

Women at Work: Work Family Conflict and Well Being

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ABSTRACT

Many women have diverted from their traditional single role as home makers who are financially dependent on their husbands to the double roles of being home makers and wage earners. In fitting into their second role as wage earners, women are often confronted with their main challenge of balancing work and family. This study looked into the work conditions of employed women, namely time at work, workload, conflicts at work, and the lack of support at work, as well as family conditions such as the number of children, presence of young children and lack of support at home, and work-family conflict. This study determined the effects of the predictors on employed women's well-being. The participants of this study were limited to women secretaries/clerks who are married with children in the Klang Valley. The research was conducted using the survey method of questionnaire and the data was analysed using the SPSS (Statistical Package for the Social Sciences). In conclusion, this study found that the above mentioned predictors, namely work conditions, family conditions and work-family conflict did affect employed women's well-being; these predictors affected them in different ways including psychological distress, physical health symptoms and low job satisfaction.

Keywords: Women, home makers, wage earners, conflict, family, work

INTRODUCTION

The highest form of challenge, faced by today's employed women, is balancing family and work life. Family and work are inseparable in that family is central to work and work is central to family. A recent study of the changing workforce, the Families and Work Institute reported that work-life balance was ranked among the most important factors considered by individuals in accepting a new position (Galinsky *et al.*, 1996).

Work generally refers to instrumental human activity, whose aim, at the minimum, is the provision of goods and services for supporting human life (Piotrkowski *et al.*, 1998). In the theoretical context, the term 'family' is used to designate persons sharing a residence and household, those who are related by biological ties, marriage, social custom, or adoption (Piotrkowski *et al.*, 1998).

According to Greenhaus and Parasuraman (Greenhaus and Parasuraman, 1999), work experience can affect involvement, behaviour, attitudes, and outcomes in the family domain. Positive work experiences, such as high autonomy and control, work schedule flexibility, and social support, can enrich family life and promote work-family integration. The absence of these resources, as well as the presence of extensive stress within the work environment, may produce work-family conflict which has harmful effects on the family.

Women's family responsibilities can severely limit their careers in ways that do not generally affect men. Women tend to choose occupations which are compatible with their family's needs. They also limit their aspirations for career advancement, reduce their behavioural and psychological involvement in work, adjust their

work schedule for family reasons, and turn down opportunities for career development and growth which would interfere with their family responsibilities (Greenhaus *et al.*, 1999).

Work-family conflict or interference refers to simultaneous pressures from the work and family domains which are mutually incompatible in some respect such that meeting the demands of one role makes it difficult to meet the demands of the other role (Greenhaus and Singh, 2003). Factors associated with increased work-family conflict include high level of job involvement, heavy workload, as well as conflict at work or at home and low level of supervisor support (Fox and Dwyer, 1999).

The present study predicted that work conditions such as time at work, the amount of work (work overload), conflict at work and support at work, were negatively related to well-being; whereas, family conditions such as the presence of children, the presence of young children and support at home were negatively related to well-being; and work-family conflict was negatively related to well-being. Well-being in this study was measured in terms of psychological distress, physical health symptoms and low job satisfaction.

WORK CONDITIONS

Time at Work

Workplace and government policies in the mid-1900s were made based on the assumption that someone was at home full-time to care for the needs of the family, leaving the worker unencumbered by outside demands (Moen, 2003). Today, many women have joined the workforce without leaving their primary job as homemakers. In Malaysia, many women prefer working for various reasons, with the main one being economic reasons (Noraini M. Noor, 1999). Therefore, women are now playing a great role in improving the economy of the households. However, problems arise when employed women are faced with difficulties in balancing time at home and time at workplace.

Michie and Williams (2003) in a research conducted in the United Kingdom, found that the most common work factors associated with psychological ill health were work demand which included long hours at work. Although the length of the average work week has slightly changed over the past twenty years, the aggregate amount

of time that couples spend at work has increased dramatically (Jacobs and Gerson, 2001). Thus, in order to balance work-family time, many women opt for available alternatives such as part-time employment or flexible working hours. However, these benefits are normally marginalised with other negative impacts such as lower wages and slower career advancement.

