AMERICAN UNIVERSITY OF BEIRUT

PREDICTORS OF WELL-BEING IN A SAMPLE OF URBAN LEBANESE WORKING MOTHERS

MINERVA MARCEL FADDOUL

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Arts to the Department of Psychology of the Faculty of Arts and Sciences at the American University of Beirut

> Beirut, Lebanon September 2017

AMERICAN UNIVERSITY OF BEIRUT

PREDICTORS OF WELL-BEING IN A SAMPLE OF URBAN LEBANESE WORKING MOTHERS

by MINERVA MARCEL FADDOUL

Approved by:			
Dr. Fatimah El Jamil, Assistant Professor of Clinical Specialty Advisor			
Department of Psychology			
41			
Dr. Rim Saab, Assistant Professor	Member of Committee		
Department of Psychology			
Gillen Ans			
Dr. Alaa Hijazi, Assistant Professor	Member of Committee		
Department of Psychology			

Date of thesis defense: September 8, 2017

AMERICAN UNIVERSITY OF BEIRUT

THESIS, DISSERTATION, PROJECT RELEASE FORM

Student Name: FADDOU	L MINERVA	MARCEC
Last	First	Middle
Master's Thesis	Master's Project	O Doctoral Dissertation
I authorize the Americ electronic copies of my thesis archives and digital repositori copies to third parties for rese	es of the University; and (c) n	nclude such copies in the
I authorize the Americ electronic copies of it; (b) incl the University; and (c) make f educational purposes after:	_	es and digital repositories of
5 and	e date of submission of my t	hesis, dissertation, or
project.	he date of submission of my	thosis dissortation or
project.	ne date of submission of my	thesis, dissertation, or
Three years from	the date of submission of m	y thesis, dissertation, or
project.		
Marteno	Sept. 15, 2017	_
Signature	Date	

ACKNOWLEDGMENTS

Special thanks, first and foremost, to the Word that remained a primary source of perseverance, strength, and hope during times when all I wanted to do was quit. Indeed, "I can do all things through Christ who gives me strength" (Philippians 4:13). I dedicate this work to He who has never left my side, and to the conviction that in heaven is one who looks upon his daughter's accomplishments this far with great approval and pride.

Second, a very warm and special thank you to my advisor, Dr. Tima El Jamil. You have provided unbending guidance and understanding throughout the thesis process, accepting and supporting my decisions to pursue a diploma in special education and work full-time parallel to my long Master's journey at AUB. I am humbled that despite your busy schedule as a professional and working mother, you set aside time and patience on weekends to help me finish my thesis. You even invited me to your practice outside of office hours to advise! Your trust shone through all the times you were quick to approve a petition. You have witnessed first-hand my panic and distress related to the fear of not meeting deadlines and not graduating on time; yet every time your words held a calm message of reassurance. From the bottom of my heart, Doctor, "Thank you!"

Also, a humble thank you to my committee members, Dr. Rim Saab, who took the time, first, to read through my extremely long thesis proposal and then my thesis and advise me. Dr. Nidal Daou, I am sorry that I had to lose you as a thesis committee member due to your leave of absence one month prior to my thesis defense. Nonetheless, I am sincerely grateful for all the remarks you provided during the proposal defense. Dr. Alaa Hijazi, thank you for your quick acceptance to replace Dr. Nidal as committee member, and especially for your interest in the topic of my study and willingness to read both the proposal and final thesis under such short notice. To all, your feedback has taken my initial work and conception of a research study to a whole different level!

Another special thank you to all who contributed to the final existence of my study. Dear friends—old and new—, university and work colleagues, and fellow women friends on Facebook—named and anonymous, participants and non-participants; without you the completion of my study would not have been possible. You motivated and inspired in your unique and special ways, you provided healthy, well-needed breaks, you willingly, whole-heartedly and enthusiastically assisted with Arabic translations, you followed up and provided moral support, you went out of your way to reach out and find participants, you expressed interest in the study, you went the extra mile to share the link with other women. To all of you, I am forever grateful.

Fahed Hassan, I cannot even begin to thank you for all the help you provided in your area of expertise. I am still overcome by the way you set time aside from your busy work schedule and travel plans to help me, and by your patient tolerance, especially

when I nagged, poured out my worries and frustrations, and gushed out questions. Thank you again and again for your help, Fahed!

Zaynab Jaber, you are a precious gem in my life; a partner and sister. You have provided endless support from within the country and from overseas. We had our "sanity Wednesday" gatherings together, we wept, we laughed, we jogged, we ate, we created untimely vacations; every time, I am grateful for your emotional support, your listening ear, your genuine care, empathy, and advice. The years we spent together overcoming our challenges at AUB will forever be etched in my memory. At last, my dear Zaynab, I have reached the end of my strenuous journey as a graduate student. We came, we saw, we conquered (we really DID IT!)!

Finally, dear Mom, Roddy, and Naji Faddoul thank you for your love and support, especially for your patience with my isolation and raw mood-swings and irritability. You have continued to reveal, each in your unique way, the unconditional love you carry deep in your hearts for me. I love you.

Thank you, all!

~Minerva M. Faddoul

AN ABSTRACT OF THE THESIS OF

Minerva Marcel Faddoul for Master of Arts

Major: Psychology

Title: Predictors of Well-being in a Sample of Urban Lebanese Working Mothers

There has been a growing interest in working mothers and the factors that constitute their present-day challenges. Contemporary studies in Lebanon have focused increasingly on working women, the factors that influence women's employment choices, and women's empowerment; yet few studies have investigated how Lebanese mothers appraise their psychological well-being amid shifting societal norms and poor economic circumstances, which compel women to bear multiple roles amid persisting gender-based cultural role expectations. In Lebanon, working mothers are also often unassisted by a migrating husband. In view of these factors, the current study examined the self-reported psychological well-being of urban Lebanese working mothers, and tested for the effect of the predictors, parental self-efficacy, coparenting, work-family conflict, social support, maternal age, husband emigration status, number of children, and employment hours on the well-being of Lebanese women. A sample of 102 women participated in this study. Mothers were provided with an online survey battery consisting of an informed consent form and six questionnaires. Results showed that parental self-efficacy and social support were significant positive predictors of maternal well-being. Primary limitations included low statistical power and a non-representative, non-generalizable sample of Lebanese working mothers. Interpretation of empirical findings, limitations, and future directions and implications were further discussed.

Keywords: working mothers, urban Lebanese mothers, well-being, maternal well-being, parenting, maternal employment, maternal age, husband emigration, parental self-efficacy, coparenting, work-family conflict, social support.

CONTENTS

ACKNOWLEDGMENTS	. v
ABSTRACT	vii
LIST OF TABLES	xi
LIST OF FIGURES	xii
Chapter	
I. BACKGROUND	1
A. The Lebanese Context	1
Education, Fertility Rate, and Employment Male Labor Emigration Socio-Cultural Context	3
B. Rationale for Study	6
II. WELL-BEING	.10
A. Motherhood and Well-Being	.11
III. CHALLENGES OF WORKING MOTHERS: PREDICTOR OF WELL-BEING	
A. Parenting	.14
Parental Self-Efficacy Coparenting	
B. Maternal Employment	.20
Work-Family Conflict Social Support	
C. Maternal Age	.31

IV.	ΑI	MS AND HYPOTHESES	32
V.	ME	THODOLOGY	35
	A.	Research Design	35
	B.	Format of the Survey	36
	C.	Scales and Reliability	37
		 Demographic Questionnaire General Health Questionnaire (GHQ-12) Parenting Sense of Competence (PSOC) scale Coparenting Relationships Scale (CRS) Work-Family Conflict Family Support Scale (FSS) 	37 38 38
	D.	Pilot Study	41
	E.	Main Study	42
		 Procedure and Data Collection	44
VI.	RE	SULTS	47
	A.	Preliminary Analysis	47
		 Missing Value Analysis Univariate and Multivariate Outliers Outliers in the Solution Normality 	48
	B.	Scale Descriptives	49
	C.	Correlation Analysis between Predictor Variables and Well-being	50
		Variables Assumptions of the Pearson Correlation Test a. Variable Type b. Normality of Predictors and Outcome Variable c. Main Analysis	50 50
	D.	Regression Analysis: Predictors of Well-being	52

1. Statistical Assumptions for Parametric Testing	53
a. Influential Cases	
b. Variable Type	53
c. Ratio of Cases to IVs	
d. Normality of Predictors and Outcome Variable	54
e. Multicollinearity	
f. Normality of Residuals	54
g. Independence of Errors	
h. Homoscedasticity of Regression Slopes	55
2. Multiple Regression Main Analysis	
3. Hypothesis Testing	
VII. DISCUSSION	
B. Limitations of the Study	62
C. Future Recommendations and Implications	64
REFERENCES	67
Appendix	
I. APPENDIX A-P	103-142

LIST OF TABLES

1.	Reliability of the Scales and Subscales: Cronbach's Alpha	90
2.	Independent Sample t-test for Counterbalancing	91
3.	a. Descriptive of the Sample Characteristics	92
	b. Descriptive of the Sample Characteristics	.93
	c. Descriptive of the Sample Characteristics	.94
4.	Scale Descriptives	.95
5.	a. Pearson Zero Order Correlation Matrix	.96
	b. Pearson Zero Order Correlation Matrix	.97
6.	R, R Square, Adjusted R Square	98
7.	Regression Parameters	.99
8.	Pearson Zero Order Correlation Matrix	100

LIST OF FIGURES

1.	Histogram of Standardized Residuals	101
2.	Scatterplot	102

Predictors of Well-Being in a Sample of Urban Lebanese Working Mothers

CHAPTER I

BACKGROUND

A. The Lebanese Context

Lebanon has been distinguished from other countries in the Arab region by its more relaxed codes regarding women's participation in social and economic activities (Sidani, 2005) and the freedom it grants its women to pursue jobs and responsibilities outside the domestic sphere (Tlaiss & Kauser, 2011). In Lebanon, more women are achieving advanced education, entering the labor force, marrying at a later age, mothering at an older age, and having fewer children than before (Economic and educational status, 2010; ESCWA, 2009; Jouni & Fong, 2010; Saxena & Aoun, 1997; Tailfer, 2012; Tlais & Kauser, 2011). Also, with 87.1 percent of its people living in urban areas, Lebanon is one of the most urbanized countries in the region (ESCWA, 2013), a factor that plays out in many of women's present-day role changes and developments in education, fertility rate, and employment. Furthermore, the country's prevalence of male labor emigration and socio-cultural context reveal some obstacles Lebanese women may be facing amid changing roles and developments.

1. Education, Fertility Rate, and Employment. Lebanese society highly values education (Khalaf, 2009; Kibbi, 1995). Gender parity is evident where more females than males are enrolled in secondary school and universities (Tailfer, 2012). In fact, women students make up more than half of the total student population in higher education, where more than half of all advanced degrees are earned by women (Tailfer,

2012; Tlaiss & Kauser, 2011). In Lebanon, education has been a cornerstone in women's social and economic developments (Tlaiss & Kauser, 2011). Related to fertility rate, or the average number of children a woman has during her reproductive life (ESCWA, 2009), the speed at which total fertility rate has decreased in Lebanon has been exceptionally rapid. In the last four decades, total fertility rate decreased from an average of 4.6 children per woman in 1971 (Abdulrahim, Ajrouch, & Antonucci, 2015) to 1.5 children per woman in 2014 (Hausmann, Tyson, Bekhouche, & Zahidi, 2014). Declines in fertility rates and the formation of smaller families have been attributed to increased school enrolment among girls, increased participation of women in the labor force, and new trends towards delaying marriage (ESCWA, 2009). In employment, the proportion of Lebanese women in the labor force has significantly increased in the last 20 years (Tlaiss & Kauser, 2011). According to Tailfer (2012), over 50 percent of the Lebanese population concentrated in urban areas live in the capital, Beirut, and surrounding areas (Tailfer, 2012). In Beirut, the population of women and women's economic activities have increased remarkably, mainly because of women's urban flight from rural areas for new employment opportunities and developments (Thomas, 2013; Tlaiss & Kauser, 2011). There, as in other urban areas, a diverse pool of job opportunities exists in private sector offices where women can advance in administration and education positions (Thomas, 2013). However, compared to the Arab region, where women's economic activity increased across all age groups, especially among women ages 25 and 29, from 35 to 40 percent between 2000 and 2006 (World Bank, 2009), in Lebanon, the literature presents mixed findings. A relatively large proportion of Lebanese women are advanced working professionals (see Afiouni, 2014; Sidani, Konrad, & Karam, 2015), yet the population of working women is lower

than the average in Arab countries, with only 22 percent aged 15 and 64 working in formal sectors (Kiwan, 2004 as cited in Thomas, 2013). Furthermore, compared to women's labor force participation rate globally of 47 percent, female participation rate in Lebanon remains at a remarkably low rate of 25 percent (ILO, 2014, p. 66 as cited in Macky, Hejase, & Hejase, 2015).

Extreme financial and economic adversity from the 1970s civil war (Sidani, 2002, as cited by Tlaiss & Kauser, 2011) combined with continuing high unemployment, poor salaries, poor living conditions, and the emigration of Lebanese males for better living conditions and employment opportunities in neighboring countries facilitated the admission of women into non-traditional jobs and increased employment (ILO, 2006; MENA, 2007 as cited in Tlaiss & Kauser, 2011). Moreover, women continue to face barriers related mainly to socio-cultural and legal factors and ideologies such as gender discrimination, family constraints, and work-related issues (Tlaiss & Kauser, 2011). Nonetheless, assisted by increased education and fertility rate decline, Lebanese women have continued to rise in their social status.

2. Male Labor Emigration. Lebanon has a long history of emigration, which has made the population of Lebanese living abroad remarkably larger than the national Lebanese population (Abdulrahim, Ajrouch, & Antonucci, 2015; Tabar, 2010). The Lebanese population living abroad on either a temporary or permanent basis has been estimated to be up to 15 million people (Trading Economics, 2016 as cited in Danawi & Hasbini, 2015). Recently more Lebanese men are emigrating to the wealthier receiving Arab countries (Sidani, 2005). Furthermore, husband labor emigration presents a challenge for Lebanese working mothers. A study by Khalaf (2009), which explored the impact of husband emigration on the well-being of the wife left behind, showed that

wives assume new roles outside the traditional domestic domain, perform tasks accomplished by husbands prior to travel, and become more involved in the decision-making process and public sphere; these have a negative impact on women's leisure time among other things (Khalaf, 2009). Thus, such changes in the family structure have led some to ask whether this new status increases empowerment or hardships for women (e.g. Olmsted, 2005).

3. Socio-Cultural Context. Factors related to socio-cultural context have influenced the developments and challenges of Lebanese women. Lebanon's culture is unique in that it is predominantly collectivistic (e.g., Harb & Smith, 2008), yet with a blend of individualistic values (e.g., Ayyash-Abdo, 2001; Dirani, 2012). On the one hand, Lebanon has been described as a largely patriarchal culture that places regulations and expectations on women's social affairs and lifestyles (e.g., Abdulrahim, Ajrouch, & Antonucci, 2015; Danawi & Hasbini, 2015; Haboush, 2005; Tailfer, 2012; Thomas, 2013; Tlaiss & Kauser, 2011). In Lebanon, the primacy of the family applies equally across gender and religion (Kazarian, 2005). Within the family, patriarchy privileges power and authority to males and elders (Joseph, 1996; Joseph & Slyomovics, 2000). Females are taught to give in to the power structure and respect male kin and grandparents who in turn are assigned protection and responsibility for their females (Joseph & Slyomovics, 2000). Men, or household heads, are perceived as primary breadwinners and better qualified for economic responsibilities (Hamdar, Hejase, El-Hakim, Le Port, & Baydoun, 2015; Tailfer, 2012). As such, married women are expected to prioritize husband and family care, and child-raising (Afiouni, 2014; Joseph & Slyomovics, 2000; Tlaiss & Kauser, 2011), and sometimes, a woman that works is thought to violate her expected societal function (Sidani, 2016). On the other hand, the

greater degree of personal freedom that distinguishes Lebanese society from other countries in the Arab world is seen mainly in urban areas and has contributed to the remarkable growth of Lebanese women's professional development (Tlaiss & Kauser, 2011). Lebanese urban society is increasingly favoring women's work outside the home and empowering them to practice their merited skills, knowledge, and higher education (Thomas, 2013). Gender stereotyping attitudes are changing (Jamali, Sidani, & Safieddine, 2005); women are increasingly matching their husbands as breadwinners, especially as dual income has become a necessity to subsist the increasing needs of the family (Thomas, 2013). Work has become a lifestyle and while for some women it is an obligation, for others it is a choice, and still others perceive it as means to further develop their skills and capacities (Khalaf, 2009; Thomas, 2013).

Regardless, the psychological pressures are higher for married, working mothers who in addition to trying to balance between work and family life, still have to adhere to existing gender role expectations (Sidani, 2016). As such, working women in Lebanon continue to face obstacles related to gender discrimination, family constraints, and work-related issues (Tlaiss & Kauser, 2011). In fact, research has shown that a large majority of women progressively exit their jobs as domestic responsibilities increase (Thomas, 2013). For example, Lebanese women surveyed in the SWMENA project (2010) reported housewife duties as the primary reason why they did not work (Economic and educational status, 2010). Other reported reasons for withdrawing from work after marriage were heavy workload, family responsibilities, absence of adequate daycare (Tailfer, 2012), and the need to conform to traditional expectations regarding their proper roles as wife and mother (Haboush, 2005). Moreover, Lebanese working women have continued to prioritize the importance of their families (Thomas, 2013);

thus, for many women torn between household and employment responsibilities, the decision to sacrifice their professional and social development to fulfill family wishes and look after kin (Tailfer, 2012) may be a difficult one.

Taken together, critical social changes are happening in Lebanon that affect women. Despite such changes, the challenges working women in urban Lebanon may be facing and their effect on their overall mothering experiences and psychological well-being remain understudied.

B. Rationale for Study

Considering the vast changes happening in women's lives globally, studies on working mothers have expanded internationally. For example, within the framework of ecological systems theory (Bronfenbrenner, 1986), also known as the bioecological model (Bronfenbrenner & Morris, 2006), which highlights the complex systems, or layers, of the environment by which an individual is impacted, the microsystem has the most immediate and direct impact on the individual and includes work and family institutions. Work and family microsystems influence one another, and the interaction between them characterizes the second layer called the work-family mesosystem (Voydanoff, 2002). In the mesosystem, however, whether the interaction between work, family and individual characteristics is positive or negative depends on the individual's unique work, family, and personal characteristics, which affect outcomes of work, family, and the individual and perceptions of experiences as positive or negative (Voydanoff, 2002). Additionally, ecological theory proposes that characteristics of employment will be related to both the functioning of individuals and the quality of relationships across the systems, yet without specifying the direction of effects (Buehler & O'Brien, 2011).

Also, contemporary research seeks to explore the subjective understandings and experiences of the one who commonly does the parenting, the mother (e.g. Bloomfield, Kendall, Applin, Attarzadeh, Dearnley, Edwards, Hinshelwood, et al., 2004; Choi, Henshaw, Baker, & Tree, 2005; Roxburgh, 1997; Shelton & Johnson, 2006). Women have had to tailor their employment decisions to suit personal domestic priorities. For example, some women choose jobs based on flexibility in work hours, whether they can bring domestic responsibilities and children with them to work, flexibility of entry and exit (Anker, 1997), and based on positions that allow family-related career interruptions or reduced working hours to help meet family needs (Schwartz, 1989). Still, for others, their goal is not to attain advanced positions (Davidson & Burke, 2004; Powell & Butterfield, 2003); they merely care about the intrinsic rewards of the job (Khalaf, 2009; Schwartz, 1989), irrespective of their job position. Nevertheless, career driven women who choose to commit to and pursue higher positions continue to face obstacles (Davidson & Burke, 2004; Powell & Butterfield, 2003).

Today, the number of educated women in Lebanon is much greater than it was in the past and women are becoming increasingly active in the labor force (Tlaiss & Kauser, 2011). Changing parenting dynamics have begun to take effect as mothers and fathers are engaging in less traditional parenting roles (e.g. Danawi & Hasbini, 2015; Khawaja & Habib, 2007). For example, fathers alternated with mothers in carrying out daily household chores, such as shopping for home needs, following up on children's schooling, providing transportation for a family member, providing care for their 4- to 14-year-old children, caring for sick family members, among others (Khawaja & Habib, 2007). Additionally, the long history of Lebanese male emigration caused by economic letdowns remains a common characteristic in many Lebanese households. As husbands

have left the country for work and better pay, wives have become increasingly involved in household decision-making and the public sphere, assuming new roles, such as taking charge of household expenditures, settling payments with governmental and other institutions, and managing remittances, which initially belonged to the husband (Khalaf, 2009), or the "head of the family" (Joseph, 1996, p.16).

Furthermore, Lebanese city-dwellers endure additional daily hassles generated by the country's economic and political instability, such as: poor transportation systems and poor urban mobility, a lack of publicly accessible greenery and public space (e.g., green pedestrian paths and meeting and play areas), unaffordable housing, a lack of solid waste management strategy which has led to the country's current waste crisis, a lack of public resources (community centers, libraries, social support services, educational facilities, etc.), poor health and safety measures (e.g., poor air quality, water pollution and shortage, air pollution from traffic and electricity generators, lacking sewage management, lighting system and street safety; Beirut Madinati, 2016). Moreover, since the 1970s, civil conflicts and political tensions have continued to create national instability; today, Lebanon suffers from the Syrian crisis and support for the Syrian refugees (Saouli, 2006). Additionally, in Lebanon shortcomings from organizations and the government fail to accommodate the needs of working mothers. Labor policies do not include laws that support working women who also have family responsibilities. For example, family-friendly policies, such as flexible work hours, paid and unpaid leaves, and care-centers at work are rare in Lebanon (Sugita, 2010).

Thus, such daily socio-economic hassles and political instability in Lebanon may be argued to negatively impact the well-being of the Lebanese people. However, amid such urban developments and vices, except for one thesis study by Khaled (2013),

which examined the psychological, socio-cultural, and lifestyle factors that impact the quality of life of Lebanese women, studies examining how working mothers experience parenting and employment in Lebanon are limited.

Therefore, guided by ecological systems theory, the variables that have been selected in this study aim to examine the unique work, family, and personal characteristics of Lebanese working mothers and the outcomes and perceptions of their present situation. That is, the variable employment hours (part-time and fulltime) allows an examination of mothers' work experiences; the variables maternal age, number of children, and husband emigration status allow an examination of mothers' personal circumstances (i.e., individual characteristics); the variables work-family conflict, parental self-efficacy, coparenting, and social support allow an examination of mothers' perceptions of the work-family interface and related outcomes; and altogether, the variables allow an examination of how functioning across the interdependent systems of work and family is connected to mothers' personal resources, specifically psychological well-being.

