

**EXAMINING PREDICTORS AND OUTCOMES OF
U.S. QUALITY MATERNITY LEAVE**

by

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Dedicated to all of the students, clients, participants, professors, supervisors, colleagues, mentors, mentees, family members, and friends who have contributed to my growth as a researcher and a (soon-to-be) counseling psychologist. I cannot begin to conjure the words to express my gratitude for all of those who have contributed to my development and this process.

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May you be peaceful. May you be content. May you be safe. May you live with ease.

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CHAPTER 1: PREDICTORS AND OUTCOMES OF U.S. QUALITY MATERNITY LEAVE: A REVIEW AND CONCEPTUAL FRAMEWORK

This chapter has been submitted to Journal of Career Development for publication consideration as of January 2021 and was invited to be revised and resubmitted as of April 2021.

Abstract

Maternity leave includes the time that mothers take off from work to care for their baby and heal after childbirth. Despite the growth of mothers in the U.S. workforce, the U.S. lags behind other countries in offering paid maternity leave, resulting in poor quality leave for working mothers. Scholars have continually examined maternity leave as an objective construct and this method of measurement, while important, may be inadequate in capturing mothers' experiences. Quality maternity leave (QML) is a novel construct that captures mothers' subjective leave experiences and includes time off, benefits, coworker support, flexibility, and an absence of workplace discrimination and microaggressions. However, little is known regarding individual predictors and outcomes of QML. Therefore, I will discuss prevalent societal-level, work-level, and individual-level predictors of QML and well-being and work-related outcomes of QML. I will also integrate these into a conceptual framework that researchers can use understand what may affect and result from QML. This review has important practical implications for US policymakers and organizations regarding their support of mothers in society and the workplace. Future research should continue to build on this framework to ensure that mothers are provided the QML they need to thrive.

Keywords: mother, childbirth, job satisfaction, organizational commitment, turnover intentions, well-being

Introduction

Maternity leave is critical for mothers to heal from pregnancy and childbirth, bond with their newborn, and ensure the health and welfare of both themselves and their newborn (Gault et al., 2014). However, the United States of America (US) is one of two countries worldwide that does not provide federally guaranteed paid maternity leave benefits and is the only Organization for Economic Co-operation and Development (OECD) member without paid parental leave (Addati et al., 2014; Donovan, 2019). This lack of paid maternity leave in the US contributes to the wage gap and glass ceiling that women experience in the workforce as well as various negative maternal mental health outcomes (e.g., depression, anxiety, stress; Cabeza et al., 2011; Gault et al., 2014). Despite limited provisions for job protections at a federal level through the Family and Medical Leave Act of 1993 (FMLA; US Department of Health & Human Services, 2011), maternity leave policies in the US remain inadequate and result in mothers taking no time off at all or combining various benefits (e.g., vacation leave, disability insurance) to earn an income during FMLA leave (Gault et al., 2014). Additionally, where leave provisions do exist at a state level, these leave provisions may be inadequate, and little research exists on what predicts mothers' subjective, gendered experiences of QML (Addati et al., 2014).

Maternity leave in the US is important to examine as a gendered construct due to women having a disproportionate share of unpaid care work (National Alliance for Caregiving & AARP, 2015). Moreover, maternity leave as a gendered construct is especially relevant to examine given that women of color¹ report caregiving at a higher rate than white women (National Alliance for Caregiving & AARP, 2015). Women of color already earn less than white women, and this

¹ Most of the research regarding the maternity leave experiences of women of color focus on Black and Hispanic mothers although there are many other race and ethnicities that may be included in the terms mothers/women of color (e.g., Indigenous women, Asian women, South Asian Indian women, etc.).

disadvantage may be reinforced by exclusive maternity leave policies and workplace discrimination that affect promotional opportunities (Alon & Haberfield, 2007; Ortiz & Roscigno, 2009). Additionally, societal expectations regarding women's caregiving duties in comparison to men remain disproportional (Peterson et al., 1999; Shuffelton, 2013). In short, it is crucial for scholars and policymakers alike to understand how mothers' unique, gendered experiences of maternity leave are affected by individual-, work-, and societal-level variables as well as how their experiences of maternity leave affect their well-being as well as career-related outcomes. Despite this, little is known about mothers' subjective experiences of maternity leave.

Quality Maternity Leave (QML) and Related Constructs

Maternity leave is defined as the time that mothers take off pre- and postnatally to heal from childbirth and care for their newborn. Most scholars studying maternity leave have examined objective indicators of maternity leave rather than mothers' subjective experiences of their maternity leave. Despite the importance of the former, maternity leave is more than just the amount of time off mothers receive from paid work; it also includes mothers' subjective workplace experiences both pre- and postnatally, and these experiences likely differ for mothers based on various factors (e.g., pregnancy course, ability status, etc.; Buzzanell, 2003; Gault et al., 2014).

Quality maternity leave (QML) is a new construct created that captures mothers' subjective experiences about the quality of their maternity leave (Sterling & Allan, 2020). QML consists of six dimensions including (a) time off from work to care for a newborn or recover; (b) benefits or nonwage compensation; (c) workplace flexibility in providing accommodations for work duties or scheduling; (d) support that mothers get from people at work; and (e) absence of workplace discrimination and microaggressions (Sterling & Allan, 2020). In their seminal paper regarding QML, Sterling and Allan (2019) situated QML as a part of decent work, which Duffy and

colleagues (2016) describe as employment that allows for work-life balance, is abuse-free, has values consistent with the employees', and provides adequate pay and benefits. Sterling and Allan (2019) argued that examining QML is important so that researchers may create a more inclusive vocational psychology that attends to mothers' workplace experiences as well as their shouldering of much of society's personal care work.

Theoretical Models of Maternity Leave

Several scholars have proposed models of maternity leave access and utilization that are primarily based on objective measures of maternity leave (e.g., time off in days, amount or rate of payment during leave). Klerman and Leibowitz's (1997, 1998) model of mothers' leave utilization and return to work is a popular model of maternity leave that describes how leave policies might affect women's decisions of returning to work. The authors proposed that providing leave will result in women taking more leave and returning to work rather than choosing to stay at home postnatally. Additionally, the authors noted that women with higher financial need, job wages, and labor force attachment are more likely to take leave rather than quit. Importantly, the authors discussed that the adequacy of leave policies depend upon women's preferences and noted that while some mothers may find the time allotted for leave adequate, others may not (Klerman & Leibowitz, 1997, 1998). Despite the importance of this model in explaining what affects women's decisions to take leave, the authors left out many predictors that affect leave accessibility and subsequent related outcomes of taking leave.

Andres (2015) partially filled this gap by proposing a model for access and utilization of maternity leave and related health outcomes for mothers based on a healthcare access framework. Andres noted that there are three indicators of access to maternity leave, which include (a) access based on resources that are available; (b) the likelihood of mothers taking leave; and (c) actual

access based on whether mothers take leave, which all in turn predict health outcomes. They positioned personal and employment characteristics like the availability of paid maternity leave legislation (i.e., state and federal), job flexibility, race/ethnicity, marital status, and education level as predictors of maternity leave access and utilization. Andres then positioned breastfeeding, child health (e.g., infant mortality), and maternal health (e.g., energy/vitality, anxiety, depression or depressive symptoms) as health outcomes to accessing and utilizing maternity leave. As Andres noted, the focus was on mothers' ability to access and utilize maternity leave, rather than mothers' subjective experiences of their leave.

Furthermore, although scholars have identified predictors (e.g., race, education level; Boushey, 2008) and outcomes (e.g., breastfeeding intentions, maternal physical health; Andres et al., 2016) of maternity leave, many potential outcomes remain inadequately examined (e.g., turnover intentions, organizational commitment). Researchers have largely examined economic and physical health outcomes, rather than focusing on mothers' subjective general and work well-being. These latter variables are of crucial importance and may have downstream benefits for organizations, such as mothers' increased effort at work post-leave (Baum & Ruhm, 2016). This dearth of research may be due to a lack of an integrated framework to organize research. Understanding mothers' experiences regarding the quality of their maternity leave is crucial to inform policies and societal expectations about maternity leave (Sterling & Allan, 2020). Therefore, there is a critical need to identify predictors that may influence mothers' subjective perceptions of maternity leave, investigate how these experiences may affect various outcomes, and integrate these predictors and outcomes into an empirically testable conceptual framework. Consequently, the primary purpose of this article was to review the literature to identify and

position the most prevalent predictors and outcomes of maternity leave into an empirically testable framework.

Method

To begin identifying relevant articles for review, I met with two librarians who had expertise in psychological literature and literature reviews. Based on these meetings and my own knowledge of the literature, I conducted a broad literature search across numerous databases (i.e., Business Source Complete, Family & Social Studies Worldwide, Women's Studies International, Social Sciences Full Text, and PsycINFO). I included a variety of search terms (e.g., “maternity leave”, “maternity benefits”, “employee leave benefits”, “working women”) as well as empirical and conceptual publications. Additionally, I limited the search to 1993 to present to exclude publications that occurred prior to the FMLA due to the considerable shift of leave policy after this legislation (Gault et al., 2014). All of the studies that measured maternity leave examined it based on objective indicators (e.g., days, weeks, or months taken off from work; dichotomous variables indicating paid or unpaid time off).

I then systematically sorted through articles and excluded articles that did not include potential predictors and outcomes of QML, were not initially screened out based on their publication year, and that examined broad economic (e.g., labor market participation rates) or organizational (e.g., organizational productivity) outcomes. During this systematic process, I recorded the year the article was published, the type of publication (e.g., quantitative, qualitative, review, etc.), the method of measuring maternity leave, and predictors and outcomes of QML. I focused on identifying the most prevalent predictors and outcomes of QML and centered mothers' experiences with QML. This approach makes this review distinct from other reviews of maternity leave literature, which focused on objective indicators of maternity leave and outcomes (e.g.,

Aitken et al., 2015; Andres et al., 2016; Staehelin et al., 2007). Thus, in the following sections, I will review factors that I identified related to QML, and I will discuss an integrated model of predictors and outcomes of QML.

Literature Review Findings

Societal-Level Predictors

In the US, there are little family leave and equal employment policies that encourage women's workforce participation and provide support for caregiving work (Aisenbrey et al., 2009). This lack of support often results in mothers postnatally returning to work significantly earlier than other countries (Aisenbrey et al., 2009). Additionally, the dominant economic ideology in the US, neoliberalism, affects the availability of paid maternity leave.

Neoliberalism

Neoliberalism is an economic policy model that shifts economic control from the public sector to the private sector. This trend in the US has resulted in policies focusing on privatization, deregulation of corporations, increased labor market participation, decreased spending on social welfare, decreased taxation, and increased tax benefits for organizations and the wealthy (Smith, 2008). Neoliberal policies in the US are highly individualistic and rely upon the idea of a patriarchal household as the norm, backdropped against a societal goal of increasing corporations' ability to make profits (Smith, 2008). As such, neoliberal policies have shifted the responsibility of unpaid caregiving to the domestic sector, in which women are often expected to fulfill caregiving roles while simultaneously being pressured to participate in paid market work (Smith, 2008). This shift has resulted in a lack of social safety nets for mothers, especially for mothers with marginalized identities (e.g., low-income mothers, mothers of color; Calder, 2003; Smith,

2008). Additionally, the neoliberal, capitalistic society in the US informs how both employers and employees view maternity leave. Dominant narratives in the US position paid labor as more valuable and important than other kinds of labor, especially those that involve nonpaid caregiving work. The US and many US organizations do not provide opportunities for compensation in caregiving work, including maternity leave, which provides the metacommunication that caregiving work is incompatible with corporate employment and not valued in the US (Buzzanell et al., 2017).

Cultural Values Surrounding Caregiving

Shifting cultural values and norms surrounding caregiving, pregnancy, mothering, gender, and work affect maternity leave policies; decisions of how, when, and to what extent to take advantage of maternity leave and other family friendly policies; and employers' perceptions and treatment of mothers in the workplace (Budig et al., 2012). Cultural values and expectations also affect the division of labor in the household and mothers' participation and earnings in the workforce (Budig et al., 2012; Kremer, 2007). Embedded within these cultural values lies sexism towards women that predicts discriminatory behaviors, such as not hiring women who are pregnant for fear that they may become pregnant and need to take maternity leave, which leads to increased gender inequality (Aisenbrey et al., 2009; Budig & England, 2001). Therefore, it is important to examine cultural values and support that may influence maternity leave and various outcomes, including gender role attitudes and gender-related stigma (Budig & England, 2001). Few scholars have examined US cultural values surrounding caregiving and how they interact with mothers' maternity leave experiences. However, societies hold beliefs about what constitutes a good mother, which then affects leave policies (e.g., when cultures are supportive of employed women, childcare is more available; Budig et al., 2012).

Federal and State Maternity Leave Policies

Despite global trends towards longer paid maternity leave and higher instances and rates of wage replacement, the US has lagged behind other countries (Gault et al., 2014). In 1993, congress passed the FMLA (Klerman et al., 2012). The FMLA provides 12 weeks of unpaid, job-protected leave for workers' caregiving needs, including for newborn and newly adopted children, but few states or employers in the US have instituted paid parental leave provisions beyond this law (Guendelman et al., 2014). Additionally, the FMLA has limitations which include that workers must have worked at least 12 months and 1,250 hours in 12 months, and the leave does not cover the workers of companies with fewer than 50 workers (Klerman et al., 2012). This leaves nearly half of the employees in the US without access to family and medical leave, while almost half of the workers who are eligible are unable to take it due to lack of financial resources (Klerman et al., 2012). Thus, the current federal provision of maternity leave in the US is significantly inadequate for many workers.

To remedy this, some states in the US have enacted paid maternity leave policies (Guendelman et al., 2014). California is among several states in the US that have sought to provide paid maternity leave through temporary disability insurance (TDI), termed State Disability Insurance (SDI), wherein employees pay the state, and the state disburses the proposed allotments for leave (Gault et al., 2014). Scholars have examined the utilization of maternity leave in these states, specifically California, after they adopted maternity leave provisions, and discovered that the utilization of maternity leave more than doubled, especially among mothers of color, mothers who have less education, and unmarried mothers (Rossin-Slater et al., 2013). Additionally, this extension of leave empowers mothers to take antenatal maternity leave (Goodman, 2018). However, even this state-provided leave may not be adequate at six weeks of leave with 55% wage replacement in addition to FMLA as compared to the suggested 14 to 18 weeks of leave with 75%

wage replacement set forth by the ILO (Gault et al., 2014). Many mothers still experience symptoms of childbirth at 5 weeks postpartum, especially those who undergo a Caesarean section, so six weeks of leave is inadequate (McGovern et al., 2006).

Work-Level Predictors

Work-level predictors are employment and organizational factors that affect access to QML. Certain types of work, like unionized work, provide mothers with greater access to longer paid maternity leave policies and other benefits (e.g., flexible scheduling). Domains at the work level that affect mothers' attainment of QML may include (a) organizational policies; (b) workplace support and culture; and (c) mothers' work characteristics.

Organizational Policies

Organizational leave policies, often referred to as family-friendly policies, include the supplemental leave that organizations offer to their employees and may include flex-time, on-site childcare, and the use of paid time off to supplement leave income (Brown et al., 2002; Diamond et al., 2007). While many countries have these kinds of federal policies, the lack of such policies in the US places the responsibility of determining maternity leave policies on employers (Diamond et al., 2007). When mothers are more satisfied with organizational leave policies, they are more likely to be satisfied with their jobs (Brown et al., 2002).

