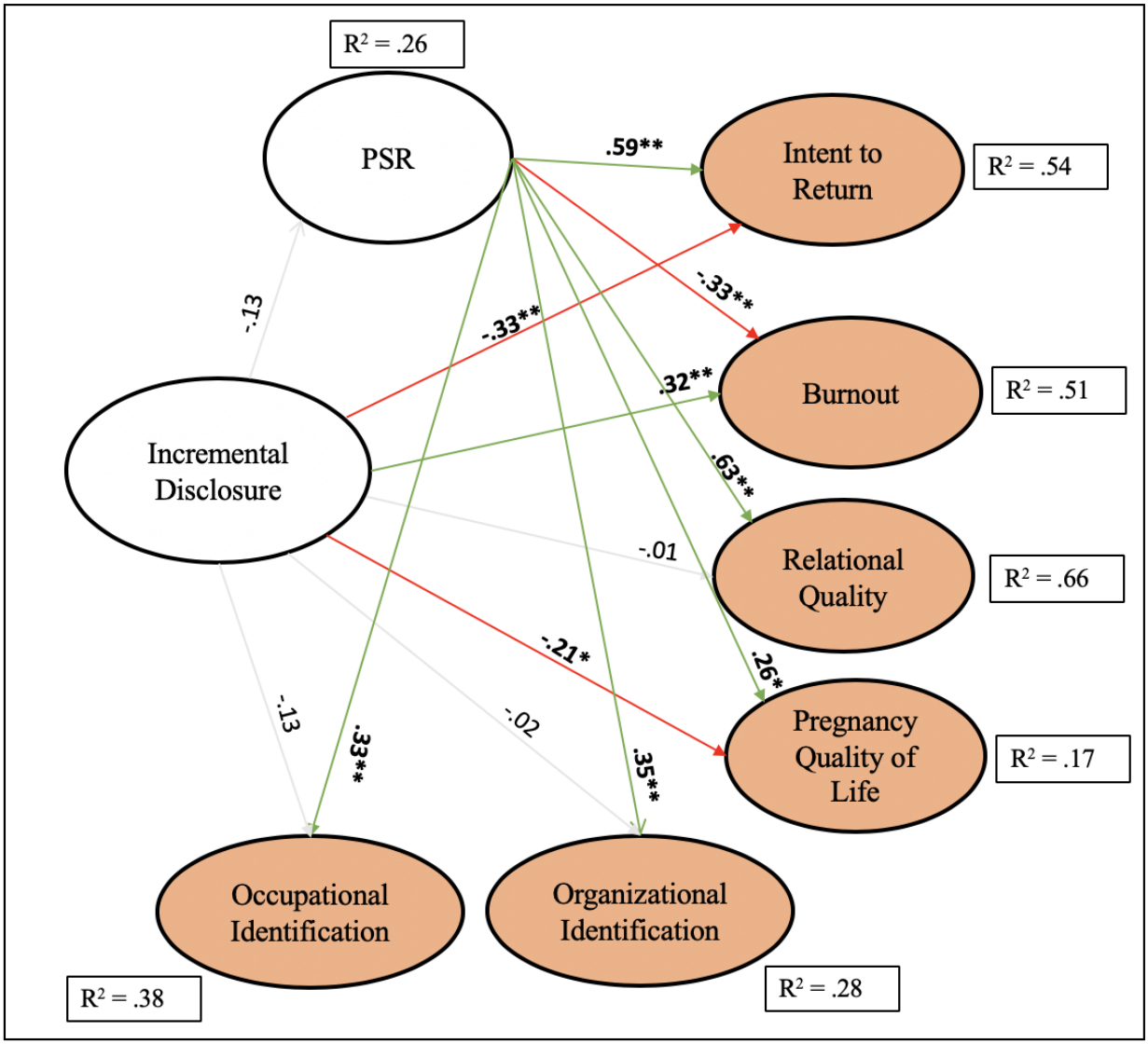