In sum, by examining the well-being of working mothers in a culture that attributes primary domestic responsibility to the mother, perceives men as primary breadwinners, promotes strong social ties among family members, and endures daily socio-economic hassles and political instability, and in seeking to extend Khaled's (2013) study, this study primarily explores how Lebanese mothers working in urban Lebanon perceive their general psychological health, or well-being. Second, Lebanese women's evaluations of their parental self-efficacy, coparenting, work-family conflict, and social support, in addition to reported age, husband labor emigration status, number

of children, and employment hours, will reveal what variables predict the well-being of urban working mothers in Lebanon.

CHAPTER II

WELL-BEING

Well-being has been conceptualized in multiple ways in the literature (e.g., Busseri & Sadava, 2011; Chassany, Dimenas, Dubois, Wu, & Dupuy, 2004; Diener, 2000; McDowell, 2010; Ryan & Deci, 2001; Ryff, 1989). Ryan and Deci (2001) summarized two perspectives that exist in the well-being literature: one that defines the construct in terms of happiness and the attainment and avoidance of pleasure and pain, respectively; and another that defines it in terms of acquiring meaning and self-realization in pursuit of becoming a fully functioning person. For example, Diener (2000) summarizes the definition as people's affective and cognitive evaluations of their lives. According to him, people with increased well-being commonly have many pleasant emotions (many pleasures and few pains), engage in interesting activities, and are satisfied with life (Diener, 2000). Consistently, McDowell (2010) defines well-being as "contentment, satisfaction, or happiness derived from optimal functioning" (p. 70). Busseri and Sadava (2011) posited that positive and negative emotions are predictors of overall well-being.

However, Dupuy (Chassany et al., 2004) provides a more specific definition of the construct, which he terms psychological well-being. According to him, psychological well-being is a "selective aspect of the more general concept of well-being" (Chassany et al., 2004, p. 43), from which another even more specific construct,

psychological general well-being, is derived (Chassany et al., 2004). Dupuy explains that in psychological general well-being: 1) *psychological* depicts affective and cognitive processes wherein observations of one's affective and emotional experiences are intrapersonal and require introspection; 2) *general* means that one's affective state should not be determined from condition-specific measurements, but rather, should rely on a number of measurements of different non-condition-specific subjective states; and 3) *well-being* is the major dimension that depicts the cumulative impact of psychological experiences on the individual, which is measurable and ranges from a negative, to a neutral, to a positive sense of subjective well-being (Chassany et al., 2004,). Furthermore, he highlights the operational definition of the otherwise theoretical construct as "self-reflective expressions on specific measures describing particular affective states" (Chassany et al., 2004, p. 44).

The present study will adopt Dupuy's conceptualization of well-being. Also, the study will focus on well-being as it represents general (e.g. life satisfaction) rather than specific domains (e.g., work or home satisfaction). Furthermore, though similar constructs exist in the literature, such as quality of life, life satisfaction, subjective well-being, and psychological well-being (Diener, 2000), the present study will use the term well-being, due to its prevalence in the literature and as it articulates the holistic conceptualization of mental functioning that this study purports to examine in urban Lebanese working mothers.

A. Motherhood and Well-Being

Today, research on motherhood considers mothers' subjective experiences (i.e., thoughts, feelings, wishes, and internal struggles) as they relate to maternal well-being (Arendell, 2000). Available qualitative studies provide the baseline upon which

quantitative studies may be built, and contemporary women-centered research (e.g. Arendell, 2000; Bernstein, 2001; Choi, Henshaw, Baker, & Tree, 2005; Johnston & Swanson, 2006; Shelton & Johnson, 2006; Letherby, 1994; Sidebotham, 2001) highlights the discrepancy that exists between traditional motherhood ideologies and mothers' real experiences. According to Shelton and Johnson (2006), motherhood is not a completely positive and fulfilling experience, as portrayed commonly in the highly-idealized myth of motherhood (Shelton & Johnson, 2006), but rather replete with tensions (Oberman & Josselson, 1996), which first-time mothers may find difficult to cope with (Choi et al., 2005; Adams, 2015), and which may negatively affect mothers' well-being (Bernstein, 2001). Research has established that motherhood is heterogeneous and that "cultural and economic contexts variously shape mothers' activities and understandings" (Arendell, 2000, p. 1195). Moreover, as dual-earner parents have increased globally alongside persisting and prevalent gendered parenting norms, there is a growing body of literature examining gender ideologies and workfamily conflicts (e.g. Minnotte, 2016; Minnotte, Minnotte, Pedersen, Mannon, & Kiger, 2010; Adams, 2015), which makes work-life balance more of an international concern where previously it appeared to mainly affect Western culture (see Lewis, Gambles, & Rapoport, 2007).

Building upon such conceptualizations, research on mothers' unique role experiences have presented contemporary motherhood as simultaneously rewarding and challenging (e.g., Khalaf, 2009; Oberman & Josselson, 1996; Ross, 1995), or mainly challenging (e.g. Ahmad-Nia, 2002; Danawi & Hasbini, 2015; Goldsteen & Ross, 1989; Khawaja & Habib, 2007; Ross & Van Willigen, 1996; Sultana & Rehman, 2014). For example, in their model of mothering, Oberman and Josselson (1996) described the

mothering experience as a fluid interplay of tensions conferring both "maternal power and an immense burden of responsibility" (Obserson & Josselson, 1996, p. 344).

Similarly, in her review of motherhood books, Ross (1995) revealed that mothering produces personal fulfillment, growth and joy, as well as distress, depression, and anxiety. Others have shown how child-raising may bring personal development and feelings of liberation and transformation, on the one hand, but on the other hand, under a change of family dynamics and structures, increase work, economic stress, and feelings of oppression and subordination (e.g., Danawi & Hasbini, 2015; Khalaf, 2009; Khawaja & Habib, 2007; Marshall, Barnett, & Sayer, 1997; Sultana & Rehman, 2014).

CHAPTER III

CHALLENGES OF WORKING MOTHERS: PREDICTORS OF WELL-BEING

Given the aforementioned findings on present-day developments of women in the Lebanese context and the definition of well-being, one has only to wonder about Lebanese mothers' well-being as it is impacted by urban changes affecting motherhood experiences and maternal functioning. According to Mosalum (1999 as cited in Kazarian, 2005) researchers have neglected the study of the construct of psychological well-being in the Arab Middle East. Within the Lebanese context, adding to the picture a migrating husband, one can only imagine the consequences that might negatively affect mothers' well-being via possible shortcomings in mothers' parental self-efficacy, coparenting experiences, work-family conflict, and social support. Therefore, this section will present a literature review on selected challenges of present-day motherhood as predictors of well-being.

A. Parenting

Past studies of mothers who combine work and family have shown that the most stressed mothers are married, employed, have many children, have young children, encounter child care difficulties related to location and financial accessibility, and handle child rearing mostly alone (Benin & Keith, 1995; Hughes & Galinsky, 1994; Neal, Chapman, Ingersol-Dayton, & Emlen, 1993). Another study found that the most distressed and burdened mothers had a preschooler, many children, and lived in crowded conditions (Goldsteen & Ross, 1989, p. 520). A preschooler took away mothers' freedom to be alone when they wanted to, multiple children increased younger mothers' feelings of burden, and mothers who received child care assistance from neighbors and relatives were obliged to reciprocate child care from friends and sacrifice their privacy, respectively (Goldsteen & Ross, 1989). Consistently, in a more recent qualitative study (Bloomfield, Kendall, Applin, Attarzadeh, Dearnley, Edwards, Hinshelwood, Lloyd, & Newcombe, 2004) exploring the parenting experiences of firsttime mothers and mothers of more than one child, mothers reported major issues related to: others' expectations and cultural pressures; establishing routines, play, and timemanagement; motherhood readiness; and consistent parenting. Specifically, mothers felt pressured by their culture to be the perfect parent, which meant their children had to be good, high-achievers at school, and own the latest gadgets. Also, as mothers tried to juggle the needs of everyone, they found it difficult to establish an effective family routine, attend to their personal needs, and take care of themselves (Bloomfield et al. 2004). Furthermore, there was a consensus that the first time of becoming a mother was the most difficult, especially since mothers felt unprepared for motherhood and its

responsibilities; for some, parenting did not come as naturally and instinctively as society expects (Bloomfield et al. 2004).

1. Parental Self-Efficacy. Parental self-efficacy (PSE), or parenting self-efficacy (e.g. Coleman & Karraker, 2000; Johnston & Mash, 1989), is broadly defined as parents' self-evaluations of their competence in the parental role; more specifically, it is the way parents perceive their ability to positively influence their children's behavior and development (Coleman & Karraker, 2003). More specifically, Bandura (1982) defined PSE as the extent a parent feels competent and confident in dealing with problems related to their child or children. Moreover, another important aspect of PSE is the quality of affect or the degree of satisfaction parenting yields (Johnston & Mash, 1989). For example, Bandura (1982) proposed that a low level of perceived efficacy results in low motivation to carry on parenting, depression, and self-blame (Bandura, 1982) and diminished role satisfaction (Johnston & Mash, 1989). Thus, Johnston and Mash (1989) highlight the importance of the two dimensions, perceived efficacy and satisfaction, in understanding parenting within a clinical context (p. 168).

The effects of negative and positive PSE on maternal well-being and the parenting role have been presented in the literature. Negative PSE has been associated with parental depression (Teti & Gelfand, 1991), high levels of self-reported parental stress (Wells-Parker et al., 1990), a tendency to focus on relationship difficulties, negative affect, elevated autonomic arousal, feelings of helplessness in the parental role (Bugental & Cortez, 1988; Bugental & Shennum, 1984), and a passive coping style in the parental role (Wells-Parker et al., 1990). For example, one study by Teti and Gelfand (1991) showed that there was a significant negative relationship between maternal self-efficacy and maternal depression in mothers of three- to 13-month old

infants. However, the study's findings also suggested that maternal self-efficacy can function independently from depression in that it is specific to women's perceived performance in their mothering role; that is, even in their depression, mothers may develop sufficient feelings of maternal self-efficacy when they are able to engage in positive parenting behaviors with their children (Teti & Gelfand, 1991). Another study assessing PSE among mothers of school-aged children (Coleman & Karraker, 2000), found that PSE was higher when mothers were better educated, had higher family income, and had prior experience with children (Coleman & Karraker, 2000). Consistently, Wells-Parker et al. (1990) found a positive relationship between mothers' self-esteem and PSE, and a negative relationship between mothers' level of subjective stress and PSE.

2. Coparenting. Coparenting has been defined as shared parenting, or the equal sharing of parenting responsibilities by mothers and fathers (Arendell, 1996).

Childrearing and caregiving are often assumed maternal roles; thus, coparenting commonly refers to the presence of fathers in their children's and wives' lives (Arendell, 1996). Arendell (1996) explained that coparenting has varied meanings as a result of the diversity in family composition and structure. According to him, the literature highlights three main family arrangements within which paternal practices occur: married or cohabiting fathers in intact families; separated or divorced fathers living apart from their former wives; and unwed young fathers who do not share a household with their offspring (Arendell, 1996). Others (e.g., Margolin, Gordis, & John, 2001) have explained that most coparenting studies look at post-divorce families and very few on two-parent families, but that the dynamic in two-parent families also deserves attention: parents living together need to assist each other with parenting

responsibilities, lend support to the other's credibility, and convey an atmosphere of mutual respect and affection (Margolin, Gordis, & John, 2001).

Mothers have generally scored higher on overall physical care (e.g., bathing, feeding, dressing, chauffeuring to doctors' appointments) and nonphysical care (e.g., helping with homework, reading to children, chauffeuring to sports activities) and involvement with their children than fathers (Bryant & Zick, 1993; Danawi & Hasbini, 2015; Russell & Russell, 1994). Also, mothers and fathers differ in types of tasks and involvement with their children. For example, mothers have been found to share more time with their daughters and in food preparation and household tasks (Bryant & Zick, 1996), whereas fathers are more likely to engage with boys and girls in play activities (Arendell, 1996), and spend time shopping and maintaining the house, yard, and car with boys more than with girls (Bryant & Zick, 1996), especially older boys (Arendell, 1996).

Moreover, mothers have been described as more sensitive to coparenting quality and its influence, and thus place more value on the degree of help their husbands offer to help them fulfill their parenting role (Le, McDaniel, Leavitt, & Feinberg, 2016). Men have generally continued to limit their role to that of the good provider and maintain their parent-child involvement mainly in tasks outside the home, whereas women now share in the provider role and continue to be primarily responsible for child care, regardless of their employment status (Arendell, 1996). Furthermore, fathers commonly spend longer hours working and have less time available to invest in child-directed caretaking (Grossman et al., 1988). Nonetheless, both mothers and fathers have expressed wanting more father participation in child care. For example, one study found that both parents of preschool children scored higher on cooperation and required

more cooperation and teamwork from one another than parents of preadolescent children; however, wives scored higher on cooperation with their husbands than husbands with their wives (Margolin, Gordis, & John, 2001). Furthermore, more recent literature on millennial parenting (e.g., Harrington, Fraone, Lee, & Levey, 2016; Pederson, 2013) has highlighted the struggles of millennial fathers, or the generation of fathers born between the early 1980s and the early 2000s who are impacted by today's "pervasive technologies, changes in the career contract, and the impact of globalization on consumers and the workplace" (Harrington, Fraone, Lee, & Levey, 2016, p. 2). For example, millennial fathers expressed their desire and need to achieve work-life balance and to be involved parents (Harrington, Fraone, Lee, & Levey, 2016). Research on the effect of husband involvement on mothers has shown higher father involvement in childrearing to be associated with high marital stability (e.g., Kalmijn, 1999) and marital satisfaction (e.g., Amato & Booth, 1995; De Luccie, 2003; Harris & Morgan, 1991), and lower depressive symptoms among women (e.g., Maclean et al., 2004; Oomens et al., 2007). For example, Kalmijn (1999) examined the effect of father involvement in childrearing on perceived stability of marriage and found higher marriage stability and higher wife marital satisfaction among highly involved fathers (Kalmijn, 1999). Another study, (De Luccie, 2003) which examined maternal attitudes about the importance of paternal involvement and satisfaction, found a significant positive correlation between mothers' marital satisfaction and frequency of father involvement (De Luccie, 2003). Consistently, Harris and Morgan (1991) showed that there is a strong positive correlation between wives' reports of marital satisfaction and paternal involvement in child care. Amato and Booth (1995) showed that when men develop more egalitarian sex-role attitudes, the number of tensions and conflicts in marriage

declines. Moreover, others have shown that unequal division of household tasks rather than quantity of work hours and accomplished tasks was predictive of depressive symptoms among women (e.g., Maclean et al., 2004; Oomens et al., 2007).

In the Lebanese context, fatherhood issues connected to coparenting are largely unexplored and undocumented (Danawi & Hasbini, 2015). Nevertheless, consistent with the common role of the father internationally, the father's role in Lebanon is generally distant; one of a provider of basic needs of shelter, food, and sustenance (Danawi & Hasbini, 2015). However, since the literature shows evidence that fathers compensate for mothers' decreased time with their children (Bryant & Zick, 1996), for non-emigrant husbands, the present increase of Lebanese women sharing in the provider role may suggest a shift toward an increase in coparenting and added husband assistance. However, in the emigrant husband situation, much of the parenting responsibility has fallen on the Lebanese mother who as a single parent has to manage her household and face much if not all of the challenges of motherhood (i.e. child care and employment) coupled with an absent husband and lacking partner support (e.g. Khalaf, 2009). In fact, Khalaf (2009) found that among the study's nuclear families (i.e., consisting of four or five residents), up to 90 percent of women lived in a private home alone with their children and away from in-laws. Without assistance from parents and in-laws, there is the often-popular trend of middle-class and wealthy Lebanese families to employ inexpensive foreign laborers to assist them with household maintenance and child care tasks (Thomas, 2013). In fact, the question has been posed about whether fulltime involvement of the household helper may threaten the authority of the wife as a parent and negatively impact the children's educational development (Thomas, 2013).

B. Maternal Employment

In addition to the challenges of parenting on mothers' functioning and wellbeing, the literature on maternal employment provides a wealth of information on the challenges of multiple role engagement and work-family balance. The challenges of professional women are commonly related to a need to achieve work and family goals and manage the two together (Forte, 2014). For mothers pursuing a balance in both, societal norms and workplace arrangements create obstacles (O'Neil, Hopkins, & Bilimoria, 2008; Wood, 2010). As seen already, women continue to spend more time in child care and domestic responsibilities than men. In the workplace, women's skills, abilities, and potentials have been undermined via less favorable promotions and lower positions of authority compared to men of similar education level (Forte, 2014). Also, recurrently, work settings have struggled to accommodate women's needs related to achieving work-family balance. In fact, women's requests for extended family leaves and flexible work hours have reflected negatively on their work performance and chances of getting job promotions (Forte, 2014). For example, women who extended family leaves and took advantage of flexible work hours were perceived as less committed to their work roles, and thus had a poor chance of getting promoted (O'Neil et al., 2008).

On the other hand, the benefits of engaging in multiple roles on well-being have been presented in the literature (e.g., Barnett & Hyde, 2001; Kenrick, Griskevicius, Neuberg, & Schaller, 2010; Kostiainen, Martelin, Kestila, Martikainen, & Koskinen, 2009; Marks, 1977; Nelson et al., 2013; Nelson et al., 2014; Rothbard, 2001; Sieber, 1974). For example, having multiple roles was presented as an enriching process (Rothbard, 2001); the energy, resources, and feelings of self-worth and confidence

provided in one role transfer to and increase competence in all roles (Marks, 1977; Rothbard, 2001; Sieber, 1974). Also, multiple social roles were shown to benefit mental and physical health, such that the successes of one role may compensate for the challenges of another role (e.g., Barnett & Hyde, 2001; Nelson et al., 2014). For example, in the parenting role, parents' positive relationships with their children may in turn influence their ability to face challenges in other domains, such as work, and thus increase their overall well-being (Nelson et al., 2014), and vice versa also applies. Multiple roles provide psychological benefits, such as positive life satisfaction, selfesteem, and self-acceptance, in addition to emotional support and opportunities to practice improving multitasking, interpersonal, and leadership skills (Ruderman, Ohlott, Paner, & King, 2002); and better mental and physical health and improved marital relationships (Barnett & Hyde, 2001; Kostiainen, Martelin, Kestila, Martikainen, & Koskinen, 2009). Furthermore, studies on mothers' employment hours have presented mixed findings. Some studies (e.g., Barnett & Gareis, 2000; Gareis & Barnett, 2002) that examined the effect of employment hours on maternal well-being found no significant group differences between part-time and fulltime employed mothers. However, Buehler and O'Brien's (2011) study, which examined associations between mothers' part-time employment and mother well-being, parenting and family functioning found that across the lifespan, mothers working part-time reported less work-family conflict than fulltime working mothers.

Moreover, the positive aspects of maternal employment have been noted in childrearing (e.g. Bianchi & Robinson, 1997; Bryant & Zick, 1996; DeMeis & Perkins, 1996). Employed mothers experience lower levels of distress (Marshall, Barnett, & Sayer, 1997); they delight in the benefits of paid work, such as: increased resources to

locate and afford high-quality childcare, increased partner support and encouragement, and increased sense of control over work life when workplace options were flexible (Duxbury, Higgins, & Lee, 1994; Hughes & Galinsky, 1994; Roxburgh, 1997). Another study that examined the self-rated health and psychological distress of women occupying multiple roles of employee, partner, and mother (Kostiainen et al., 2009) showed a significant association between self-reported health and employment status, such that women's multiple-role occupancy was associated with good psychological health. Also, studies (e.g., Bryant & Zick, 1996; DeMeis & Perkins, 1996; Bianchi & Robinson, 1997) have noted similarities in shared parent-child time among employed and non-employed mothers. For example, Bryant and Zick (1996) found that employed mothers increase their hours of shared time when they are home with their children, commonly in housework and leisure activities (Bryant & Zick, 1996) to make up for lost time while at work. Similarly, others have found no differences in the types of household and child care activities mothers engage in with their children (DeMeis & Perkins, 1996), nor in the amount of time spent on educational activities.

Therefore, in view of such mixed findings, especially the challenges of maternal employment, and the scope of the present study under the ecological theoretical approach, the authors chose to examine work-family conflict as a predictor of maternal well-being. The next section will define and review the literature on work-family conflict.

1. Work-Family Conflict. Under role conflict theory (Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964), work-family conflict (WFC) refers to a form of inter-role conflict that arises as a result of "incompatible" role pressures from the work and family domains (Greenhaus & Beutell, 1985, p. 77). That is, in WFC, the demands (i.e., the

responsibilities, requirements, expectations, duties, and commitments) of one role (work) make it difficult to perform demands in the other role (family), creating conflicts between work and family life (Katz & Kahn, 1978; Netemeyer, Boles, & McMurrian, 1996). In their model of WFC, Greenhaus and Beutell (1985) argued that WFC exists when three main factors required to fulfill one role interfere with fulfilling the requirements of another role: a) time devoted to the role, b) resulting strain produced from participation in the role, and c) the behavioral requirements of the role. The challenges of WFC are bidirectional (Frone, Russel, & Cooper, 1992; Gutek, Searle, & Klepa, 1991): WFC occurs when work demands interfere with performing family-related responsibilities, and FWC when family responsibilities interfere with work-related performance and responsibilities and when family responsibilities interfere with work-related performance and responsibilities (Netemeyer et al., 1996). Among the two, mothers have reported more job interference into family responsibilities (Grice et al., 2011; Gutek, Searle, & Klepa, 1991; Kossek & Ozeki, 1998).

The challenges of balancing work and family demands have been found to be associated with poor psychological well-being and distress (Allen, Herst, Bruck, & Sutton, 2000; Frone et al., 1992; Polasky & Holahan, 1998); and decreased life satisfaction (Allen, Herst, Bruck, & Sutton, 2000; Burley, 1995; Greenhaus & Beutell, 1985; Grice et al., 2011; Kossek & Ozeki, 1998). For example, in their review of the outcomes associated with WFC, Allen et al. (2000) found a significant relationship between WFC and stress-related outcomes, both in work and nonwork domains, such as psychological strain (e.g., increased levels of anxiety, frustration), physical symptoms or somatic complaints (e.g., fatigue, elevated blood pressure, poor sleep), and depression. Similarly, Burley (1995) explored the relationship between WFC and work-

family well-being; a positive relationship was found between WFC and life dissatisfaction, physical illness, degree of anxiety, extent of work stress, and reduced marital satisfaction with spouse. Consistently, Polasky and Holahan (1998) found WFC to significantly predict depression among women with and without young children. Additional consequences of trying to balance work and family responsibilities on women, include: sleep loss, limited leisure time, feelings of overload and stress (Presser, 1995 as cited in Arendell, 2000, p. 1198); work interruptions related to the child's need for maternal contact, child care, or school personnel reporting children's illnesses or injuries (Rosenbloom, 1993 as cited in Arendell, 2000, p. 1198); and having to accommodate for family needs at the expense of economic well-being and workplace advancement (Peterson & Gerson, 1992, p. 533). Mothers have a greater level of responsibility for the family and children's well-being (Ehrenberg, Gearing-Small, Hunter, & Small, 2001); thus, mothers have experienced more WFC and distress than men. For example, Duxbury, Higgins, and Lee (1994) found that compared to men, women had higher levels of overload and interference. That is, they scored higher on: total time spent in work and family activities, time spent in family activities and levels of family interference with work, and work interference on family, although they spent less time doing work activities than man. More recently, Grice et al. (2011) found that among postpartum working mothers, job and home spillover were significantly associated with maternal mental and physical health, with worse mental health scores emerging among mothers who reported high levels of job spillover to home.