Workplace Culture and Support

Workplace or organizational culture is defined as shared values, beliefs, and assumptions in a workplace (Lyness et al., 1999), which affects support to take maternity leave, workplace flexibility, and discriminatory experiences in the workplace. Workplace culture and support

surrounding parenthood and maternity leave may be critical contributing factors to mothers' QML, and they are positively related to mothers returning to work (Houston & Marks, 2003). Specifically, workplace support includes co-workers' attitudes about maternity leave and the instrumental and emotional workplace support that mothers receive before, during, and after their maternity leave. Workplace support may include supervisors informing mothers of organizational policies regarding leave, flexibility, and breastfeeding or expression and providing support to mothers in utilizing these policies (Atkinson, 2016; Goodman, 2018). Some mothers' workplaces may discourage employees from taking time off from work and perceive mothers negatively when they take maternity leave or do not return from leave quickly postnatally, which may lead mothers to not take the leave they need (Buzzanell & Liu, 2005; Houston & Marks, 2003). Experiences of stigma and discrimination in the workplace have resulted in mothers doing extra work, not asking for accommodations, or not disclosing their pregnancies (Major, 2004). Such discriminatory experiences predict mothers' postnatal turnover intentions, job satisfaction, and psychological distress (Fox & Quinn, 2015; Mäkelä, 2012; Major, 2004). However, when mothers perceive a more supportive work-family culture, they are more committed to the organization, have fewer intentions to leave the organization, are more likely to return to work sooner after childbirth, and are less likely to experience pregnancy-related stigma (Fox & Quinn, 2015; Lyness et al., 1999; Millward, 2006).

Workplace flexibility. Workplace flexibility refers to whether employees can alter their work schedule, working hours, or work location (e.g., completing job duties from home) based on their individual needs (Atkinson, 2016; Cabrera, 2009; Boushey, 2008). Employees in a flexible workplace can alter their start and end times for their workday, decide when they will take breaks, or choose to telecommute (Boushey, 2008). Flexible workplaces may also allow mothers to return

to work gradually, which may include working less per week than prior to maternity leave or sharing job duties with other employees (Cabrera, 2009). Regardless, mothers with flexible workplaces may struggle to access this flexibility if their supervisors are not supportive (Atkinson, 2016; Diamond et al., 2007). Despite positive outcomes related to workplace flexibility, such as decreased absenteeism and increased productivity, few mothers have access to flexible workplace policies, and this lack of flexibility may lead to increased turnover (Boushey, 2008; Buzzanell & Liu, 2007).

Work Characteristics

Work characteristics encompass the type and nature of mothers' employment. For example, mothers involved in low-wage employment, labor unions, and precarious work have differential access to and utilization of maternity leave.

Low-wage employment. Low-wage employment, or employment at the minimum wage or below the poverty line, leads to a host of inequities regarding mothers' access to and utilization of maternity leave, especially QML. Despite low-wage workers often having higher caregiving responsibilities than more affluent workers, only half of low-wage workers are covered by the FMLA and over three-quarters of lower-wage workers lack access to adequate paid time off (Bornstein, 2011; Donovan, 2019). Low-wage workers often work in jobs that are less flexible, have fewer family-supportive policies, and also have fewer benefits such as vacation and sick days (Bornstein, 2011). Additionally, lower-wage mothers may face more instances of workplace discrimination and harassment, especially if they are mothers of color, such as being fired after announcing a pregnancy, refused reasonable accommodations, prohibited from certain tasks despite their ability to perform the required duties, asked about their birth control usage, or encouraged to get an abortion (Bornstein, 2011).

Labor union membership. Labor unions in the US are organizations that represent workers in various industries and often advocate for employees' rights to adequate compensation, benefits, treatment, and working conditions. Being a member of a union is a significant predictor of workers taking leave from work, especially paid leave, and is related to less turnover for mothers after taking leave (Boushey et al., 2013; Park et al., 2019). In addition, due to unions' collective bargaining for better benefits, unionized workers receive more financial support, less costly healthcare coverage and premiums, and more savings for paid and unpaid leave (Park et al., 2019). Finally, unionized workers are more likely to be protected from discrimination (e.g., wage reduction after returning from leave) because unions have formal grievance and arbitration procedures along with more bargaining power in organizations (Park et al., 2019). In some cases, unionization may occur predominantly in the public working sector and may result in working mothers in private sectors not having access to adequate maternity leave, wages, and workplace support (Baird & Litwin, 2005; Duvivier & Narcy, 2015).

Precarious work. Women are disproportionately engaged in precarious employment—defined as work that lacks sufficient job security, benefits, hours, flexibility, safety, and wages—and are disproportionately represented in part-time and temporary employment positions (Cabrera, 2009; Calder, 2003; Young, 2010). Many companies offer benefits to employees who work full-time, placing women in precarious employment at a disadvantage for receiving benefits like paid leave, health insurance, and disability insurance (Calder, 2003). For example, Shepherd-Banigan and Bell (2014) found that mothers employed full-time received more time off and wage replacement for maternity leave than those employed part-time. Another kind of precarious work that mothers may be engaged in is self-employment, although not all self-employment is precarious (Bates, 2004). Self-employment often leads to lack of access to maternity leave

provisions and health insurance benefits, leading many self-employed mothers to not take maternity leave (Bates, 2004). This is particularly problematic for mothers who have low-income self-employment because they are unable to put money aside to save for their maternity leave and health benefits (Bates, 2004).

Individual-Level Predictors

Individual predictors of maternity leave include factors related to mothers' personal characteristics. Although mothers' attainment of QML is certainly affected by societal- and work-level factors, individual-level factors are amongst the most commonly explored by scholars regarding maternity leave and include characteristics such as race/ethnicity, income, and perceptions of leave. Regarding individual-level predictors, I will review two overarching domains of predictors that I discovered in the literature: 1) privilege and access to resources and power and 2) attitudes and perceptions of maternity leave.

Privilege and Access to Resources and Power

Privilege and access to resources and power refers to the identities and resources that mothers hold and have access to that affects their access to QML. Although mothers' identities intersect to form more complex experiences of privilege and power, or lack thereof, I will primarily discuss them individually as is done in the literature (Andres et al., 2016). Mothers' identities as women in a patriarchal society are inherently devalued and stigmatized, which then intersect with the various social status and power identity factors discussed here (Fox & Quinn, 2015). These identities are bound in inherently discriminatory and prejudiced systems which affect mothers' attainment of QML. For instance, women of color and women who have lower incomes are more likely to need paid maternity leave provisions but are the least likely to have access to these

provisions (Calder, 2003). Marital status, education, and family income also appear to be some of the strongest predictors of access to maternity leave (Andres et al., 2016). Factors regarding privilege and access to resources and power include race/ethnicity, level and education and skills, ability status and health, income, marital status, and social support.

Race/ethnicity. Although positioning race and ethnicity as a predictor of QML is inaccurate due to there being no agreed upon definition of race and ethnicity as a meaningful psychological construct, many scholars continue to use this variable in analyses instead of more meaningful constructs, such as ethnic identity, values, or experiences of discrimination (Helms et al., 2005). Despite this lack of clarity, I included this variable as a predictor due to the importance of examining the effects of structural racism, discriminatory experiences, and lack of racial/ethnic privilege in regard to maternity leave. Mothers of color are significantly less likely to have access to and take maternity leave. Black and Hispanic mothers, in comparison with White mothers, are significantly less likely to take leave despite indicating their need for leave, although there are conflicting findings that have found that Black women receive more time off on paid leave and higher rates of wage replacement, which may reflect their self-selection into jobs with better benefits or working conditions (Gault et al., 2014; Shepherd-Banigan & Bell, 2014). In contrast, when paid leave is provided (e.g., in California), Black and Hispanic mothers are most likely to benefit from these policies as evidenced by their increased leave-taking (Rossin-Slater et al., 2013). Most scholars that have examined race/ethnicity as a variable pertaining to access and utilization of maternity leave have not expanded upon the cause of these differences or what they may mean for mothers of color. Thus, race and ethnicity as a predictor of QML may be better explored with variables related to experiences of discrimination or other variables scholars may find relevant to mother of colors' racialized experiences of QML.

Level of education and skills. There is a complex relation between mothers' attainment of maternity leave and their privilege with respect to level of education or skills. Research has found that women who have a post-bachelor education are more than two times as likely than women with a high school education or less to receive paid maternity leave, and mothers with less education are more likely to turnover (Boushey, 2008; Shepherd-Banigan, & Bell, 2014). Additionally, mothers with more education or skills tend to have greater access to maternity leave, both paid and unpaid, as well as adequate benefits packages, and they may be more likely to take advantage of this access (Boushey, 2008; Evans, 2007). Relatedly, some researchers have found that women with higher levels of education are more likely to return to work after maternity leave, work later into their pregnancies, and return to work earlier than women with less education; however, there are mixed findings regarding these results, so further research would be useful in determining the relation among level of education and QML as well as what underlies this relation (Lyness et al., 1999; Cabeza et al., 2011).

Ability status and health. Another aspect of privilege and power that predicts QML is ability status, which includes existing health conditions. Mothers with differing ability statuses appear to have differing experiences in the workplace than their non-disabled counterparts (Buzzanell, 2003). Mothers with disabilities have indicated that prior to their pregnancy they felt like an outsider due to their lower social status, but during their pregnancy, they felt their coworkers viewed them as more "normal" (p. 59; Buzzanell, 2003). This may lead to mothers with disabilities feeling a stronger sense of coworker support, which likely leads to higher perceptions of QML. However, mothers with disabilities may also experience more microaggressions at work (e.g., being asked how they were able to get pregnant if they were in a wheelchair; Buzzanell, 2003), which may result in lower QML due to feeling othered and thus less supported in the

workplace. Additionally, women with disabilities are more likely to live below the poverty line, less likely to be married or have a college education, and report greater symptoms of depression and stress (Calder, 2003; Nosek & Hughes, 2003). Thus, even in countries like Canada where paid leave is offered, mothers with disabilities are less likely to be able to take leave due to income loss and their lack of qualification for federal paid maternity leave provisions (Calder, 2003). However, due to the significant lack of research regarding mothers' disability status, there is little information regarding these mothers' experiences of maternity leave.

Income. Income is a significant predictor of mothers' experiences of QML because of its relevance to accessing resources including childcare (Ulker & Guven, 2011). Low-income working mothers are often ineligible for FMLA and organizational maternity leave policies, especially paid leave (Buzzanell et al., 2017; Shepherd-Banigan & Bell, 2014). For low-income mothers, FMLA provisions are inadequate because there is no mandated wage replacement, which typically results in mothers not taking leave or cutting their leave short (Andres, 2015). Expectedly, women who have a greater household wealth appear to take longer leaves, potentially because they can afford to take unpaid maternity leave (Ulker & Guven, 2011). The lack of availability of resources offered to low-income mothers through paid benefits results in a significant gap between high-income and low-income mothers' access to QML (Ybarra, 2013). Thus, many low-income mothers—with a disproportionate representation of Black, single, and never married mothers—rely on welfare provisions during unpaid leave periods (Ybarra, 2013). Maternity leave advocates and scholars have cited this reliance on welfare provisions as a motivator to provide paid maternity leave in the US (Ybarra, 2013). This may increase mothers' return to work and income over time, although welfare provisions may provide other supports that paid family leave does not (e.g., vouchers for necessities and food; Ybarra, 2013).

Marital status. Married mothers or mothers with partners may be more likely to take maternity leave for a variety of reasons. These mothers may have the income support they need be able to take unpaid leave via their spouse or partner who is employed during their leave, while lower income, single mothers may not have the same supports for taking leave because they are the primary earners in their families (Andres et al., 2016). This is reflected in a lower utilization rate of FMLA provisions for unmarried mothers, likely due to mothers' inability to afford taking unpaid leave (Andres, 2015). In addition, researchers have discovered that partnered women are more likely to receive longer organizational paid maternity leave with higher wage replacements (Shepherd-Banigan & Bell, 2014). This may be due to women self-selecting into careers in which the organizational benefits are favorable and foregoing a higher wage due to their partner's earnings. However, scholars have also found that single mothers return to work later than partnered or married mothers, which may be due to single mothers accessing government assistance and not needing to return to work (Ulker & Guven, 2011).

Social support. Social support includes the people that mothers have in their life who will provide various forms of support (e.g., emotional and instrumental support) and resources (Bröckel, 2018). Having social support during leave is critical to mothers' ability to manage their dual roles as mothers and workers and may include emotional and physical support, support with household tasks, and assistance with providing childcare (Spiteri & Xuereb, 2012). Specifically, scholars have found that when partners offer more social support, mothers are more likely to reenter the workforce (Bröckel, 2018). This indicates that mothers who have social support may view shorter periods of leave as more adequate due to the levels of support to which they have access, or they may feel more satisfied with their maternity leave in general. However, due to the

scarcity of literature regarding social support and maternity leave, future research regarding the predictive nature of social support in regard to QML is warranted.

Attitudes Toward and Perceptions of Maternity Leave

Mothers make decisions regarding how long to take maternity leave based in part on their perceptions of and attitudes toward maternity leave. Attitudes toward and perceptions of maternity leave refer to the beliefs that women hold about motherhood and maternity leave as well as their perceived accessibility of maternity leave. For example, some groups or cultures may view taking leave from work as mandatory for a new mother, while other groups (e.g., professionals) may view maternity leave as optional and undesirable (Fox & Quinn, 2015; Lyness et al., 1999). Additionally, mothers may perceive maternity leave as detrimental to their professional skills or career advancement, and they may fear job loss upon taking leave (Bencsik & Juhasz, 2010). These concerns are likely valid because many scholars have found that when women become pregnant or take advantage of family-friendly policies, including maternity leave, they are viewed as less work-oriented and competent (Cuddy et al., 2004). Mothers may feel pressured to continue working late into their pregnancy or to continue to do the same job duties to maintain perceptions of competency, which may result in them not experiencing QML (Buzzanell et al., 2017). For example, scholars have found that women who had fewer traditional attitudes towards parenting and gender roles (e.g., believing that women should stay at home) planned to work later into their pregnancies and return to work sooner postnatally (Fox & Quinn, 2015; Lyness et al., 1999).

Perceptions toward maternity leave also include perceived access to maternity leave which is defined as employees' knowledge of family-friendly policies and their perception that these policies are there for them to use if needed (Budd & Mumford, 2006; Diamond et al., 2007). Although the US offers FMLA to a limited number of workers, this may be inadequate for those

who cannot access FMLA and may result in mothers not perceiving FMLA as an accessible way to take leave. Additionally, because maternity leave is not federally mandated to be paid in the US, mothers may struggle to (a) understand the ways in which they can receive wage replacement or organizationally provided leave; (b) have confidence in their negotiation skills; or (c) locate appropriate parties to get more information (Diamond et al., 2007). Therefore, the availability of maternity leave is not enough if mothers do not perceive leave as accessible, which is related to various work-level predictors including workplace culture and support (Budd & Mumford, 2006).

Well-Being Outcomes

The lack of maternity leave provided in the US at the state-, organizational-, and federal-levels likely leads to various outcomes related to mothers' general and work well-being. Not surprisingly, the birth of a child and the subsequent healing and role integration that occurs for mothers can lead to various maternal well-being outcomes, in part dependent on the quality of their leave. Several categories of outcomes may follow from securing QML: 1) general physical health and well-being; 2) mental health, including the depression, stress, and guilt mothers experience after childbirth as well as parenting and marital stress that follows childbirth and maternity leave; and 3) identity and role integration during which mothers integrate their identity and role as a mother with their existing roles and identities. In considering these factors, maternity leave has long been established as a significant predictor of maternal and infant health postnatally.

General Physical Health and Well-Being

After birthing a child, mothers need time for their bodies to heal, which is estimated to take approximately six weeks (McGovern et al., 2006). However, healing rates vary amongst mothers, especially those who have given birth via Caesarean section or have had an episiotomy, and this

time may include time to heal from infections postnatally (McGovern et al., 2006). Scholars have found that longer leave times, especially when paid, are negatively related to health symptoms and positively related to stress management and exercise (Jou et al., 2018). Additionally, longer paid maternity leave provisions result in mothers experiencing less stress overall upon their return to work (Albagli & Rau, 2019). Mothers' stress levels may also be related to their ability to access QML, including receiving the accommodations that they need to perform their duties at work during their pregnancies and having to silently negotiate between their roles as employees and mothers (Buzzanell & Liu, 2007). Moreover, mothers who take longer leaves, whether paid or unpaid, and return to work 6 months postnatally report less self-rated overall health and outpatient health visits in comparison with mothers who worked less hours (Chatterji & Markowitz, 2012; Chatterji et al., 2013). Thus, QML appears to lead to several beneficial health outcomes.