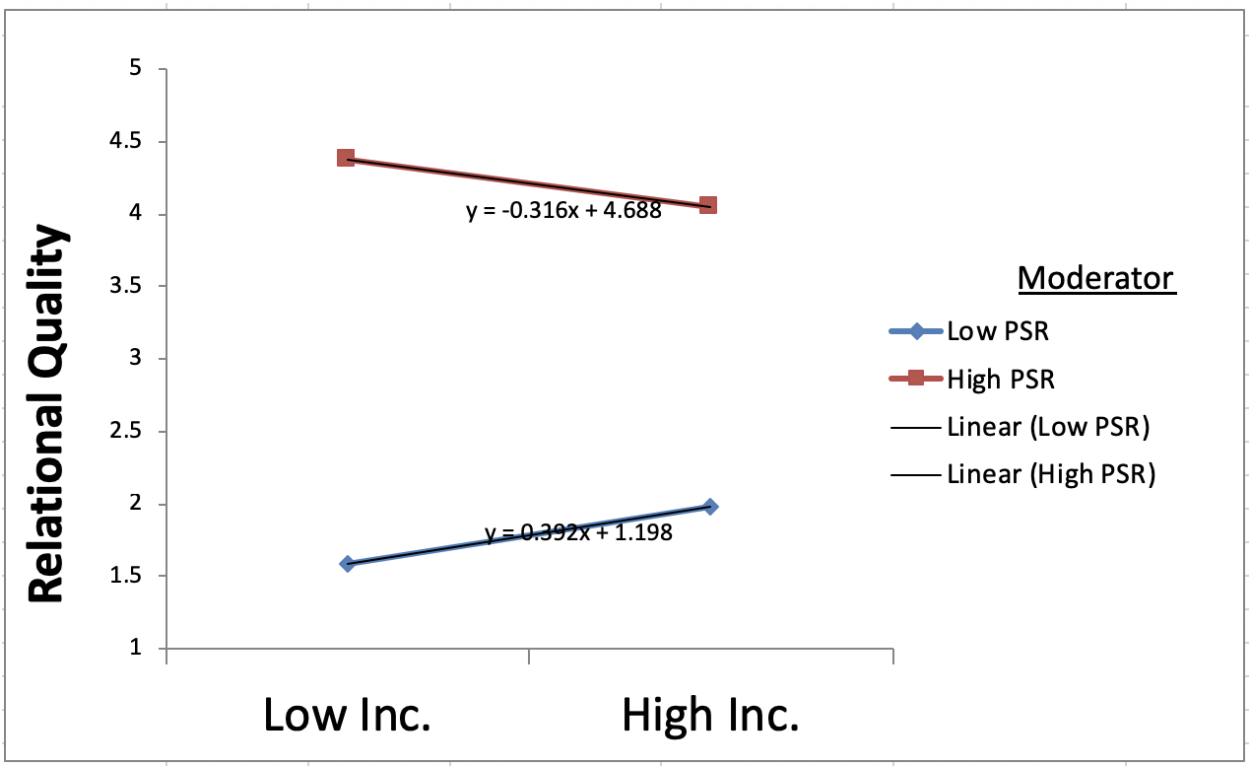