Nonetheless, the literature on multiple role engagement and its impact on working mothers is inconsistent. On the one hand, multiple roles provide advantages such as additional income, social support, added opportunities to experience success,

share experiences and bond with one's partner; however, on the other hand, Barnett and Hyde (2001) warn that role overload, excessive time demand, and experiences of role failure and frustration may lead to distress. It is under such circumstances that multiple roles negatively impact mental health and well-being.

2. Social Support. Social support has recurrently emerged as a significant factor impacting present-day motherhood and maternal well-being, especially that of working mothers (e.g., Adams, King, & King, 1996; Arendell, 2000; Aycan & Eskin, 2005; Brough, O'Driscoll, & Kalliat, 2005; Carlson & Perrewe, 1999; Ezzedeen & Ritchey, 2009; Grice, McGovern, Alexander, Ukstead, & Hellerstedt, 2011; Khaled, 2013; Kossek, Pichler, Bodner, & Hammer, 2011; Loscocco & Spitze, 1990; Oomens, Geurts, & Scheepers, 2007; Roxburgh, 1997). Generally, mothers receive very little assistance with parenting worldwide, and mothers' reliance on family and friends has been found to differ along ethnic lines (Arendell, 2000). For example, whereas in some cultures mothers rely more heavily on extended family for assistance with child care, in other cultures, mothers rely more on neighbors and friends (Arendell, 2000). Given the scope of the present study, and the exposure that Lebanese women in urban regions have had to Western culture and trends, this study seeks to explore mothers' present-day sources of social support, especially given the increase in maternal employment and in the absence of an emigrant husband. Therefore, this section will first define social support and some of the ways in which they can have a buffering effect on home and work demands. Some studies that pinpoint associated challenges of social support on maternal well-being will be presented, followed by a focus on social support in the Lebanese context.

Social support is one's belief that he or she is cared for, loved, and valued, based on his or her belonging to a social network, on which one can rely for provision of psychological and material help to cope with the stressors of different domains in life (Baumeister & Vohs, 2007; Cobb, 1976; Viswesvaran, Sanchez, & Fisher, 1999; Kossek et al., 2011). Social support can be provided by formal or informal sources. An informal and very important support source is the family (e.g., parents, spouses, other relatives); other informal sources of support might include friends, partners, coworkers, peer groups, and neighbors (Schwarzer & Buchwald, 2004). Formal services refer to support received from professionals (e.g., doctors, therapists, social workers) who provide information that may be of critical assistance and help to working mothers, such as self-help groups and formal community services (e.g., religious institutions and social clubs; Schwarzer & Buchwald, 2004). Studies indicate that both formal and informal support sources are positively related to health and well-being, although people seem to rely more on informal support sources for emotional help and seem to prefer formal sources for receiving instrumental support (Schwarzer & Buchwald, 2004). The literature has consistently shown that availability and social support quality of significant others increases mothering adjustment and maternal well-being (Grice et al., 2011). More specifically, informal supports of family, husband, and workplace have been shown to be more efficient at buffering the negative effects of work and home demands, which in turn increases maternal well-being (Khaled, 2013). There is a consensus that family is a great source of emotional (i.e., listening, empathy-providing) and instrumental (i.e., tangible, problem-solving assistance) support (Beehr & McGrath, 1992). Family has been conceptualized as a coping mechanism that reduces the harmful consequences of job demand and stress on well-being (Loscocco & Spitze, 1990). In

fact, family support was found to have a strong positive relationship with life satisfaction (Adams, King, & King, 1996); a significant association with higher job satisfaction over time (Brough, O'Driscoll, & Kalliat, 2005); to alleviate family interference with work demands (Adams, King, & King, 1996); and to play an important role in reducing work-nonwork conflict (Holohan & Gilbert, 1979). Second, partner support has been shown to contribute to women's mental health. For example, Kostiainen et al. (2009) found that support from partner was the most important determinant for psychological distress; that is, women who had poor support from their partner were significantly more likely to report poor self-rated health and even more likely to experience and show symptoms of psychological distress. Also, husband support was regarded by working mothers as a resource for managing work and home role demands, which also influenced children's behavior and contributed to working mothers' well-being (Roxburgh, 1997). Also, in addition to providing emotional support, husbands provide instrumental support related to household chores and childcare (Aycan & Eskin, 2005). Ezzedeen and Ritchey (2009) qualitatively examined the factors that help high-position working mothers aged 30 to 60 also lead a fulfilling family life; spouse support was reported as a critical factor responsible for their ability to manage work and family roles (Ezzedeen & Ritchey, 2009). In fact, it was especially helpful if their spouse had a flexible schedule that allowed equal sharing of housework and child care responsibilities, and shared similar backgrounds and values as them (Ezzedeen & Ritchey, 2009). Also, husbands' support for their wives' employment was found to be critical in reducing women's conflict between work and family (Beutell & Greenhaus, 1982; Berkowitz & Perkins, 1984). Furthermore, informal support from the workplace (e.g., supervisor, co-workers) has received increasing attention in the

literature on working mothers. Support from the workplace can create a more positive work environment and make work less stressful, especially in that it lowers work-family conflict (Goff, Mount, & Jamison, 1990), and increases job satisfaction (Parasuraman et al., 1992). Workplace support can provide family-friendly assistance, such as flexible time, job sharing, and childcare facilities, all of which may alleviate potential conflicts related to work-family balance (Aycan & Eskin, 2005; Chandola et al., 2004).

Nonetheless, in the Lebanese context, the literature on social support and working mothers is limited. Yet, an examination of research conducted back when women in the West were beginning to enter the labor force, and of studies conducted in other collectivist societies, may provide some indications as to what the current situation may be for present-day Lebanese working mothers. First, despite shifts in ideology, in the late 1990s, to encourage the involvement and assistance of American husbands with their children, that point in time in American history witnessed the least involved fathers (Amato & Booth, 1997, p. 228), mainly due to demographic and social changes similar to the ones affecting Lebanese working mothers today. Thus, married mothers were found to experience significantly higher levels of anger than fathers, which was targeted primarily at husbands who did little to ease their wives' strains related mainly to economic hardships and child care (Ross & Van Willigen, 1996). In fact, married women experienced more positive affect at work than at home; however, husbands preferred the luxuries of home that demanded less engagement in housework, cooking, and child care (Arendell, 2000, p. 1197).

Second, in collectivist societies women's work-related absence from their children is often reproved. For example, in a study by Ahmad-Nia (2002) main factors that adversely affected Iranian women's health, were found to be related to persisting

gender expectations of a woman's primary housewife duties, despite increasing rates of women's employment participation (Ahmad-Nia, 2002, p. 762). Moreover, mothers socialized into the ideology of intensive mothering but who need to work for pay often succumb into others' judgements and personal feelings of guilt about abandoning their children (Arendell, 1999; Hertz & Ferguson, 1996; Walzer, 1997). For example, mothers gave up work for feeling guilty about not being proper mothers, and those who continued to work risked mental and physical health due to husband disapproval and accompanying role-conflict and stress (Ahmad-Nia, 2002, p. 763). For mothers that work, grandparents often happily engage in grandchild-rearing (e.g. Hoghughi & Long, 2004); however, while these relations are often sources of positive assistance, they can also be a source of frustration, conflict, and guilt, or at the very least ambivalence (Connidis & McMullin, 2002; Luescher & Pillemer, 1998), and leaving children behind with kin may in fact instigate further stress on mothers and thus negatively impact working mothers' well-being (e.g. Khalaf, 2009).

Research related to the social support of working mothers in Lebanon is sparse. However, recently, Khaled (2013), examined the effect of multiple roles, social support, work-family conflict, and lifestyle factors on the quality of life of women in Lebanon and found that among all variables, perceived social support most strongly and positively predicted quality of life; that is, Lebanese women with greater perceived social support from family, partner, and friends, had better quality of life than women with poorer perceived social support (Khaled, 2013). Regarding social support of the family, as previously established, family life is highly valued in Lebanon, and as family members live in close proximity, family-related sources of support greatly help women manage multiple roles (Khawaja & Habib, 2007; Zgheib et al., 2006). For example,

Lebanese mothers commonly turn to household and child care assistance from in-laws, parents, and other close relatives for help when they have to work (Khalaf, 2009; Saxena & Aoun, 1997; Zgheib et al., 2006). However, in households of an absent emigrant husband, Lebanese mothers commonly encounter problems with in-laws and other family members related to interference in decision-making, restricted social life, and tense and bad relationships (Khalaf, 2009). Regarding husband support in Lebanon, Zgheib et al. (2006) found a positive relationship between spousal support and marital and parenting satisfaction; spousal support was also a factor associated with reducing work-family conflict. Furthermore, in Khawaja and Habib's (2007) study, which examined the relation between husbands' involvement in domestic chores and women's marital satisfaction, happiness, and mental health, women of highly involved partners were found to be happier, healthier, and more satisfied than women of uninvolved partners. Additionally, one factor that appears as a characteristic feature in today's Lebanese households, irrespective of socioeconomic status, is the presence of a household helper. Lebanese women commonly hire foreign domestic workers to assist them in household work, and mainly in child care (Jureidini, 2002; Saxena & Aoun, 1997; Zgheib et al., 2006). Therefore, it is conceivable that household helpers are an additional key source that Lebanese working mothers rely on for support and that, in turn, would affect their well-being. Finally, regarding workplace support, for mothers returning to work after maternity leave, breastfeeding and its early cessation is commonly noted as a drawback for which researchers have highlighted the necessity to provide workplace support such as breastfeeding breaks during working hours and nurseries (e.g., Saade, Barbour, & Salameh, 2010). Thus, as a result, women continue

to benefit from the supports of extended family, domestic help, and partner (Khaled, 2013), to the extent possible.

C. Maternal Age

As women are increasingly pushing marriage to a later time, maternal age has turned up as an important factor in studies examining present-day parenting (e.g. Bornstein, Putnick, Suwalsky, & Gini, 2006), showing both benefits and limitations of mothering at a later age. Mothers who mother at a later age were found to have lower perceived parental distress and burdens, better financial security, advanced psychological resources such as higher self-confidence and lower childrearing anxiety, accessibility to child care assistance from older children (Goldsteen & Ross, 1989), higher quality of life, and higher personal competence (Guedes & Canavarro, 2015). Also, besides greater experiences and knowledge and a better and more stable economic situation, older mothers are more likely to adhere to good diets, gain weight appropriately, begin prenatal care earlier in pregnancy, and avoid legal and illegal substances during pregnancy (Bornstein, Putnick, Suwalsky, & Gini, 2006). Furthermore, these mothers interacted more positively with their children, with affection, stimulation, and sensitivity (Jones, Green, & Krauss, 1980; Ragozin et al., 1982). Additionally, Khalifa (2009) listed the following benefits of later motherhood: fewer children enhanced women's health; increased work participation enhanced social status, personal independence, and reduced the strain of providing for many children; increased energy to contribute to families and society; increased investment in better food; and allowed prolonged offspring education, which improved the chances of better life prospects (Khalifa, 2009). Alternatively, mothers who delay first births may lack the capacity and stamina to meet the demands of caregiving given that physical fitness

and health generally decline with age (Mirowsky, 2002). Also, besides physical tiredness (Khawaja & Habib, 2007), mothers may experience increased psychological and psychosocial vulnerabilities related to physical inactivity, menopausal status, trouble sleeping, mood swings, and memory problems (Beutel, Weidner, Schwarz, & Brahler, 2004; Bosworth, Bastian, Kuchibhatla, et al., 2001).

Given the scarcity of studies specifically examining maternal age of present-day working mothers in Lebanon, the present study's examination of this variable and its possible association with the dependent variable, maternal well-being, will be purely exploratory.

CHAPTER IV

AIMS AND HYPOTHESES

In light of the aforementioned challenges of motherhood happening internationally, especially related to maternal employment (e.g., Arendell, 2000; Habib, Nuwayhid, & Yeretzian, 2006; Hays, 1996; Khawaja & Habib, 2007; Sherif-Trask, 2014; Sugita & Hammoud, 2010), and the current demographic and socio-cultural trends influencing the status of women in Lebanon (e.g., Ghannam, 2015; Sidani, 2016; Tlais & Kauser, 2011; Danawi & Hasbini, 2015; ESCWA, 2009; 2013; Hausmann, Tyson, Bekhouche, & Zahidi, 2013; 2014; Karam & Afiouni, 2014; Karshenas, Moghadam, & Chamlou, 2016; Khalaf, 2009; Tailfer, 2012; UNICEF, 2011), the aim of this study was two-fold: (a) to examine the self-reported well-being of working mothers, and (b) to determine the effects of the predictor variables, parental self-efficacy, coparenting, work-family conflict, social support, maternal age, husband emigration

status, number of children, and employment hours on well-being, while controlling for maternal education level and household income.

A positive association was found between parental self-efficacy and maternal well-being (Bugental & Cortez, 1988; Bugental & Shennum, 1984; Teti & Gelfand, 1991; Wells-Parker, Miller, & Topping, 1990). Therefore, the following hypothesis was tested:

Hypothesis 1: Perceived parental self-efficacy will positively predict well-being among urban Lebanese working mothers, such that higher levels of parental self-efficacy will predict higher levels of well-being.

Lebanese fathers' role was described as distant and one of a provider of basic needs, yet little is known about fatherhood in connection to coparenting in Lebanon (Danawi & Hasbini, 2015). Paternal involvement in child care and more egalitarian sex-role attitudes among husbands were found to be positively correlated with wives' marital satisfaction (Amato & Booth, 1995; Harris & Morgan, 1991). Moreover, research on the effect of husband involvement on mothers has shown higher father involvement in childrearing to be associated with reduced depressive symptoms among women (e.g., Maclean et al., 2004; Oomens et al., 2007). Therefore, the following hypothesis was examined in this study:

Hypothesis 2: Coparenting will emerge as a positive predictor of well-being among urban Lebanese working mothers, such that higher levels of coparenting will predict higher levels of well-being.

Work-family conflict was found to be negatively associated with psychological well-being (Allen, Herst, Bruck, & Sutton, 2000; Frone et al., 1992; Polasky & Holahan, 1998); life satisfaction (Allen, Herst, Bruck, & Sutton, 2000; Burley, 1995;

Greenhaus & Beutell, 1985; Grice et al., 2011; Kossek & Ozeki, 1998); and positively associated with sleep loss, limited leisure time and feelings of overload and stress (Presser, 1995 as cited in Arendell, 2000, p. 1198). Accordingly, this study examined the following hypothesis:

Hypothesis 3: Work-family conflict will negatively predict well-being among urban Lebanese working mothers, such that higher levels of work-family conflict will be associated with lower levels of well-being.

Social support from family was found to be a positive predictor of well-being and life satisfaction of mothers (e.g., Adams, King, & King, 1996; Beehr & McGrath, 1992; Ezzedeen & Ritchey, 2009; Grice et al., 2011; Khaled, 2013; Kostiainen et al., 2009; Loscocco & Spitze, 1990; Roxburgh, 1997), and increase perceived marital satisfaction, happiness, and mental health of Lebanese women (Khawaja & Habib, 2007). The following hypothesis was tested:

Hypothesis 4: Perceived social support will positively predict well-being among urban Lebanese working mothers, such that higher levels of perceived social support will be associated with higher levels of well-being.

Apart from the predictors of maternal well-being examined in this study, it was valuable to explore the additional context-specific variables that may also affect well-being. The variables, maternal age, husband emigration status, and employment hours, have been found to be positively and negatively associated with well-being of mothers (e.g., Barnett & Gareis, 2000; Beutel, Weidner, Schwarz, & Brahler, 2004; Bosworth, Bastian, Kuchibhatla, et al., 2001; Buehler & O'Brien, 2011; Gareis & Barnett, 2002; Goldsteen & Ross, 1989; Guedes & Canavarro, 2015; Khalaf, 2009; Khawaja & Habib, 2007; Mirowsky, 2002). A positive association was found between fewer number of

children and maternal well-being (Khalifa, 2009), whereas having many children was found to increase maternal distress (Goldsteen & Ross, 1989). However, in Lebanon, it is not clear whether maternal age, husband emigration status, number of children, and employment hours will serve as protective factors or risk factors among urban Lebanese working mothers. Accordingly, this study examined the following hypotheses:

Hypothesis 5 (exploratory): Maternal age will emerge as a predictive factor of wellbeing in urban Lebanese working mothers.

Hypothesis 6 (exploratory): Husband emigration status will emerge as a predictive factor of well-being among urban Lebanese working mothers.

Hypothesis 7 (exploratory): Number of children will emerge as a predictive factor of well-being among urban Lebanese working mothers.

Hypothesis 8 (exploratory): Employment hours will emerge as a predictive factor of well-being among urban Lebanese working mothers.

CHAPTER V

METHODOLOGY

A. Research Design

This study employed a quantitative, non-experimental research design, in which an online survey (Lime Survey) comprising six measures was used for data collection. Four scales measured the predictor variables, *parental self-efficacy, coparenting, work-family conflict*, and *social support*. One scale, represented the outcome variable, *well-being*. Finally, the demographic questionnaire requested information about the variables, *maternal age, husband emigration status, number of children, maternal employment hours, education level*, and *household income*.

Using SPSS, reliability analyses of the scales and a multiple regression analysis using the forced entry method were conducted in this study. The regression analysis aimed at examining the effects of the predictor variables, self-efficacy, coparenting, work-family conflict, social support, maternal age, husband emigration status, number of children, and maternal employment hours, on the outcome variable, well-being, while controlling for maternal education level and household income.

B. Format of the Survey

The online survey consisted of an informed consent form (see Appendices A and I) that detailed the purpose of the study, the risks and benefits associated with participating in the study, and a note on confidentiality and anonymity about participant information, which allowed potential participants to make an informed decision about whether to participate. The informed consent also provided the estimated duration of the survey (20 to 30 minutes) and the contact information of the principal investigator and co-investigator, in case potential participants had further inquiries about the survey (e.g., registration, content, etc.). The online survey also contained the six study questionnaires further detailed in the next section (see Appendices B-G and J-O). Questionnaires were counterbalanced to control for order effects by providing two randomized versions. Questionnaires were in two languages, English and Arabic, from which participants were asked to choose their language of preference. Informed consents and scales were translated using the translation and back-translation method by translators fluent in both Arabic and English languages. Back-translation involved translating the English versions into Arabic, and then re-translating the Arabic version back into English in order to compare them with the original English versions. The translations were slightly modified, specifically in the Coparenting Relationship Scale

(CRS), where the word "children" was added to "a child" for items 2, 4, 5, 6, 8, 9, 16, 17, 18, 23 and 27, and the word "children's" was added to "child's" for items 11, 14, 15, 19 and 21.

C. Scales and Reliability¹

- 1. Demographic Questionnaire. The demographic questionnaire (see Appendices B and J) included questions regarding the mother's age, marital status, level of education, number and age of children, employment (type of job; hours: part-/fulltime), husband status (emigrant/non-emigrant; for emigrant, travel frequency and primary location of employment), child care provision (foreign/local laborer, grandparents, relatives, friend), and household income.
- 2. General Health Questionnaire-12 (GHQ-12). Well-being was measured using the General Health Questionnaire-12 (GHQ-12; Goldberg & Williams, 1988 as cited in Goldberg, Gater, Sartorius, Ustin, Piccinelli, Gureje, & Rutter, 1997; see Appendices C and K). The GHQ-12 is a self-administered screening instrument for detecting minor psychiatric disorders in the general population and within community settings (Banks, Clegg, Jackson, Kemp, Stafford, & Wall, 1980). It assesses the respondent's current mental health with respect to (a) an individual's ability to carry out normal healthy functions, and (b) the emergence of new distressing phenomena (Goldberg & Williams, 1988 as cited in Goldberg et al. 1997). The GHQ-12 was shown to be the version most appropriate for use in employment studies (e.g., Banks et al., 1980). It consists of 12 items that are rated on a 4-point Likert scale ranging from 0 (better/more so than usual) to 3 (much less than usual). Total score was computed by

¹ Principal Axis Factoring was conducted to explore the factor analysis of the work family scale as it has two subscales. The results revealed that the factor loadings of the work family scale were not confirmed in this study. This might be due to low sample size (low power).

averaging the individual scores on the 12 items, with all items reverse-coded except for item 12. Higher scores on the GHQ-12 indicate lower levels of psychological well-being. Cronbach's alpha of the GHQ-12 has ranged between .82 and .90 (Banks et al., 1980; Goldberg et al., 1997). In this study, the reliability analysis indicated that the well-being scale had high reliability ($\alpha = .86$; see Table 1).

- 3. Parenting Sense of Competence (PSOC) Scale. Mothers' perceived parental self-efficacy was measured using the Parenting Sense of Competence (PSOC) scale (Johnston & Mash, 1989; see Appendices D and L). The PSOC consists of 16 items each answered on a 6-point Likert scale ranging from 6 (strongly disagree) to 1 (strongly agree). Scoring of the scale is computed by summing the individual scores of the 16 items, with items 1, 6, 7, 10, 11, 13, and 15 reversed so that for all 16 items higher total scores indicate greater levels of parental self-efficacy. The total sum of all 16 items ranges from 16 to 96: a score range of 16 to 50 indicates low parental selfefficacy; a score range of 51 to 69 indicates moderate parental self-efficacy; and a score range of 70 to 96 indicates high parental self-efficacy. The PSOC has been shown to have good validity and reliability (Johnston & Mash, 1989), with Cronbach's alpha of .82 and .70 for the Satisfaction and Efficacy scales, respectively; however, six-week test-retest correlations for the scales and the total score ranged from .46 to .82 (Gibaud-Wallston & Wandersman, 1978 as cited in Johnston & Mash, 1989). In this study, the reliability analysis for the total scale indicated that the parental self-efficacy scale had good reliability ($\alpha = .79$; see Table 1).
- 4. Coparenting Relationships Scale (CRS). Coparenting was measured using the Coparenting Relationships Scale (CRS; Feinberg, Brown, & Kan, 2012; see Appendices E and M). The 35-item measure includes seven subscales that assess seven

aspects of coparenting: coparenting agreement, coparenting closeness, exposure of child to conflict, coparenting support, coparenting undermining, endorsement of partner's parenting, and division of labor (Feinberg, Brown, & Kan, 2012). For this study, the subscale Exposure to Conflict was not administered since it does not fit the scope of the study. Only the remaining six subscales were administered, providing a total of 30 items, each answered on a 7-point Likert scale, ranging from 0 (not true of us) to 6 (very true of us). Scoring of items 5, 7, 8, 9, 11, 12, 13, 15, 16, 20, 21, 22, 28, and 29 were reversed so that, for all items, higher total scores indicate more positive coparenting. For this study, the total score of the coparenting scale was used by averaging the scores on individual items. Feinberg, Brown, and Kan (2012) reported good internal consistency across gender and data collection time points for the Coparenting Closeness, Coparenting Support, and Coparenting Undermining subscales, with Cronbach's alphas ranging from .75 to .89. Cronbach's alpha was strong for women for the Endorsement of Partner Parenting subscale, which ranged from .83 to .88. For the last two subscales, the alpha coefficient for the Coparenting Agreement subscale, although weaker, was still in the acceptable range of .66 to .71 (Feinberg, Brown, & Kan, 2012). In previous research, alpha for the 2-item Division of Labor subscale could not be computed; instead, an examination of the correlations between the two items was found to be moderate, ranging from .33 to .59 (Feinberg, Brown, & Kan, 2012). In this study, the reliability analysis indicated that the coparenting scale had very high reliability ($\alpha = .93$; see Table 1).