Work Overload and Conflict at Work

Literature has found that among the factors associated with psychological ill health were work demand such as workload and pressure and the lack of control over work (Michie *et al.*, 2003). A study conducted in Malaysia (Amat Taap Manshor *et al.*, 2003) found that although many organisations have reduced the working days in a week, often going from six to five days, the workload has not changed in most cases. The study also found that high work demands and rapid changes in the workplace resulted in higher role conflict and role ambiguity among managers.

Work overload normally occurs when job demands exceed the human limits, and people have to do too much, in too little time, with very limited resources. It is characterised by a number of conditions such as long and difficult working hours, unreasonable workloads, increased excessive performance monitoring, additional (often) inappropriate tasks imposed on top of the 'core' workload (more than one job) and work conflict (Lyndia *et al.*, n.d). Meanwhile, work conflict occurs when two or more roles cannot be performed simultaneously (such as in an organisation where an individual must satisfy the demands of two or more teams or supervisors) (Duxbury and Higgins, 1999). Policies will not work in companies where workload is a problem. For instance, employees who work in an organisation with a culture around 'face time' and hour at work (i.e. believe that they will not advance if they cannot work long hours, that family responsibilities make it difficult to advance, and that it is not acceptable to say no to more work) are less able to balance between work and family (Duxbury and Higgins, 2003).

Support at Work

Literature has shown that poor support from managers is a common factor which is associated with psychological ill health (Michie *et al.*, 2003).

In another study, supervisor support was identified as a critical moderator of work-life conflict (Thomas and Ganster, 1995).

A research by Duxbury and Higgins (2003) in Canada found that employees with supportive managers were significantly and more likely to be satisfied with their jobs, committed to the organisation, and involved with their work. They further reported less overall stress, less job stress, less role overload and less interference from work to family.

Grzywacz and Mark (2000) found that family life has a positive effect on work; for example, participants with spouses or children were found to be more likely to report that talking with someone at home had helped them deal with work problems and that support at home made them feel confident about themselves at work.

In view of the above, it is therefore important for companies to ensure that proper support is provided as it is evident that the companies will benefit from it in the long run. This could be done by implementing policies such as family-friendly work environment. In terms of family support, an equal sharing of family responsibility is needed.

FAMILY CONDITION

The Presence of Children and Young Children

The attitude towards working women seems to be that, while people have no objection to availing of their talents and abilities outside the home, women are not allowed to compromise on their home life (Mehrotra, 2002). Among dual-earner couples, wives typically experience higher levels of work-family conflict than husbands, particularly when young children are in the home (Roehling *et al.*, 2003).

According to Reynolds and Aletraris (2005) both men and women react to work to family conflict by wanting to reduce the number of hours they work, but among women, the strength of the relationship varies considerably with the age of the youngest child in the household. In particular, work to family conflict is most likely to make women want fewer hours of work when there are young children in the household (i.e. children eight years old or younger).

However, it is no longer uncommon to see fathers dropping their children off or picking them up from childcare centres. Although many fathers were engaged in dropping children off or picking them up, mothers perceived the

responsibility for dealing with childcare providers as resting entirely on their shoulders (Hattery, 2000).

In Australia, a nationwide survey data showed how common it was for the employees with dependent care (children under 15 years of age) responsibilities to have to take time off work (Website of EOWA). The survey found that nearly one third of employed caregivers had claimed that care-giving commitments caused repeated interruptions at work, resulted in their having to work fewer hours, or both; almost one-quarter taken periods of unpaid leave; 16% taken less responsible jobs; and 13% refused promotions.

While being in charge of child-care, health is always a priority for mothers, like selecting their children's doctor, taking children to keep doctor's appointments, as well as follow-up care (<http://www.kff.org/womenshealth>) and care for a sick child (Kaiser Family Foundation, 2003).