Figure 25: Outcome Pregnancy Disclosure Model (Incremental Disclosure) Effects of Incremental Disclosure on Perceived Supervisor Responsiveness and Outcomes. *Note*: Grey lines in the following models represent non-significant associations; Red lines indicate significant negative paths; Green lines indicate significant positive paths; Standardized coefficients are reported; Relational Closeness, age, marital status, time since disclosure, and time until promotion review were included as covariates in the model. * $p < .05$, ** $p < .001$

Figure 26: OPDM: PSR*Incremental Disclosure Moderation for Relational Quality



APPENDIX D. MEASURES INCLUDED AT T1

Demographic Measures

What is your biological sex?

1. Male (exited from survey)
2. Female
3. Prefer not to answer (exited from survey)

What is the highest degree or level of education you have completed? If currently enrolled, please list the highest degree received.

a. Less than high school
b. High school degree/GED
c. Some college, no degree
d. Trade/technical/vocational training
e. 2-year degree (Associate's)
f. 4-year degree (BA, BS)
g. Some postgraduate work
h. Master's
i. Doctorate
j. Professional Degree (MD, JD)

Have you ever been pregnant?

1. Yes
2. No (exited from survey)
3.

Are you currently pregnant?

1. Yes
2. No (exited from survey)
3.

How far along (in weeks) is your pregnancy? (Drop down)

How old (in years) are you? (Drop down)

Please select the racial/ethnic category you most closely identify with:

1. White, not of Hispanic origin
2. Hispanic
3. African American, not of Hispanic origin
4. Asian/Pacific Islander
5. American Indian or Alaskan Native
6. Not listed (please specify)
7. I choose not to disclose this information

Which of the following best describes your marital status?

a. Single
b. Cohabitating
c. Engaged
d. Married
e. Remarried
f. Divorced
g. Widowed

What is your current employment status?

1. Full-time (Over 36 hours per week)
2. Part-time (Less than 35 hours per week)
3. Other (Please describe)

How long in **months** have you worked under your current supervisor? (Drop down)

Have you told your current supervisor that you are pregnant?

1. Yes (exited from survey)
2. No

What is your current occupation? (Open ended)

How long in **months** have you been at your current **employer**? (Drop down)

How long in **months** have you been in your current **position**? (Drop down)

How soon do you think you will be considered for promotion? (Drop down)

1. 1 = within the month
2. 2 = in 1 to 3 months
3. 3 = in 3 to 6 months
4. 4 = in 6 to 12 months
5. 5 = in 1 to 2 years
6. I am uncertain when I might be promoted

How soon do you expect to undergo a job review or evaluation?

1. 1 = within the month
2. 2 = in 1 to 3 months
3. 3 = in 3 to 6 months
4. 4 = in 6 to 12 months
5. 5 = in 1 to 2 years
6. I am uncertain when I might be evaluated

Have you considered leaving your current employer?

Yes

In a few sentences please explain why you have considered leaving. (Open ended)

No

In a few sentences please explain why you have not considered leaving. (Open ended)

To the best of your knowledge, in which of these groups did your total family income, from all sources, fall last year.

1. under $9,999
2. $10,000- $29,999
3. $30,000- $49,999
4. $50,000- $69,999
5. $70,000- $89,999
6. $90,000- $109,999
7. $110,000- $129,999
8. $130,000- $149,999

9. $150,000 or over
10. Do not want to answer
11. Do not know

Do you have more than one immediate supervisor?

Yes

In a few sentences please describe how you decided which supervisor you would tell first.

Note to participant: For this survey, please respond to the questions about your supervisor by focusing on the supervisor you work with most closely, or who has the biggest impact on your job evaluation and career.

No

Structural Support (Developed for this study)

Measured on a 1 (*Strongly Disagree*) to 7 (*Strongly Agree*) Likert-type scale.

Participant Instructions: Thinking about your current place of work, please indicate the degree to which you agree with the following statements on a 1 (*Strongly Disagree)* to 7 (*Strongly Agree*) scale:

1. The policies at my workplace prevent pregnancy-based discrimination.
2. The policies at my workplace do not make it safe for expecting employees. (reverse coded)
3. People who are expecting a child are protected by policies at my workplace.
4. The policies at my workplace make it a better place for expecting parents.
5. My workplace's policies do not protect expecting parents from discrimination. (reverse coded)
6. The policies at my workplace ensure that expecting parents are treated fairly.

Symbolic Support (Developed for this study)

Measured on a 1 (*Strongly Disagree*) to 7 (*Strongly Agree*) Likert-type scale using four items created for the present study.

1. My organization hosts child-friendly events for employees with families.

2. My organization publicly congratulates employees on the birth of new children or grandchildren.
3. It is welcomed at my organization when employees to talk about their families.
4. It is discouraged at my workplace to have family photos displayed. (reverse coded)
5. Events in my workplace make it clear that pregnant employees are not valued here. (reverse coded)
6. My organization makes clear efforts to be supportive of parents.

Relational Support

Ruiller and Van Der Heijden's (2008) Workplace Social Support Scale

Scores range from 1 (*Strongly Disagree*) to 7 (*Strongly Agree*).