5. Work-Family Conflict Scale. Work-family conflict was measured using items adapted from the study by Frone and Yardley (1996; see Appendices F and N). The instrument consists of 12 items, half of which assess work-to-family conflict, and

the other half, family-to-work conflict. Questions are scored on a 5-point Likert scale ranging from 1 (never) to 5 (very often). Example items are: "My work takes up time that I'd like to spend with my family" and "I'm too tired at work because of the things I have to do at home". The scale has shown good internal consistency in the literature, with Cronbach's alpha of .87 for work-to-family conflict and .79 for family-to-work conflict (Frone & Yardley, 1996). The total scores of the two subscales (work-family and family-work) were computed by averaging the scores on the six individual items on the respective subscales. Since mothers have been shown to report more WFC (Grice et al., 2011; Gutek, Searle, & Klepa, 1991; Kossek & Ozeki, 1998), and since the present variable is relatively new in the Lebanese context, differences among the two subscales (work-family and family-work) were examined in this study. In this study, the reliability analysis indicated that the work-family conflict subscale had high reliability and the family-work conflict subscale had good reliability ($\alpha = .82$ and $\alpha = .79$, respectively; see Table 1).

6. Family Support Scale (FSS). Social support was assessed using the Family Support Scale (FSS; Dunst, Jenkins, & Trivette, 1984; see Appendices G and O). The FSS is an 18-item scale scored on a 5-point Likert scale ranging from 1 "Not at all helpful" to 5 "Extremely helpful". The scale assesses sources of immediate family, relatives, friends, and others in the family's social network, social organizations, and specialized and generic professional services. Results from the FSS can help identify the areas in a family's support network that need to be strengthened or accessed to better meet the family's needs. The scale provides an open item for parents to assess other sources of support not included in the 18 items. Sources of support that are not available to certain families are provided with an "NA" (Not Available) response under

the designated column. A total score is calculated for overall social support, and 18 items are summed to find a total score for social support. Reliability estimates were shown to be moderate for this scale, with a Cronbach's alpha of .77 (Dunst, Jenkins, & Trivette, 1984). In this study, the reliability analysis indicated that the social support scale had good reliability ($\alpha = .78$; see Table 1).

D. Pilot Study

The questionnaires were pilot tested using a convenience sample of 10 working mothers known to the co-investigator and who met recruitment criteria. The participants consented to, first, complete the survey, and second, to provide feedback regarding clarity of questions, ease of answering questions, survey length/duration, issues of cultural relevance, the online registration procedure, and the automated Lime Survey emails, mainly the reminder email (if it applied) and the confirmation email. Questions and answers specifically related to the language they selected (English or Arabic) to complete the survey. The researcher introduced the study (via phone call) by stating the information provided on the IRB-approved flyer. After securing their approval to participate, the co-investigator shared the link via email or WhatsApp.

Regarding registration procedure, the link was designed to direct participants to register for the survey by entering their email address and solving a simple math problem. Once registered, participants received a registration email with a link that redirected them to the consent form and the questionnaires. This setting was necessary later for the main study to limit the number of times a participant could complete the public survey to one time only. Upon completion of the survey, participants received a confirmation email informing them that they had completed the survey and that the researcher will contact them for feedback, with an option to contact the researcher

directly themselves (via phone call or email). The average time needed to complete the questionnaire ranged between 15 to 25 minutes. The participants reported that the measures were clear and appreciated the Pause and Resume Later option, but that ease of answering questions on a phone was more difficult (i.e., smaller screen meant scrolling up every time to see answer descriptors), a Back option was needed, and a note informing potential participants to check their Junk Email Folder for the registration email was needed. Therefore, no changes were necessary to any of the measures, except that in longer scales (e.g., PSOC and CRS) answer headings were repeated more frequently (e.g., after every 8 and 10 items, respectively). The requested procedure changes were made.

E. Main Study

1. Procedure and Data Collection. Data collection for the main study started on April 28, 2017, after receiving the Institutional Review Board (IRB)'s approval on March 24, 2017, and ended on June 12, 2017. Participants were recruited using a convenience sample and included snowball sampling as its main recruitment method. In snowball sampling, participants completed the questionnaire online, after which each eligible participant was given the option to invite other individuals who meet the inclusion criteria for the study. Potential participants had the option to directly contact the researcher via email or phone for further questions, or be forwarded the Lime Survey link by their personal contacts. Specifically, via snowballing technique, the initial identification of subjects was through targeted Facebook pages (of NGOs and women's groups). The researcher contacted the following NGOs concerned with women's causes in Lebanon: SMART Center for Media and Advocacy, Ahla Fawda, YWCA: Young Women's Christian Association, INSAN Association, and Amel

Association International. The Administrators of NGOs were contacted via Facebook or their main Webpages and asked for written approval to post the Lime Survey link on their Facebook main pages and main Webpages. On Facebook, the Administrators of mother groups, such as Mommy Classifieds, Beirut, Lebanon; Mama to Mama Beirut Breastfeeding Support; Babywearing Beirut; and Baby Led Weaning Lebanon – BLWL were messaged privately by the researcher who introduced herself and the nature of her study. Following written approval, they were asked to post the Lime Survey link with an advertisement presenting a brief description of the study on their Facebook main pages. Moreover, the Administrators of the Facebook pages, AUB Psychology Student Society, Graduate Council of the American University of Beirut-AUB, WAAAUB-AUB Alumni, and Lebanese League for Women in Business (LLWB) were also contacted via email, or phone call for a meeting if they so desire, to present a brief summary of the study and obtain written approval to post an online advertisement and invitation on their pages as a way to inform prospective and eligible participants about the study and their chance to contribute to the study by filling out the survey. The advertisement and invitation included the title of the study, a brief description of the survey, and the link that interested participants could follow to begin the survey. Direct word of mouth was not implemented in the recruitment procedure; participants found out about the study via Facebook pages, NGO/women group websites, flyers distributed online, and other participants. The Lime Survey link was provided via a flyer on Weband Facebook pages and an email with the IRB-provided invitation script/template from Administrators (of NGO and women's groups Facebook pages) to their own mailing lists.

Participants who declined to participate automatically exited the survey. Both participants who declined and did not decline, were provided a statement in the automated Lime Survey email offering the option to inform other prospective or eligible participants they may know about the study, by either: (a) sharing the researcher's provided contact information (email address and phone number), or (b) directly sharing or forwarding the Lime Survey link to their personal contacts. For participants who called or emailed the co-investigator, an email or WhatsApp message containing the link and flyers (English and Arabic) was provided. For participants who registered but did not complete the survey, the researcher sent reminder emails via Lime Survey; only a few participants emailed the researcher back explaining that they failed to meet the participant selection criteria; a few others wished to be taken off the token (reminder email) list without providing a reason.

2. Sample Characteristics and Demographics. For inclusion in the study, participants had to be a married, Lebanese woman, mother of one or more children below the age of 18, none of whom are diagnosed with a psychological or physical disorder, and who works part-time or fulltime in a paid job located in any of the major cities in Lebanon (e.g., Beirut, Tripoli, Sidon, Jounieh). Upon termination of data collection, the total count was 188 online surveys, 73 of which were incomplete. Of the 73 incomplete surveys, a total of 23 participants provided no consent to participate, 5 registered and consented but completed only 3 of the 5 scales, 28 registered and consented but completed only 1 or 2 of the 5 scales, and 17 participants registered and consented but did not complete any of the scales. The total count of completed surveys was that of 115 participants. Of those, the data from three participants were excluded because of failure to meet the inclusion criterion for age of children (ages of all children

were above 18). Moreover, the data from two participants were excluded because they did not fill the whole questionnaire (not even the consent form). Finally, the data of eight participants were excluded because they omitted at least three full scales.

Therefore, the final sample comprised 102 participants².

The age of participants ranged from 25 and 49 with a mean age of 34.51 (*SD* = 5.33; see Table 3a). Most participants were from the city of Beirut (62.6%), followed by Tripoli (9.1%), Aley (7.1%), Jounieh (5.1%), and Sidon (4%), while 12.1% of participants were from other cities (such as Metn; see Table 3b). Regarding educational level, the majority of participants had a Masters/Graduate Degree (54.5%) followed by a Bachelor's Degree (29.7%), Doctoral Degree (PhD/MD; 12.9%); and only 3% of participants had a technical degree (see Table 3b). Regarding the household income of participants, while 1% of participants had an income of less than 500,000 LL per month and 3% of participants had an income between 750,000 LL and 1,500,000 LL per month, 21% of participants had an income between 1,500,000 LL and 3,000,000 LL per month, 40% of participants had an income between 3,000,000 LL and 7,500,000 LL per month, 31% of participants had an income more than 7,500,000 LL; and 4% of participants did not know their income (see Table 3b).

Regarding maternal employment hours, around three-quarters of participants were fulltimers (72.5%), followed by part-timers (15.7%); and 11.8% of participants worked more than one job (see Table 3c). Moreover, 94.1% of mothers were first-time married; one mother presented as remarried, while 4.9% of participants asserted their relationship status as other, with no specification. Regarding husband emigration status, most participants (90%) had no emigrating husband while 8% of participants had an

ne mai 10 (13.7%) pa

² It is notable that 16 (15.7%) participants completed the survey using the Arabic language.

emigrating husband and 2% of participants had an unemployed husband. The majority of mothers had two children (45%) followed by one child (38%) and three children (16%); with only one mother who had four children. Regarding household help, around half of participants had a household helper (49%) while the other half (51%) did not have a household helper³ (see Table 3c). Regarding the age of the children, 17.9% of mothers had an infant (i.e., child aged $\leq 1^4$) as a first child, 18.9% of mothers had a toddler (i.e., child aged 1 to 2) as first child while 24.2% of mothers had a preschooler (i.e., child aged 3 to 5) as a first child. Finally, 28.4% of mothers had a child aged 6 to 12 (i.e., middle childhood) as a first child and 10.5% of mothers had an adolescent (i.e., child aged <12) as a first child (see Table 3c).

3. Order Effects and Counterbalancing. To control for order effects, two online versions of the questionnaire battery were randomly generated using Lime Survey; Version A and Version B. All consenting participants filled the demographic questionnaire first. Participants who completed version one of the survey completed the scales in the following order: well-being (GHQ-12), parental self-efficacy (PSOC), coparenting (CRS), work-family conflict (WFC), and social support (FSS). Version two participants completed the scales in the following order: social support (FSS), coparenting (CRS), parental self-efficacy (PSOC), well-being (GHQ-12), and work-family conflict (WFC).

Approximately two-thirds of the participants (64.7%) filled survey version two, and the remaining one-third of the participants (35.3%) filled version one of the survey.

46

³ The type of household help and whether or not they were living with the family was perceived as irrelevant to the scope of the present study; thus, only the presence of a household help was examined since in Lebanon many people help.

⁴ Age cut-offs retrieved from Ericson's psychosocial stages of development (Learning theories, 2014).

To investigate whether scores of participants differed on the six scales across versions of the survey, six independent t-tests were conducted; for well-being, parental self-efficacy, coparenting, work-family conflict (and family-work conflict), and social support. Results revealed that there were no significant differences between participants who filled version one and participants who filled version two on the six scales (well-being, parental self-efficacy, coparenting, work-family conflict, family-work conflict, and social support): t (99) = -.86, p = .39, ns; t (99) = -1.14, p = .26, ns; t (100) = -.53, p = .60, ns; t (100) = -.1.08, p = .28, ns; t (60.45) = 1.62, p = .11, ns; t (100) = 1.10, p = .27, ns, respectively (see Table 2).

CHAPTER VI

RESULTS

A. Preliminary Analysis

Preliminary analyses were conducted prior to examining the main analyses.

The preliminary analyses involved missing values analysis, analysis of univariate and multivariate outliers, and normality analysis.

1. Missing Value Analysis. First, as stated above, the data from three participants were excluded because of failure to meet the inclusion criterion for age of children; moreover, the data from two participants were excluded because they did not fill the whole questionnaire (not even the consent form). Finally, the data of 8 participants were excluded because they omitted at least three full scales. Therefore, the missing value analysis was conducted on the 102 participants. The missing value analysis revealed that all the variables had less than 5% missing values except for age of first child (6.9%), social support item 17 (6.9%) and social support item 18 (5.9%). To

test whether the data were missing completely at random, Little's MCAR test was run. The results of the Little's MCAR test was statistically not significant indicating that MCAR (missing completely at random) can be inferred; X^2 (2524) = 2514.47, p = .55, ns. Since the data was missing completely at random, then the missing values did not pose any problem for the main analysis.

- 2. Univariate and Multivariate Outliers. Univariate outliers were inspected through Z-scores and no univariate outliers were found with Z-scores above ± 2.58 standard deviations on the predictor variable on work-family conflict scale. Two univariate outliers were found on the outcome variable well-being with case numbers 27 and 39 and two univariate outliers were found on the predictor variable maternal age with case numbers 35 and 93. Moreover, one univariate outlier was found on each of the following predictor variables: number of children, parental self-efficacy, coparenting, and family-work conflict with case numbers 30, 16, 35, 78 respectively. Finally, two univariate outliers were found on the predictor variable social support with case numbers 38 and 74. Multivariate outliers were inspected through Mahalanobis distance using SPSS syntax. No cases were found to be multivariate outliers, $\chi 2$ (11) = 24.13, p < .01, (critical value = 24.73). Since none of the cases were found to be both univariate and multivariate outliers, all cases of univariate outliers were retained in the final sample.
- **3. Outliers in the Solution.** Outliers in the solution are cases that are not well predicted by the regression model and that exert undue bias on the parameters of the regression model. The presence of outliers in the solution was assessed through standardized residuals (Field, 2013). Cases with standardized residuals above the ± 3.29 significance level are considered outliers in the solution. An examination of the

standardized residuals in the current analysis revealed that the standardized residuals ranged between -2.83 and 2.27 with no cases above ± 3.29 .

4. Normality. Normality of the variables was tested by examining the z-scores of skewness and kurtosis. Given that in large samples the Kolmogorov-Smirnov test reports significant results from small deviations, the z-scores of skewness and kurtosis was the best method to inspect normality. The z-skewness was obtained by dividing skewness by the standard error of skewness and the z-kurtosis was calculated by dividing kurtosis by the standard error of kurtosis.

The outcome variable (well-being) and the predictor variables (parental self-efficacy, coparenting, work-family conflict, family-work conflict, social support, maternal age, and number of children) had z-skewness scores and z-kurtosis scores below the ± 3.29 significance level, indicating that these variables were normally distributed.

B. Scale Descriptives

The means and standard deviations of the scales are provided in Table 4. Concerning the outcome variable, well-being, it appears that on average participants reported high levels of well-being (M = 1.88, SD = 0.51). Regarding parental self-efficacy assessed by the PSOC scale, it appears that on average participants had high levels of parental self-efficacy (M = 65.15, SD = 10.65). Concerning the coparenting scale, on average participants had high levels of coparenting (M = 4.32, SD = 1.10). Concerning the two conflict scales (work-family and family-work), it appears that on average participants had high levels of work-family conflict (M = 3.18, SD = 0.92) and low levels of family-work conflict (M = 2.07, SD = 0.76). Finally, concerning social

support, it appears that on average participants had low levels of social support (M = 26.45, SD = 11.09; see Table 4).

C. Correlation Analysis between Predictor Variables and Well-Being

1. Variables. The predictor variables (parental self-efficacy, coparenting, workfamily conflict, family-work conflict, social support, maternal age, and number of children) and the outcome variable (well-being) were entered as scale variables. The control variable, education, was re-coded to form two groups by grouping participants who had Technical degree and those who had Bachelor's degree together as one group and participants who had Master's degree and Doctoral degree as one group. The control variable, income, was also re-coded to form two groups (low and highincome) as follows: participants with an income less than 7,500,000 LL were grouped together to form the low-income group and participants having an income of more than 7,500,000 L.L were categorized as the high-income group. Participants who reported that they do not know their income were treated as missing in the regression analysis. Additionally, the predictor variable, husband emigration status, was re-coded to form two groups (yes/no) by grouping participants whose husbands worked abroad as yes and participants whose husbands are unemployed and who do not work abroad as no. Moreover, the predictor variable, maternal employment hours, was recoded into two groups by considering participants who work as Part-timers as one group and combining participants who work as Full-timers and more than one job as another group.

2. Assumptions of the Pearson Correlation Test.

a. Variable type. All the variables were scale variables except for the predictor variables maternal employment hours (part-time, fulltime, and more than one job) and husband emigration status, both of which were entered as nominal dichotomous.

b. Normality of predictors and outcome variable. The variables well-being, parental self-efficacy, coparenting, work-family conflict, family-work conflict, social support, maternal age, and number of children were normally distributed.

A one-tailed Pearson correlation test was conducted to investigate the correlation between the outcome variable, well-being, and the predictors, parental self-efficacy, coparenting, work-family conflict, family-work conflict and social support. A one-tailed Pearson correlation test was used because these variables were normally distributed and they entailed confirmatory hypotheses. The correlation matrix is presented in Table 5a.

A two-tailed Pearson correlation test was conducted to examine the correlation between the predictor variables, maternal age, husband emigration status, number of children and maternal employment hours, and the outcome variable, well-being. The two-tailed Pearson correlation test was used because these variables were normally distributed and they entailed exploratory hypotheses. The correlation matrix is presented in Table 5b.

c. Main analysis. An examination of the one-tailed Pearson correlation matrix revealed that there was a significant positive and large correlation between parental self-efficacy and well-being; r = .61, p < .001 (one-tailed). This indicates that mothers who had higher levels of parental self-efficacy tended to have higher levels of well-being. The Pearson correlation test also revealed that there was a significant positive and medium correlation between coparenting and well-being; r = .30, p = .001 (one-tailed); indicating that participants who had higher levels of coparenting tended to have higher levels of well-being. Furthermore, the Pearson correlation test revealed that there was a significant negative and medium to large correlation between work-family conflict and

well-being; r = -.42, p < .001 (*one-tailed*); indicating that participants who had higher levels of work-family conflict tended to have lower levels of well-being. Similarly, the Pearson correlation test revealed that there was a significant negative and small to medium correlation between family-work conflict and Well-being; r = -.18, p = .035 (*one-tailed*); indicating that participants who had higher levels of family-work conflict tended to have lower levels of well-being. The Pearson correlation test also revealed that there was a significant positive and small to medium correlation between social support and well-being; r = .25, p = .006 (*one-tailed*); indicating that participants who had higher levels of social support tended to have higher levels of well-being.

Additionally, the two-tailed Pearson correlation test revealed an absence of a significant correlation between the predictor variables, maternal age (r = .13, p = .20, ns), husband emigration status (r = .03, p = .75, ns), and number of children (r = .14, p = .17, ns), which indicates no relationship between the predictors, maternal age, husband emigration status and number of children, and well-being, respectively.

An examination of the two-tailed correlation matrix revealed the presence of a significant negative small to medium correlation between employment hours and well-being r = -.28, p = .004 (*two-tailed*). This indicates that participants who had part-time jobs tended to have higher levels of well-being compared to those who had fulltime and more than one job together.

D. Regression Analysis: Predictors of Well-being

To test for hypotheses 1 through 8 regarding the predictors of well-being, a multiple regression analysis was conducted using the forced entry method. The outcome variable was well-being and the predictor variables were parental self-efficacy, coparenting, work-family conflict, family-work conflict, social support, maternal age,

husband emigration status, number of children, and maternal employment status, while controlling for education and income.

- **1. Statistical Assumptions for Parametric Testing.** Prior to performing the main regression analysis, the following assumptions of regression were assessed.
- a. Influential cases. Influential cases are cases that exert large and undue influence on the parameters of the regression model. The presence of influential cases was assessed through Cook's Distances. Cook's distance is the difference between a parameter estimated using all cases and estimated when one case is excluded (Field, 2013). Cases with Cook's distance above 1 are considered influential cases. An examination of the Cook's distance in the current analysis revealed that the Cook's distances ranged between .00 and .12 with no cases above 1. This indicates that there were no influential cases in the data.
- b. Variable type. All the variables were scale variables except the two predictors, husband emigration status and maternal employment status, and the control variables education and income, which were entered as nominal dichotomous.
- c. Ratio of cases to IV's. One of the important assumptions of regression is the sample size. A "rule of thumb" proposed by Tabachnick and Fidell (2013) states that: for a medium size relationship between IVs (predictors) and the DV (outcome): the sample size N must be larger than (50+8m) if we are interested in multiple correlation and regression, where m is the number of IVs (predictors). On the other hand, the sample size must be larger than (104+m), if we are testing for individual predictors, where m is the number of IVs (predictors). The current data analysis had a sample size of N = 102 (low power) and 11 independent predictors; therefore, both sample size assumptions are not met (50+8×11= 138, or 104+11=115).