Mental Health

Mothers may face a host of mental health concerns both pre- and post-natally, and some mothers may find their leave to be inadequate to cope with the stress and integration of roles as mothers and employees (Dagher et al., 2014; Chatterji & Markowitz, 2012; Hyde et al., 1995). Mothers who are single, low-income, and have more than one child are at a particularly high risk to experience depressive symptoms postnatally, potentially due to the added stress of raising an infant with limited resources (Dagher et al., 2014). In general, mothers have shown poorer mental health outcomes when having short maternity leaves, and having longer leaves is related to reduced depressive symptoms and general psychological distress (Feldman et al., 2004; Whitehouse et al., 2013). Along with depression, mothers may also experience anxiety and guilt regarding their decisions to return to work after maternity leave due to role conflict and, in some cases, the ideal

of a good mother being one that stays at home to care for their children (Hyde et al., 1995; Millward, 2006).

Moreover, mothers' mental health and experience of QML may be influenced by stresses they experience as a parent and as a romantic partner. Mothers who were not able to take the maternity leave that they wanted reported decreased time spent with their partners and increased marital incompatibility, likely finding it difficult to spend time with their partners due to a lack of time off and new parenting responsibilities (Hyde et al., 2001; Spiteri & Xuereb, 2012). Additionally, mothers who were unable to take the length of leave that they wanted reported more dissatisfaction with the division of household labor and childcare responsibilities, which may affect their ability to integrate their new role as a mother with their existing identities (Hyde et al., 2001). Clearly, maternity leave has an important role to play in mothers' mental health outcomes, although there are no studies yet examining the relation among mothers' subjective experiences of their maternity leave and mental health outcomes.

Identity and Role Integration

Motherhood is likely to change a mother's sense of identity as well as their decision-making and values, which may shift over time and include decisions returning to work (Buzzanell et al., 2005; Hennekam et al., 2019; Millward, 2006). This identity shift is influenced by many factors, including social and cultural norms, family-friendly organizational policies, and workplace role models (Hennekam et al., 2019). Mothers are likely to engage in sensemaking of their motherhood and maternity leave experiences, including how people in the workplace react to their motherhood, and they integrate these experiences into their identity as a mother, employee, partner, and person (Buzzanell & Liu, 2005; Buzzanell et al., 2005; Millward, 2006). Motherhood identity centrality, or the personal importance of a woman's identity as a mother, appears to protect

mothers from the stress in their mothering role (Martire et al., 2000). However, mothers who have not been able to take the length of maternity leave they wanted to have reported that they experienced a sense of role overload and struggled to integrate these roles, and they also experienced a lower sense of self-esteem (Feldman et al., 2004; Spiteri & Xuereb, 2012). With the help of QML, women are better able to integrate and validate their complex constellation of identities (Buzzanell & Liu, 2005; Millward, 2006).

Work-Related Outcomes

Work-related outcomes of securing QML involve mothers' affective and economic experiences related to their employment. The most prevalent work-related outcomes in the literature include 1) organizational commitment, 2) turnover intentions, 3) job satisfaction, and 4) career advancement outcomes.

Organizational Commitment

Organizational commitment refers to the extent to which mothers identify as a member of an organization and the strength of their involvement in an organization (Bae & Yang, 2017). Scholars have found that the provision of maternity leave and other family-friendly policies (e.g., child care leave and subsidy, telecommuting) are positively related to mothers' organizational commitment via social exchange in which employees feel motivated to reciprocate to their organization due to the benefits that they receive (Bae & Yang, 2017). Although there is little research regarding mothers' organizational commitment following maternity leave, scholars have found that increased workplace support is positively related to women's organizational commitment, which may in turn be related to their intentions to return to work postnatally (Lyness et al., 1999).

Turnover Intentions and Return to Work

Turnover intentions indicate whether employees plan to stay employed at a given organization, can be costly for both employees and employers, and are significantly correlated with actual turnover (Vandenberg & Nelson, 1999). Replacing employees is costly, so it is likely beneficial for employers to retain mothers post-leave (Fox & Quinn, 2015). In the US, mothers return to work significantly more quickly than in other countries, and this is especially true when they are able to take advantage of leave coverage offered by employers (Berger & Waldfogel, 2004). Several scholars have noted that mothers who have access to both paid and unpaid maternity leave show higher job continuity, and mothers that return to work later postnatally exhibit less return-to-work regrets, which were in turn predictive of withdrawal intentions (Baker & Milligan, 2008; Wiese & Ritter, 2012). Additionally, mothers who lived in states that extended maternity leave had less turnover postnatally (Clark & Gallagher, 2017). Thus, QML is critical to decrease turnover intentions and increase return to work.

Job Satisfaction

Job satisfaction is the sense of enjoyment that people get from their jobs and is linked to important outcomes for mothers and organizations such as turnover intentions, withdrawal cognitions, organizational commitment, and life satisfaction (Bae & Yang, 2017; Griffeth et al., 2000; Judge & Watanabe, 1993). Additionally, people are more likely to be satisfied with their job if they perceive their organization, work environment, and supervisors as family-supportive (Allen, 2001; Bae & Yang, 2017; Brown et al., 2002). Interestingly, scholars have discovered that mothers indicated that their job satisfaction was significantly higher before their pregnancies than during or before their pregnancies and found that women's satisfaction with maternity leave policies after taking leave was significantly related to their satisfaction with their job (Brown,

Ferrara, & Schley, 2002). Thus, mothers' job satisfaction postnatally may in part depend on their attainment of QML.

Career Advancement Outcomes

Labor market participation, wage penalties, and lack of opportunities for advancement are several outcomes affecting mothers' career advancement that are linked to maternity leave and motherhood. When offered maternity leave, mothers are more likely to return to work postnatally, in part due to having the time they need to heal from childbirth and integrate their new role as a mother into their identity (Ulker & Guven, 2011; Ybarra, 2013). Women who may not otherwise return to work postnatally may be able to do so if offered adequate maternity leave (Goodman, 2018). Additionally, by taking maternity leave, mothers face a lack of wage increases postnatally that adds to the growing wage gap between women and men in the US. While the wage gap between childless women and men has been decreasing, mothers continue to be at a wage disadvantage (Budig, et al., 2012). For example, Budig and England (2001) found a 7% wage penalty for mothers in the US and demonstrated that reduced work experience contributes to this penalty. One contributor to the motherhood penalty may be the negative biases people hold about mothers (e.g., mothers being less competent than non-mothers). These may decrease interest in hiring, promoting, and training working mothers who have taken maternity leave, leading to mothers experiencing a lack of opportunities for advancement (Cuddy et al., 2004). Part of this lack of opportunity for advancement may be due to perceptions of working mothers as not being committed to their careers or not wanting advancement (Buzzanell & Liu, 2007, p. 484). Other gender stereotypes may accompany this lack of offering promotional opportunities to mothers including the perception that women, especially pregnant women, are too emotional and cannot be relied upon for leadership roles (Buzzanell & Liu, 2007).

Integrated Framework

My goal in the present study was to review and integrate scholarly findings regarding predictors and outcomes of QML into a multilevel conceptual framework. Whereas studies that have examined maternity leave have typically focused on either individual-level, organizational-level, or societal-level constructs, factors at different levels interact and intersect to determine QML attainment. Therefore, the model depicted in Figure 1 attempts to capture all construct levels in order to provide a coherent and inclusive framework regarding what fosters QML and what outcomes follow the attainment of QML.

Societal-level predictors, such as neoliberalism and caregiving cultural values, likely inform the type of support and policies that organizations and governments offer and the types of employment available (i.e., work-level predictors). These societal-level predictors likely also affect individual-level predictors such as who has privilege, power, and access to resources as well as the mothers' perceptions of and attitudes towards maternity leave. At an individual-level, mothers appear to be better able to secure QML if they have more privilege and access to resources and power, which likely interacts with their ability to obtain some of the work-level factors, such as being in an unionized workplace and have stable work that is paid above poverty-wage (i.e., work-level predictors). All of these predictor domains appear to interact to affect mothers' attainment of QML, which then results in well-being and work-related outcomes. Regarding outcomes, societal-level predictors, work-level predictors, and individual-level predictors inform well-being outcomes and work-related outcomes through QML but potentially in their own right as well. When mothers are able to take QML, they are generally more physically and mentally healthy, and they are able to integrate their shifting roles and identities. Mothers who take QML are also more likely to be committed to their organizations, satisfied with their jobs, less likely to turnover, more likely to participate in the labor market, less likely to experience a wage penalty,

and more likely to access advancement opportunities. However, these two domains of outcomes likely interact and inform one another such that when mothers experience lower rates of physical and mental health, they may feel less satisfied with their jobs, less committed to their organizations, and more likely to turn over. Thus, future research should examine the aforementioned and alternate conceptually supported pathways to determine in what ways these constructs interact.

Limitations and Future Directions

One limitation of this review is that I focused on predictors and outcomes that have already been published in the literature. There are likely other predictors and outcomes that have not been examined by scholars, so it will be important to continually to update this model. For instance, immigration behavior, having undocumented status, or being a member of the LGBTQ+ community likely affect mothers' access to QML, but this has not yet been adequately examined in the literature. As another example, mothers' work volition likely affects or is affected by QML; however, this is an unstudied area. In addition, rather than including every predictor and outcome in the literature, I limited the inclusion of predictors and outcomes to those which were examined in more than one paper and also pared down the number of references cited for parsimony (see Appendix A for works that were removed from the manuscript but met inclusion criteria). Therefore, future studies examining various other predictors and outcomes of QML will be important to build on our understanding of mothers' subjective leave experiences. In doing so, due to the complexity of the current framework, scholars will likely be unable to examine every possible construct in the model. Thus, scholars will need to choose and operationalize the predictors and outcomes relevant to the focus of their study. Additionally, few studies measure mothers' subjective maternity leave experiences. Because most of the predictors and outcomes that I captured in this review were based on objective measurement of mothers' maternity leave

experiences, it is unclear whether these predictors and outcomes would be different or evidence differing relations from objective indicators. Thus, it will be important for future research to examine these predictors and outcomes in relation to QML rather than objective indicators of maternity leave.

Conclusion

The US continues to have inadequate maternity leave provisions regardless of the worldwide growth of federal and organizational maternity leave policies. In light of this, many mothers struggle to access the quality of maternity leave that is right for them. With the aim of continuing to understand mothers' unique, subjective experiences in the workplace, I reviewed the literature for the most prevalent factors that predict mothers' attainment of QML (e.g, federal and state maternity leave policies, privilege and access to resources and power, organizational policies, workplace culture and support) as well as outcomes of QML (e.g., mental health, organizational commitment, general physical health). Future research should continue to examine other predictors and outcomes of QML and test the relations discussed in this review. Understanding the complex relations among predictors and outcomes of QML will further guide policy-making that will better serve mothers and caregivers in the US and possibly worldwide.

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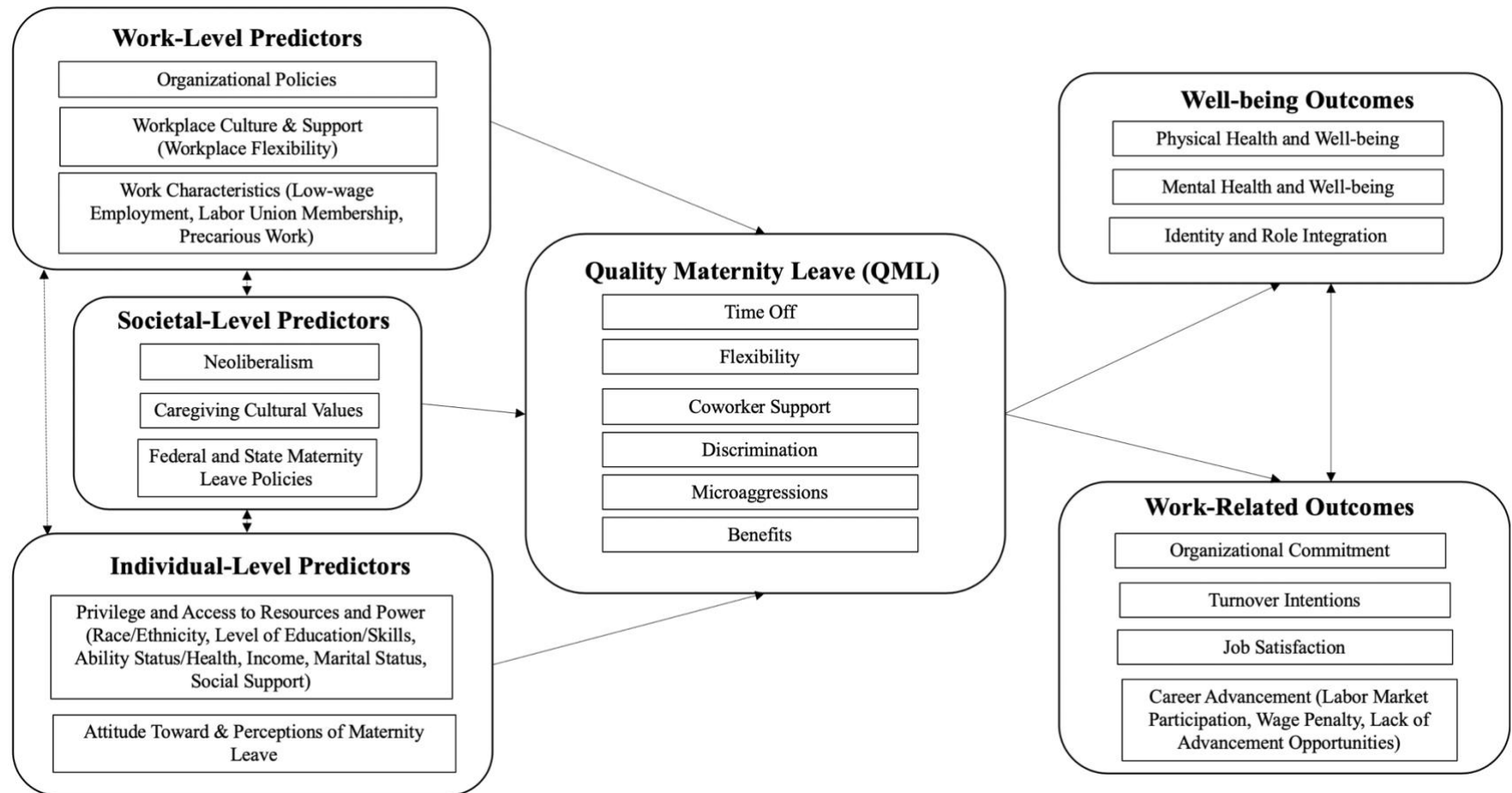


Figure 1. An integrated, multilevel framework of predictors and outcomes of quality maternity leave (QML).

CHAPTER 2: EXAMINING PREDICTORS OF WORK-RELATED OUTCOMES OF U.S. QUALITY MATERNITY LEAVE

Abstract

Maternity leave is a critical part of decent work when mothers are able to heal from childbirth, care for their newborn, attend medical appointments, and integrate their identities. However, the United States is one of few countries that does not offer paid maternity leave and instead offers job-protected unpaid time off from work, despite the importance of maternity leave for important maternal work and well-being outcomes. Scholars have typically examined maternity leave with objective indicators (e.g., days off from work) instead of investigating mothers' subjective experiences of the quality of their maternity leave (QML), contributing to a lack of understanding regarding what leads to and results from QML attainment. Therefore, in the present study, I drew upon a framework that I created through a thorough review of the literature to examine privilege and access to power and resources, workplace culture and support, and work characteristics as predictors of QML. Additionally, this study primarily explored work-related outcomes including organizational commitment, turnover intentions, and job satisfaction. I hypothesized that the former variables would indirectly predict the latter variables through QML. The findings of this study inform inclusive, equitable, and adequate organizational and U.S. maternity leave policies.

Keywords: maternity leave, job satisfaction, turnover, depression, organizational commitment

Introduction

Maternity leave includes the time that mothers take time off from work both pre- and postnatally to care for and bond with their newborns, heal from childbirth, and seek adequate healthcare (ILO, 2014). In spite of the importance of providing maternity leave, the United States (U.S.) does not provide adequate maternity leave provisions that include wage replacement and other critical benefits (e.g., parental leave, childcare subsidization; Addati et al., 2014). The Family and Medical Leave Act of 1993 (FMLA) is the only U.S. federal provision for maternity leave, and it is unpaid and does not cover many mothers (e.g., mothers whose employers have fewer than 50 employees). This often results in mothers combining paid sick leave and vacation days or resigning from their jobs to take the necessary leave (Gault et al., 2014). While some states provide state-level provisions for maternity leave that include wage replacement, these provisions may remain inadequate depending on mothers' unique, gendered experiences (Addati et al., 2014).