1. Supervisor Professional Support
    a. My supervisor shows me esteem.
    b. I feel personally and professionally recognized by my supervisor.
    c. My supervisor and I have a relationship of mutual respect.
    d. My supervisor and I have a relationship of mutual trust.
    e. My supervisor reassures me about my professional skills.
    f. My supervisor helps me to arrange my schedule in case of trouble.
2. Supervisor Personal Support
    a. My supervisor listens to my personal problems.
    b. My supervisor and I communicate easily about my personal problems.
    c. My supervisor is empathetic towards me.
3. Collegial Support
    a. The people I work with encourage me in difficult times.
    b. The people I work with help me put things into perspective when things don't go well.
    c. The people I work with and I communicate easily about my personal problems.
    d. The people I work with protect me from "hard knocks" at work.
    e. The people I work with show me esteem.
    f. The people I work with reassure me about my professional skills.
    g. I feel personally and professionally recognized by the people I work with.

h. The people I work with help me to arrange my schedule in case of trouble.

Self-Risk

Vangelisti and Caughlin 1994;1997

Seven-point Likert-type scale that ranges from 1 (*Very unlikely*) to 7 (*Very Likely*).

Evaluation (the extent to which participants fear they will be judged, ridiculed, disliked after disclosure.

Participant Instructions: Given your current experiences with your supervisor and workplace please indicate how likely you feel the following will be for you on a 1 (*Very unlikely*) to 7 (*Very Likely*) scale.

1. My supervisor would disapprove if they knew about my pregnancy
2. My supervisor would no longer like me if they knew about my pregnancy.
3. If my supervisor found out about my pregnancy they would be disappointed in me.
4. If I told my supervisor I was pregnant it would shatter their beliefs in me.

Defense (degree to which they felt revealing the pregnancy could be used against them personally)

1. My supervisor would use my pregnancy against me if they knew.
2. If I told my supervisor about my pregnancy, they would tell other people about it.
3. I couldn't trust my supervisor not to gossip about my pregnancy.
4. I'm not sure what my supervisor would say about my pregnancy

Relationship Risk

Vangelisti & Caughlin 1997

1 (*Very Unlikely*) to 7 (*Very Likely*) scale

1. If I revealed my pregnancy, my relationship with my supervisor would never be as good as it is now.
2. Disclosing my pregnancy would do nothing but harm the relationship I have with my supervisor now.
3. Not telling my supervisor about my pregnancy would prevent problems in our relationship.
4. Disclosing my pregnancy to my supervisor would improve my relationship with them. (Reverse coded)

5. Disclosing my pregnancy would create big problems with my supervisor.

6. For the following question please select "3" as your response to indicate that you are paying attention. (Drop down)

Career Risk

Berman & West, 1999

1 (*Strongly Disagree*) to 7 (*Strongly Agree*)

Participant Instructions: Given your current experiences with your supervisor and workplace please indicate how the degree to which you agree with the following statements on a 1 (*Strongly Disagree*) to 7 (*Strongly Agree*) scale.

1. Disclosing my pregnancy may hurt my career.
2. Disclosing my pregnancy will create resistance that will hurt my current position at work.
3. Disclosing my pregnancy will make me more attractive to my current employer (reverse coded).
4. Disclosing my pregnancy will make me less attractive to my current employer.
5. Disclosing my pregnancy is a risk to my career advancement
6. My pregnancy will make me less attractive to other employers.
7. Disclosing my pregnancy will help my career. (reverse coded)
8. My pregnancy will make it more difficult for me to get jobs I want in the future.

Disclosure Efficacy adapted from Afifi & Steuber (2009)

1. I wouldn't know what to say when I try to tell my supervisor about the pregnancy. (reverse coded)
2. I know how to approach sharing the pregnancy with my supervisor.
3. Telling my supervisor that I am pregnant is something I think I can do.
4. I don't even know how to begin telling my supervisor about the pregnancy. (reverse coded)
5. I can think of several ways to tell my supervisor about the pregnancy.

Disclosure Strategy Scale (Afifi & Steuber, 2009)

All scale items are measured on 7-points Likert type scale ranging from 1 (*Strongly Disagree*) to 7 (*Strongly Agree*), where higher values indicate greater strategy use.

Participant Instructions: Given that you haven't told your supervisor that you are pregnant yet, these questions ask about how you might go about letting your supervisor know in the future. Please read the following statements and indicate the degree to which you agree on a 1 (*Strongly Disagree)* to 7 (*Strongly Agree) scale.*

Preparation and rehearsal

1. I will test disclosing my pregnancy first with other people.
2. I will rehearse disclosing my pregnancy first with other people.
3. I will rehearse the way I will tell my supervisor about my pregnancy with other people first.
4. I will rehearse how I would disclose my pregnancy to my supervisor to myself first.
5. I will practice disclosing my pregnancy with other people first.
6. I will create a script for how I will reveal my pregnancy first and then tell my supervisor.
7. I will create a script with other people first for how I will disclose my pregnancy and then tell my supervisor.