- d. Normality of predictors and outcome variable. The outcome variable, well-being, and the predictor variables, parental self-efficacy, coparenting, work-family conflict, family-work conflict, social support, maternal age, and number of children were normally distributed.
- e. Multicollinearity. The assumption of multicollinearity indicates that there is a high correlation between two or more predictors that affect the regression analyses (Field, 2013). There are two ways to check for multicollinearity: correlation matrix between predictors and Variance Inflation Factor (VIF) scores. Any correlation between two predictors above .8 would indicate a potential problem of multicollinearity. By inspecting the correlation matrix between predictors, there were no predictors that were highly correlated with each other (no significant correlation between two predictors with r > |.80|). This indicates that there is no potential problem of multicollinearity. In addition, Variance Inflation Factor (VIF) coefficients were examined in the final model of regression. VIF values above 10 would indicate that there is a problem of multicollinearity. In the current analysis, VIF values were below 10; thus, the assumption of no multicollinearity is met.
- *f. Normality of residuals.* The assumption of normality of the residuals of the outcome variable, well-being, was assessed through the histogram. The histogram revealed that the distribution of residuals is not significantly different from that of a normal distribution (the distribution displayed a bell-shaped curve). Hence, the normality of residuals was met (see Figure 1).
- g. Independence of errors. The independence of errors assumption states that the errors of prediction are independent of one another. The assumption of independence of errors is tested using the Durbin Watson statistic which commonly

varies between 0 and 4 (Field, 2013). A good value for this statistic is 2, however values between 1 and 3 are considered acceptable. In this analysis, the Durbin Watson value was 2.01 which is close to 2 and thus the assumption of independent errors was met.

- h. Homoscedasticity of regression slopes. The assumption of homoscedasticity was tested by examining the following residuals scatter plot (ZRESID vs ZPRED). ZPRED is the standardized predicted values of the dependent variable based on the model while ZRESID is the standardized residuals or errors (Field, 2013). In this study, the plot revealed that the residuals scatter plot does show an even scatter around all scores, the points are therefore not funneling out. Therefore, the assumption of homoscedasticity was met (see Figure 2).
- 2. Multiple Regression Main Analysis. The F-test revealed that the regression model which contained the predictors (parental self-efficacy, coparenting, work-family conflict, family-work conflict, social support, maternal age, husband emigration status, number of children, and maternal employment hours) while controlling for education (Bachelor's/Technical, Master's/Graduate, Doctoral) and income (low, middle and high), and which was forced into the regression equation, was significantly better than the mean in explaining the variance in the outcome variable (well-being), F(11, 77) = 6.52, p < .001. The regression model which contained those predictors explained 48.2% ($R^2 = .482$) of the variance of the outcome variable (well-being). The adjusted R square for the regression model was $R^2 = .408$, indicating that this regression model explained 40.8% of the variance of the outcome variable (well-being) at the level of the population. In addition, when moving from the sample to the population, the shrinkage $\Delta R^2 = 7.4\%$; indicating that the sample is not a good representation of the population (see Table 6).

By inspecting the table of coefficients, the t-tests revealed that among all the predictors, only the predictors, parental self-efficacy and social support, were significant predictors of the outcome variable, well-being (see Table 7). Among those two significant predictors, parental self-efficacy was the highest predictor of well-being, followed by social support.

The t-test revealed that parental self-efficacy was a significant positive and medium to large predictor of well-being; b = -.02, $\beta = -.48$, t (74) = -4.60, p < .001. This indicates that participants who had higher levels of parental self-efficacy tended to have higher levels of well-being. As such hypothesis 1 was supported. The t-test also revealed that social support was a significant positive and small to medium predictor of well-being; b = -.01, $\beta = -.19$, t (74) = -2.05, p = .044. This indicates that participants who had higher levels of social support tended to have higher levels of well-being. As such hypothesis 4 was supported.

Finally, the t-tests revealed that the variables, education, income, maternal age, husband immigration status, number of children, maternal employment hours, coparenting, work-family conflict, and family-work conflict were not significant predictors of the outcome variable (well-being). Therefore, hypotheses 5, 6, 7, 8, 2 and 3 were not supported.

3. Hypothesis Testing. The results of the multiple regression revealed that education and income were not related to the outcome variable, well-being. The multiple regression analysis also revealed that the demographic variables maternal age, husband emigration status, number of children, and maternal employment hours, were not predictors of the outcome variable, well-being; thus, hypotheses 5, 6, 7 and 8 were not supported. Moreover, the multiple regression analysis revealed that the variables

coparenting, work-family conflict, and family-work conflict were not predictors of well-being; thus hypotheses 2 and 3 were not supported. However, parental self-efficacy and social support were revealed by the multiple regression analysis to be significant positive predictors of well-being, with parental self-efficacy as the highest predictor; thus, hypotheses 1 and 4 were supported.

CHAPTER VII

DISCUSSION

The aim of this research study was two-fold: a) to examine the well-being of working mothers, and b) to determine the effects of the predictors on well-being in a sample of urban Lebanese working mothers. This aim was viewed as important considering the current challenges of motherhood internationally and locally, especially related to maternal employment, and the current demographic and socio-cultural trends influencing the status of women in Lebanon. There is also limited research regarding the subjective experiences of present-day working mothers in Lebanon. Furthermore, in Lebanon, women are expected to prioritize husband, family care and child-raising (Afiouni, 2014); yet more women are achieving advanced education, entering the labor force, marrying at a later age, mothering at an older age, and having fewer children than before (Economic and educational status, 2010; Tailfer, 2012). Therefore, this study attempted to investigate the effect of parental self-efficacy, coparenting, work-family conflict, social support, maternal age, husband emigration status, number of children, and employment hours on well-being.

A. Interpretations of the Findings

The main findings of this study were that a) overall, this sample of urban Lebanese working mothers reported high levels of well-being, and b) parental self-efficacy and social support were found to be significant predictors of well-being. The results of this study revealed that, among the variables examined in this study, the most important predictor of maternal well-being was parental self-efficacy, indicating that mothers who had higher levels of parental self-efficacy tended to have higher levels of well-being. Therefore, this finding demonstrates the importance of maternal competence and confidence in dealing with problems related to children and in influencing their children's behavior and development. This finding is consistent with Wells-Parker et al. (1990) who found a negative relationship between mothers' level of subjective stress and parental self-efficacy, and others who found negative parental self-efficacy to have adverse effects on the psychological health of mothers (e.g., Bugental & Cortez, 1988; Teti & Gelfand, 1991; Wells-Parker et al., 1990).

Social support was also found to be a significant positive predictor of well-being. Based on these results, the present study revealed that social support was the second most important predictor of maternal well-being, indicating that mothers who had higher levels of social support tended to have higher levels of well-being.

Therefore, this finding demonstrates the value that this sample of Lebanese working mothers place in believing that they are a part of a social network in which they are cared for, loved and valued. This feeling of belonging to a social network provides a healthy way of coping with the stressors of the daily lives of working mothers, which in turn has a positive effect on their well-being. This finding is consistent with Adam, King, and King (1996) who found a positive relationship between family support and

life satisfaction, and Khaled's (2013) study, which found that Lebanese women who had more social support from family, partner, and friends, had better quality of life than women who had poorer social support. Regarding the sample's overall ratings on social support, however, it is worth noting that contrary to what was expected, this present group of Lebanese working mothers, on average, reported low levels of social support.

By examining the presence of a household helper among this sample of Lebanese mothers in the demographic questionnaire, the number of mothers who reported receiving support from a household helper was almost equal to the number of mothers who did not report household help at home. This is inconsistent with past research (e.g., Jureidini, 2002; Saxena & Aoun, 1997; Zgheib et al., 2006), which highlighted the common trend of Lebanese women to hire foreign domestic workers to assist them in household work, and mainly child-care. This finding, however, should be interpreted with caution as participants might have understood the household help to mean a live-in helper only, and as such, social support scores may have been affected, and underrepresent the actual levels of household support women are receiving.

Coparenting, on the other hand, was not found to be a significant predictor of well-being. This finding is inconsistent with studies that found a positive prediction between father-childrearing-involvement and lower depressive symptoms among women (e.g., Maclean et al., 2004; Oomens et al., 2007). However, there was a significant positive correlation between coparenting and well-being, indicating that participants who had higher levels of coparenting tended to have higher levels of well-being. Moreover, on average, in this study, mothers reported high levels of coparenting, a finding which is inconsistent with Danawi and Hasbini (2015) who described the father's role in Lebanon as distant and one which is primarily a provider of basic needs.

It appears that as mothers have entered the work force and dual income homes have become necessary to subsist the increasing needs of the family in Lebanon (Thomas, 2013) particularly in cities, husband assistance has increased in urban Lebanese households, allowing for a possible shift in cultural norms.

Similarly, work-family conflict, and family-work conflict which the scale assesses, were not found to be significant predictors of well-being. This finding demonstrates that for this sample of Lebanese working mothers, conflict from work to family, and conflict from family to work, have no predictive value or influence on the level of their psychological well-being. Nonetheless, the study revealed a significant positive correlation between work-family conflict and well-being, and family-work conflict and well-being, indicating that for this sample of Lebanese working mothers, those who did experience work interference with family responsibilities, experienced lower levels of well-being, and those who experienced family interference with work responsibilities, experienced lower levels of well-being, respectively. This supports previous research (Allen, Herst, Bruck, & Sutton, 2000; Frone et al., 1992; Polasky & Holahan, 1998) that found an association between the difficulty in balancing work and family demands and poor psychological well-being, distress, and decreased life satisfaction. Therefore, among this sample of working mothers, both work-family conflict and family-work conflict, although not presenting as significant predictors of well-being, were significant correlates of well-being.

The results also revealed that the demographic variables, maternal age, husband emigration status, number of children, and maternal employment hours, were not related to maternal well-being in this sample of Lebanese working mothers. Regarding maternal age, this finding was not consistent with Goldsteen and Ross (1989) who

found that mothers who parent at a later age have lower distress and burdens and advanced psychological resources to ease their experiences, and Guedes and Canavarro (2015) who found a positive relationship between maternal age and quality of life.

Husband emigration status was low in this study, as only 8% of participants had an emigrant husband, which was not consistent with Khalaf (2009) who found the presence of an emigrant husband to be common in Lebanese households. Nonetheless, this finding should also be interpreted with caution as the presence of an emigrant husband may still be common in Lebanese households, but not common in households of higher income, higher education levels, and of working mothers. Moreover, Khalaf (2009) found that an emigrant husband had both a positive and negative impact on the working wife left behind; neither of which were confirmed in the present study. One could argue that this finding can be attributed to the sample size and characteristics, which did not provide the anticipated opportunity to explore the frequency of husband emigration in households across the Lebanese cities and across diverse income and education levels.

In terms of maternal employment hours, in the present sample, on average, the majority of women worked as fulltimers, followed by part-timers and lastly mothers holding more than one job. Notably, maternal employment contract was not found to be a significant predictor of well-being, yet a significant positive correlation was found between part-time employment hours and well-being, indicating that mothers who worked in part-time jobs tended to have higher levels of well-being compared to those who had fulltime jobs and more than one job together. This finding is consistent with Buehler and O'Brien's (2011) study, which found that part-time working mothers experienced less parenting distress than fulltime working mothers. Lastly, given that in

the present sample, the majority of mothers had two children (45%) followed by one child (38%), number of children did not predict maternal well-being. Khalifa (2009) found that having fewer children was a benefit that enhanced women's health, yet this was not supported in our study, given that the sample did not yield an adequate comparison across different numbers of children.

Finally, it is important to note that in this study, nonsignificant results do not necessarily mean no relation between the variables. Rather, the results may be attributed to low power or indicate the presence of a mediational relationship, especially since correlations between variables were significant and in the expected direction (see Table 8). For example, given the high correlation between coparenting and parental self-efficacy, it is possible that coparenting is affecting parental self-efficacy, which in turn is affecting well-being. However, testing mediation was outside the scope of this study.

B. Limitations of the Study

The main limitation of this study is related to the sample, specifically its characteristics and size. Regarding its characteristics, the sample is not representative of all working mothers in Lebanon having children under age 18. The sample was recruited online, via membership in Facebook groups (Facebook pages of closed women groups and NGOs related to women's causes) while women in these groups may have similar individual characteristics related to city of residence, socio-economic status, and education level. Thus, Lebanese working mothers from these Facebook groups may have different characteristics compared to other Lebanese working mothers in Lebanon, or the public in general. For example, participants in this study, on average, had higher levels of education, a higher household income, and access to the technology (computer

or phone) and resources (Internet and skills) necessary for completing the online survey.

Therefore, the results of this study can only be generalized to women of similar socioeconomic status and other sample characteristics.

A major limitation in this study was sample size and its low statistical power, specifically the size of ratio to case to IVs. Although the final survey count on Lime Survey presented as 188, there were only 115 completed surveys. Participants may have misunderstood or not read the inclusion criteria for participation in the online survey. It is conceivable that participants were not fully motivated to complete the online survey or might have experienced fatigue due to the relatively long battery of questionnaires, especially given the busy schedules of working mothers trying to manage between work and family. Others who registered but refused to fill the questionnaires entirely may have been merely curious to know about the contents of the survey without personal involvement in the study itself. It is conceivable that had the sample been larger, the sample would have been a better representation of the general population and other variables may have appeared as significant predictors of well-being, especially since the regression model explained 40.8% of the variance of well-being at the level of the population.

Another limitation of this study is related to participant social desirability while completing the online questionnaires. It is conceivable that participants might have engaged in social desirability while filling in the measures. Social desirability occurs when participants respond to a questionnaire by selecting answers that portray them in a positive light rather than their actual beliefs (Christensen, Johnson, & Turner, 2011). For instance, on average, participants reported positive well-being that could be attributed to social desirability, which might also apply to scales of parental self-

efficacy and coparenting, both of which were also positive, on average. Participants may have wanted to portray themselves as having high well-being, a high sense of self-competence as mothers, and involved and supportive husbands.

Finally, this study employed a non-experimental research design. The nature of this study poses a limitation since it allowed the researcher to infer correlation relationships between the variables. Correlation and regression analyses can only generate a predictive relationship between variables; causation cannot be inferred from such relationships (Christensen et al., 2011).

C. Future Recommendations and Implications

An important recommendation for future researchers determined to build upon and extend the current study is to have a larger sample of working mothers. This can be achieved by using different recruitment methods and contacting additional organizations across Lebanon concerned with women's causes or recruiting through media other than Facebook. Ultimately, diversity is needed in the sample of participants, in which the present study lagged. Therefore, essential for future research is to target the middle and low income populations, and thus access a larger and more representative sample from the general Lebanese population. An additional recommendation for future research is to provide working mothers with a monetary incentive that might hold value to the busy, hardworking mother and her family.

Finally, given that many of the hypotheses in this study were not supported, future research should perhaps re-examine variables that the present study may have missed, which may have more relevance in the Lebanese context. For example, since coparenting was not found to be a significant predictor of well-being in this study, the marital relationship may be a more important variable that should be addressed in future

research. Furthermore, since correlations between variables were significant and in the expected direction, future research may be interested to investigate the indicated presence of a mediational relationship among this study's variables.

Also, adding a qualitative component to the research design would contribute to a more in-depth and comprehensive look at factors linked to maternal well-being, specifically related to work, family and individual characteristics, and thus provide valuable information about mothers' work, family, and personal outcomes, in addition to their unique experiences, perceptions, and needs.

The results from this study show that parental self-efficacy and social support are significant positive predictors of well-being. To improve maternal well-being, attention should be directed towards fulfilling these needs. For example, providing awareness in the form of support groups for working mothers might prove beneficial, as would educational programs on child development and parenting, offered by schools or other centers. These programs could focus on improving parenting competence, thus empowering working mothers. Aiming for the well-being of Lebanese working mothers can positively influence their psychological health and, in turn, provide healthier family environments within the Lebanese community.

In conclusion, results of this study shed light to the high degree of importance that this sample of high-income, high-education, urban Lebanese working mothers place on parental self-efficacy as a major determinant of their well-being. In fact, it appears that the way these mothers feel about their personal competence as parents and in the parenting role defines their well-being. However, the question arises about whether this is a local or a global phenomenon. Additionally, the fact that self-efficacy, an individualistic concept, emerged as a highly-valued predictor among mothers belonging

to a predominantly collectivistic culture (Harb & Smith, 2008) means that a proportion of Lebanese working mothers are beginning to identify with it as a core aspect of their sense of well-being. Future research may want to further investigate this construct and its relationship to maternal well-being across individualistic and collectivistic societies. One may argue that this study's finding represents one example of how Lebanese culture consists of a blend of individualistic values (Ayyash-Abdo, 2001; Dirani, 2012). However, on the other hand, the significant result of parental self-efficacy as the primary predictor of well-being, and the significant correlation between parental self-efficacy and coparenting, may indicate a cultural shift happening, especially given the possible impact that husband involvement and influence from the family may be having on a woman's belief in her capabilities to parent.

References

- Abdulrahim, S., Ajrouch, K. J., & Antonucci, T. C. (2015). Aging in Lebanon: Challenges and opportunities. *The Gerontologist*, *55*, 511-518.
- Adams, M. (2015). Motherhood: A discrepancy theory. *Research and Theory for Nursing Practice: An International Journal*, 29, 143-157. Retrieved from http://dx.doi.org/10.1891/1541-6577.29.2.143
- Adams, G., King, L., & King, D. (1996). Relationships of job and family involvement, family social support and work-family conflict with job and life satisfaction.

 *Journal of Applied Psychology, 81, 411–420. Retrieved from http://www.apa.org/pubs/journals/apl/index.aspx
- Afiouni, F. (2014). Women's careers in the Arab Middle East understanding institutional constraints to the boundaryless career view. *Career Development International*, 19(3), 314-336. doi:10.1108/CDI-05-2013-0061
- Ahmad-Nia, S. (2002). Women's work and health in Iran: A comparison of working and non-working mothers. *Social Science and Medicine*, *54*, 753-765.
- Allen, T. D., Herst, D. E. L., Bruck, C. S., & Sutton, M. (2000). Consequences associated with work-to-family conflict: A review and agenda for future research. *Journal of Occupational Health Psychology*, *5*, 278–308. doi:10.1037/1076-8998.5.2.278
- Amato, P. R., & Booth, A. (1995). Changes in gender role attitudes and perceived marital quality. *American Sociological Review*, 60, 58-66.
- Amato, P. R., & Booth, A. (1997). A generation at risk: Growing up in an era of family upheaval. Cambridge, MA: Harvard University Press.

- Anker, R. (1997). Theories of occupational segregation by sex: An overview. *International Labor Review*, 136, 315-339.
- Arendell, T. (1996). *Co-parenting: A review of the literature*. Philadelphia, PA:

 National Center on Fathers and Families. Retrieved from

 http://files.eric.ed.gov/fulltext/ED454975.pdf
- Arendell, T. (2000). Conceiving and investigating motherhood: The decade's scholarship. *Journal of Marriage and the Family*, 62, 1192-1207.
- Aycan, Z. & Eskin, M. (2005). Relative contributions of childcare, spousal support, and organizational support in reducing work-family conflict for men and women:

 The case of Turkey. *Sex Roles*, *53*, 453-471. doi: 10.1007/s11199-005-7134-8
- Ayyash-Abdo, H. (2001). Individualism and collectivism: The case of Lebanon. *Social Behavior and Personality*, 29(5), 503-518. doi: 10.2224/sbp.2001.29.5.503
- Bandura, A. (1982). Self-efficacy in human agency. *American Psychologist*, *37*, 122–147. doi: 10.1037/0003-066X.37.2.122
- Banks, M. H., Clegg, C. W., Jackson, P. R., Kemp, N. J., Stafford, E. M., & Wall, T. D. (1980). The use of the General Health Questionnaire as an indicator of mental health in occupational studies. *Journal of Occupational Psychology*, 53, 187-194. Retrieved from http://onlinelibrary.wiley.com/doi/10.1111/j.2044-8325.1980.tb00024.x/epdf
- Barnett, R. C., & Gareis, K. C. (2002). Full-time and reduced-hours work schedules and marital quality. *Work and Occupations*, 29, 364–379. doi:10.1177/0730888402029003005
- Barnett, R. C., & Hyde, J. S. (2001). Women, men, work, and family: An expansionist theory. *American Psychologist*, *56*, 781–796. doi:10.1037/0003-066X.56.10.781

- Baumeister, R.F., & Vohs, K.D. (2007). *Encyclopedia of social psychology*. Los Angeles, CA: Sage Publications.
- Beehr, T. A., & McGrath, J. E. (1992). Social support, occupational stress and anxiety.

 **Anxiety, Stress, & Coping, 5, 7-19. Retrieved from http://dx.doi.org/10.1080/10615809208250484
- Beirut Madinati (2016). The program. Retrieved from http://beirutmadinati.com/program/?lang=en
- Benin, M., & Keith, V. M. (1995). The social support of employed African American and anglo mothers. *Journal of Family Issues*, *16*, 275-297.
- Bernstein, A. B. (2001). Motherhood, health status and health care. *Jacobs Institute of Women's Health*, 173-184. Retrieved from http://www.sciencedirect.com.ezproxy.aub.edu.lb/science/article/pii/S10493867 01000780?np=y
- Berkowitz, A., & Perkins, H. W. (1984). Stress among farm women: Work and family as interacting systems. *Journal of Marriage and the Family*, 46, 161–165.
- Beutell, N. J., & Greenhaus, J. H. (1982). Interrole conflict among married women: The influence of husband and wife characteristics on conflict and coping behavior.

 Journal of Vocational Behavior, 21, 99–110.
- Beutel, M. E., Weidner, K., Schwarz, R., & Brähler, E. (2004). Age-related complaints in women and their determinants based on a representative community study.

 *European Journal of Obstetrics & Gynecology and Reproductive Biology, 117, 204-212.

- Bianchi, S., & Robinson, J. (1997). What did you do today? Children's use of time, family composition, and the acquisition of social capital. *Journal of Marriage* and the Family, 59, 332–344.
- Bloomfield, L., Kendall, S., Applin, L., Attarzadeh, V., Dearnley, K., Edwards, L., Hinshelwood, L., Lloyd, P., & Newcombe, T. (2004). A qualitative study exploring the experiences and views of mothers, health visitors and family support centre workers on the challenges and difficulties of parenting. *Health and Social Care in the Community*, 13, 46-55.
- Bornstein, M. H., Putnick, D. L., Suwalsky, J. T. D., & Gini, M. (2006). Maternal chronological age, prenatal and perinatal history, social support, and parenting of infants. *Child Development*, 77, 875-892.
- Bosworth, H. B., Bastian, L. A., Kuchibhatla, M. N., Steffens, D. C., McBride, C. M., Skinner, C. S., ... & Siegler, I. C. (2001). Depressive symptoms, menopausal status, and climacteric symptoms in women at midlife. *Psychosomatic Medicine*, 63, 603-608. doi: 10.1097/00006842-200107000-00013
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development:

 Research perspectives. *Developmental Psychology*, 22, 723-742. doi:

 10.1037/0012-1649.22.6.723
- Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. In Handbook of child psychology (chapter 14). Retrieved from http://onlinelibrary.wiley.com/doi/10.1002/9780470147658.chpsy0114/pdf
- Brough, P., O'Driscoll, M.P. & Kalliath, T.J. (2005). The ability of "family-friendly organizational resources to predict work-family conflict and job and family satisfaction. *Stress and Health*, *21*, 223–234. doi: 10.1002/smi.1059

- Bryant, W. K., & Zick, C. D. (1996). An examination of parent-child shared time. *Journal of Marriage and the Family*, 58, 227–237.
- Buehler, C., & O'Brien, M. (2011). Mothers' part-time employment: associations with mother and family well-being. *Journal of Family Psychology*, 25, 895.
- Bugental, D. B., & Cortez, V. (1988). Physiological reactivity to responsive and unresponsive children–As modified by perceived control. *Child Development*, 59, 686–693.
- Bugental, D. B., & Shennum, W. A. (1984). "Difficult" children as elicitors and targets of adult communication patterns: An attributional—behavioral transactional analysis. *Monographs of the Society for Research in Child Development, 49* (1, Serial No. 205).
- Burley, K. A. (1995). Family variables as mediators of the relationship between work–family conflict and marital adjustment among dual-career men and women.