Many working mothers, particularly low-income mothers, have major concerns about the consequences of missing work to care for children on their jobs and career paths, fearing that their colleagues will not be understanding enough when they miss work (Kaiser Family Foundation, 2001). According to Mehrotra (2002) very often mothers who have to go back to work are not happy leaving their children at such a young age. They feel guilty, anxious and their anxiety is transmitted to the children. The mother will phone home ten times a day to find out what is happening and try to give instructions over the phone. This can cause the whole family to develop neurotic tendencies, and due to this reason, working mothers easily succumb to children's demands, mostly out of guilt.

However, a woman's employment has been shown to enhance her emotional well-being (Baruch and Barnett, 1986) particularly if she wishes to work (Ross *et al.*, 1983) and her job is interesting and challenging (Valdez and Gutek, 1987). Research has also indicated that a woman's employment needs not have deleterious effects on her children (Piotrkowski *et al.*, 1998).

Support at Home

To reduce work-family conflict or family-work conflict of an employed woman, it is important that she gets sufficient support. This support includes spousal support (Piotrkowski *et al.*, 1987) family support (Friedman and Greenhaus, 2000) (children, parents, in-laws or other relatives) and

social support (community). The types of support include emotional support, help in household chores and child care. Spousal support has been found to reduce interrole conflict (Carlson and Perrew, 1999) and be negatively related to family-work conflict (Eagle *et al.*, 1997). Similarly, it has also been proposed that spousal support may serve as a buffer against role overload experience, originating either within the work environment or family environment (Aryee, 1999). Spousal support has also been observed to serve as a mediating role in response to work and family conflict (Burley, 1995) as well as enhancing career satisfaction (Aryee and Luk, 1996).

In Canada, employed women's main concern is child care support. Apart from spousal support, many women rely on other forms of support, usually, family and community. Families are deeply concerned about the supply, quality and cost of child care available in their communities. Families continue to rely on non-parental childcare as the children enter their school-aged years (6 to 11 years). One in four children (26%) was in non-parental childcare for some time during the week, while 10% were cared for by a sibling, about 3% looked after themselves while their parents were working or studying. In other words, parents have great difficulty finding suitable childcare (The Bureau of National Affairs, 1989).

Work Family Conflict

Work-family conflict is a type of inter-role conflict in which the role demands, stemming from one domain (work or family), are incompatible with the role demands stemming from another domain (family or work) (Greenhaus and Beutell, 1985). Work-family conflict is bi-directional. That is, work can interfere with family (referred to as work-to-family conflict) and family can interfere with work (referred to as family-to-work conflict). To further explore work-family conflicts, both family and work situations which an individual confronts with, should be taken into consideration.

Moreover, work conditions can have a negative impact on family life. Similarly, family conditions such as an unsupportive spouse, inequities in the division of housework and childcare, significant health problems in family members, and changing childcare arrangements, are some of the family problems which can contribute to work-family conflict (Kiger and Riley, 2000).

RESEARCH METHODOLOGY

This study used the convenience sampling method, whereby participants were all volunteers from various organisations. The final sample was made up of 180 women. All the women in the final sample were married with children and they were either secretaries or clerks working in the Klang Valley, in line with the aim of this study, i.e. focusing on the middle income earners as opposed to the higher or lower income earners.

The questionnaire method of survey was used and data gathered were analysed using the SPSS (*Statistical Package for the Social Science*). The questionnaire consisted of general demographics, work conditions, family conditions as well as interface of work and family and well-being. The demographic information included age, marital status, level of education, occupation, the number of years in the present employment, the total number of years in employment, salary of participants only (per month), combined salary of the participant and her husband (per month), childcare, hours spent at workplace (per day), as well as the number of children and their age.

Working condition was measured by time at work, i.e. the number of hours spent at work reported by these women. Meanwhile, the amount of work was measured using the 4-item scale of Index of Organisational Reactions (IOR) designed by Smith (1976). In addition, conflict at work was measured using the 8-item scale of Role Conflict developed by Rizzo, House and Lirtzman (1970). Support at work consisted of four items adopted from House (1981); each item had five responses which were to be answered individually. Except for the time at work, these items were measured using the 4-point Likert scale format (1="Not at all" to 4="very much indeed").