Maternity leave in the U.S. is a critical, gendered issue that, if addressed, could increase mothers' labor force participation, provide mothers the time off they need to ensure their children's development and health, and increase women's equity in the workplace and society, especially for mothers of color (BLS, 2018; Cabeza et al., 2011; Calder, 2003; National Alliance for Caregiving & AARP, 2015). Because birthing a child is a fundamentally different experience than other forms of parenthood, examining maternity leave for people that were assigned female at birth, rather than parental leave (i.e., an all-gender construct), is key to inform leave policies that will increase societal equity for many women (Sterling, 2021; Sterling & Allan, 2020). Additionally, despite its importance, little research has examined predictors and outcomes of the subjective experiences of maternity leave (Sterling, 2021). Almost all researchers examining mothers' experiences of maternity leave have used objective indicators of maternity leave (e.g., days off, wage replacement

rates) which, while valuable, may erase mothers' subjective experiences regarding whether their maternity leave is adequate for their specific needs (Sterling & Allan, 2020). Furthermore, few studies have examined how experiences of marginalization predict experiences of maternity leave or how these experiences in turn predict work-related and wellbeing outcomes, such as job satisfaction, organizational commitment, turnover intentions, and depressive symptoms. Therefore, studying mothers' subjective experiences of maternity leave and vocational development in a gendered way is critical to understanding how the U.S. society can better bolster mothers' equity, belongingness, and ability to participate in the workforce.

Theoretical Background

In an effort to provide a multilevel integration of factors that are related to QML, I conducted an in-depth and wide-reaching review of the maternity leave literature to identify potential predictors and outcomes of QML (Sterling, 2021). In essence, QML is a subjective and multidimensional measurement of mothers' maternity leave experiences and includes adequate time off pre- and postnatally, flexibility in scheduling and work responsibilities, coworker support from supervisors and colleagues, sufficient pay and benefits (e.g., health insurance, disability insurance, paid time off), and an absence of workplace discrimination microaggressions (Sterling & Allan, 2020). QML is positively related to workplace support, job satisfaction, decent work, and flexible workplace environments and negatively related to underemployment and experiences of discrimination (Sterling & Allan, 2020). Because QML is a subjective experience and defined by mother's subjective perception of these dimensions (e.g., flexibility, benefits), it is an unobserved latent construct that deserves further examination (Sterling, 2021). Therefore, in the present study, I will be using a framework I developed to guide my investigation of the relations among various factors that predict QML and work-related and wellbeing outcomes that may follow from QML

(Sterling, 2021). Such research is crucial for increasing the visibility and equity of some women's vocational experiences and addressing systemic barriers to accessing QML, especially given the unequal amount of caregiving work that women, and inequitably women of color, engage in throughout the U.S. (National Alliance for Caregiving & AARP, 2015; Richardson, 2012; Schultheiss, 2009).

While critically reviewing the literature regarding maternity leave and QML, I identified the following domains that likely predict mothers' attainment of QML: two individual-level predictors including privilege and access to resources and power as well as attitudes toward and perceptions of maternity leave; work-related predictors including organizational policies, workplace culture and support, and work characteristics; and three societal-level predictors including neoliberalism, cultural values surrounding caregiving, and federal and state maternity leave policies (Sterling, 2021). In addition, I identified the following domains that appear to result from mothers' attainment (or lack thereof) of maternity leave: three wellbeing outcomes including general physical health and wellbeing, mental health, and identity and role integration; and four work-related outcomes including organizational commitment, turnover intentions and return to work, job satisfaction, and career advancement outcomes. In the present study, I will focus on testing the relations among the individual and work-level predictors, two well-being outcomes, and several work-related outcomes with the construct of QML. This is primarily due to the lack of research regarding mothers' experiences of work-related outcomes (i.e., turnover intentions, organizational commitment, and job satisfaction) in relation to their maternity leave experiences, and the notable impact these work-related outcomes have on broader well-being outcomes like depression and anxiety, health complaints, burnout, and physical illness (Faragher et al., 2013; Schalk, 2011; Timms et al., 2015).

Predictors

Based on the integrated framework that I constructed from my review of the literature, I identified societal-, organizational-, and individual-level variables that appear to predict attainment of QML (Sterling, 2021). At the work-level, workplace support includes the social support mothers receive and the workplace's values regarding maternity leave which is highly positively correlated with affective organizational commitment (Meyer et al., 2002; Sterling, 2021). Workplace support relates to the flexibility, connectedness, and discrimination mothers experience in the workplace, which then may affect QML (Schein, 2010; Sterling, 2021). Not only do organizational policies and workplace culture and support predict QML attainment, but work characteristics, such as low-wage employment, may also predict the availability of maternity leave and other family-friendly policies (Sterling, 2021; Young, 2010). When engaged in low-wage employment, mothers are less likely to have access to *any* maternity leave provisions and more likely to be employed in workplaces where there are fewer family-supportive policies and benefits (Bornstein, 2011). In addition to work-level characteristics, mothers' individual-level characteristics may affect their ability to access and utilize QML (Sterling, 2021).

At the individual-level, scholars have discovered that women and mothers with less privileged identities and decreased access to resources and power—such as mothers of color; mothers with lower levels of education, disabilities, and social support; and low-income and single mothers—appear less likely to have access to and to take maternity leave, which likely applies to QML (Gault et al., 2014). Rather than measuring each identity a mother holds and attempting to translate these identities into a measurable construct, another way to operationalize mothers' privilege and access to power and resources is through the examination of their experiences of lifetime marginalization (Duffy et al., 2019). Mothers who have encountered marginalization as a result of being a woman with less privilege and access to resources and power may have a lack of

maternity leave provisions available to them, continue working for pay in the absence of paid maternity leave, or be unable to locate affordable childcare for their return to work (Addati et al., 2014; Shepherd-Banigan & Bell, 2014). Thus, several individual-, organizational-, and societal-level factors affect mothers' ability to attain QML, which then lead to various wellbeing- and work-related outcomes.

Outcomes

Work-Related Outcomes

Based on the framework that I constructed from my review of the literature, I identified three dimensions of work-related outcomes—organizational commitment, turnover intentions and return to work, and job satisfaction—that may be outcomes of QML (Sterling, 2021). Organizational commitment occurs when employees consider themselves an involved member of an organization and consists of three types of commitment (i.e., affective, continuance, normative), of which affective commitment is the most effective measurement (Meyer et al., 2002). Mothers exhibit affective organizational commitment when they identify with, are involved in, and are emotionally attached to the organization. Mothers who feel more affectively committed to their organization are more likely to report job satisfaction, organizational support, performance motivation, and return to the same employer after their maternity leave, especially if they were able to take the time off that they needed (Bae & Yang, 2017; Lyness et al., 1999; Meyer et al., 1993; Meyer et al., 2002).

Turnover intentions in this context refer to a mother's sense, during their maternity leave experience, of whether they will return to work, while return to work refers to actual return to work post-leave with the same employer (Sterling, 2021). Scholars have found that mothers are less likely to turnover and more likely to return to work more quickly when they are able to take

maternity leave (Berger & Waldfogel, 2004). Thus, when mothers perceive their maternity leave as being QML, they may be less likely to turnover and more likely to return to the same employer (Sterling, 2021). Additionally, turnover intentions negatively relate to job satisfaction, which demonstrates that when mothers are satisfied with their jobs, they are less likely to turnover (Griffeth et al., 2001).

When mothers enjoy their job, they likely experience job satisfaction, which is positively related to organizational commitment and life satisfaction (Judge & Watanabe, 1993; Tett & Meyer, 1993). Mothers appear more likely to feel satisfied with their job when they feel that their organization offers satisfactory maternity leave and other family-friendly policies, which suggests that QML affects mothers' job satisfaction (Bae & Yang, 2017; Cook, 2009). Finally, maternity leave impacts career advancement outcomes including advancement opportunities, wage penalties, and labor market participation. First, biases that supervisors hold regarding mothers' commitment to their work or reliability due to their having a newborn effects mothers being considered for advancement opportunities (Cuddy et al., 2004). In addition, mothers who take maternity leave experience a wage penalty in comparison with mothers who do not take leave, which demonstrates that the wage penalty is at least in part related to their taking time off for maternity leave (Lundberg & Rose, 2000). Finally, mothers who are able to take maternity leave are more likely to return to their pre-birth employer and participate in the paid labor market (Ulker & Guven, 2011; Ybarra, 2013). Maternity leave provisions encourage mothers to return to the labor market because they are able to take the time off they need and then return to work, rather than having to drop out of the labor force. Therefore, examining these three work-related outcomes will be particularly important to add to our understanding of QML.

Well-Being Outcomes

Having conducted a thorough review of the literature, I identified three domains of well-being outcomes—physical health and well-being, mental health and well-being, and identity and role integration—that are potential outcomes of QML (Sterling, 2021). For this study, I focused on examining mental health and well-being (i.e., depressive symptoms) and identity and role integration (i.e., identity centrality), primarily due to the wealth of literature regarding the effects of maternity leave on maternal physical health. Depressive symptoms (e.g., tearfulness, fluctuating emotions) occur among nearly 80% of new mothers in the US, and perinatal depression (i.e., distressing depressive symptoms for more than 14 days during pregnancy or within a year postnatally) is experienced by an average of 11.5% of U.S. mothers (Van Niel & Payne, 2020). Depression is associated with detrimental outcomes for both mothers and their children, including maternal suicide, infanticide, preterm delivery, and infant behavioral disturbances (Van Niel & Payne, 2020). Maternity leave may be a critical intervention for maternal depressive symptoms, as scholars have found that shorter maternity leaves are associated with depression risk factors—including negative affect, work stress, and increased anxiety—while longer maternity leaves lead to fewer symptoms of depression, better maternal health, and a lower likelihood of clinical depression (Chatterji & Markowitz, 2012; Feldman et al., 2004). Although acquiring a new role may promote mothers' wellbeing through increased belonging and meaning, juggling and integrating roles into their identities may contribute to stress and maternity leave allows for adjustment to new stressors and identity and role integration (Dagher, 2014).

Role and identity integration, or the extent to which mothers are able to combine their multiple roles and identities (e.g., as women, mothers, employees, etc.), likely includes the extent to which mothers place importance on and value their mothering identity (Sterling, 2021). Motherhood identity centrality, or the importance of one's identity and role as a mother, appears

to serve as a buffer against negative outcomes, like depression and stress, despite some scholars finding that identity centrality served as a risk factor when people experienced negative identity-related events (Martire et al., 2000; Settles, 2004). If mothers are not given adequate time to integrate their constellation of identities during maternity leave or experience negative events related to their motherhood identity, they may experience increased psychological distress. The domains of depressive symptoms and identity centrality are particularly important to assess due to a lack of information regarding what mothers experience as QML and to what extent this may affect their mental health and identity integration. Pre- and postnatally, mothers may encounter a variety of mental health concerns and their leave may be insufficient to allow them to cope and integrate roles (Dagher et al., 2014; Chatterji & Markowitz, 2012; Hyde et al., 1995).

The Present Study

The present study will contribute to the literature by using my foregoing conceptual framework to examine two proposed models depicting the relations among predictors and outcomes of QML (Sterling, 2021). Specifically, I focused on advancing a psychological perspective of mothers' experiences of maternity leave in which mothers' subjective experiences of QML are central. Due to the complexity of my proposed framework, I recommended that when scholars examine this model, they choose predictors and outcomes that align with the focus of their study, rather than examining every predictor and outcome in one study (Sterling, 2021). Societal-level variables were not examined in this study due to a lack of current reliable and valid ways of measuring these constructs (e.g., neoliberalism, caregiving values). In the present study, I sought to examine at least one indicator from the individual and work-level predictors that had valid and reliable measurement methods and focus primarily on work-related outcomes, while also including two well-being outcomes, due to the lack of vocational literature centering mothers' experiences.

Regarding predictors, I will focus on lifetime experiences of marginalization based upon gender (i.e., identifying as a woman) to operationalize the individual-level predictor of privilege and access to resources and power. The subjective experiences of marginalization over one's lifetime based on sexism, or implicit biases towards women at a societal-level enacted at the individual-level, likely affect access to employment and other resources that provide adequate QML and measuring subjective experiences of marginalization appears to be a more accurate way to examine the psychological effects of possessing a certain identity in an oppressive society (Budig et al., 2012; Helms et al., 2005; Sterling, 2021). Attitudes toward and perceptions of maternity leave, another individual-level predictor in this model, does not yet have a reliable and valid scale and therefore could not be examined in this study. Concerning work-level predictors, I will focus on workplace support and low-wage employment. Both of these predictors are strong indicators of the quality and nature of mothers' employment, capturing the essence of the work-level predictors.

Regarding outcomes, I focused primarily on the work-related outcomes discussed in the conceptual framework due to the dearth of research regarding mothers' experiences in the workplace that results in the continued marginalization of women in the vocational psychological literature and the effect these outcomes have on broader well-being outcomes (e.g., psychological strain, physical illness; Schalk, 2011; Schultheiss, 2009; Sterling & Allan, 2020; Timms et al., 2015). Additionally, I chose underpayment as an operationalization of mothers experiencing a wage penalty as a result of their attainment of poor-quality maternity leave. Organizational policies were not examined due to the variability among organizational policies and the extent to which women are aware of these policies. Concerning well-being outcomes, I chose depressive symptoms as an operationalization of negative mental health well-being due to the prevalence of

perinatal depression among mothers but the lack of understanding regarding subjective maternity leave experiences and depression (Van Niel & Payne, 2020). Lastly, I chose motherhood identity centrality as an operationalization of identity and role integration because mothers who are better able to integrate their roles as mothers may place greater importance on their identity as a mother and integrate this identity into their constellation of existing identities.

Given the aforementioned literature and conceptual framework, I predicted the following direct relations among the variables in the primary model of the study. The marginalization that women experience that affects mothers' privilege and access to power and resources would be negatively related to QML (*hypothesis 1*) because mothers with higher levels of marginalization are less likely to be employed in workplaces that offer adequate maternity leave and associated benefits, including health insurance and flexibility. Regarding work characteristics, workplace support would be positively associated with QML (*hypothesis 2*) because mothers are more likely to access QML when their workplaces have a general climate of support. Conversely, poverty-wage employment (*hypothesis 3*) would be negatively associated with QML, potentially due to the lack of availability of QML in this type of employment.

Furthermore, QML would positively associate with organizational commitment (*hypothesis 4*) and job satisfaction (*hypothesis 5*) because mothers may enjoy their work and feel more aligned with their organization when they attain longer maternity leaves and likely QML. Conversely, QML would be negatively associated with turnover intentions (*hypothesis 6*) and underpayment (*hypothesis 7*) because mothers who attain QML are less likely to turnover and experience a wage penalty. Regarding well-being outcomes, QML would be positively related to identity centrality (*hypothesis 8*) because mothers with higher QML may have the resources and time they need to integrate their roles as women, mothers, employees, and any other roles they

may have, allowing for importance to be placed on the motherhood role. QML would be negatively related to depressive symptoms (*hypothesis 9*) because mothers who have higher QML may be more likely to access the resources they need to cope with stressors and mental health symptoms.

Finally, I hypothesized that QML would partially mediate the relations of poverty-wage employment, workplace support, and marginalization to organizational commitment (*hypothesis 10, 11, 12*), turnover intentions (*hypothesis 13, 14, 15*), job satisfaction (*hypothesis 16, 17, 18*), underpayment (*hypothesis 19, 20, 21*), motherhood identity centrality (*hypothesis 22, 23, 24*), and depressive symptoms (*hypothesis 25, 26, 27*). I also tested an alternative model, depicted in Figure 3, based on the structure of theories like the PWT in which marginalization experiences, an individual-level variable, are positioned as predictors of work-level variables (Duffy et al., 2016). I tested these hypotheses using structural equation modeling (SEM) with a large group of working mothers in the U.S. who recently took maternity leave, examining both my hypothesized model, which was based on the framework I proposed (Sterling, 2021), and an alternative model that positions the individual-level variable of marginalization as a predictor of work-level predictors that lead to QML. Participants had to self-identify as (a) living in the United States, (b) 18 years or older, (c) physically birthing a child, (d) having had a maternity leave experience for their first childbirth within the past year, (e) not being immediately fired from their job once their employer found out they were pregnant or taking leave or birthing their child (not related to COVID-19), and (f) employed at the time of their pregnancy.