 Journal of Social Psychology, 135, 483–497.

 doi:10.1080/00224545.1995.9712217
- Busseri, M. A., & Sadava, S. W. (2011). A review of the tripartite structure of subjective well-being: Implications for conceptualization, operationalization, analysis, and synthesis. *Personality and Social Psychology Review, 15,* 290–314. doi:10.1177/1088868310391271
- Carlson, D.S., & Perrewe, P.L. (1999). The role of social support in the stressor-strain relationship: An examination of work–family conflict. *Journal of Management*, 25, 513- 540. Retrieved from: http://jom.sagepub.com/
- Chandola, T., Martikainen, P., Bartley, M., Lahelma, E., Marmot, M., Michikazu, S., ... & Kagamimori, S. (2004). Does conflict between home and work explain the

- effect of multiple roles on mental health? A comparative study of Finland,

 Japan, and the UK. *International Journal of Epidemiology*, *33*, 884-893. doi: 10.1093/ije/dyh155
- Chassany, O., Dimenas, E., Dubois, D., Wu, A., & Dupuy, H. (2004). *The**Psychological General Well-being Index (PGWBI) user manual. Lyon, France:

 MAPI Research Institute.
- Christensen, L. B., Johnson, B., & Turner, L. A. (2011). Research methods, design, and analysis (pp.1-539). Allyn & Bacon.
- Choi, P., Henshaw, C., Baker, S., & Tree, J. (2005). Supermum, superwife, supereverything: Performing femininity in the transition to motherhood. *Journal of Reproductive and Infant Psychology*, 23, 167-180. doi: 10.1080/02646830500129487
- Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic medicine*, 38(5), 300-314.
- Coleman, P. K., & Karraker, K. (2000). Parenting self-efficacy among mothers of school-age children: Conceptualization, measurement, and correlates. *Family Relations: Interdisciplinary Journal of Applied Family Studies*, 49, 13–24. doi:10.1111/j.1741-3729.2000.00013.x
- Coleman, P. K., & Karraker, K. (2003). Maternal self-efficacy beliefs, competence in parenting, and toddlers' behavior and developmental status. *Infant Mental Health Journal*, 24, 126-148. doi:10.1002/imhj.10048
- Connidis, I. A., & McMullin, J. A. (2002). Ambivalence, family ties, and doing sociology. *Journal of Marriage and Family*, 64, 594–601. doi: 10.1111/j.1741-3737.2002.00594.x

- Danawi, H., & Hasbini, T. (2015). A review of fatherhood related issues in the country of Lebanon. *International Journal of Childbirth Education*, 30, 62-66.

 Retrieved from http://search.proquest.com.ezproxy.aub.edu.lb/docview/1677665915/fulltextPDF/23E02B8BAC8A4AE7PQ/1?accountid=8555
- Davidson, M., & Burke, R. J. (2004). Women in management worldwide: Facts, figures, and analysis. Hants England: Ashgate.
- De Luccie, M. F. (1995). Mothers as gatekeepers: A model of maternal mediators of father involvement. *The Journal of Genetic Psychology*, *156*, 115-131.
- DeMeis, D. K., & Perkins, H. W. (1996). "Supermoms" of the nineties: Homemaker and employed mothers' performance and perceptions of the motherhood role.

 *Journal of Family Issues, 17, 777–792.
- Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist*, 55, 34.
- Dirani, K. M. (2012). Professional training as a strategy for staff development: A study in training transfer in the Lebanese context. *European Journal of Training and Development*, *36*, 158-178. Retrieved from http://dx.doi.org/10.1108/03090591211204698
- Dunst, C. J., Jenkins, V., & Trivette, C. M. (1984). Family support scale: Reliability and validity. *Journal of Individual, Family, and Community Wellness*, 1, 45-52.
- Duxbury, L., Higgins, C., & Lee, C. (1994). Work-family conflict: A comparison by gender, family type, and perceived control. *Journal of Family Issues*, *15*, 449-466.

- Economic and Social Commission for Western Asia (ESCWA). (2009). The demographic profile of the Arab countries. *United Nations*. Retrieved from http://www.escwa.un.org/information/publications/edit/upload/sdd-09-tp9.pdf
- Economic and Social Commission for Western Asia (ESCWA). (2013). The demographic profile of the Arab countries. *United Nations*. Retrieved from https://www.unescwa.org/publications/demographic-profile-arab-countries
- Ehrenberg, M. F., Gearing-Small, M., Hunter, M. A., & Small, B. J. (2001). Childcare task division and shared parenting attitudes in dual-earner families with young children. *Family Relations*, *50*, 143–153. doi:10.1111/j.1741-3729.2001.00143.x
- Ezzedeen, S. R., & Ritchey, K. G. (2009). Career and family strategies of executive women: Revisiting the quest to "have it all." *Organizational Dynamics*, *38*, 270–280. doi:10.1016/j.orgdyn.2009.07.001
- Field, A. (2013). *Discovering statistics using IBM SPSS statistics*. London: Sage Publications.
- Feinberg, M. E., Brown, L. D., & Kan, M. L. (2012). A multi-domain self-report measure of coparenting. *Parenting*, *12*(1), 1-21. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3499623/pdf/nihms370055.pdf
- Forte, G. A. (2014). *Professional women in their 30s: Expectations regarding career*and family (Doctoral dissertation, Fordham University, New York, United

 States). Retrieved from

 http://search.proquest.com/docview/1530481133?accountid=8555
- Frone, M. R., Russell, M., & Cooper, M. L. (1992). Antecedents and outcomes of workfamily conflict: Testing a model of the work-family interface. *Journal of Applied Psychology*, 77, 65-78.

- Frone, M. R., & Yardley, J. K. (1996). Workplace family supportive programmes:

 Predictors of employed parents' importance ratings. *Journal of Occupational*and Organizational Psychology, 69, 351–366. doi: 10.1111/j.20448325.1996.tb00621.x
- Gareis, K. C., & Barnett, R. C. (2002). Under what conditions do long work hours affect psychological distress? *Work and Occupations*, *29*, 483–497. doi:10.1177/0730888402029004005
- Ghannam, F. (2015). Motherhood: Arab states. In S. Joseph (Ed.), *Encyclopedia of Women & Islamic Cultures*. Retrieved from http://referenceworks.brillonline.com/entries/encyclopedia-of-women-and-islamic-cultures/motherhood-arab-states-EWICCOM_0119a
- Goff, S. J., Mount, M. K., & Jamison, R. L. (1990). Employer supported child care, work/family conflict, and absenteeism: A field study. *Personnel psychology*, 43, 793-809. doi: 10.1111/j.1744-6570.1990.tb00683.x
- Goldberg, D. P., Gater, R., Sartorius, N., Ustun, T. B., Piccinelli, M., Gureje, O., & Rutter, C. (1997). The validity of two versions of the GHQ in the WHO study of mental illness in general health care. *Psychological Medicine*, *27*, 191–197.

 Retrieved from https://www.cambridge.org/core/article/validity-of-two-versions-of-the-ghq-in-the-who-study-of-mental-illness-in-general-health-care/F68509BE995ACAEDB3908312BBB14639
- Goldsteen, K., & Ross, C. E. (1989). The perceived burden of children. *Journal of Family Issues*, 10, 504-526. Retrieved from https://doi.org/10.1177/019251389010004005

- Greenhaus, J. H., & Beutell, N. J. (1985). Sources of conflict between work and family roles. *Academy of management review*, 10, 76-88.
- Grice, M. M., McGovern, P. M., Alexander, B. H., Ukstead, L. & Hellerstedt, W. (2011). Balancing work and family after childbirth: a longitudinal analysis. *Women's Health Issues*, *21*, 19-27. doi: 10.1016/j.whi.2010.08.003
- Grossman, F., Pollack, W., & Golding, E. (1988). Fathers and children: Predicting the quality and quantity of fathering. *Developmental Psychology*, 24, 82-91.
- Guedes, M., & Canavarro, M. C. (2015). Personal competencies, social resources, and psychosocial adjustment of primiparous women of advanced maternal age and their partners. *Infant Mental Health Journal*, *36*, 506-521. doi: 10.1002/imhj.21528
- Gutek, B. A., Searle, S., & Klepa, L. (1991). Rational versus gender role expectations for work-family conflict. *Journal of Applied Psychology*, 76, 560-568.
- Habib, R. R., Nuwayhid, I. A., & Yeretzian, J. S. (2006). Paid work and domestic labor in disadvantaged communities on the outskirts of Beirut, Lebanon. Sex Roles, 55, 321-329. doi:10.1007/s11199-006-9086-z
- Haboush, K. L. (2005). Lebanese and Syrian families. In M. McGoldrick, J. Giordano & N. Garcia-Preto (Eds.), *Ethnicity and family therapy* (3rd ed., pp. 468-486). New York, NY: Guildford Press.
- Hamdar, B. C., Hejase, H., El-Hakim, F., Le Port, J. A., & Baydoun, R. (2015).

 Economic empowerment of women in Lebanon. *World Journal of Social Science Research*, 2, 251-265.

- Harb, C., & Smith, P. B. (2008). Self-construals across cultures: Beyond independence-interdependence. *Journal of Cross-Cultural Psychology*, 39, 178-197. doi:10.1177/0022022107313861
- Harrington, B., Fraone, J. S., Lee, J., & Levey, L. (2016). The new millennial dad:
 Understanding the paradox of today's fathers. Boston, MA: Boston College
 Center for Work and Family. Retrieved from
 http://www.thenewdad.org/yahoo_site_admin/assets/docs/BCCWF_The_New_
 Millennial_Dad_2016_FINAL.25080742.pdf
- Harris, K. M., & Morgan, S. P (1991). Fathers, sons, and daughters: Differential paternal involvement in parenting. *Journal of Marriage and the Family*, *53*, 531-544. Retrieved from http://www.jstor.org/stable/352730
- Hausmann, R., Tyson, L. D., Bekhouche, Y., & Zahidi, S. (2013). Gender gap report 2013. World Economic Forum. Retrieved from http://www3.weforum.org/docs/WEF_GenderGap_Report_2013.pdf
- Hausmann, R., Tyson, L. D., Bekhouche, Y., & Zahidi, S. (2014). Gender gap report 2014. World Economic Forum. Retrieved from http://reports.weforum.org/global-gender-gap-report-2014
- Hays, S. (1996). The Cultural Contradictions of Motherhood. New Haven, CT: Yale

 University Press. Retrieved from

 http://web.b.ebscohost.com.ezproxy.aub.edu.lb/ehost/detail/detail?sid=edcd76db

 -d101-4236-bdeb
 cb3431bf3996%40sessionmgr198&vid=0&hid=124&bdata=JnNpdGU9ZWhvc3

 QtbGl2ZQ%3d%3d&preview=false#db=e000xww&AN=52820

- Hertz, R., & Ferguson, F. I. (1996). *Journal of Comparative Family Studies*, 27, 249-280.
- Hoghughi, M. S., & Long, N. (2004). *Handbook of parenting: Theory and research for practice*. Thousand Oaks, CA: Sage Publications, Inc.
- Holohan, C. K., & Gilbert, L. A. (1979). Conflict between major life roles: Women and men in dual career couples. *Human Relations*, *326*, 451–467.
- Hughes, D., & Galinsky, E. (1994). Work experiences and marital interactions:

 Elaborating the complexity of work. *Journal of Organizational Behavior*, 15, 423–438.
- Jamali, D., Sidani, Y., & Safieddine, A. (2005). Constraints facing working women in Lebanon: An insider view. *Gender in Management*, 20, 581-594. doi: 10.1108/09649420510635213
- Johnston, C., & Mash, E. J. (1989). A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology*, 18, 167-175. Retrieved from
 http://dx.doi.org/10.1207/s15374424jccp1802_8
- Johnston, D. D., & Swanson, D. H. (2006). Constructing the "Good mother": The experience of mothering ideologies by work status. *Sex Roles*, *54*, 509-519. doi:10.1007/s11199-006-9021-3
- Jones, F. A., Green, V., & Krauss, D. R. (1980). Maternal responsiveness of primiparous mothers during the post- partum period: Age differences. Pediatrics, 65, 579-584.
- Joseph, S. (1996). Patriarchy and development in the Arab world. *Gender & Development*, 4, 14-19. Retrieved from http://dx.doi.org/10.1080/741922010

- Joseph, S., & Slyomovics, S. (2000). Introduction. In S. Joseph & S. Slyomovics (Eds.),
 Women and power in the Middle East (pp. 1-14). Philadelphia, PA: University
 of Pennsylvania Press. Retrieved from
 http://site.ebrary.com.ezproxy.aub.edu.lb/lib/aub/reader.action?docID=1064213
- Jouni, I., & Fong, M. (2010). Gender statistics in Lebanon current situation and future needs EDUCATION. *Central Administration of Statistics*. Retrieved from http://www.cas.gov.lb/index.php/gender-statistics-en
- Jureidini, R. (2002). Women migrant domestic workers in Lebanon. *International Labour Organisation*, 1-52. Retrieved from:

 http://ccem.elteg.com/media/oit_2002women_migrant_domestic_workers_leban on.pdf
- Kahn, R. L., Wolfe, D. M., Quinn, R., Snoek, J. D., & Rosenthai, R. A. (1964).

 Organizational stress. New York, NY: Wiley.
- Kalmijn, M. (1999). Father involvement in childrearing and the perceived stability of marriage. *Journal of Marriage and the Family*, *61*, 409-421. Retrieved from https://pure.uvt.nl/portal/files/643108/JMF-4_Kalmijn.pdf
- Karam, C., & Afiouni, F. (2014). Localizing women's experiences in academia:
 Multilevel factors at play in the Arab Middle East and North
 Africa. International Journal of Human Resource Management, 25, 500-538.
 doi:10.1080/09585192.2013.792857
- Karshenas, M., Moghadam, V. M., & Chamlou, N. (2016). Women, work, and welfare in the Middle East and North Africa: Introduction and overview. In *Women, work and welfare in the Middle East and North Africa: The role of socio-*

- demographics, entrepreneurship and public policies (pp. 1-30). Beaverton, OR: Ringgold, Inc. Retrieved from http://eprints.soas.ac.uk/21897/1/Chap01.pdf
- Katz, D., & Kahn, R. L. (1978). *The social psychology of organizations*. New York, NY: Wiley.
- Kazarian, S. S. (2005). Family functioning, cultural orientation, and psychological well-being among university students in Lebanon. *The Journal of Social Psychology*, 145, 141-152.
- Kenrick, D. T., Griskevicius, V., Neuberg, S. L., & Schaller, M. (2010). Renovating the pyramid of needs: Contemporary extensions built upon ancient foundations.
 Perspectives on Psychological Science, 5, 292–314.
 doi:10.1177/1745691610369469
- Khalaf, M. C. (2009). Male migration and the Lebanese family: The impact on the wife left behind. *Journal of Middle East Women's Studies*, *5*, 102-119. Retrieved from http://muse.jhu.edu/journals/journal_of_middle_east_womens_studies/v005/5.3. khalaf.html
- Khaled, N. W. (2013). *Psychological, socio-cultural, and lifestyle factors impacting the quality of life of Lebanese women*. (Unpublished master thesis). American

 University of Beirut, Beirut, Lebanon.
- Khalifa, A.M. (2009). Youth bulge and the demographic window of opportunity in the Arab world. *Economic and Social Commission for Western Asia (ESCWA)*.

 Retrieved from css.escwa.org.lb/OES/1160/gainsE3.doc
- Khawaja, M., & Habib, R. R. (2007). Husbands' involvement in housework and women's psychosocial health: Findings from a population-based study in

- Lebanon. *American Journal of Public Health*, *97*, 860-866. doi:10.2105/AJPH.2005.080374
- Kibbi, I. (1995). Lebanese and American educational differences: a comparison. *Education*, 115, 441.
- Kossek, E., & Ozeki, C. (1998). Work–family conflict, policies, and the job-life satisfaction relationship: A review and directions for organizational behavior-human resources research. *Journal of Applied Psychology*, 83, 139–149. doi:10.1037/0021-9010.83.2.139
- Kossek, E. E., Pichler, S., Bodner, T., & Hammer, L. B. (2011). Workplace social support and work–family conflict: A meta-analysis clarifying the influence of general and work–family-specific supervisor and organizational support.

 Personnel Psychology, 64, 289-313. doi: 10.1111/j.1744-6570.2011.01211.x
- Kostiainen, E., Martelin, T., Kestilä, L., Martikainen, P., & Koskinen, S. (2009).
 Employee, partner, and mother: Woman's three roles and their implications for health. *Journal of Family Issues*, 30, 1122-1150.
 doi:10.1177/0192513X08329597
- Le, Y., McDaniel, B. T., Leavitt, C. E., & Feinberg, M. E. (2016). Longitudinal associations between relationship quality and coparenting across the transition to parenthood: A dyadic perspective. *Journal of Family Psychology*. Retrieved from http://dx.doi.org/10.1037/fam0000217
- Learning theories. (2014, July 23). Erikson's stages of development. Retrieved from https://www.learning-theories.com/eriksons-stages-of-development.html
- Letherby, G. (1994). Mother or not, mother or what? Problems of definition and identity. *Women's Studies International Forum*, 17, 525-532.

- Lewis, S., Gambles, R., & Rapoport, R. (2007). The constraints of a 'work–life balance' approach: An international perspective. *The International Journal of Human Resource Management*, 18, 360-373. Retrieved from http://dx.doi.org/10.1080/09585190601165577
- Loscocco, K.A. & Spitze, G. (1990). Working Conditions, social support, and the well-being of female and male factory Workers. *Journal of Health and Social Behavior*, *31*, 313-327. doi: 10.2307/2136816
- Luescher, K., & Pillemer, K. (1998). Intergenerational ambivalence: A new approach to the study of parent-child relations in later life. *Journal of Marriage and the Family*, 60, 413–425. Retrieved from http://kops.uni-konstanz.de/bitstream/handle/123456789/11395/368 1.pdf?sequence=1
- Macky, B., Hejase, A. J., & Hejase, H. J. (2015). Culture and gender: Exploring

 Lebanese women's share in shaping cultural attitudes and affecting performance.

 Professionals Center for Business Research, 2, 1-14.
- Maclean, H., Glynn, K. & Ansara, D. (2004). Multiple roles and women's health in Canada. *BMC Women's Health*, 4, 1-9. doi:10.1186/1472-6874-4-S1-S3
- Margolin, G., Gordis, E. B., & John, R. S. (2001). Coparenting: a link between marital conflict and parenting in two-parent families. *Journal of Family Psychology*, 15(1), 3.
- Marks, S. R. (1977). Multiple roles and role strain: Some notes on human energy, time and commitment. *American Sociological Review*, 42, 921–936. doi:10.2307/2094577
- Marshall, N. L., Barnett, R. C., & Sayer, A. (1997). The changing workforce, job stress, and psychological distress. In N. L. Marshall (Ed.), *Work and family today:*

- Recent research at the Center for Research on Women (pp. 1–15). Wellesley, MA: Center for Research on Women.
- McDowell, I. (2010). Measures of self-perceived well-being. *Journal of psychosomatic* research, 69(1), 69-79.
- Minnotte, K. L. (2016). Gender, work-family conflicts, and perceived parental success.

 The moderating role of gender ideology. *Sociological Focus*, 49, 180-199.

 Retrieved from http://dx.doi.org/10.1080/00380237.2016.1135028
- Minnotte, K. L., Minnotte, M. C., Pedersen, D. E., Mannon, S. E., & Kiger, G. (2010). His and her perspectives: Gender ideology, work-to-family conflict, and marital satisfaction. *Sex Roles*, *63*, 425-438.
- Mirowsky, J. (2002). Parenthood and health: The pivotal and optimal age at first birth. Social Forces, 81, 315-349.
- Neal, M. B., Chapman, N. J., Ingersoll-Dayton, B., & Emlen, A. C. (1993). *Balancing work and caregiving for children, adults, and elder*. Thousand Oaks, CA: Sage Publications, Inc. Retrieved from http://dx.doi.org/10.4135/9781483326160.n3
- Nelson, S. K., Kushlev, K., English, T., Dunn, E. W., & Lyubomirsky, S. (2013). In defense of parenthood: Children are associated with more joy than misery.

 *Psychological Science, 24, 3–10. doi:10.1177/0956797612447798
- Nelson, S. K., Kushlev, K., & Lyubomirsky, S. (2014). The pains and pleasures of parenting: When, why, and how is parenthood associated with more or less wellbeing?. *Psychological Bulletin*, *140*, 846.
- Netemeyer, R. G., Boles, J. S., & McMurrian, R. (1996). Development and validation of Work-Family Conflict and Family-Work Conflict scales. *Journal of Applied Psychology*, 81, 400-410.

- Oberman, Y., & Josselson, R. (1996). Matrix of tensions a model of mothering.

 *Psychology of Women, 20, 341-359.
- Olmsted, J. C. (2005). Is paid work the (only) answer? Neoliberalism, Arab women's well-being, and the social contract. *Journal of Middle East Women's Studies*, 1, 112-139. doi:10.1215/15525864-2005-2005
- O'Neil, D. A., Hopkins, M. M., & Bilimoria, D. (2008). Women's careers at the start of the 21st century: Patterns and paradoxes. *Journal of Business Ethics*, 80, 727–743. doi:10.1007/s10551-007-9465-6
- Oomens, A.C., Geurts, S. & Scheepers, P. (2007). Combining work and family in the Netherlands: Blessing or burden for one's mental health? *International Journal of Law and Psychiatry* 30, 369–384. doi:10.1016/j.ijlp.2007.06.009
- Parasuraman, S., Greenhaus, J. H., & Granrose, C. S. (1992). Role stressors, social support, and well-being among two-career couples. *Journal of Organizational behavior*, *13*, 339-356. doi: 10.1002/job.4030130403
- Pedersen, J. (2013). The rise of the millennial parent. *Principal*, 92, 40-41. Retrieved from https://www.naesp.org/sites/default/files/Pedersen_MJ13.pdf
- Peterson, R. R., & Gerson, K. (1992). Determinants of responsibility for child care arrangements among dual-earner couples. *Journal of Marriage and the Family*, 527-536. doi: 10.2307/353239
- Polasky, L. J., & Holahan, C. K. (1998). Maternal self-discrepancies, interrole conflict, and negative affect among married professional women with children. *Journal of Family Psychology*, 12, 388–401. doi:10.1037/0893-3200.12.3.388
- Powell, G. N., & Butterfield, D. A. (2003). Gender, gender identity, and aspirations to top management. *Women in Management Review*, 18, 88-96.