Directness

1. I will tell my supervisor about my pregnancy in person, face-to-face.
2. I will tell my supervisor directly myself.
3. If my supervisor asks me if I am pregnant, I will admit it.
4. If the subject comes up, I will disclose my pregnancy to my supervisor.

Third party revelations

1. I will tell other people at work about the pregnancy first, who then can tell my supervisor about my pregnancy.
2. When I tell my supervisor, they will inform me that someone has already told them that I am pregnant.
3. I will let my supervisor find out that I am pregnant from other employees.
4. I will tell someone else who I will tell my supervisor about the pregnancy.
5. Other people will share news of my pregnancy with my supervisor before I do.

Incremental disclosures

1. I will test how my supervisor will respond to my pregnancy by hinting that I am thinking about starting a family first.
2. I will only reveal a little information to my supervisor first to see how they respond.
3. If my supervisor responds positively to similar information, I will reveal my pregnancy to them.
4. I will reveal bits and pieces of information first to see how my supervisor reacts.
5. I will reveal subtle hints about my pregnancy first to see how my supervisor will respond to it.

Entrapment

1. I will leave evidence or information about my pregnancy for my supervisor to discover.
2. Factors at work will force me to tell my supervisor about the pregnancy.
3. I will reveal it directly to my supervisor in the heat of an argument.
4. I will be backed into telling my supervisor about the pregnancy.
5. I will reveal it directly to my supervisor out of anger.
6. My supervisor will figure out I am pregnant because of things I cannot hide (e.g., baby bump, morning sickness).
7. I will reveal it to my supervisor because I am in a situation where I will be forced to.

Indirect mediums

1. I will reveal my pregnancy to my supervisor in a letter or handwritten note.
2. I will tell my supervisor about my pregnancy over the telephone.
3. I will email my supervisor to tell them about my pregnancy
4. I will text my supervisor and tell them about my pregnancy.
5. I will tell my supervisor about my pregnancy through a social networking site (e.g., Facebook, Instagram, Snapchat).

APPENDIX E. MEASURES INCLUDED AT T2

Demographics

Does the supervisor you work with most closely know that you are pregnant?

1. Yes
2. No (exited from survey)
3.

Do you have more than one immediate supervisor?

1. Yes
    a. In a few sentences please describe how you decided which supervisor you would tell first.
    b. Note to participant: For this survey, please respond to the questions about your supervisor by focusing on the supervisor to whom you disclosed your pregnancy. If you disclosed your pregnancy to multiple supervisors focus on the one you work with most closely, or who has the biggest impact on your job evaluation and career.
2. No

How far into your pregnancy (in weeks) were you when your supervisor learned that you were pregnant? (Drop down)

Do you currently intend to return to your current position at your workplace after you give birth to your child?

Yes

Why? (Short response)

No

Why? (Short response)

Do you intend to return to the workforce (i.e., some type of paid employment) after you give birth to your child?

Yes

Why? (Short response)

No

Why? (Short response)

This survey will take approximately 30 minutes to complete. If you find yourself in need of a break in the middle, please feel free to stop and come back to complete the survey. It is important that you are able to focus well on each of the items before you answer. If there is a specific question that makes you feel uncomfortable you are free to skip that question.

Disclosure Strategy Scale (Afifi & Steuber, 2009)
All scale items are measured on 7-points Likert type scale ranging from 1 (*Strongly Disagree*) to 7 (*Strongly Agree*), where higher values indicate greater strategy use.

Participant Instructions: Please think back to when your supervisor first learned that you were pregnant and indicate the degree to which you agree with the following statements on a 1 (*Strongly Disagree)* to 7 (*Strongly Agree) scale.*

Preparation and rehearsal

1. I tested disclosing my pregnancy first with other people.
2. I rehearsed disclosing my pregnancy first with other people.
3. I rehearsed the way I would tell my supervisor about my pregnancy with other people first.
4. I rehearsed how I would disclose my pregnancy to my supervisor to myself first.
5. I practiced disclosing my pregnancy with other people first.
6. I created a script for how I would reveal my pregnancy first and then told my supervisor.
7. I created a script with other people first for how I would disclose my pregnancy and then told my supervisor.