Family condition was measured using two predictors. The first included the number of and ages of children as indicators of family. Secondly, the marital experience measure, adopted from the 14 item scale by Baruch and Barnett (1986) was used. For this purpose, a 4-point Likert scale format was used, with higher scores indicating better marital experience.

Interface of work and family was measured using the 22-item measurement of work and family conflicts designed by Kelloway, Gottlieb and Barham (1999). A 4-point Likert scale format was used, with higher scores indicating higher work-family conflict.

Well-being was used as the outcome, which was measured in terms of psychological distress, assessed by the 12-item General Health Questionnaire (GHQ 12) designed by Goldberg (1972) scored using the conventional 0-1-2-3 Likert scores; higher scale indicated a high level of distress. Physical health symptoms were measured from the the original 12-item scales designed by Cooper, Sloan and Williams (1988) measured using the 4-point Likert scale, with higher scores indicating higher physical health symptoms. Job satisfaction was derived from the 5-item scale designed by Hackman and Oldham (1975) measured using the 4-point Likert scale format, with higher scale indicating higher level of job satisfaction.

RESULTS

In this study, the age of the participants ranged from 20 to 52 years old, with a mean of 34.28 years and a standard deviation of 7.09 years. Sixty eight percent of the participants were clerks and 32% of them were secretaries. In terms of their education level, all the participants had at least completed form five education. The gathered data showed that 38% of the participants had their education up to form five, 15% pursued to form six, 35% obtained diploma, 9% were graduates and only 3% post-graduates.

The participants' number of years at the present employment showed a range of one to 20 years, with a mean of 6.36 years and a standard deviation of 4.22 years. The total number of years in employment showed that the participants had worked in the range of one to 25 years in total, with a mean of 9.88 years and a standard deviation of 5.61 years. In addition to these, the participants indicated to spend 7 to 11 hours per day on paid employment, with a mean of 8.19 hours and a standard deviation of 0.82 hours. All the participants earned between RM1, 001 to RM1, 500 per month. However, the total household income (combined income of the participant and her husband) was between RM 3,000 to RM5, 000 per month.

As having children was a criterion of this study, every participant had at least one child, with the maximum number of children reported by participants as being seven. Eighteen percent of the participants had one child, 40% had two children, 28% had three children and 14% had more than four children. The ages of the children

were between two months and 27 years old. In relation to this, 48% of the participants had children below six years old, 23% between seven to ten years old, 15% between 11 to 15 years old and 14% above 15 years. The participants mainly relied on their parents/in-laws to take care of their child(ren) when they were at work (35%), followed by day care centres (27%), others (24%) (e.g. children who did not require baby sitting or who had older siblings to care for the younger ones at home or others) and maids (14%). The reliance of the participants on their parents/ in-laws to care of their young was probably due to the financial constraint as participants earned only RM1, 500 or below.

INTERCORRELATIONS OF MEASURES

Intercorrelation of measures, which is presented in Table 1 below, was analysed using the Pearson correlation coefficients. The correlations between the demographic and predictors (work condition, family condition and work-family conflict) and the outcomes are as stated below.

Intercorrelations between Demographic Variables and Outcomes (Psychological Distress, Physical Health Symptom and Job Satisfaction) as well as Work-Family Conflict.

The number of years in the present employment and combined salary were negatively related with psychological distress; indicating that the longer the number of years in the present employment and the higher the combined salary, the lower the psychological distress would be. This is explained by the fact that as women are more experienced in their work, their work pattern becomes more organised and therefore, they tend to experience lesser psychological distress. Likewise, higher salary allows the affordability of better facilities, thus reducing psychological distress.

The total number of years in employment was also found to be negatively related to work-family conflict; this means the longer the total years in employment, the lesser the work-family conflict. This could be explained by the fact that participants who have worked longer are more organized and familiar with their jobs with a better pattern of work, and likewise, the same has probably applied at home, suggesting that they are more experienced than the younger ones and are believed to handle work-family conflict better. Meanwhile, combined salary was negatively related with work-family conflict, indicating that

the higher the combined salary, the lower the work family conflict would be. This was expected as higher wages would amount to affordability of better standards of living such as domestic helpers.