- Ragozin, A., Basham, R., Crnic, K., Greenberg, M., & Robinson, N. (1982). Effects of maternal age on parenting role. Developmental Psychology, 18, 627-634.
- Ross, E. (1995). New thoughts on "the oldest vocation": Mothers and motherhood in recent feminist scholarship. *Journal of Women in Culture and Society*, 20, 397-413.
- Ross, C. E., & Van Willigen, M. (1996). Gender, parenthood, and anger. *Journal of Marriage and the Family*, 58, 572-584.
- Rothbard, N. P. (2001). Enriching or depleting? The dynamics of engagement in work and family roles. *Administrative Science Quarterly*, 46, 655–684. doi:10.2307/3094827
- Roxburgh, S. (1997). The effect of children on the mental health of women in the paid labor force. *Journal of Family Issues*, 18, 270–289.
- Ruderman, M. N., Ohlott, P. J., Panzer, K., & King, S. N. (2002). Benefits of multiple roles for managerial women. *Academy of Management Journal*, *45*, 369–386. doi:10.2307/3069352
- Russell, A., & Russell, G. (1994). Coparenting early school-age children: An examination of mother-father interdependence within families. *Developmental Psychology*, 30, 757-770. doi: 10.1037/0012-1649.30.5.757
- Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual review of psychology*, 52, 141-166.
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57, 1069–1081. doi:10.1037/0022-3514.57.6.1069

- Saade, B., Barbour, B. & Salameh, P. (2010). Maternity leave and experience of working mothers in Lebanon. *Eastern Mediterranean Health Journal*, 16, 1-10. Retrieved from http://www.emro.who.int/emh-journal/eastern-mediterranean-health-journal/home.html
- Saouli, A. (2006). Stability under late state formation: the case of Lebanon. *Cambridge Review of International Affairs*, 19, 701-717. doi: 10.1080/09557570601043995
- Saxena, P.C. & Aoun, H.Y. (1997). Women's education, economic activity and fertility: relationship re-examined. *Al-Abhath*, *45*, 1-10. Retrieved from: http://almashriq.hiof.no/ddc/projects/population/alabhath/
- Schwartz, F. N. (1989). Management women and the new facts of life. *Women in Management Review*, 4, 65-76.
- Schwarzer, C., & Buchwald, P. (2004). Social support. In C. D. Spielberger (Ed.),

 Encyclopedia of applied psychology. Oxford, UK: Elsevier Science &

 Technology. Retrieved from

 https://ezproxy.aub.edu.lb/login?url=http://search.credoreference.com/content/en

 try/estappliedpsyc/social_support/0
- Shelton, N., & Johnson, S. (2006). 'I think motherhood for me was a bit like a double-edged sword': The narratives of older mothers. *Journal of Community and Applied Social Psychology*, 16, 316-330. doi: 10.1002/casp.867
- Sherif-Trask, B. (2014). Women, work, and globalization: Challenges and opportunities. New York, NY: Routledge, Taylor & Francis Group.
- Sidani, Y. M. (2005). Women, work, and Islam in Arab societies. *Women in Management Review*, 20, 498-512.

- Sidani, Y. M. (2016). Working women in Arab Countries: A case for cautious optimism. In M. L. Connerley and J. Wu (eds.), *Handbook on Well-Being of Working Women* (pp. 689-701). International Handbooks of Quality of Life. Springer, Netherlands. Retrieved from http://link.springer.com/chapter/10.1007/978-94-017-9897-6_38
- Sidani, Y., Konrad, A., & Karam, C. (2015). From female leadership advantage to female leadership deficit A developing country perspective. *Career Development International*, 20, 273-292. doi:10.1108/CDI-01-2014-0009
- Sidebotham, P. (2001). Culture, stress and the parent–child relationship: a qualitative study of parents' perceptions of parenting. *Child: care, health and development*, 27(6), 469-485. doi: 10.1046/j.1365-2214.2001.00229.x
- Sieber, S. D. (1974). Toward a theory of role accumulation. *American Sociological Review*, 39, 567–578. doi:10.2307/2094422
- Status of Women in the Middle East and North Africa (SWMENA) Project. (2010).

 Economic and educational status topic brief. Retrieved from

 http://swmena.net/en/report/89
- Sugita, S. (2010). Social care and women's labor force participation in Lebanon. *Al-Raida*, 31-36. Retrieved from http://inhouse.lau.edu.lb/iwsaw/raida128/EN/p01-64.pdf
- Sugita, S., & Hammoud, H. (2010). Arab women, family, and labor market participation. *Al-Raida*, *128*, 2-3. Retrieved from http://inhouse.lau.edu.lb/iwsaw/raida128/EN/p01-64.pdf
- Sultana, A., & Rehman, H. (2014). Visiting husbands: Issues and challenges of women Left Behind. *Pakistan Journal of Women's Studies*, 21, 1024-1256.

- Tabachnick, B. G., & Fidell, L. S. (2013). *Using Multivariate Statistics*. New Jersey: Pearson Education, Inc.
- Tabar, P. (2010). Lebanon: A country of emigration and immigration. *Institute for Migration Studies*, 1-26. Beirut, Lebanon: LAU Press. Retrieved from https://pdfs.semanticscholar.org/9ffe/b0f71bad2d204f6293a5e1bbfeea2da51c89.
 pdf
- Tailfer, D. T. (2012). Women and economic power in Lebanon: The legal framework and challenges to women's economic empowerment. *Collective for Research and Training on Development Action*. Retrieved from http://www.crtda.org.lb/sites/default/files/Women%20in%20the%20Lebanese% 20Economy.pdf
- Teti, D. M., & Gelfand, D. M. (1991). Behavioral competence among mothers of infants in the first year: The mediational role of maternal self-efficacy. *Child Development*, 62, 918–929. doi: 10.1111/j.1467-8624.1991.tb01580.x
- Thomas, M-C. (2013). Women in Lebanon: Living with Christianity, Islam, and multiculturalism. New York, NY: Palgrave Macmillan. Retrieved from https://books.google.com.lb/books?hl=en&lr=&id=UJ5pksmX8WUC&oi=fnd&pg=PP1&dq=Women+in+Lebanon:+Living+with+Christianity,+Islam,+and+multiculturalism
- Tlaiss, H., & Kauser, S. (2011). The impact of gender, family, and work on the career advancement of Lebanese women managers. *Gender in Management: An International Journal*, 26, 8-36. doi:10.1108/17542411111109291

- UNICEF. (2011). Lebanon: MENA gender equality profile, status of girls and women in the Middle East and North Africa. Retrieved from https://www.unicef.org/gender/files/Lebanon-Gender-Equality-Profile-2011.pdf
- Viswesvaran, C., Sanchez, J., & Fisher, J. (1999). The role of social support in the process of work stress: A meta-analysis. *Journal of Vocational Behavior*, 54,314-334. Retrieved from http://dx.doi.org/10.1006/jvbe.1998.1661
- Voydanoff, P. (2002). Linkages between the work-family interface and work, family, and individual outcomes: An integrative model. *Journal of Family Issues*, 23(1), 138-164. doi:10.1177/0192513X02023001007
- Walzer, S. (1997). Contextualizing the employment decisions of new mothers. *Qualitative Sociology*, 20, 211-227.
- Wells-Parker, E., Miller, D. I., & Topping, S. (1990). Development of control of outcome scales and self-efficacy scales for women in four life roles. *Journal of Personality Assessment*, *54*, 564–575. doi: 10.1080/00223891.1990.9674020
- Wood, J. T. (2010). The can-do discourse and young women's anticipation of future.

 *Women and Language, 33, 103–107. Retrieved from http://www.womenandlanguage.org/
- World Bank. (2009). The status and progress of women in the Middle East and North

 Africa: MENA gender compendium. Washington, D.C: World Bank. Retrieved from http://go.worldbank.org/JHKHW3REV0
- Zgheib, N., Zgheib, P.Q. & Usta, J. (2006). Comparison of job and career satisfaction between women physicians and women academicians at the American University of Beirut. *Journal of Health and Human Services Administration*, 29, 26-50.

Table 1
Reliability of the Scales and Subscales: Cronbach's alpha

Scales and Subscales	Cronbach's alpha	N of items
General Health Questionnaire (GHQ-12)	.86	12
Parenting Sense of Competence (PSOC) Scale	.79	16
Coparenting Relationships Scale (CRS)	.93	30
Work-Family Conflict Scale		12
Work-Family Conflict Subscale	.82	6
Family-Work Conflict Subscale	.79	6
Family Support Scale (FSS)	.78	18

Table 2
Independent Sample T-test for Counterbalancing

	Version A		Vers	Version B	
	M	SD	M	SD	t-test
Well-being	1.06	.46	1.16	.53	86
Parental Self-Efficacy	63.49	9.61	66.03	11.14	-1.14
Coparenting	4.24	.99	4.36	1.17	53
Work-Family Conflict	3.05	.87	3.26	.94	-1.08
Family-Work Conflict	2.24	.85	1.97	.69	1.62
Social Support	28.08	11.97	25.56	10.56	.27

ns p > .05

Table 3a

Descriptive of the Sample Characteristics

Demographics	N	Minimum	Maximum	Mean	Standard Deviation
Age	98	25	49	34.51	5.32
Valid N (listwise)	98				

Table 3b

Descriptive of the Sample Characteristics

		N	%
City	Beirut	62	62.6%
	Tripoli	9	9.1%
	Sidon	4	4 %
	Jounieh	5	5.1%
	Aley	7	7.1%
	Other	12	12.1%
Education	Technical Degree	3	3%
	Bachelor's Degree	30	29.7%
	Master's/Graduate Degree	55	54.5%
	Doctoral Degree (PhD/MD)	13	12.9%
Monthly Income	Less than 500,000 LL per month	1	1%
	750,000 - 1,500,000LL per month	3	3%
	1,500,000 - 3,000,000 LL per month	21	21%
	3,000,000 – 7,500,000 LL per month	40	40%
	More than 7,500,000 LL per month	31	31%

Table 3c

Descriptive of the Sample Characteristics (Continued)

		N	%
Maternal Employment Hours	Part-time	16	15.7%
	Fulltime	74	72.5%
	More than 1 job	12	11.8%
Marital Status	First-time Married	96	94.1%
	Remarried	1	1%
	Other	5	4.9%
Husband Emigration Status	Yes	8	8%
	No	90	90%
	Husband Unemployed	2	2%
Number of Children	One	38	38%
	Two	45	45%
	Three	16	16%
	Four	1	1%
Household Helper	Yes	50	49%
	No	52	51%
Age of First Child	Infant	17	17.9%
	Toddler	18	18.9%
	Preschool	23	24.2%
	Middle Childhood	27	28.4%
	Adolescent	10	10.5%

Table 4
Scale Descriptives

	N	Minimum	Maximum	Mean	Std. Deviation
Well-Being	101	.42	2.75	1.88	.51
Self-Efficacy	101	36	92	65.15	10.65
Coparenting	102	1.2	5.87	4.32	1.10
Work-Family	102	1.33	5.00	3.18	.92
Family-Work	102	1.00	4.17	2.07	.76
Social Support	102	5.00	59.00	26.45	11.09
Valid N (listwise)	101				

Table 5a

Pearson Zero Order Correlation Matrix

	Well-being	
Parental Self-Efficacy	.61**	
Coparenting	.30**	
Work-Family Conflict	42**	
Family-Work Conflict	18*	
Social Support	.25*	

^{*.} Correlation is significant at the 0.05 level (one-tailed).

^{**.} Correlation is significant at the 0.001 level (one-tailed).

Table 5b

Pearson Zero Order Correlation Matrix

	Well-being
Age	.13
Husband Emigration Status	.06
Number of Children	.14
Employment Hours	28*

^{*.} Correlation is significant at the 0.01 level (two-tailed).

Table 6
R, R Square, Adjusted R Square

Model	R	R	Adjusted	Std. Error		Change	e Stat	tistics	S	Durbin-
		Square	R Square	of the	R Square	F	df1	df2	Sig. F	Watson
				Estimate	Change	Change	;		Change	
1 .	.70	.48	.408	.39	.48	6.52	11	77	.00	2.01

Table 7
Regression Parameters

Mod	el	В	SE B	β
1	(Constant)	09	.66	
	Education	.04	.09	.04
	Income	06	.11	06
	Employment Contract	18	.13	14
	Husband Emigration	.11	.15	.07
	Age	.01	.01	.13
	Number of Children	.00	.07	.01
	Parental Self-Efficacy	.02	.01	.49***
	Coparenting	.02	.04	.04
	Work-Family Conflict	10	.06	19
	Family-Work Conflict	.07	.07	.10
	Social Support	.01	.00	.19*

Note: For model 1; $R^2 = .48$, $\Delta R^2 = .07$, * p < .05, ** p < .01, *** p < .001

Table 8

Pearson Zero Order	Correlatio	on Matrix								
	Income	Employment	Husband	Maternal	Number	Parental	Coparenting	Work-	Family-	Social
		Hours	Emigration	Age	of	Self-		Family	Work	Support
					Children	Efficacy				
Education	.22*	.01	.03	.19	.12	.10	12	.10	.07	.04
Income		.07	14	.44***	.39***	.02	.01	.02	.03	.07
Employment Hours			.18	05	.03	22*	12	.40***	.11	.11
Husband				.10	.18	04	05	10	05	02
Emigration										
Maternal Age					.49***	.03	04	04	06	.02
Number of						.07	03	05	.08	.08
Children										
Parental Self-							.34***	-	38***	.18
Efficacy								.45***		
Coparenting								31**	23*	.36***
Work-family									.43***	.04
Family-Work										11

^{*.} Correlation is significant at the 0.05 level (two-tailed).

**. Correlation is significant at the 0.01 level (two-tailed).

***. Correlation is significant at the 0.001 level (two-tailed).

Figure 1 Histogram of Standardized Residuals

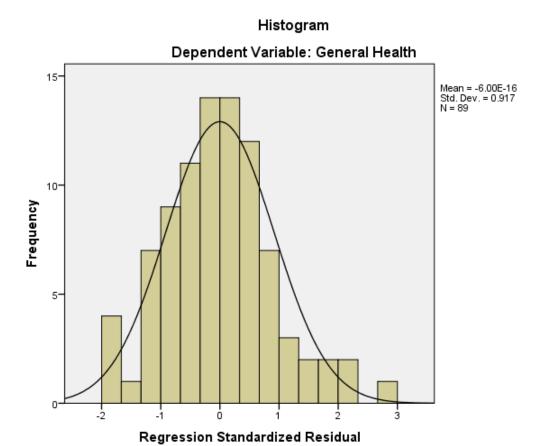
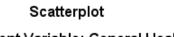
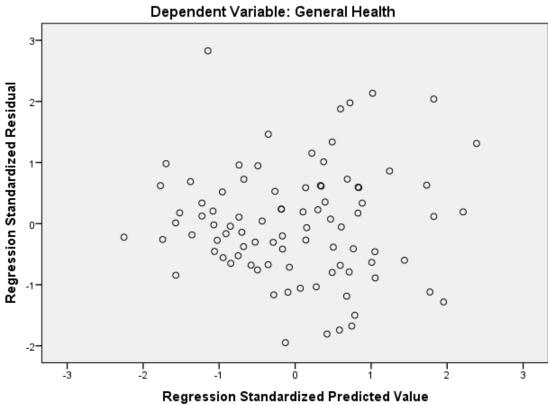


Figure 2 *Scatterplot*





Appendix A

Informed Consent Form

American University of Beirut

P.O. Box 11-0236 Riad El Solh, 1107 2020 Beirut, Lebanon

CONSENT TO SERVE AS A PARTICIPANT IN A RESEARCH PROJECT.

Predictors of Well-being in a Sample of Urban Lebanese Working Mothers

Project Director and Research Investigator: Fatima El-Jamil, Ph.D.

Graduate Program Coordinator, Department of Psychology, AUB

Email: fa25@aub.edu.lb Phone: 01-350000 Ext. 4372

Research Collaborator (Co-investigator): Minerva M. Faddoul

Graduate Student of Psychology,

Department of Psychology, AUB

Email: mmf34@mail.aub.edu

Mobile: 03-893141

Nature and Purpose of the Project:

This informed consent form pertains to a research study that will examine present-day challenges of working mothers in Lebanon and specific factors that may affect the well-being of Lebanese mothers who work in major cities in Lebanon. This study is a Master's Thesis research conducted by Ms. Minerva M. Faddoul, a graduate student at the American University of Beirut (AUB), and supervised by Dr. Fatima El-Jamil, who is a licensed clinical psychologist and a clinical assistant professor at AUB. This study will be the first of its kind in terms of its examination of context-specific factors happening in today's Lebanese families that impact the well-being of Lebanese working mothers. Moreover, it will be the first in Lebanon to examine psychological well-being, mothering challenges, maternal employment, husband labor emigration, and other related factors all together.

The purpose of this study is to increase the number of research studies on the challenges of working mothers in Lebanon, specifically targeting the growing population of women city-dwellers who combine work and family roles. Also, the purpose of this study is to gain a greater understanding of how working mothers in urban Lebanon appraise their well-being in the presence and absence of their working husbands, amid changing societal norms and poor economic circumstances, which compel women to bear multiple roles amid persisting gender-based cultural role expectations. Taken together,

this study will ultimately shed light on the present mental health status of working mothers, which may have clinical implications and influence policy makers.

Explanation of Procedures:

To be a participant in this study, you must be a Lebanese woman, mother of one or more child/ren who is/are below the age of 18, none of whom are diagnosed with a psychological or physical disorder, and who works part-time or fulltime in a paid job located in any of the major cities in Lebanon. Only persons who fit the criteria can participate in this study. As a research participant, you will have to read this informed consent form and carefully consider your decision to participate in the study. You will be presented with the questionnaire battery by the research collaborator to fill out electronically via a Lime Survey link. You will have the option of choosing the language you are most comfortable with (Arabic or English). The questions asked will help determine the factors that negatively affect the well-being of urban Lebanese working mothers. Some of the questions might be sensitive, and might make you feel uncomfortable. Therefore, you also have the right to skip any question you do not feel comfortable answering, and to discontinue your participation anytime.

These questionnaires are self-report in nature and hence you will be asked questions regarding your feelings and attitudes. You will be kindly asked to answer the questions alone since questions are personal.

Your name will not be asked. This is an anonymous study and hence your name will not be recorded on data coding systems used in this study. Only the project director and the co-investigator will have access to the anonymous data.

It is estimated that your participation in the survey will last no more than **20-30** minutes.

130 participants will be recruited in the study. Participant recruitment will be through online invitations (flyers and emails containing the study's description and link) from Facebook group Administrators (of NGOs and women/mother groups), and online invitations from other participants who completed the survey and want to share the survey with other eligible participants.

Potential Discomfort and Risks:

Participation in this study involves no more than minimal risks ordinarily encountered in daily life, although the possibility of some unforeseeable risks exists, such as potential discomfort in answering items associated with daily life. Some of the questions might be sensitive and might make you feel uncomfortable. Therefore, a list of services available in Lebanon that offer psychological and social and parenting assistance will be provided at the end of the consent form.

Potential Benefits:

The potential benefit is that you will participate in a study that will contribute to a scarce body of literature related to working mothers in Lebanon and their well-being. Another potential benefit is the opportunity to express yourself and open-up through these questionnaires that might address areas that you are finding difficulties in. Also, you might gain insight to certain factors that might have helped in shaping your experience of the dual role, and realize that you are not alone in your parenting journey as a working mother facing the additional challenges of societal norms, poor economic circumstances, and a migrant husband (if this applies to you). In addition, your participation can help professionals provide better services for working mothers in Lebanon.

Costs/Reimbursements:

There are <u>no costs</u> associated with participation in this survey and there are no monetary incentives.

Alternative Procedures:

Consent to participate in this survey is totally voluntary. Should you decide not to give consent to participate in this survey, there will be <u>no penalties</u> and no alternative procedures offered. You may, however, contact the project director or co-investigator to learn more about the study conducted.

Alternatives to Participation:

Should you decide <u>not</u> to give consent to participate in this survey, there are no alternatives to participation.

Termination of Participation:

Should you decide to give consent to participate in this survey, the project director and co-investigator might disregard your answers if the results show that you have not abided by the instructions given at the top of each set of questions, or if the answers appear not to be truthful since such biased response might alter the findings of the study.

Confidentiality:

Participation in this research is anonymous and the results of your participation will be kept confidential to the fullest extent possible. This means that no one will know about your specific results, as no identifiers (e.g. your name and contact information) are requested. No one will be able to link your answers to a specific questionnaire. Only information that cannot be traced to you will be used in reports or manuscripts published or presented by the project director or co-investigator. Only the project director and co-investigator will have access to the data. Records will be monitored and may be audited by the IRB without violating confidentiality. Raw data will be kept in the project director's password protected computer for a period of seven years following the termination of the study. After the seven years have elapsed, the raw data will be deleted.

Withdrawal from the Project:

Your participation in this survey is <u>completely voluntary</u>. You may withdraw your consent to participate in this research at any point without any explanation and without any penalty. You are free to decide not to complete the survey for this research at any point in time. Should you choose to withdraw from the project, you will be offered the option to inform other prospective or eligible participants of the study, by providing the co-investigator's email address and phone number, or by directly forwarding the Lime Survey link to personal contacts.

Who to Call if You Have Any Questions:

The approval stamp on this consent form indicates that this project has been reviewed and approved for the period indicated by the American University of Beirut (AUB) Institutional Review Board for the Protection of Human Participants in Research and Research Related Activities.

If you have any questions about your rights as a research participant, or to report a research related injury, you may call:

IRB, AUB: 01-350000 Ext. 5445, 5454 or 5455

If you have any concerns or questions about the conduct of this research project, you may contact:

Minerva M. Faddoul, American University of Beirut

Email: mmf34@aub.edu.lb, minervafaddoul6002@gmail.com

Phone: 03-893141

Debriefing:

If you are interested in learning about the outcome of the study, you may contact Ms. Minerva Faddoul. After data analysis is completed, a summary of the results can be emailed to you upon request. As this study examines variables that predict increased well-being, urban Lebanese working mothers might benefit from the results in order to target specific aspects of their life and increase their well-being.

Online Consent to Participate in this Research Project:

Clicking on the "I Accept to participate in this study" button indicates that you have read and understood the consent form and agreed to participate in the study. By consenting you agree to participate in this research project. After completion of the survey, you may forward the link to any individuals you may know who may be interested to participate. The purpose, procedures, and the potential risks and benefits of your participation have been explained to you in details. You can refuse to participate or withdraw your participation in this study at any time without penalty.