Method

Participant Demographics

The sample gathered via social media consisted of 362 participants, 153 (42.27%) of which did not provide some demographic information (i.e., age, gender, race/ethnicity, sexual orientation,

employment status, highest degree obtained, household income) due to a glitch within the Qualtrics survey software. Ages ranges from 19 to 42 for the 209 (57.7%) participants that reported age ($M = 31.41$, $SD = 3.63$). Of the participants who reported gender ($n = 209$, 57.7%), 99.5% identified as women/ciswomen ($n = 208$) and 0.5%, femmeish ($n = 1$). Of the participants who reported race/ethnicity ($n = 209$, 57.7%), 86.1% identified as White/European American ($n = 180$) followed by Asian/Asian American ($n = 10$, 4.8%), Multiracial ($n = 9$, 4.3%), Hispanic/Latina/o American ($n = 6$, 2.9%), African American/Black ($n = 2$, 1.0%), and Asian Indian ($n = 2$, 1.0%). In terms of sexual orientation, participants who responded ($n = 209$, 57.7%) predominantly identified as straight/heterosexual ($n = 178$, 85.2%), followed by bisexual ($n = 25$, 12.0%), lesbian/gay ($n = 3$, 1.4%), pansexual ($n = 2$, 1.0%), and asexual ($n = 1$, 0.5%). Regarding marital status, 93.5% of mothers reported being married ($n = 319$). The participants that reported employment status ($n = 209$, 57.7%) at the time of the survey were mostly employed full-time ($n = 172$, 82.3%), followed by employed part-time ($n = 19$, 9.1%), unemployed and looking for work ($n = 6$, 2.9%), self-employed ($n = 5$, 2.4%), unemployed and not looking for work ($n = 4$, 1.9%), employed part-time but want full-time ($n = 2$, 1.0%), and full-time student ($n = 1$, 0.5%). Of the participants who reported their highest degree obtained ($n = 209$, 57.7%), 43.5% obtained a four-year college or university degree ($n = 91$), 30.6% obtained a master's degree ($n = 64$), 8.6% obtained a professional degree ($n = 18$), 3.6% obtained a doctorate ($n = 13$), 5.7% obtained some college with no degree ($n = 12$), 2.9% obtained an associate degree ($n = 6$), 1.4% obtained a trade/vocational school degree ($n = 3$), and 1.0% obtained a high school diploma or equivalent ($n = 2$). Finally, of the 57.5% participants who reported household income ($n = 154$), most reported a yearly household income over \$100,000 ($n = 129$, 62.0%), followed by \$75,000-\$100,000 ($n = 45$, 21.6%),

\$50,000-\$75,000 ($n = 20$, 9.6%), \$25,000-\$50,000 ($n = 13$, 6.3%), and less than \$25,000 ($n = 1$, 0.5%).

Maternity Leave Characteristics. During their maternity leave, most mothers reported being employed full-time ($n = 196$, 93.8%), followed by employed part-time ($n = 8$, 3.8%), self-employed ($n = 4$, 1.9%), and employed part-time but want full-time ($n = 1$, 0.5%), with most mothers not being a member of a labor union ($n = 329$, 90.9%). The average months participants were employed with the employer they took maternity leave with was 43.97 months ($SD = 35.47$). Many mothers reported that their employer did offer maternity leave ($n = 231$, 63.8%), with over 50% reporting their employer offered some form of paid leave ($n = 189$, 52.2%), although 1.3% ($n = 3$) reported they were unable to take the leave their employer offered. Relatedly, most participants reported that their employer did not offer any other “family-friendly,” policies ($n = 214$, 59.1%). Overall, of the mothers who reported using FMLA ($n = 248$, 68.5%), participants reported taking an average of 53.80 days of FMLA maternity leave ($SD = 24.39$) and 75.20 days in total of maternity leave ($SD = 52.84$), with 85.6% ($n = 310$) reporting being paid during some part of their leave. Most mothers reported taking their maternity leave consecutively ($n = 309$, 94.2%), while 5.8% ($n = 19$) took their leave intermittently. Regardless, 87.6% ($n = 317$) of participants at the time of the survey were still employed at the organization where they took leave, while 12.4% were not ($n = 45$). Many mothers reported having a partner that took parental leave ($n = 235$, 68.9%), while 31.1% ($n = 106$) had a partner that did not take parental leave and 1.4% ($n = 5$) did not have a partner.

Instruments

Marginalization. To measure mothers’ privilege and power related to their experiences of identifying as women, I used the 3-item Lifetime Experiences of Marginalization Scale, included

in Appendix B (LEMS; Duffy et al., 2019). We presented participants with instructions that included a definition of marginalization and asked participants to items respond based on their life experiences of being a woman to items like, “Throughout my life, I have had many experiences that have made me feel marginalized” on a 7-point Likert-type scale where 1 = *strongly disagree* and 7 = *strongly agree*. In the scale development study, Duffy and colleagues (2019) found that the measure had high estimated internal consistency reliability ($\alpha = .93$) and correlated strongly in expected directions with discrimination experiences and everyday discrimination, demonstrating convergent validity. In the present study, the estimated internal consistency reliability was $\alpha = .93$.

Low-Wage Employment. To measure mothers’ engagement in low-wage employment, I used the Poverty Wage Employment subscale of the Subjective Underemployment Scales, included in Appendix B (PWE; Allan et al., 2017). Participants responded to items including “The income from my job is not enough” on a 7-point Likert scale from 1 = *strongly disagree* to 7 = *strongly agree* based on their experiences prior to and during their maternity leave. In the scale development study, the PWE subscale correlated in expected directions with financial deprivation and pay satisfaction, and the estimated internal consistency reliability was $\alpha = .98$ (Allan et al., 2017). In the present study, the estimated internal consistency reliability was $\alpha = .96$.

Workplace Support. To measure mothers’ perceptions of the supportiveness of their workplaces, I used the same method as Fox and Quinn (2015) in which the authors combined three measures with adapted items from the Survey of Perceived Organizational Support (SPOS; Eisenberger et al., 1986) for a final workplace support composite score. These measures include a 3-item perceived organizational support scale (e.g., “My company really cares about my well-being,”), a 4-item coworker support scale (e.g., “Help is available from my coworkers when I need it,”), and a 3-item supervisory support scale (e.g., “My supervisor takes pride in my

accomplishments at work,”), which are included in Appendix B. Participants were asked to respond on a Likert-type scale where 1 = *strongly disagree* and 7 = *strongly agree* to items based on their experiences prior to their maternity leave. The SPOS has achieved high reliability in previous research (Fox & Quinn, 2015; Shanock & Eisenberger, 2005). In the present study, the estimated internal consistency reliability was $\alpha = .91$.

Quality of Maternity Leave Scales (QMLS). To measure mothers’ subjective experiences regarding their maternity leave, I used the 23-item QMLS, included in Appendix B (Sterling & Allan, 2020). Participants responded to items including, “My leave from work was long enough after giving birth” and “People at work supported me in taking time off for this child’s pregnancy” on a 7-point Likert scale where 1 = *strongly disagree* and 7 = *strongly agree*. In the scale development study, the authors demonstrated that the QMLS general scale and QMLS subscales correlated in expected directions with various outcomes including job satisfaction, job flexibility, support from people at work, and everyday discrimination, demonstrating convergent and content-related validity (Sterling & Allan, 2020). The authors also demonstrated satisfactory internal consistency reliability for the subscales ranging from $\alpha = .84$ –.95. In the present study, the estimated internal consistency reliability was $\alpha = .90$.

Job Satisfaction. To measure job satisfaction, I used the 5-item shortened Job Satisfaction Scale, included in Appendix B (Brayfield-Rothe, 1951; Judge et al., 1998). Participants responded to items including, “I find real enjoyment in my work” on a 7-point Likert scale from 1 = *strongly disagree* to 7 = *strongly agree* based on their experiences during and after their maternity leave. The scale’s estimated internal consistency reliability was $\alpha = 0.88$ in the scale adaptation study, and the shortened version of the scale demonstrated convergent validity by correlating expectedly

with the composite score of the Job Descriptive Index ($\alpha = 0.89$). In the present study, the estimated internal consistency reliability was $\alpha = .92$.

Affective Organizational Commitment. To measure mothers' commitment to their organization, I used the 6-item Affective Commitment subscale of the Organizational Commitment Questionnaire, included in Appendix B (ACS; Meyer et al., 1993). Participants responded to items regarding the organization where they took maternity leave, including "This organization has a great deal of personal meaning to me" on a 7-point Likert-type scale where 1 = *strongly disagree* and 7 = *strongly agree*. In the scale development study, Meyer et al. (1993) demonstrated internal structure validity of the instrument with item factor loadings ranging from .41-.75 and high internal consistency reliability ($\alpha = .82$). In the present study, the estimated internal consistency reliability was $\alpha = .90$.

Turnover Intentions. To measure mothers' intentions to leave their organization, I used the 6-item Turnover Intention Scale, included in Appendix B (TIS-6; Roodt, 2004). Participants responded to items regarding the organization where they took maternity leave, like "How often do you dream of getting another job that will better suit your personal needs?" on a 5-point Likert-type scale where 1 = *never/to no extent* and 5 = *always/to a very large extent*. In a study updating the validity and reliability of the TIS-6 (Bothma & Roodt, 2013), the authors demonstrated internal consistency reliability ($\alpha = .80$) and predictive validity by correlating scores with objective measures of turnover. In the present study, the estimated internal consistency was $\alpha = .81$.

Underpayment. To assess wage penalties experienced in part as a result of a lack of QML, I used the Underpayment subscale of the Subjective Underemployment Scales, included in Appendix B (Allan et al., 2017). Participants responded to items including "My pay is less than other people with my qualifications," on a 7-point Likert scale from 1 = *strongly disagree* to 7 =

strongly agree based on their experiences post-leave. In the scale development study, the Underpayment subscale correlated in expected directions with financial deprivation and pay satisfaction (Allan et al., 2017). The estimated internal consistency of the Underpayment subscale reported by researchers in the scale development study was $\alpha = .97$ (Allan et al., 2017). In the present study, the estimated internal consistency reliability was $\alpha = .97$.

Depressive Symptoms. To assess the presence of depressive mental health symptoms postnatally, indicating poor mental health or psychological well-being, I used the 20-item Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977). Participants were instructed to retroactively think about their experiences immediately post-leave and responded to items like “I felt depressed” and “I could not ‘get going’” on a 4-point Likert-type scale from 1 = *rarely or none of the time (less than 1 day)* to 4 = *most or all of the time (5-7 days)*. In the scale development study, Radloff (1977) found that across four samples, the estimated internal consistency reliability ranged from $\alpha = .84-.90$ and correlated highly ($r = .69, .75$) with two clinician rating scales of depression, demonstrating convergent validity. In the present study, the estimated internal consistency reliability was $\alpha = .93$.

Motherhood Identity Integration. To measure the extent to which mothers were able to integrate their role as a mother into their identity and the centrality of this identity, I adapted the Multidimensional Inventory of Black Identity (MIBI; Sellers et al., 1997) to reflect the identity of being a mother, similar to Settles’ (2004) modification to reflect being a woman. Participants were instructed to retroactively think about their experiences post-leave and responded to items like “Overall, being a mother has very little to do with how I feel myself” on a 7-point Likert-type scale where 1 = *disagree strongly* and 7 = *agree strongly*, with higher scores indicating stronger mothering identities. In the MIBI scale development study, Sellers et al. (1997) found that the

estimated internal consistency reliability was $\alpha = .77$. In the scale adaptation study, Settles (2004) found that the estimated internal consistency reliability was $\alpha = .79$ and the scale correlated positively with self-esteem and life satisfaction while correlating negatively with depression. In the present study, the estimated internal consistency reliability was $\alpha = .83$.

Procedure

Participants were recruiting using Reddit, an online social media website, after we obtained IRB approval. Scholars have studied and reviewed Reddit data quality, determining that it results in data that is valid and comparable to recruiting from university student and Amazon Mechanical Turk (MTurk) populations (Casler et al., 2013; Jamnik & Lane, 2017; Shatz, 2017). I posted a link to an informed consent document and the survey in Appendix B on Subreddits (i.e., topic-specific discussion boards) related to mothering, parenting, womanhood, and working women after obtaining permission from the Subreddit moderators. Participants were invited to enter their email address in a separate survey for the chance to win one of twenty \$10 Amazon e-gift cards.

Results

Preliminary Analyses

The initial sample consisted of 479 participants, but 68 did not meet inclusion criteria, 45 did not respond to any study variables, and four did not respond correctly to validity items (e.g., “Please select ‘strongly disagree’” for an item), bringing the final sample to 362 participants after these removals. This sample size is aligned with scholars’ recommendations to collect (a) sample sizes of at least 200 for any SEM and (b) greater sample sizes for more complex models (Weston & Gore, 2006). Preceding the main analyses for the study, I checked the data for normality, outliers, linearity, multicollinearity, and missing data.

Almost all study variables displayed sufficient univariate normality with skewness values under |3.0| and kurtosis values under |10.0| (Weston & Gore, 2006). There were six outlier cases with a z -score of greater than |3.29| on workplace support, QML coworker support, or QML discrimination. However, these cases were not removed from analysis because, as scholars have noted, there are likely to be outliers in large random samples that may be retained (Tabachnik & Fidell, 2013). Furthermore, I visually inspected the bivariate scatter plot graphs for variable combinations in the model and determined that the relations among variables were linear and homoscedastic (Tabachnik & Fidell, 2013). Regarding multicollinearity, I examined the variance inflation factor (VIF) after conducting multiple regressions and found no VIF values exceeding 2.0, indicating that study variables do not have significant intercorrelations (Menard, 1995). Concerning missing data, 10.2% ($n = 37$) cases had at least one missing item. A missing data dummy code was not correlated with key study variables, race, social class, household and personal income, and highest degree obtained. Therefore, I concluded the missing data was missing completely at random (MCAR).

For exploratory purposes, I performed several independent-samples t -tests to examine group differences among mothers who had complete and incomplete demographics and found no significant differences for any study variables including QML [$t(337.429) = -1.287, p = .199$], depressive symptoms [$t(324) = 1.504, p = .133$], turnover intentions [$t(343) = 1.647, p = .10$], and marginalization [$t(360) = -.442, p = .659$]. Furthermore, due to the commonality of scholars measuring mothers' maternity leave experiences by asking mothers how many days they were on leave, I examined the bivariate correlations among the number of leave days mothers reported in relation to all study variables. I found that the number of days on maternity leave only significantly correlated with QMLS ($r = .15, p < .05$) and not at all with other study variables, which may

provide credence to the assertion that QML is capturing mothers' experiences beyond the number of days on maternity leave alone (Sterling & Allan, 2020; Sterling 2021).

Finally, because the sample size was relatively small, the models proposed are relatively complex with various indicators of latent variables, and several measures had items or indicators associated with latent variables, I created parcels for measures with more than five items to serve as indicators of latent variables. Parceling results in a more parsimonious model that minimizes sources of sampling error as well as skewness and kurtosis, decreases the likelihood of dual factor loadings and correlated residuals, and increases reliability (Rioux et al., 2020). First, I created parcels for depression, QML, and workplace support based on the subscales of these measures (Little et al., 2002). Then, I conducted an exploratory factor analysis on motherhood identity centrality and found two clear factors (i.e., social identity and personal identity), which resulted in my using the four items loading onto the personal identity factor (item loadings ranging from .62-.83) based on their relevance to the hypotheses and study purpose. I created parcels for poverty-wage underemployment, underpayment, affective organizational commitment, and turnover intentions using Little and colleagues' (2002) item-to-construct balance approach by combining the strongest factor loadings with the weakest factor loadings. Descriptive statistics for total scale scores are displayed in Table 1. Additionally, all parcels and their psychometric properties (i.e., mean, standard deviation, Cronbach's alpha) are presented in Table 3.