Intercorrelations between Predictors and Work-Family Conflict

Workload was positively correlated with work-family conflict, suggesting that the higher the workload, the higher the work-family conflict. Conflict at work indicated positive correlations with work-family conflict and implied that the higher the conflict at work, the higher the work-family conflict would be.

Unexpectedly, support at workplace (by others) was positively correlated to work-family conflict. This means the higher the support at workplace (by others), the higher the work-family conflict will be. This could be because the support given by others are support from the people who are not related to the women's work, and therefore, their support may not be what is expected; instead it may be detrimental due to the lack of knowledge or understanding about the job nature of the employees, for instance, wrong advice may be rendered unintentionally.

Number of children was negatively correlated to work-family conflict; it was shown that the more children a woman had, the lesser her work-family conflict would become. Since the results also indicated that older women had more children, but lesser young children, it could be implied that the women here meant that older women with lesser young children who were generally more experienced and could handle work-family conflict better. Marital experience showed negative correlations with work-family conflict, this indicated that the higher the marital experience, the lower the work-family conflict would be.

Inter-correlations between Predictors and Outcomes (Psychological Distress, Physical Health Symptoms and Job Satisfaction)

Table 1 indicates the correlation between the predictors and the outcomes (psychological distress, physical health symptoms and job satisfaction). In particular, workload was positively correlated with psychological distress and physical health symptoms; indicating that the higher the workload, the psychological distress and physical health symptoms would also become higher. On the contrary, workload was negatively

correlated with job satisfaction; suggesting that high workload amounted to low job satisfaction. Conflict at work was found to be correlated to all outcomes, positively correlated to psychological distress, as well as physical health symptoms and negatively correlated to job satisfaction. Similarly, support at workplace (by workers) was negatively correlated to psychological distress and physical health symptom, but this was positively correlated to job satisfaction.

Meanwhile, the number of children was negatively correlated to psychological distress and physical health symptoms; indicating that the more children a woman had, the lower her psychological distress and physical health symptoms. However, marital experience was correlated with psychological distress and physical health symptoms, proving a negative correlation; whereas the higher the marital experience, the lower the psychological distress and physical health symptoms.

Marital experience was correlated with job satisfaction; this indicated a positive correlation, i.e. higher marital experience amounts to higher job satisfaction. Work-family conflict was correlated with all the outcomes, with positive correlation to psychological distress and physical health symptom and negative relations to job satisfaction. This showed that a higher work-family conflict amounted to higher psychological distress and physical health symptoms, but lower job satisfaction.

INTERCORRELATIONS REGRESSION ANALYSES

The data were analysed using the hierarchical regression analysis. For this purpose, the variables were entered into the regression equation as follows. In step 1, the demographic variables were entered as control variables. Only two demographic variables were ultimately used, namely the combined salary and the number of years in the present employment, because the other demographic variables accounted for negligible variance in the outcome scores and were therefore dropped from this analyses. In step 2, work predictors were then entered (time at work, workload, conflict at work, and support at work by workers and by others). Meanwhile in step 3, family predictors were entered (number of children, presence of young children and marital experience). Finally in step 4, work-family conflict variable was entered. These four steps were applied

for every outcome (psychological distress, physical health symptoms and job satisfaction). The results are shown in Tables 2 (I), (II) and (III).

Psychological Distress [Table 2 (I)]

Step 1 shows that combined salary was negatively related with psychological distress, i.e. the higher the combined salary, the lower the psychological distress. In Step 2, only conflict at work predicted psychological distress, i.e. the higher the conflict at work, the higher the psychological distress. In Step 3, the marital experience predicted a negative relationship with psychological distress; the higher the marital experience, the lower the psychological distress. In Step 4, work-family conflict predicted a positive relationship with psychological distress; the higher the work-family conflict, the higher the psychological distress

Physical Health Symptoms [Table 2 (II)]

In Step 1, the demographic variables were found to be unrelated to physical health symptoms.