Directness

1. I told my supervisor about my pregnancy in person, face-to-face.
2. I told my supervisor directly myself.
3. If my supervisor asked me if I was pregnant, I admitted it.

4. When the subject came up, I disclosed my pregnancy to my supervisor.

Third party revelations

1. I told other people at work about the pregnancy first, who then told my supervisor about my pregnancy.
2. When I told my supervisor, they informed me that someone had already told them that I was pregnant.
3. I let my supervisor find out that I am pregnant from other employees.
4. I told someone else who I knew would tell my supervisor about the pregnancy.
5. Other people shared news of my pregnancy with my supervisor before I did.

Incremental disclosures

1. I tested how my supervisor would respond to my pregnancy by hinting that I was thinking about starting a family first.
2. I only revealed part a little information to my supervisor first to see how they responded.
3. Because my supervisor responded positively to similar information, I revealed my pregnancy to them.
4. I revealed bits and pieces of information first to see how my supervisor reacted.
5. I revealed subtle hints about my pregnancy first to see how my supervisor would respond to it.

Entrapment

1. I left evidence or information about my pregnancy for my supervisor to discover.
2. Factors at work forced me to tell my supervisor about the pregnancy.
3. I revealed it directly to my supervisor in the heat of an argument.
4. I was backed into telling my supervisor about the pregnancy.
5. I revealed it directly to my supervisor out of anger.
6. My supervisor figured out I was pregnant because of things I could not hide (e.g., baby bump, morning sickness).
7. I revealed it to my supervisor because I was in a situation where I was forced to.

Indirect mediums

1. I revealed my pregnancy to my supervisor in a letter or handwritten note.
2. I told my supervisor about my pregnancy over the telephone.
3. I emailed my supervisor to tell them about my pregnancy

4. I texted my supervisor and told them about my pregnancy.
5. I told my supervisor about my pregnancy through a social networking site (e.g., Facebook, Instagram, Snapchat).

Perceived Supervisor Responsiveness

Perceived Partner Responsiveness Scale (Schuster, Kessler, & Aseltine, 1990)

This scale is measured on a four-point Likert type scale from 1 (*Not at All*) to 4 (*A Lot*)

Participant Instructions: When your supervisor first learned that you were pregnant please indicate the degree to which you feel your supervisor did the following on a 1 (*Not at All)* to 4 *(A Lot)* scale:

a. How much did your supervisor really care about you?
b. How much did they understand you felt about things?
c. How much did your supervisor appreciate you?
d. Overall, how supportive do you feel that your supervisor was when you disclosed your pregnancy?
    a. In a few sentences please describe what about your conversation or interaction with your supervisor lead you to rate their supportiveness this way. (Short answer response)
    b. Do you feel that the responsiveness (i.e., understanding, caring, supportive) of your supervisor has changed over time since they found out that you were pregnant?
        a. Yes
            a. Please explain what about your conversations or interactions with your supervisor made you feel more or less supported over time. Feel free to use an example.
        b. No
            a. Please explain what about your conversations or interactions with your supervisor made you feel as if there has been not change. Feel free to use an example.

Short Answer Questions:

a. In what way (if any) has your relationships with your co-workers changed since they found out about your pregnancy?
b. (At the end of survey) As a part of this research project we are also interested in examining the policies that organizations have regarding parental support and maternity leaves. If you are comfortable, please enter the name of your organization below. This information will only be used to examine the kinds of publicly available information your company has regarding parental support and maternity leave policies. (Short response).

APPENDIX F. MEASURES INCLUDED AT T1 AND T2

Intent to Return (*Strongly Disagree*) to 7 (*Strongly Agree*) scale
O'Reilly, Chatman, & Caldwell (1991)

Participant Instructions: Please review the following statements and indicate the degree to which you agree on a 1 (*Strongly Disagree*) to 7 (*Strongly Agree*) scale:

a. I would prefer another more ideal job than the one I now work in.
b. I have though seriously about changing jobs since I began working here.
c. I hope to work for seriously for this organization until I retire (reverse coded)
d. I seriously intend to look for another job within the next year.