Model Testing

To conduct the primary analyses, I used latent variable structural equation modeling (SEM) with robust maximum likelihood (MLR) in Mplus 7.2 (Muthén & Muthén, 2012). MLR was chosen as the estimator due to its robustness against deviations from normality and independence of observations, thus avoiding exaggerated fit indices or biased estimates (Yuan & Bentler, 1998).

I chose indices of fit that minimized the likelihood of Type I and II errors, which included the chi-square test (χ^2), root mean square error of approximation (RMSEA), standardized root-mean-residual (SRMR), and comparative fit index (CFI; Hu & Bentler, 1999). Acceptable fit guidelines have ranged from CFI $\geq .90$ to .95, RMSEA $\leq .08$ to .10, and SRMR $\leq .06$ to .10 (Hu & Bentler, 1999; Weston & Gore, 2006). Finally, I conducted a Satorra-Bentler scaled chi-square difference test to determine which model is the best fit to the sample data (Satorra & Bentler, 2001).

Measurement model. Prior to conducting the main analysis, I constructed a measurement model using confirmatory factor analysis (CFA) to determine whether the manifest indicator variables adequately defined the latent constructs. The measurement model had good fit to the data $\chi^2(483) = 981.39, p < .001$, CFI = .94, and RMSEA = .05, 90% confidence interval (CI) [.05, .06], SRMR = .06, and all indicators loaded on their factors at values of .42 or above.

Structural model. Next, I estimated a structural model to test the relations among study variables with workplace support, marginalization, and poverty-wage employment relating directly to QML and QML relating directly to organizational commitment, turnover intentions, job satisfaction, underpayment, identity centrality, and depressive symptoms. The hypothesized model, depicted in Figure 2, had good fit to the data, $\chi^2(501) = 1095.45, p < .001$, CFI = .93, and RMSEA = .06, 90% CI [.05, .06], SRMR = .06, and all indicators loaded on their factors at values of .42 or above. Aligned with my hypotheses, marginalization ($\beta = -.12, p < .01$; *hypothesis 1*) and poverty-wage employment ($\beta = -.18, p < .01$; *hypothesis 3*) negatively predicted QML, while workplace support positively associated with QML ($\beta = .84, p < .001$; *hypothesis 2*). Further, QML positively predicted organizational commitment ($\beta = .72, p < .001$; *hypothesis 4*) and job satisfaction ($\beta = .69, p < .001$; *hypothesis 5*), while being negatively associated with turnover intentions ($\beta = -.75, p < .001$; *hypothesis 6*), underpayment ($\beta = -.49, p < .001$; *hypothesis 7*), and depressive symptoms

($\beta = -.42, p < .001$; *hypothesis 9*). Interestingly, contrary to my hypothesis, QML was negatively associated with motherhood identity centrality ($\beta = -.19, p < .01$; *hypothesis 8*). The model explained 24% of the variance in underpayment, 48% of the variance in job satisfaction, 51% of the variance in organizational commitment, 56% of the variance in turnover intentions, 18% of the variance in depressive symptoms, and 93% of the variance in QML.

Alternative model. In the alternative model, the individual-level predictor (i.e., marginalization) predicted the work-level variables (i.e., workplace support, poverty-wage employment), which then predicted QML and consequently the job-related and well-being outcomes described previously. Consistent with my hypotheses, marginalization negatively predicted workplace support ($\beta = -.14, p < .05$) and significantly and positively predicted low-wage employment ($\beta = .28, p < .001$). However, the alternative model, depicted in Figure 3, had slightly worse fit to the data, $\chi^2(502) = 1154.04, p < .001$, CFI = .92, RMSEA = .06, 90% CI [.05, .06], and SRMR = .09, $\Delta\chi^2(1) = 71.99, p < .001$. Therefore, we retained the hypothesized structural model as outlined above.

Indirect effects. I calculated 95% confidence intervals to test indirect effects, which are significant and indicative of successful mediation when they do not contain zero (Muthén & Muthén, 2012). Consistent with *hypotheses 10* through *12*, QML mediated the relations from poverty-wage employment, workplace support, and marginalization to organizational commitment (95% CI [-.21, -.06], [.51, .68], [-.13, -.04], respectively). Aligned with *hypotheses 13* through *15*, QML successfully mediated the relations from poverty-wage employment, workplace support, and marginalization to turnover intentions (95% CI [.06, .21], [-.70, -.55], [.04, .14], respectively). Additionally, consistent with *hypotheses 16* through *18*, QML successfully mediated the relations from poverty-wage employment, workplace support, and marginalization to job satisfaction (95%

CI [-.20, -.06], [.49, .66], [-.13, -.03]). In alignment with *hypotheses 19* through *21*, QML successfully mediated the relations from poverty-wage employment, workplace support, and marginalization to underpayment (95% CI [.03, .15], [-.47, -.34], [.02, .09], respectively). Consistent with *hypotheses 22* through *24*, QML successfully mediated the relations from poverty-wage employment, workplace support, and marginalization to motherhood identity centrality (95% CI [.01, .06], [-.24, -.07], [.004, .04], respectively). Finally, aligned with *hypotheses 25* through *27*, QML successfully mediated the relations from poverty-wage employment, workplace support, and marginalization to depressive symptoms (95% CI [.03, .12], [-.44, -.27], [.02, .08], respectively).

Discussion

The purpose of this study was to test part of the conceptual framework I proposed regarding predictors and job-related and wellbeing-related outcomes of QML (Sterling, 2021). Because the literature on mothers' subjective maternity leave experiences is scarce, it is imperative that scholars build this literature to increase the visibility of mothers' unique workplace experiences. Therefore, I examined two models of predictors and outcomes of QML, one of which positions individual- and work-level variables as predictors of QML that then relate to job-related and wellbeing outcomes through QML and another that positions an individual-level variable, marginalization, as a predictor of work-related variables (i.e., workplace support, poverty-wage employment) that then relate to outcomes through QML. Marginalization, workplace support, and poverty-wage employment predicted QML in hypothesized directions. QML then predicted organizational commitment, job satisfaction, turnover intentions, underpayment, and depressive symptoms in hypothesized directions. QML also mediated the relations between marginalization, workplace support, and poverty-wage employment to organizational commitment, turnover

intentions, job satisfaction, depressive symptoms, and identity centrality. These findings have implications for strengthening maternity leave policies as well as considerations for working clinically with employed mothers who take maternity leave.

In the conceptual framework I formulated regarding predictors and outcomes of QML, I positioned societal-level variables (e.g., caregiving cultural values, neoliberalism), work-level variables (e.g., workplace culture and support, poverty-wage employment), and individual-level variables (e.g., privilege and access to power and resources) as predictors of QML (Sterling, 2021). I predicted that QML would serve as a mediator between these predictors and select job-related (e.g., organizational commitment, turnover intentions) and well-being-related QML outcomes (e.g., mental health, identity and role integration; Sterling, 2021). First, consistent with this framework, I found that marginalization and poverty-wage employment significantly and negatively related to QML, while workplace support significantly positively related to QML. This highlights findings by scholars indicating that mothers who experience higher rates of marginalization and are engaged in low-wage employment appear to be less likely to be able to access any maternity leave provisions, much less QML (Gault et al., 2014; Sterling, 2021). This lack of access to QML is particularly problematic because these mothers appear to be the most in need of maternity leave provisions, due in part to inequitably high caregiving loads, but are most likely to benefit from leave provisions (Gault et al., 2014; Rossin-Slater et al., 2013).

In further alignment with current literature, workplace support had a large, direct effect on QML, indicating that mothers who reported greater levels of workplace support may have been more likely to report greater QML attainment. When workplace cultures, supervisors, and coworkers are generally supportive of caregiving and employees integrating their work and family lives, organizations may be more likely to offer maternity leave provisions or provide support for

mothers to take the leave that is right for them (Lyness et al., 1999). Notably, marginalization and poverty-wage employment significantly related to workplace support, suggesting that mothers who experience higher rates of lifetime marginalization or engage in poverty-wage employment may be less likely to report workplace support, potentially due to more discriminatory experiences in the workplace (Schein, 2010; Sterling, 2021).

Second, I found that QML significantly and positively related to organizational commitment and job satisfaction, while it was significantly and negatively related to turnover intentions, underpayment, and depressive symptoms. These findings support claims in the literature that when mothers are able to access QML, they may be more likely to report enjoyment of their job, emotional attachment to their organization, fewer intentions to leave their organization and depressive symptoms, and lower rates of underemployment (Bae & Yang, 2017; Berger & Waldfogel, 2004; Chatterji & Markowitz; Sterling, 2021). If mothers do not access QML and return to work quickly postnatally, they may report higher turnover intentions and lower organizational commitment as they consider whether they will leave the organization or workforce (Bae & Yang, 2017). Similarly, mothers that return to work more quickly appear to report more depressive symptoms, potentially due to not getting the time off they need to heal, cope with new stressors, or integrate their roles (Feldman et al., 2004; Hyde et al., 1995). Additionally, when mothers are able to take QML, they appear less likely to report experiences of underpayment. This may be because they are able to return to the paid labor market, thus continuing their paid income, work experiences, and potential ability to gain raises and promotions (Budig & England, 2001; Ulker & Guven, 2011; Ybarra, 2013).

Of note and contrary to my hypothesis, QML was significantly and negatively related to motherhood identity centrality. When mothers attain greater QML, they may be better able to

integrate their motherhood identity into their constellation of existing identities, thereby making this identity less salient or central and resulting in an inverse relation between QML and motherhood identity centrality. Conversely, mothers who had high QML may have been able to get more work done on leave and may have maintained or even increased their identity as an employee. Additionally, it may be that when mothers attain QML and are given time to integrate their identities, they redefine what being a mother and an employee means by combining the two to create a newly integrated “good working mother identity,” (Buzzanell et al., 2005, p. 266), which may result in decentralization of the motherhood identity.

Finally, consistent with my hypotheses, QML mediated the relation from marginalization, workplace support, and poverty-wage employment to organizational commitment, turnover intentions, job satisfaction, depressive symptoms, and motherhood identity centrality. Based on these results and existing findings, it appears that attaining the necessary time off, flexibility, benefits, and coworker support in the absence of workplace microaggressions and discrimination during maternity leave (i.e., QML) may be a crucial part of decent work for working mothers that enables alignment with their organization, enjoyment of their job, ability to cope with stress, continued participation in the paid labor force, and intentions to stay at their organization during and post-leave (Sterling & Allan, 2020; Sterling, 2021). Because our sample was relatively privileged, there may be an even larger effect of QML on the outcomes included in this study for less privileged mothers given the relative importance of decent work and maternity leave for marginalized populations (Duffy et al., 2016; Sterling & Allan, 2020). Providing QML may be a critical intervention that could contribute to favorable maternal job and wellbeing outcomes.

Limitations and Future Directions

There are several limitations to this study that are critical to the interpretation of the results, along with suggestions for future directions for scholars to build on this foundation. First, as is the case with most survey research, there may be limited generalizability of the results to the general population of mothers in the U.S. based on the study's highly privileged sample (e.g., the sample consisted of mothers who identified as 99.5% ciswomen, 86.1% White/European American, 85.2% heterosexual/"straight", 82.3% being employed full-time, 62% having a household income over \$100,000). Additionally, as aforementioned, there was an inexplicable glitch in the Qualtrics survey software in which 153 (42.27%) participants did not provide some demographic information, although I did not find significant differences among mothers who had complete and incomplete demographics in relation to any study variables (e.g., QML, depressive symptoms, turnover intentions, marginalization). To address these concerns, scholars should strive to gather diverse samples of working mothers with complete demographics to determine to what extent these findings are relevant to mothers with marginalized identities. Furthermore, because the study was nonexperimental and cross-sectional, inferring causal linkages among variables is not possible, so researchers should conduct longitudinal inquiries into mothers' QML experiences, how QML is affected by the proposed predictors over time, and QML's influence on various outcomes. In addition, there may be alternative models of the relations among the variables studied here. Moving forward, scholars may reexamine the model studied here in comparison with alternative models guided by theoretical and conceptual knowledge to ensure the best model is captured.

Second, many potential predictors and outcomes of QML were not included—some of which were outlined in my conceptual framework and some that were not. I chose to focus on several job-related (i.e., organizational commitment, job satisfaction, turnover intentions) and wellbeing outcomes (i.e., depression, motherhood identity centrality) that I proposed as being

strongly related to mothers' experiences of QML due to the lack of empirical research on these outcomes in relation to maternity leave despite theoretical linkages (Sterling, 2021). Additionally, I limited experiences of marginalization to those related to being a woman; however, it is vital for future research to examine the marginalization experiences of mothers with diverse racial/ethnic, social class, gender, sexual orientation, and disability identities, among others (Sterling, 2021). Generally, there are likely other predictors (e.g., gender identity, undocumented status, immigrant status, work volition, personality factors, career adaptability, career centrality, critical consciousness) and outcomes (e.g., meaningful work, self-efficacy, need fulfillment) of QML that were not included in my conceptual framework that deserve further examination (Sterling, 2021). Future studies may incorporate other predictors and outcomes of QML to provide a more comprehensive understanding of QML.

Another limitation inherent in this study is the exclusion of adoptive and foster mothers and other parents in our understanding of maternity leave. Adoptive and foster mothers serve an integral caregiving role in our society with thousands of children in the U.S. entering foster care each year and research on these mothers' leave experiences being sparse (U.S. Department of Health and Human Services, 2014). However, due to the differing nature of adoption and fostering in comparison with birthing a child, choosing one of these populations to sample was appropriate. Furthermore, it is likely that adoptive and foster mothers experience different predictors and outcomes in regard to QML, and it is equally important for scholars to expand upon our understanding of QML. Scholars should aim to adapt the QMLS to account for foster and adoptive mothers' experiences and examine the predictors and outcomes of QML that are most relevant for these mothers. Likewise, the present study focused on maternity leave as a gendered construct rather than examining parental leave as an all-gender construct. This is in part due to the gendered

nature of caregiving and U.S. policies regarding caregiving leave, but also because predictors and outcomes of paternity leave and other types of parental leave may be different than those for QML. Therefore, future research should examine what quality parental and paternity leave look like in the U.S. context as well as what leads to and results from quality parental leave. Granted that the present study contains several limitations, it remains a strong contributor towards a greater understanding of what predicts and is affected by mothers' QML experiences, which will be invaluable in the fight for U.S. federal maternity leave provisions and an equitable society.

Practical Implications

The results from this study are relevant to federal, state, and organizational policies and clinical practice with women and mothers. It is imperative for the U.S. to adopt maternity leave provisions for all working mothers, whether at a federal or state level, with possible additional organizational provisions. The lack of maternity leave and QML in the U.S. contributes to the gender pay gap and glass ceiling for women, especially for women of color who engage in inequitable unpaid caregiving work, in addition to poorer mental health outcomes including increased rates of depression and anxiety (Alon & Haberfield, 2007; Cabeza et al., 2011; Gault et al., 2014; National Alliance for Caregiving & AARP, 2015). Poorer maternal mental health has been linked to maternal suicide, preterm delivery, physical health, and even infanticide, which are outcomes that may be mitigated by providing mothers QML (Chatterji & Markowitz, 2012; Van Niel & Payne, 2020; Sterling, 2021). Based on my findings, QML may be crucial for mothers to experience fewer depressive symptoms, be less likely to turnover or feel underemployed, and experience more organizational commitment and job satisfaction. Additionally, organizations providing employees with a livable wage and workplace support may contribute to greater experiences of QML, which then affects the aforementioned outcomes like decreasing turnover

intentions and depressive symptoms. With women making up approximately half of the U.S. workforce (Women's Bureau, 2020) and just under three-quarters of these women consisting of working mothers as of 2016 (Women's Bureau, 2016), it is critical for legislators and employers to build maternity leave policies that include adequate time off, healthcare benefits, workplace flexibility, coworker support, and an absence of workplace microaggressions and discrimination (Sterling & Allan, 2020; Sterling, 2021).