Meanwhile in Step 2, time at work, conflict at work and support by others were positively related to the physical health symptoms; longer time at work, higher conflict at work and more support by others (people outside workplace) indicated high physical health symptoms. In Step 3, the number of children and marital experience (support at home) showed negative relations with physical health symptoms; indicating that the higher the number of children and marital experience, the lower the physical health symptoms. In Step 4, work-family conflict predicted a positive relationship with physical health symptoms, i.e. the higher the work-family conflict, the higher the physical health symptoms.

Job Satisfaction [Table 2 (III)]

In Step 1, demographic variables were found to be not related to job satisfaction. Meanwhile in Step 2, workload showed a negative relation with job satisfaction; indicating the higher the workload, the lower the job satisfaction. Support by people

TABLE 2 (I)
Regression analysis in relation to well-being (N=180)

	Outcome = Psychological Distress			
	R ² increment	F	p	Beta
Step 1	.047*			
No. of years in employment		3.69	ns	-.102*
Combined salary		4.43		-.102*
Step 2	.087*			
Time at work		<1	ns	.033
Workload		<1	ns	-.055
Conflict at work		8.59	.004	.094*
Support (workers)		3.42	ns	-.159*
Support (others)		<1	ns	-.029
Step 3	.068*			
No. of children		2.94	ns	-.051
Young children		<1	ns	-.026
Marital experience		6.93	.001	-.158*
Step 4	.045*			
WFC		9.94	.002	.270**
Cumulative R ²	.247**			

Note: ns = not significant. Betas are the standardised regression coefficients from the final stage of the regression analysis.

*p <.05; **p <.01

at workplace indicated a positive relationship, i.e. the more support by people at workplace, the higher the job satisfaction would be. In Step 3, none of the variables showed any relationships

with job satisfaction, while in Step 4, work-family conflict was negatively related to job satisfaction, showing that the higher the work-family conflict, the lower the job satisfaction.

TABLE 2 (II)
Outcome = Physical Health Symptoms

	R ² increment	F	<i>p</i>	Beta
Step 1	.014			
No. of years in employment		<1	ns	.008
Combined salary		2.95	ns	-.043
Step 2	.160*			
Time at work		5.66	.018	.200*
Workload		<1	ns	-.015
Conflict at work		9.22	.003	.071*
Support (workers)		3.74	ns	-.195*
Support (others)		5.60	.019	.087*
Step 3	.068*			
No. of children		4.41	.029	-.062*
Young children		1.92	ns	-.057
Marital experience		6.11	.003	-.051
Step 4	.128*			
WFC		33.93	.000	.456**
Cumulative R ²	.370**			

Note: ns = not significant. Betas are the standardised regression coefficients from the final stage of the regression analysis.

* $p < .05$; ** $p < .01$

TABLE 2 (III)
Outcome = Job Satisfaction

	R ² increment	F	<i>p</i>	Beta
Step 1	.003			
No. of years in employment		<1	ns	.029
Combined salary		<1	ns	-.060
Step 2	.205*			
Time at work		2.76	ns	-.109*
Workload		4.92	.015*	-.159*
Conflict at work		2.5	ns	-.029
Support (workers)		16.89	.000**	.318**
Support (others)		3.82	ns	-.098
Step 3	.011			
No. of children		<1	ns	.005
Young children		<1	ns	.040
Marital experience		1.67	ns	.028
Step 4	.020*			
WFC		4.17	.039	-.179*
Cumulative R ²	.239**			

Note: ns = not significant. Betas are the standardised regression coefficients from the final stage of the regression analysis.