Organizational Identification (Kreiner & Ashforth, 2004)
All questions are measured on a 5-point Likert-type scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*), where higher values indicate higher levels of organizational identification.
Participant Instructions: When thinking about the organization for which you currently work, please indicate the degree to which you agree with the following statements on a 1 (*Strongly Disagree*) to 5 (*Strongly Agree*) scale.

Ambivalent identification

1. I have mixed feelings about my affiliation with this organization
2. I'm torn between loving and hating this organization
3. I feel conflicted about being part of this organization
4. I have contradictory feelings about this organization
5. I find myself being both proud and embarrassed to belong to this organization
6. I have felt both honor and disgrace by being a member of this organization

Neutral identification

1. It really doesn't matter to me what happens to this organization
2. I don't have many feelings about this organization at all
3. I give little thought to the concerns of this organization
4. I'm pretty neutral toward the success or failure of this organization

Disidentification

1. I am embarrassed to be part of this organization
2. This organization does shameful things
3. I have tried to keep the organization I work for a secret from people I meet
4. I find this organization to be disgraceful
5. I want people to know that I disagree with how this organization behaves
6. I have been ashamed of what goes on in this organization

Identification

1. When someone criticizes my organization, it feels like a personal insult
2. I am very interested in what others think about my organization
3. When I talk about this organization, I usually say 'we' rather than 'they'
4. This organization's successes are my successes
5. When someone praises this organization, it feels like a personal compliment
6. If a story in the media criticized this organization, I would feel embarrassed

7. In the space provided please write "I am paying attention" to continue with the survey. (Short response)

Occupational Identification (Ashforth et al., 2013)

All questions are measured on a 5-point Likert-type scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree), where higher values indicate higher levels of occupational (e.g., lawyer, salesperson, teacher, accountant) identification.

Participant Instructions: When thinking about your current occupation or field of work, please indicate the degree to which you agree with the following statements on a 1 (*Strongly Disagree*) to 5 (*Strongly Agree*) scale.

Ambivalent identification

1. I have mixed feelings about my affiliation with my occupation
2. I'm torn between loving and hating my occupation

3. I feel conflicted about being part of my occupation
4. I have contradictory feelings about my occupation
5. I find myself being both proud and embarrassed to belong to my occupation
6. I have felt both honor and disgrace by being a member of my occupation

Neutral identification

1. It really doesn't matter to me what happens to this occupation.
2. I don't have many feelings about this occupation at all
3. I give little thought to the concerns of this occupation
4. I'm pretty neutral toward the success or failure of this occupation

Disidentification

1. I am embarrassed to be part of my occupation
2. My occupation does shameful things
3. I have tried to keep the occupation I work in a secret from people I meet
4. I find my occupation to be disgraceful
5. I have been ashamed of what goes on in my occupation

Identification

1. When someone criticizes my occupation, it feels like a personal insult
2. I am very interested in what others think about my occupation
3. When I talk about my occupation, I usually say 'we' rather than 'they'
4. My occupation's successes are my successes
5. When someone praises my occupation, it feels like a personal compliment
6. If a story in the media criticized my occupation, I would feel embarrassed

Maslach's Burnout Inventory (MBI)

Maslach and Jackson (1984)

Participant Instructions: On a scale from 0 (*Never*) to 6 (*Every day)* please indicate the degree to which you experience the following:

Emotional Exhaustion: (9 items)

1. I feel emotionally drained from my work.

2. I feel frustrated by my work.
3. I feel used up at the end of the workday.
4. I feel tired when I get up in the morning and have to face another day on the job.
5. Working with people all day is really a strain for me.
6. I feel burned out from work.
7. I feel very energetic. (reverse coded)
8. Working with people directly puts too much stress on me.
9. I feel like I'm at the end of my rope.

Depersonalization: (5 items)

1. I worry that this job is hardening me emotionally.
2. I feel I treat some colleagues as if they were impersonal 'objects.'
3. I just want to do my job and not be bothered.
4. I can easily understand how my colleagues feel about things. (reverse coded)
5. I've become more callous toward people since I've worked at this job.