Practitioners working with employed pregnant or existing mothers or those who are unemployed and looking for employment may benefit from helping mothers identify and process their marginalization experiences and understand how these experiences of societal oppression may contribute to their well-being and QML access and attainment. This may empower clients to make informed leave and vocational decisions that are right for them and contribute to a connection to a community of women beyond themselves, which may be particularly important for mothers with marginalized identities and low workplace support and QML (Betz, 2006). Acknowledging the reality of the lack of QML in the U.S. and many workplaces would likely be validating to mothers and exploring what this lack of QML means for mothers or mothers-to-be may be imperative to understanding mothers' unique perceptions and experiences of QML. Further, helping mothers plan for this reality could contribute to increased resilience and well-being. This may include supporting them in strengthening social resources in and out of the workplace, engaging in social justice and organizational change advocacy, and further developing coping strategies for stressors that might accompany being a working mother (American Psychological Association, 2018; Betz, 2006). Practitioners should also familiarize themselves and practice aligned with the APA Guidelines for Psychological Practice with Girls and Women (American Psychological Association, 2018) that includes fostering empowerment and critical consciousness,

practicing with attention to strengths and intersectionality (e.g., the ways in which people's various identities affect and interact with one another), and understanding women's experiences in their sociopolitical context. Overall, QML is an important part of mothers' experiences in the workplace, especially in the U.S. context where maternity leave is not federally guaranteed or paid. The present study contributes to the literature and can inform federal, state, and organizational policies regarding maternity leave policies. Future research should continue to examine QML and should also expand the maternity leave literature to better capture the experiences of other parents, including foster and adoptive mothers.

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Table 1. Descriptive Statistics of Total Scale Scores for Study Variables

Study Variable	<i>M</i>	<i>SD</i>	Range
Marginalization	11.65	4.97	18.00
Workplace Support	52.51	18.31	60.00
Poverty-Wage Employment	18.31	11.34	36.00
Quality Maternity Leave	111.31	24.23	130.00
Organization Commitment	18.45	6.04	24.00
Turnover Intentions	19.11	4.95	18.00
Job Satisfaction	22.93	7.48	30.00
Underpayment	29.04	11.99	42.00
Identity Centrality	20.62	4.94	22.00
Depression	18.31	12.11	59.00

Table 2. Factor Correlations among Latent Study Variables

Variable	1	2	3	4	5	6	7	8	9	10
1. Marginalization	-									
2. Workplace Support	-.13*	-								
3. Poverty-Wage Employ.	.28**	-.47**	-							
4. QML	-.28**	.94**	-.61**	-						
5. Organization Commit.	-.20**	.67**	-.43**	.71**	-					
6. Turnover Intentions	.21**	-.70**	.45**	-.75**	-.76**	-				
7. Job Satisfaction	-.19**	.65**	-.42**	.69**	.73**	-.88**	-			
8. Underpayment	.14**	-.46**	.30**	-.49**	-.32**	.44**	-.34**	-		
9. Identity Centrality	.05**	-.17**	.11**	-.19**	-.05	.23**	-.17**	.06	-	
10. Depression	.12**	-.40**	.26**	-.42**	-.19**	.31**	-.30**	.21**	.10	-

Note. Poverty-Wage Employ. = Poverty-wage employment; QML = Quality maternity leave; Organization Commit. = Organizational commitment.

* $p < .05$, ** $p < .01$.

Table 3. Psychometric Properties for Item Parcels of Latent Constructs

Latent Construct	Parcel Label	Items in Parcel	<i>M</i>	<i>SD</i>	Cronbach's α
Workplace support	Coworker Support	7, 8, 9, 10	22.61	4.44	.88
	Supervisor Support	4, 5, 6	15.17	4.65	.90
	Organizational Support	1, 2, 3	14.72	4.78	.92
Poverty-Wage Employment	Parcel 1	3, 6	5.10	3.64	.93
	Parcel 2	4, 5	6.51	4.07	.92
	Parcel 3	1, 2	6.70	4.11	.91
Quality Maternity Leave	Time Off	1-4	12.07	7.74	.93
	Flexibility	5-8	21.06	6.10	.87
	Coworker Support	9-11	17.69	3.98	.91
Organizational Commitment	Discrimination	12-15	23.85	5.59	.89
	Microaggressions	16-19	19.80	6.88	.84
	Benefits	20-23	16.84	7.51	.87
Turnover Intentions	Parcel 1	2, 4	5.90	2.13	.69
	Parcel 2	1, 6	6.14	2.25	.76
	Parcel 3	3, 5	6.41	2.25	.84
Underpayment	Parcel 1	3, 6	7.21	1.90	.51
	Parcel 2	1, 5	7.17	1.83	.47
	Parcel 3	2, 4	4.73	1.89	.53
Depressive Symptoms	Parcel 1	3, 5	8.47	3.55	.85
	Parcel 2	1, 2	7.96	3.68	.96
	Parcel 3	4, 6, 7	12.61	5.30	.95
Motherhood Identity Centrality	Negative affect	3, 6, 9, 10, 14, 18, 17	5.88	5.10	.88
	Somatic features	1, 2, 5, 7, 11, 13, 20	8.09	4.73	.81
	Positive affect	8, 4, 12, 16	3.67	2.92	.83
	Interpersonal Disturbance	15, 19	.72	1.15	.71
	Personal Identity	1, 2, 4, 7	20.62	4.94	.81

Note. Parcels for workplace support, quality maternity leave, and depressive symptoms were based on subscales of their respective instruments, reflected in the Parcel Label column. All other parcels were labeled with Arabic numerals.

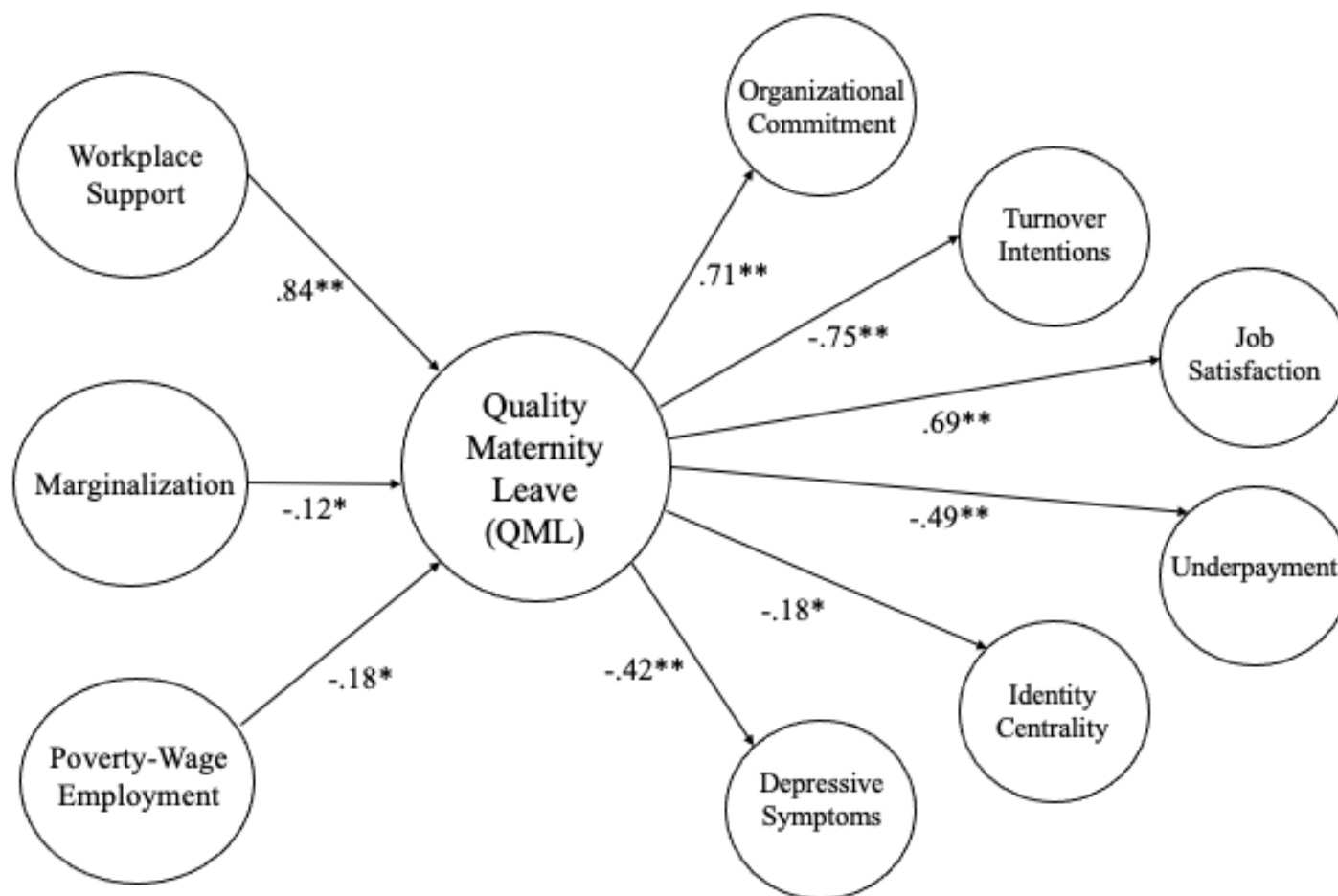


Figure 2. Primary model of predictors and outcomes of quality maternity leave with standardized estimates.

* $p < .01$, ** $p < .001$.

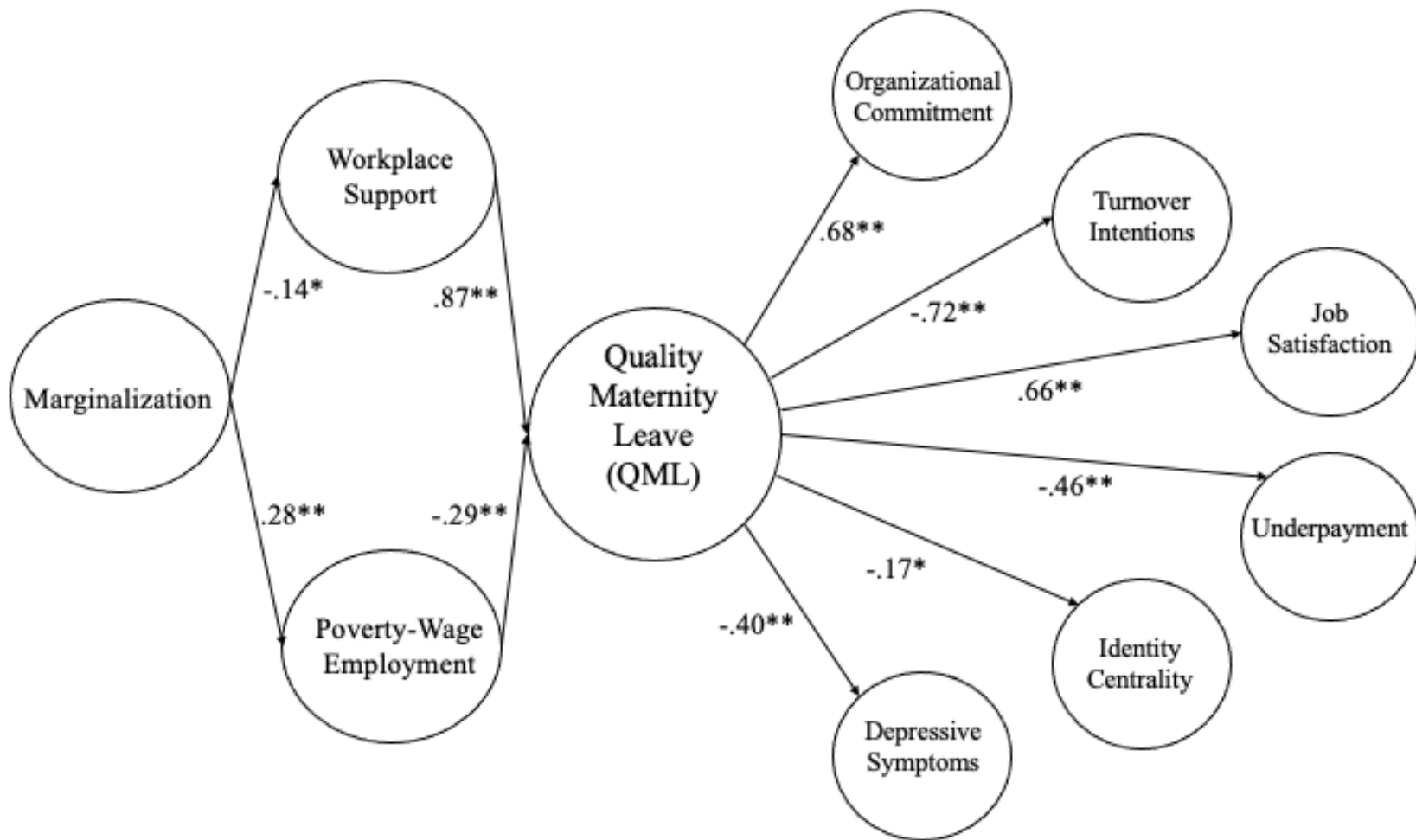


Figure 3. Alternative model of predictors and outcomes of quality maternity leave with standardized estimates.

* $p < .01$, ** $p < .001$.

APPENDIX A. PUBLICATIONS NOT INCLUDED IN CHAPTER 1

Table A: Overview of studies not included in the manuscript that examine predictor and outcome variables of QML.

Author Citation	Article Title
Berger, Hill, & Waldfogel (2005)	Maternity leave, early maternal employment and child health and development in the US
Burström, Holland, Diderichsen, & Whitehead, (2003)	Winners and losers in flexible labor markets: the fate of women with chronic illness in contrasting policy environments—Sweden and Britain
Chatterji & Frick (2005)	Does returning to work after childbirth affect breastfeeding practices?
Chatterji & Markowitz (2005)	Does the length of maternity leave affect maternal health?
Clark, Hyde, Essex, & Klein (1997)	Length of maternity leave and quality of mother-infant interactions
Cook (2009)	Connecting work family policies to supportive work environments
Cunningham & Macan (2007)	Effects of applicant pregnancy on hiring decisions and interview ratings
Dechter (2014)	Maternity leave, effort allocation, and postmotherhood earnings
Feng & Han (2010)	Maternity leave in Taiwan
Gatrell & Cooper (2016)	A sense of entitlement? Fathers, mothers and organizational support for family and career
Gerber & Perelli-Harris (2012)	Maternity leave in turbulent times: Effects on labor market transitions and fertility in Russia, 1985-2000
Gerstel & McGonagle (1999)	Job leaves and the limits of the Family and Medical Leave Act: The effects of gender, race, and family
Gjerdingen & Chaloner (1994)	The relationship of women's postpartum mental health to employment, childbirth, and social support
Glass & Riley (1998)	Family responsive policies and employee retention following childbirth

Gregory (2001)	Women and workplace discrimination: Overcoming barriers to gender equality
Han, Ruhm, & Waldfogel (2009)	Parental leave policies and parents' employment and leave-taking
Hebl, King, Glick, Singletary, & Kazama (2007)	Hostile and benevolent reactions toward pregnant women: Complementary interpersonal punishments and rewards that maintain traditional roles
Hennekam (2016)	Identity transition during pregnancy: The importance of role models
Huppatz, Sang, & Napier (2019)	'If you put pressure on yourself to produce then that's your responsibility': Mothers' experiences of maternity leave and flexible work in the neoliberal university
James (2008)	United by gender or divided by class? Women's work orientations and labour market behaviour
Kompier (2005)	Assessing the psychosocial work environment—"subjective" versus "objective" measurement
Kramer (2008)	Unions as facilitators of employment rights: An analysis of individuals' awareness of parental leave in the National Longitudinal Survey of Youth
Kremer (2006)	The politics of ideals of care: Danish and Flemish child care policy compared
Lundberg & Rose (2000)	Parenthood and the earnings of married men and women
Masser, Grass, & Nesic (2007)	'We like you, but we don't want you'—The impact of pregnancy in the workplace
McGovern, Dowd, Gjerdingen, Moscovice, Kochevar, & Lohmann (1997)	Time off work and the postpartum health of employed women
Milkman & Appelbaum (2004)	Paid family leave in California: New research findings
Morgen & Gonzales (2008)	The neoliberal American dream as daydream: Counter-hegemonic perspectives on welfare restructuring in the United States
Nosek & Hughes (2003)	Psychosocial issues of women with physical disabilities: The continuing gender debate

Ogbuanu, Glover, Probst, Liu, & Hussey (2011)	The effect of maternity leave length and time of return to work on breastfeeding
Queneau & Marmo (2001)	Tensions between employment and pregnancy: A workable balance
Tanaka (2005)	Parental leave and child health across OECD countries
Tett & Meyer (1993)	Job satisfaction, organizational commitment, turnover intention, and turnover: path analyses based on meta-analytic findings
Thompson, Beauvais, & Lyness (1999)	When work-family benefits are not enough: The influence of work family culture on benefit utilization, organizational attachment, and work-family conflict
Tremblay & Genin (2010)	Parental leave: from perception to first-hand experience
Van der Lippe & Van Dijk (2002)	Comparative research on women's employment
Waldfoegel (1998)	The family gap for young women in the United States and Britain: Can maternity leave make a difference?
Waldfoegel (2001)	Family and medical leave: Evidence from the 2000 surveys
Williams, Manvell, & Bornstein (2006)	“Opt-out” or pushed out? How the press covers work/family conflict
Winegarden & Bracy (1995)	Demographic consequences of maternal-leave programs in industrial countries: evidence from fixed-effects models

Note: Some of these items were found in the initial search described in the methods section, while others were found in ancestral searches of articles found in the initial search.