* $p < .05$; ** $p < .01$

DISCUSSION

Personal particulars (demographic information) were obtained from the participants and applied in this study as control variables. However, this study found that the combined salary of the participants and their spouses to be the only significant variable. Nonetheless, combined salary was negatively related to psychological distress. This could be explained by the fact that the wives were earning below RM1, 500.00 a month. This salary seemed to be insufficient considering the cost of living in the Klang Valley. With this salary alone, the wives might not be able to afford services such as a maid or a good nursery. Therefore, the wives had to rely on their husbands to increase the financial resources for their household expenses. In the present study, the total household income was between RM3, 000 and RM5, 000, indicating that the husbands were earning more than their wives. A study by Zedlewski (2002) found that low family income and limited benefits had negative influences on personal, child and family well-being. The reason for this was because higher income improved both men's and women's sense of control (Ross and Mirowsky, 1992) such as deciding on the preferred type of child care arrangements.

Among the work condition variables, conflict at work predicted positive relations to psychological distress and physical health symptoms. Time at work and support at work by persons outside the workplace predicted positive relations with physical health symptoms, but workload was negatively related to job satisfaction. Several studies have supported the view that long hours are detrimental to personal and family well-being (Cooper, 2000). The fact that conflict at work predicted psychological distress and physical health would mean that employed women's well-being was affected when faced with situations such as coping with an assignment alone, unclear work objectives or when working with two groups who operated differently. Past research also found that conflict at work such as employees struggling to complete orders, meet deadlines and deliberate obstructive workforce faced high level of stress and reduced feeling of well-being, physically and psychologically (Lewis, 2005).

Interestingly, support by persons outside workplace reported a positive relationship with physical health symptoms, indicating that the more support received from persons not at workplace (husband friends and relatives), the

higher the physical health symptom. This finding, nevertheless, contradicted with the previous findings such as by Stripling (1990) who found that social support imposed a strong influence on well-being (mental health).

Workload was negatively related to job satisfaction; this indicated that heavy workload decreased job satisfaction. This finding is consistent with the findings of Burke (2003) and Lyons, Lapin and Young (2003). Support by persons at workplace indicated positive relations with job satisfaction, which is consistent with the finding of a study by de Jonge (2000).

As for family conditions, marital experience was negatively related to psychological distress and physical health symptoms. These could be explained by the fact that spousal support plays an important role in managing a family. When a woman receives support from her husband, her inter-role conflict is reduced (Carlson *et al.*, 1999) while those women who receive spousal support such as share housework reported increased well-being (psychological distress and physical health) (Harenstam and Bajerot, 2001).

The results of this study also indicated that the more children the participants had, the lesser the physical health symptoms. Generally, Asians prefer having more children and appreciate them as gifts from God. The presence of children brings happiness and contentment; in this way, mothers seldom complain about caring for their children but complain when they cannot make good childcare arrangements. In this study, most of the participants relied on their parents or in-laws to care for their children, which also meant that their children were in 'good hands'; this thus reduced the participants' anxiety towards childcare. This explanation could also be the reason why the number of children did not affect their psychological distress. It was found that none of the family condition predictors affected job satisfaction.

Finally, work-family conflict was negatively related to all the outcomes. This result was expected as many previous researches had shown work-family conflict to affect psychological distress (Matthew *et al.*, 1996) physical health (Frone *et al.*, 1996) and job satisfaction (Casper *et al.*, 2002) of women.

FUTURE DIRECTIONS

The present study was limited to certain aspects such as locality, designation, salary and gender. Therefore, a wider aspect of participants will

ensure a better and clearer reflection of the current problems and the significance with well-being, such as a nation wide survey involving both rural and urban participants. A comparison of the city/urban life would also contribute to this area of study. Another comparison which can be made is between the different races in Malaysia. Furthermore, since the present study was limited to secretaries/clerks earning below RM1, 500.00 per month, a further research could include women, who hold other jobs and earn more than RM1, 500, should be included. In future, a study on male employees in women dominated jobs will also be able to prove whether women are treated less fairly due to stereotyping, and the effects of women stereotyping jobs on male employees. Apart from determining the employed women's well-being, it will also be an advantage to analyse the implications of maternal employment on the children's well-being. In addition, the work culture at workplace is also a good predictor to determine the well-being of working women.

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