Personal Accomplishment: (8 items)

1. I have accomplished many worthwhile things in this job. (reverse coded)
2. I feel very energetic. (reverse coded)
3. I feel I'm positively influencing people's lives through my work. (reverse coded)
4. I can effectively solve the problems that arise in my work. (reverse coded)
5. I am making an effective contribution to what this organization does. (reverse coded)
6. At my work, I feel confident that I am getting things done. (reverse coded)
7. I doubt the significance of my work.
8. I have become more cynical about whether my work contributes anything

Leader-member exchange (Relational Quality)

Adapted from Liden & Maslyn (1988)

Participant Instructions: On a scale of 1 (*Strongly Disagree*) to 7 (*Strongly Agree*) please indicate the degree to which you agree with the following statements:

1. I like my supervisor very much as a person.

2. My supervisor is the kind of person one would like to have as a friend.
3. My supervisor is a lot of fun to work with.
4. My supervisor defends my work actions to a superior, even without complete knowledge of the issue in question.
5. My supervisor would come to my defense if I were "attacked" by others.
6. My supervisor would defend me to others in the organization if I made an honest mistake.
7. I do work for my supervisor that goes beyond what is specified in my job description.
8. I am willing to apply extra efforts, beyond those normally required, to further the interests of my work group.
9. I am impressed with my supervisor's knowledge of their job.
10. I respect my supervisor's knowledge of and competence on the job.
11. I admire my supervisor's professional skills.

Pregnancy Quality of Life

Adapted from: Boivin, Takefman, and Braverman's (2011) Fertility Quality of life questionnaire

Scale Sub-dimensions consist of the following items:

Emotional = 4R, 6, 7, 8, 13, 17

Mind-Body = 1, 2, 3, 10, 15, 18

Social = 5, 9, 11, 12R, 14, 16

Participant Instructions: For each question, check the response that is closest to your current thoughts and feelings:

Range**:** 0 = Completely, 1 = A Great Deal, 2 = Moderately, 3 = Not Much, 4 = Not At All

1. Are your attention and concentration impaired by thinking about your pregnancy? (Mind-body sub dimension)
2. Do you think you cannot move ahead with other life goals and plans because of your pregnancy? (Mind-body sub dimension)
3. Do you feel drained or worn out because of your pregnancy? (Mind-body sub dimension)

4. Do you feel able to cope with your pregnancy? (reverse coded; Emotional sub-dimension)
5.

Participant Instructions: For each question, check the response that is closest to your current thoughts and feelings:

Range: Range 0 = Very Dissatisfied, 1 = Dissatisfied, 2 = Neither Satisfied nor Dissatisfied, 3 = Satisfied, 4 = Very Satisfied

1. Are you satisfied with the support that you get at work regarding your pregnancy?

Participant Instructions: For each question, check the response that is closest to your current thoughts and feelings:

Range: 0 = Always, 1 = Very Often, 2 = Quite Often, 3 = Seldom, 4 = Never

2. Does your pregnancy cause feelings of jealousy and resentment toward people who are not expecting? (Emotional sub-dimension)
3. Do you experience high levels of stress at work because of your pregnancy?
4. At work, do you fluctuate between excitement and despair because of your pregnancy? (Emotional sub-dimension)
5. Are you socially isolated at work because of your pregnancy? (Social sub-dimension)
6. Does your pregnancy interfere with your day-to-day work or obligations? (Mind-body sub-scale).
7. Do you feel uncomfortable attending social work events like holidays or celebrations because of your pregnancy? (Social sub-scale).
8. Do you feel that your colleagues can understand what you are going through? (reverse coded; Social sub-scale)

Participant Instructions: For each question, check the response that is closest to your current thoughts and feelings:

Range: 0 = An Extreme Amount, 1 = Very Much, 2 = A Moderate Amount, 3 = A Little, 4 = Not at All

1. Do you feel sad and depressed about your pregnancy because of work? (Emotional sub-scale)
2. At work, do you feel that your pregnancy makes you inferior to people who do not have children? (Social sub-scale).
3. Are you bothered by fatigue because of your pregnancy? (Mind-body subscale).
4. Do you feel pressure at work to avoid having children? (Social subscale)
5. Does dealing with your pregnancy at work make you angry? (Emotional sub-scale)
6. Do you feel pain and physical discomfort because of your pregnancy? (Mind-body subscale).