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APPENDIX B. CHAPTER 2 SURVEY QUESTIONNAIRE

Demographics Questionnaire

Captcha completion to confirm participant is not a robot

Thank you for joining the study! First we'd like to know a little about you:

Are you over the age of 18? Yes No

Do you live in the United States of America? Yes No

Have you physically birthed more than one child? Yes No

Have you physically carried a child to birth and taken maternity leave for this childbirth within the past year? Yes No

Were you immediately fired from your job after your job found out that you were pregnant, taking leave, or birthing your child, but NOT fired related to COVID-19 reasons? Yes No

I was fired or let go due to COVID 19; please explain:

Were you employed at the time of your most recent pregnancy? Yes No

What is your age? _____

What is your gender? _____

What is your sexual orientation? _____

What is your race/ethnicity?

- African/African-American/Black
- First Nation/Native American/American Indian

- Arab American/Middle Eastern
- Asian/Asian American
- South Asian/Asian Indian
- Hispanic/Latina/o American
- Pacific Islander
- White/European American/Caucasian
- Multiracial
- Other _____

Think of this ladder as representing where people stand in the United States.

At the **top** of the ladder are the people who are the best off – those who have the most money, the most education and the most respected jobs. At the **bottom** are the people who are the worst off – who have the least money, least education, and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

Where would you place yourself on this ladder?

Please place a large "X" on the rung where you think you stand at this time in your life, relative to other people in the United States.



Read the paragraph above the ladder in the picture. Where do you currently fall on the ladder?

1 = bottom rung

2

3

4

5

6

7

8

9

10 = top rung

On average, what do you estimate is your yearly personal income in United States dollars (USD)?
\$_____

On average, what do you estimate is your yearly household income in United States dollars (USD)?
\$_____

What is your current occupation? _____

What is your employment status?

- Employed full-time
- Employed part-time
- Employed part-time but want full-time
- Self-employed
- Unemployed and looking for work
- Unemployed and not looking for work
- On disability
- Retired
- Full-time student
- Not specified above: _____

What is your highest degree obtained?

- Less than high school
- Some high school, no diploma
- High school graduate or equivalent (e.g., GED)
- Trade/vocational school diploma
- Associate's degree
- Some college, no degree
- Four-year college or university degree (e.g. BA, BS)
- Master's degree
- Professional degree (e.g., JD, MD)
- Doctorate (e.g., Phd, PsyD)
- Other: _____

Maternity Leave Characteristics Questionnaire

For the following questions, you will be asked to think about your childbirth maternity leave experience. **Please answer the following questions with your childbirth maternity leave experience in mind.**

What state or U.S. territory were you employed in at the time of your maternity leave experience? _____

What industry were you employed in at the time of your maternity leave experience? _____

What was your job title at the time of your maternity leave experience? _____

How long (in years) did you work with the employer that you had at the time of your maternity leave experience? _____

How many people are employed in your organization at the time of your maternity leave experience?

- 1-50
- 51-100
- 100-499
- 500-999
- 1000+

What was your employment status at the time of your maternity leave experience?

- Employed full-time
- Employed part-time
- Employed part-time but want full-time
- Self-employed
- Unemployed and looking for work
- Unemployed and not looking for work
- On disability
- Retired
- Full-time student
- Not specified above: _____

Did you have a partner during your leave experience? If yes, please specify your relationship (e.g., live-in girlfriend, girlfriend, wife, live-in boyfriend, boyfriend, husband, coparent, non-binary partner, etc.)

- Yes _____
- No

Were you married during your leave experience? Yes No

Did your partner take parental leave? Yes No

When did your maternity leave experience occur? (choose the best answer)

- Within the past month
- Within the past three months
- Within the past six months
- Within the past 12 months (1 year)
- Within the past 18 months (1.5 years)
- Within the past 24 months (2 years)

Was this your first maternity leave experience? Yes No

How many children do you have?

- 1
- 2
- 3
- 4
- 5
- More than 5 _____

What number was this child chronologically?

- 1
- 2
- 3
- 4
- 5
- More than 5 _____

Did you take Family Medical Leave Act (FMLA) time off for this maternity leave? Yes No

How long did you take for FMLA (in business days)? _____

If you were unable to take FMLA, please explain why. _____

Did your employer offer any maternity leave during your maternity leave experience? Yes No

What type of maternity leave did your *employer* offer (in addition to FMLA or State maternity leave offerings if these were used)? (you can select both if part of the leave offered was paid and part was unpaid)

- Paid (by employer); if paid, please specify time paid in days:
- Unpaid (by employer); if unpaid, please specify time unpaid in days:

Were you able to take the maternity leave offered by your employer? Yes No

Did you take your time off for maternity leave consecutively (e.g., one day after another without interruption) or intermittently (e.g., taking some days off while working others or breaking up your leave time into “chunks” of time off)?

Consecutively; please explain _____

Intermittently; please explain _____

Other; please explain _____

If you were unable to take the maternity leave offered by your employer, please explain why.

Were you paid during any part your maternity leave? Yes No

What kind of payment did you receive during your maternity leave? Please describe the amount of payment and the length of time that you received payment.

- Employer provided maternity leave compensation _____
- Disability Plan compensation (e.g., Temporary Disability Insurance) _____
- State Disability Insurance (SDI) or other state leave (please describe if other) _____
- Family Medical Leave Act (FMLA) _____
- Vacation Time/Sick Time/Other Paid Time Off (not specific to maternity leave) _____
- Other (please specify) _____

Did your employer offer any other “family-friendly” policies (e.g., on-site childcare, childcare subsidization, flexible working times, telecommuting)? Yes No

- If yes, please describe _____

Did you return to work with the same employer after childbirth? Yes No

- If no, please describe what led to you not returning to work with the same employer after your maternity leave _____

How much time did you take in total for maternity leave? *Please answer in the number of business days taken.* _____

Are you currently employed at the organization where you took your most recent maternity leave from? Yes No

Were you a member of a labor union during the time of your maternity leave? Yes No Unsure
Other: _____

Lifetime Experiences of Marginalization Scale (LEMS)

Instructions

We are interested in the degree to which you consider yourself to be marginalized in the United States. By marginalized, we mean being in a less powerful position in society, being socially excluded, and/or having less access to resources because you are a member of a specific group, have a specific identity, or life history. This often occurs due to one’s gender, race/ethnicity, sexual orientation, disability status, religious beliefs, physical appearance, or being a part of other minority groups/identities. With this definition in mind, please respond to the following items below considering the experiences you have had throughout your entire life *as a result of being a woman.*

- 1 = Strongly Disagree
- 2 = Moderately Disagree
- 3 = Slightly Disagree
- 4 = Neutral
- 5 = Slightly Agree
- 6 = Moderately Agree
- 7 = Strongly Agree

1. Throughout my life, I have had many experiences that have made me feel marginalized.
2. During my lifetime, I have had many interpersonal interactions that have often left me feeling marginalized

3. I have felt marginalized within various community settings for as long as I can remember”

Workplace Support Scale

Please use the scale provided where 1 = *strongly disagree* and 7 = *strongly agree* to respond to the following items with regard to your perceptions of your workplace **prior to your maternity leave experience.**

- 1— Strongly disagree
- 2— Disagree
- 3— Slightly disagree
- 4— Neither agree nor disagree
- 5— Slightly agree
- 6— Agree
- 7— Strongly agree

1. My company values my contribution to its well-being.
2. My company strongly considers my goals and values.
3. My company really cares about my well-being.
4. My supervisor is willing to extend themselves to help me perform my job.
5. My supervisor takes pride in my accomplishments at work.
6. My supervisor tries to make my job as interesting as possible.
7. Help is available from my co-workers when I need it.
8. My co-workers really care about my well-being.
9. My coworkers show very little concern for me. (r)
10. My co-workers care about my opinion.

Subjective Underemployment Scales (SUS)

Poverty Wage Employment Scale

Indicate how much the follow statements apply to you. For the following questions, consider your primary job where you spent the majority of your time **prior to and during your maternity leave experience.**

- 1— Strongly disagree
- 2— Disagree
- 3— Slightly disagree
- 4— Neither agree nor disagree
- 5— Slightly agree
- 6— Agree
- 7— Strongly agree

1. My pay is not enough to live on.
2. The income from my job is not enough.
3. I barely earn enough to survive.
4. Despite efforts at work, my income is too small.
5. I do not earn enough, even though I have a job.
6. My job does not allow me to make a decent living.

Underpayment Scale

Indicate how much the follow statements apply to you. For the following questions, consider your primary job where you spend the majority of your time **after your maternity leave experience**.

- 1— Strongly disagree
- 2— Disagree
- 3— Slightly disagree
- 4— Neither agree nor disagree
- 5— Slightly agree
- 6— Agree
- 7— Strongly agree

1. My pay is less than other people with my qualifications.
2. I am paid less than those with similar credentials.
3. I am underpaid compared to those with my level of knowledge.
4. I earn less than people with similar skills.
5. I make less than others with my level of education.
6. My pay is lower than others with my level of experience.
7. I earn less than others with my level of ability.

Validity Item/Bot Check Item

Please enter a complete sentence (including a subject, a verb, and proper punctuation) below regarding your maternity leave experience (e.g., "My maternity leave was enjoyable.").

Job Satisfaction Scale

Instructions: Please indicate the degree to which you agree/disagree with the following statements regarding your job **during your maternity leave experience**.

1= Strongly Disagree

2= Disagree

3= Slightly Disagree

4=Neither Agree nor Disagree

5= Slightly Agree

6= Agree

7= Strongly Agree

1. I feel fairly well satisfied with my present job.
2. Most days I am enthusiastic about my work.
3. Each day of work seems like it will never end. (r)
4. I find real enjoyment in my work.
5. I consider my job rather unpleasant. (r)

Affective Commitment Questionnaire – Revised (Meyer, Allen, & Smith, 1993)

The following statements concern how you feel about the organization **where you took maternity leave**. Please indicate the extent of your agreement or disagreement with each statement by choosing a number from 1 to 5.

1 = Strongly Disagree

2 = Disagree

3 = Neither disagree nor agree

4 = Agree

5 = Strongly Agree

1. I would be very happy to spend the rest of my career with this organization.
2. I really feel as if this organization's problems are my own.
3. I do not feel a strong sense of "belonging" to my organization. (R)
4. I do not feel "emotionally attached" to this organization. (R)
5. I do not feel like "part of the family" at my organization (R).

6. This organization has a great deal of personal meaning for me.

Turnover Intentions

The following section aims to ascertain the extent to which you intend to stay at the organization where you took maternity leave. Please read each question and indicate your response using the scale provided for each question:

1=Never

5=Always

1. How often did you dream of getting another job that will better suit your personal needs?
2. How often were you frustrated when not given the opportunity at work to achieve your personal work-related goals?
3. How often did you consider leaving your job?

1=To no extent

5=To a very large extent

4. How likely were you to accept another job at the same compensation level should it be offered to you?
5. To what extent was your (then) current job satisfying your personal needs?
6. How often did you look forward to another day at work?

Mother Identity Centrality Scale

Please indicate how much you agree or disagree with the following statements.

1 - Disagree Strongly

2

3

4 – Neutral/Mixed

5

6

7 – Agree Strongly

1. Overall, being a mother has very little to do with how I feel about myself.
2. In general, being a mother is an important part of my self-image.
3. My destiny is tied to the destiny of other mothers.
4. Being a mother is unimportant to my sense of what kind of person I am.
5. I have a strong sense of belonging to mothers.

6. I have a strong attachment to other mothers.
7. Being a mother is an important reflection of who I am.
8. Being a mother is not a major factor in my social relationships.

Center for Epidemiologic Studies Depression Scale (CES-D)

Instructions: Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

- 0 = Rarely or none of the time (less than 1 day)
1 = Some or a little of the time (1-2 days)
2 = Occasionally or a moderate amount of time (3-4 days)
3 = Most or all of the time (5-7 days)

1. I was bothered by things that usually don't bother me.
2. I did not feel like eating; my appetite was poor.
3. I felt that I could not shake off the blues even with help from my family or friends.
4. I felt I was just as good as other people.
5. I had trouble keeping my mind on what I was doing.
6. I felt depressed.
7. I felt that everything I did was an effort.
8. I felt hopeful about the future.
9. I thought my life had been a failure.
10. I felt fearful.
11. My sleep was restless.
12. I was happy.
13. I talked less than usual.
14. I felt lonely.
15. People were unfriendly.
16. I enjoyed life.
17. I had crying spells.
18. I felt sad.
19. I felt that people dislike me.
20. I could not get "going."

The Quality of Maternal Leave Scale

Instructions: "Maternity leave is time mothers take off from paid work to care for a new baby in their family. We are curious to hear about your experience of maternal leave. **Please answer this**

scale based on your most recent childbirth. There are no right or wrong answers; we are interested in your experiences and your thoughts about them.”

Using the scale below, indicate your level of agreement with each of the following statements.

7 - Strongly agree

6 - Agree

5 - Slightly agree

4 - Neither agree nor disagree

3 - Slightly disagree

2 - Disagree

1 - Strongly disagree

- Time Off
 - 1. My leave from work was long enough after giving birth.
 - 2. The leave provided from my employer gave enough time for me to bond with my baby.
 - 3. After childbirth, I had enough time to spend with my newborn.
 - 4. I was able to take the right amount of maternity leave for me.
- Flexibility
 - 5. Before childbirth, I was able to take time off work for baby-related reasons.
 - 6. I was able to take time off work for prenatal healthcare appointments.
 - 7. My employer allowed me to leave work for unplanned absences due to this pregnancy.
 - 8. I could count on my employer to give me the time off I needed during my pregnancy.
- Coworkers
 - 9. My co-workers were supportive of me taking maternity leave.
 - 10. People at work supported me in taking time off for this child's pregnancy.
 - 11. My coworkers were understanding about me taking maternity leave.
- Discrimination
 - 12. I was demoted at work because of this pregnancy. (r)
 - 13. I was treated negatively at work because of this pregnancy. (r)
 - 14. I felt discriminated against at work because I took maternity leave. (r)
 - 15. I was denied promotion opportunities at work because I took maternity leave. (r)
- Microaggressions
 - 16. I was physically touched at work when I did not solicit it during the pregnancy. (r)

- 17. My body was talked about at work without my permission during the pregnancy. (r)
- 18. I received unwanted advice from coworkers during this pregnancy. (r)
- 19. My coworkers showed unnecessary concern for my decisions because of this pregnancy. (r)
- Benefits
 - 20. I received good financial compensation during my maternity leave.
 - 21. My benefits at work were sufficient to support me through this childbirth.
 - 22. My employer has good healthcare benefits related to maternity leave.
 - 23. I had access to mental healthcare benefits from my employer during my maternity leave.

Thank you for participating! We appreciate your time. If you have any questions or concerns, you can contact Haley Sterling, the principal investigator, at hsterlin@purdue.edu. Please follow the link below to enter your email address to be entered into the draw for one of 20 \$10 Amazon gift cards. [insert external Qualtrics email submission survey link here]