Below is the list of names and phone numbers of services (NGOs and mother groups) available in Lebanon. You can seek psychological and social support in case you experienced any form of psychological distress related to the study.

 Child and Adolescent Psychiatry Program, AUBMC Phone number: 01-350000 Ext. 5650

• Lebanese League for Women in Business (LLWB)

Phone number: 71-445155 Website: http://www.llwb.org

• Mommy Classifieds, Beirut, Lebanon

Website: Facebook Group

Mama to Mama Beirut Breastfeeding Support

Website: Facebook Group

• Babywearing Beirut

Website: Facebook Group

• Baby Led Weaning Lebanon – BLWL

Website: Facebook Group

INSTITUTIONAL REVIEW BOARD APPROVAL STAMP:

Appendix B

Demographic Questionnaire

Please answer the following questions to the best of your ability.

1.	City you are primarily residing in (for work):
	Beirut (Beirut governorate)
	Tripoli (North governorate)
	Sidon (South governorate)
	Jounieh (Mount Lebanon)
	Aley (Mount Lebanon)
	Tyre (South governorate)
	Other. Please specify
2.	Your age:
	Highest academic degree earned:
	Brevet
	Baccalaureate
	Technical Degree
	Bachelor's Degree
	Master's/Graduate Degree
	Doctoral Degree (PhD or MD)
	Other:
4.	Current occupation(s)/title(s):
5.	Employment Contract(s):
	Part time (< 20 hours/yyeals). Places indicate typical # of hours you work nor
	Part-time (≤ 20 hours/week): Please indicate typical # of hours you work per
	week

	Full-time (>20 hours/week): Please indicate typical # of hours you work per
	week
6.	Relationship Status:
	First time married
	Remarried
	Other. Please specify
	Other. I lease speerly
7.	Does your husband primarily work abroad? ☐ Yes ☐ No ☐ Husband
	Unemployed
	Does your husband travel away from Lebanon frequently?
	☐ Yes ☐ No ☐ Husband Unemployed
	If yes, where?
	Africa
	Canada
	United Arab Emirates
	United States
	Other. Please specify
	Other. I lease speerly
	How many times per year does your husband visit Lebanon?
	What is the approximate duration (in days) of each visit to Lebanon?
8.	Number of children providing care for:
	For each child please provide age below:
	Child A Age:
	Child B Age:
	Child C Age:

Child D	Age:			
Child E	Age:			
9. Do you have anyon	ne at home who helps	s you with child care?	□ Yes	□ No
If yes, check all th	at apply:			
Household	helper - foreign labo			me
		☐ Not living with mo	e at home	
Household	helper-Lebanese	☐ Living with	h me at ho	ome
		☐ Not living with mo	e at home	
Parents	☐ Living with me	at home		
	☐ Not living with	me at home		
In-laws	☐ Living with me	at home		
	☐ Not living with	me at home		
Relatives	☐ Living with me	at home		
	□ Not living with	me at home		
Other. Plea	se specify			
			_	
10. Your household in	come:			
Less than 5	500,000L.L. per mont	th		
	-			
500,000L.1	L. – 750,000L.L. per	month		
750,000L.I	L. – 1,500,000L.L. pe	er month		
1,500,000I	L.L. – 3,000,000L.L.	per month		
3,000,000I	L.L. – 7,500,000L.L.	per month		
More than	7,500,000L.L. per me	onth		
I do not kn	ow			

Appendix C

General Health Questionnaire – GHQ-12

Instructions: We want to know how your health has been in general <u>over the last few</u> <u>weeks</u>. Please read the questions below and each of the four possible answers. Select the response that best applies to you. Thank you for answering all the questions.

Have you recently:

- 1. Been able to concentrate on what you're doing?
 - 0. better than usual
 - 1. same as usual
 - 2. less than usual
 - 3. much less than usual
- 2. Lost much sleep over worry?
 - 0. not at all
 - 1. no more than usual
 - 2. rather more than usual
 - 3. much more than usual
- 3. Felt that you are playing a useful part in things?
 - 0. more so than usual
 - 1. same as usual
 - 2. less so than usual
 - 3. much less than usual
- 4. Felt capable of making decisions about things?
 - 0. more so than usual
 - 1. same as usual
 - 2. less so than usual
 - 3. much less than usual
- 5. Felt constantly under strain?
 - 0. not at all
 - 1. no more than usual
 - 2. rather more than usual
 - 3. much more than usual
- 6. Felt you couldn't overcome your difficulties?
 - 0. not at all
 - 1. no more than usual
 - 2. rather more than usual
 - 3. much more than usual
- 7. Been able to enjoy your normal day to day activities?
 - 0. more so than usual

- 1. same as usual
- 2. less so than usual
- 3. much less than usual
- 8. Been able to face up to your problems?
 - 0. more so than usual
 - 1. same as usual
 - 2. less so than usual
 - 3. much less than usual
- 9. Been feeling unhappy or depressed?
 - 0. not at all
 - 1. no more than usual
 - 2. rather more than usual
 - 3. much more than usual
- 10. Been losing confidence in yourself?
 - 0. not at all
 - 1. no more than usual
 - 2. rather more than usual
 - 3. much more than usual
- 11. Been thinking of yourself as a worthless person?
 - 0. not at all
 - 1. no more than usual
 - 2. rather more than usual
 - 3. much more than usual
- 12. Been feeling reasonably happy, all things considered?
 - 0. not at all
 - 1. no more than usual
 - 2. rather more than usual
 - 3. much more than usual

Appendix D

Parenting Sense of Competence scale – PSOC

Instructions: Listed below are a number of statements. Please respond to each item, indicating your agreement or disagreement with each statement.

		Strongly agree	Agree	Mildly Agree	Mildly Disagree	Disagree	Strongly Disagree
1	The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired	1	2	3	4	5	6
2	Even though being a parent could be rewarding, I am frustrated now while my child is at his/her present age.	1	2	3	4	5	6
3	I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot.	1	2	3	4	5	6
4	I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.	1	2	3	4	5	6
5	My mother/parent was better prepared to be a good parent than I am.	1	2	3	4	5	6
6	I would make a fine model for a new mother	1	2	3	4	5	6

	to follow in order to learn what she would need to know in order to be a good parent						
7	Being a parent is manageable and any problems are easily solved.	1	2	3	4	5	6
8	A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.	1	2	3	4	5	6
9	Sometimes I feel like I'm not getting anything done about my well- being.	1	2	3	4	5	6
10	I meet my own personal expectations for expertise in caring for my child.	1	2	3	4	5	6
11	If anyone can find the answer to what is troubling my child, I am the one.	1	2	3	4	5	6
12	My talents and interests are in other areas, not in being a parent.	1	2	3	4	5	6
13	Considering how long I've been a mother, I feel thoroughly familiar with this role.	1	2	3	4	5	6
14	If being a mother of a child were only more interesting, I would be	1	2	3	4	5	6

	motivated to do a better job as a parent.						
15	I honestly believe I have all the skills necessary to be a good mother to my child.	1	2	3	4	5	6
16	Being a parent makes me tense and anxious.	1	2	3	4	5	6

Appendix E

The Coparenting Relationships Scale – CRS

Instructions: For each item, please select the response that best describes the way you and your partner work together as parents:

		Not true of us		A little bit true of us		Somewh at true of us		Very true of us
1	I believe my partner is a good parent.	0	1	2	3	4	5	6
2	My relationship with my partner is stronger now than before we had a child/children.	0	1	2	3	4	5	6
3	My partner asks my opinion on issues related to parenting.	0	1	2	3	4	5	6
4	My partner pays a great deal of attention to our child/children.	0	1	2	3	4	5	6
5	My partner likes to play with our child/children and then leave dirty work to me.	0	1	2	3	4	5	6
6	My partner and I have the same goals for our child/children.	0	1	2	3	4	5	6
7	My partner still wants to do his own thing instead of being a responsible parent.	0	1	2	3	4	5	6
8	It is easier and more fun to play with the child/children alone than	0	1	2	3	4	5	6

	it is when my partner is present too.							
9	My partner and I have different ideas about how to raise our child/children.	0	1	2	3	4	5	6
10	My partner tells me I am doing a good job or otherwise lets me know I am being a good parent.	0	1	2	3	4	5	6
11	My partner and I have different ideas regarding our child's/children's eating, sleeping, and other routines.	0	1	2	3	4	5	6
12	My partner sometimes makes jokes or sarcastic comments about the way I am as a parent.	0	1	2	3	4	5	6
13	My partner does not trust my abilities as a parent.	0	1	2	3	4	5	6
14	My partner is sensitive to our child's/children's feelings and needs.	0	1	2	3	4	5	6
15	My partner and I have different standards for our child's/children's behavior.	0	1	2	3	4	5	6
16	My partner tries to show that he is better than me at caring for our child/children.	0	1	2	3	4	5	6

17	I feel close to my partner when I see him play with our child/children.	0	1	2	3	4	5	6
18	My partner has a lot of patience with our child/children.	0	1	2	3	4	5	6
19	We often discuss the best way to meet our child's/children's needs.	0	1	2	3	4	5	6
20	My partner does not carry his fair share of the parenting work.	0	1	2	3	4	5	6
21	When all of us are together, my partner sometimes competes with me for our child's/children's attention.	0	1	2	3	4	5	6
22	My partner undermines my parenting.	0	1	2	3	4	5	6
23	My partner is willing to make personal sacrifices to help take care of our child/children.	0	1	2	3	4	5	6
24	We are growing and maturing together through experiences as parents.	0	1	2	3	4	5	6
25	My partner appreciates how hard I work at being a good parent.	0	1	2	3	4	5	6

26	When I'm at my wits end as a parent, my partner gives me the extra support I need.	0	1	2	3	4	5	6
27	My partner makes me feel like I'm best possible parent for our child/children.	0	1	2	3	4	5	6
28	The stress of parenthood has caused my partner and me to grow apart.	0	1	2	3	4	5	6
29	My partner doesn't like to be bothered by our child.	0	1	2	3	4	5	6
30	Parenting has given us a focus for the future.	0	1	2	3	4	5	6

Appendix F

Work-Family Conflict Scale

		Never	Seldom	Sometimes	Often	Very Often
1	After work, I come home too tired to do some of the things I'd like to do.	1	2	3	4	5
2	On the job, I have so much work to do that it takes away from my personal interests.	1	2	3	4	5
3	My family/friends dislike how often I am preoccupied with my work while I am at home.	1	2	3	4	5
4	My work takes up time that I'd like to spend with family/friends.	1	2	3	4	5
5	My job or career interferes with my responsibilities at home, such as plant work, cooking, cleaning, repairs, shopping, paying the bills, or child care.	1	2	3	4	5
6	My job or career keeps me from spending the amount of time I would like to spend with my family.	1	2	3	4	5
7	I'm too tired at work because of the things I	1	2	3	4	5

	have to do at home.					
8	My personal demands are so great that it takes away from my work.	1	2	3	4	5
9	My superiors and peers dislike how often I am preoccupied with my personal life while at work.	1	2	3	4	5
10	My personal life takes up time that I'd like to spend on work.	1	2	3	4	5
11	My home life interferes with my responsibilities at work, such as getting to work on time, accomplishing daily tasks, or working overtime	1	2	3	4	5
12	My home life keeps me from spending the amount of time I would like to spend on job- or career-related activities.	1	2	3	4	5

Appendix G

Family Support Scale – FSS

Instructions: Listed below are sources, that oftentimes are helpful to members in families raising a young child. Please indicate how helpful each of the below sources is to your family. Please circle the response that best describes how helpful the sources have been to your family during the past 3 to 6 months. The higher the score, the more helpful the person has been. You may not find a number that exactly describes your feelings or opinions, so you need to circle the number that comes closest to describing how you feel. If any of the sources was not available to your family during the specified period of time, please circle "NA" under the column "Not Applicable".

No.	Person	Not appli- cable	Not at all helpful	Sometime s helpful	Generally helpful	Very helpful	Extremely helpful
1	My parents	NA	0	1	2	3	4
2	My husband	NA	0	1	2	3	4
3	My husband's parents	NA	0	1	2	3	4
4	My relatives/kin	NA	0	1	2	3	4
5	My husband's relatives/kin	NA	0	1	2	3	4
6	My friends	NA	0	1	2	3	4
7	My husband's friends	NA	0	1	2	3	4
8	My own children	NA	0	1	2	3	4
9	Other parents	NA	0	1	2	3	4
10	Co-workers	NA	0	1	2	3	4
11	Parent groups	NA	0	1	2	3	4
12	Social groups / clubs	NA	0	1	2	3	4
13	Religious supports (church, mosque, or temple/shrine)	NA	0	1	2	3	4
14	My family or child(ren)'s physician	NA	0	1	2	3	4
15	Household helper	NA	0	1	2	3	4
16	School /day-care center	NA	0	1	2	3	4
17	Professionals (therapists, social workers, nursing staff)	NA	0	1	2	3	4
18	Professional agencies/associations (public health, hospital, social services, mental health)	NA	0	1	2	3	4
19	Other (Please specify)	NA	0	1	2	3	4

Appendix H

Are you a WORKING

ARE YOU INTERESTED IN BEING

RESEARCH PROJECT?

PART OF A

- You are invited to participate in a research study which will examine the present-day challenges of urban Lebanese working mothers. To participate in this study, you must be a married, Lebanese mother, of one or more children below the age of 18 (none of whom are diagnosed with a psychological or physical disorder), and who works part-time or fulltime in a paid job located in any of the major cities in Lebanon (Beirut, Tripoli, Sidon, Jounieh, and/or Tvre).
- 130 participants will be recruited in this study. You will be asked to answer a survey that will require 20-30 minutes and will take place whenever convenient for you.
- Your participation in this study is **completely voluntary**, and you may decide not to participate without prejudice, penalty, or loss of benefits to which you are otherwise entitled.
- The results of this study will contribute to a scarce body of literature related to the wellbeing of working mothers in Lebanon, which may help professionals gain a better understanding of the dual role experience of Lebanese women and provide better services, which may influence policymakers.
- There are **no foreseeable risks** involved with participating in this study that exceed minimal risks, although the possibility of some unforeseeable risks exists, such as potential discomfort in answering items associated with daily life.

If you are interested in participating in this study, please follow the link, https://survey.aub.edu.lb/index.php/787784/lang-en, or call, send a message or email to:

Minerva M. Faddoul Graduate Student of Psychology, Department of Psychology, AUB Email: mmf34@mail.aub.edu Mobile: 03-893141 (WhatsApp also) Fatima El-Jamil, Ph.D. Graduate Program Coordinator Department of Psychology, AUB Email: fa25@aub.edu.lb Phone: 01-350000 Ext. 4372

Appendix I

نموذج موافقة مُبلّغ عنها

الجامعة الاميركية في بيروت ص.ب 0236-11 رياض الصلح: 11072020

موافقة للتصرف كمشتركة في مشروع بحث

متنبؤ رفاهية في عيّنة للامهات اللبنانيات العاملات في المدن

د. فاطمه الجميل

مديرة المشروع و الباحثة:

منسقة برنامج الدراسات العليا

دائرة علم النفس ، الجامعة الاميركية في بيروت البريد الالكتروني : fa25@aub.edu.lb

تلفون : 01350000 (تحويل داخلي 4372)

منسقة بحث (باحثة مشاركة):

منيرفام. فضول

طالبة در اسات عليا في علم النفس دائرة علم النفس، الجامعة الامير كية في بيروت

mmf34@mail.aub.edu: البريد الألكتروني

تلفون: 03893141

طبيعة و هدف المشروع:

نموذج الموافقة المُبلّغ عنها تتعلق بدراسة بحث سوف تتفحص التحديات اليومية الحالية للامهات العاملات في لبنان و بالعوامل النوعية الواضحة التي من الممكن التأثير على رفاهة الامهات اللبنانيات العاملات في المدن الكبرى في ادان

هذه الدراسة بحث اطروحة ماجستير تديرها الانسة مينرفا م. فضول ، طالبة دراسات عليا في الجامعة الاميركية في بيروت (AUB) و مشرف عليها من الدكتورة فاطمه الجميل ، عالمة نفس سريرية مجازة ودكتورة طبية مساعدة في الجامعة الاميركية في بيروت .هذه الدراسة سوف تكون الاولى من نوعها التي تحدث لدى عائلات لبنانيات اليوم و تؤثر على رفاهة الامهات اللبنانيات العاملات. اضافة الى ذلك ، هذه الدراسة سوف تكون الاولى التي تُعاين تحديات الام النفسية و رفاهيتها ، و توظيف الامهات و هجرة الزوج للعمل و عوامل متصلة اخرى كلها مع بعضها البعض .

ان هدف هذه الدراسة هو رفع عدد الدراسات البحثية على تحديات الامهات العاملات في لبنان ، و تحديداً تصويب الهدف على نمو عدد الامهات المقيمات في المدن اللتين يدمجن ادوار العمل و العائلة ايضاً ، ان هدف هذه الدراسة هو كسب فهم اوسع حول كيفية تقييم الامهات اللبنانيات العاملات في المدن لرفاهيتهم في حضور و غياب ازواجهن العاملين ، وسط معايير اجتماعية متغيرة و ظروف اقتصادية فقيرة، و التي تُجبر النساء لتحمُّل ادواراً متعددة ، وسط توقعات ذات ادوار ثقافية مستمرة مبنية على الجنس (مُذكر – مؤنث) .و في حال اخذنا كل ذلك مع بعضه البعض ، هذه الدراسة و بالنهاية سوف تلقي الضوء على الحال العقلية الصحية الحالية للامهات العاملات ، و التي من المحتمل ان تكون لديها تضمينات و توريطات و تؤثر على صانعي السياسات .

<u>شرح الاجراءات :</u>

ان تكوني مشتركة في هذه الدراسة عليك ان تكوني امرأة لبنانية ، أمُّ لولد او اكثر (تحت سن 18) و لا يوجد لديك اي علة نفسية او جسدية و تعملين بدوام جزئي او كامل مع اجرة مدفوعة و مركز عملك في واحدة من المدن الكبرى في لبنان .

فقط الاشخاص الملائمين لهذه المعايير يستطيعون الاشتراك في هذه الدراسة و كمشتركة باحثة ، سوف عليك ان قراءة هذا النموذج القبول المُبلّغ عنه و ان تأخذي بعين الاعتبار و بعناية قرارك للاشتراك في هذه الدراسة سوف يُقدم لك سلسلة من الاسئلة من قبل منسقة البحث و ذلك لملء النماذج الكترونيا عبر LimeSurvey Link (رابط لايم للاستفتاء) لديك حرية الاختيار للغة التي تُريحك اكثر (العربية او الانكليزية) ان الاسئلة المطروحة سوف تساعد على تحديد العوامل التي تؤثر سلبياً على رفاهة الامهات اللبنانيات العاملات في المدن بعض الاسئلة ممكن أن تكون حساسة و ممكن تُشعرك بعدم الراحة و لذلك ، لديك ايضاً الحق بتخطّي اي سؤال لا تشعري مرتاحة بالإجابة عليه و ان تتوقفي عن اشتراكك باي وقت .

هذه الاسئلة هي بطبيعتها تقرير بذاتها و سوف يُطرح عليك اسئلة تتعلق بمشاعرك و موقفك . و سوف يُطرح عليك اسئلة بلطف تجاوبي عليها وحدك بحيث ان الاسئلة شخصية و بالتالي ان تمتنعي عن المشاركة باي معلومة متعلقة بشكل الاسئلة او مدة الاستفتاء .

سوف لن يُطلب اسمُك . هذه الدراسة مغفلة من الاسماء (بدون ذكر اسماء) و اسمُك لن يتم تسجيله على انظمة الوقائع المستعملة في هذه الدراسة .فقط مديرة المشروع و الباحثة المنسقة سوف يدخلون الى الوقائع الموهمة الاسماء .

ومن المُقدّر ان تدوم فترة اشتراكك في الاستقصاء ليس اكثر من 20 الى 30 دقيقة.

130 مشتركة سوف يتم تجنيدهن في الدراسة. ان تجنيد المشتركة سوف يكون بدعوات الكترونية على الكومبيوتر (رسائل الكترونية تحتوي على وصف الدراسة مع الرابط LINK) و من مدراء مجموعات فايسبوك (منظمات غير حكومية و مجموعات نسائية) و من دعوات الكترونية من مشتركات آخرات قد اكملن الدراسة و أردن مقاسمة الدراسة مع مشتركات مؤهلات آخرات.

مضايقة و مخاطر محتملة

الاشتراك في هذه الدراسة لا يُورط اكثر من مخاطر ضئيلة ، عادة نواجهها في الحياة اليومية ، بالرغم من امكانية وجود بعض المخاطر الغير معروفة مسبقاً ، مثلاً انزعاج محتمل بالاجابة على فقرات او نقاط مشتركة مع الحياة اليومية .

بعض هذه الاسئلة ممكن ان تكون حساسة و من المحتمل ان تشعرك بعدم الراحة . لذلك ، لائحة من الخدمات متوفرة في لبنان ، و التي تُقدم مساعدة عائلية ، اجتماعية و نفسية ، سوف يتم تذويدها

بنهاية نموذج الموافقة .

الفوائد المحتملة:

الفائدة المحتملة بأنك سوف تشتركين في دراسة ستساهم لاشخاص قلة من العلماء في ما يتعلق بالامهات العاملات في لبنان و رفاهيتهم فيائدة محتملة اخرى هي الفرصة السانحة للتعبير عن نفسك و تنفتحين كلياً غير سلسلة الاسئلة التي من الممكن توجيهها الى مجالات تجيدين صعوبات فيها اليضاً من المحتمل ان تكسبي رؤية لبعض العوامل التي من الممكن ان تساعد باعطاء شكلاً لخبرتك في الدور الثنائي ، و تُدركي بأنك لست وحيدة في رحلتك العائلية بصفة أمّ عاملة تواجه تحديات اضافية من المعايير الاجتماعية المتغيرة ، و الظروف الاقتصادية الفقيرة ، و زوج مهاجر (في حال الامر يُطبّق عليك). اضافة الى ذلك ، اشتراكك من الممكن ان يساعد المحترفين تأمين خدمات افضل للامهات العاملات في لبنان .

التكاليف / اعادة الدفع او رد التكلفة:

لا يوجد تكاليف متعلقة بالاشتراك في هذا الاستقصاء و لا يوجد اي حوافذ نقدية .

اجراءات بديلة:

الموافقة على الاشتراك في هذا الاستقصاء هو بملء الارادة كلياً في حال قررت عدم اعطاء موافقة للاشتراك في هذا الاستقصاء سوف لن يكون هناك اي عقوبات و لا اي اجراءات بديلة مُقدّمة .ويُسمح لك بالاتصال بمديرة المشروع او الباحثة المنسقة لمعرفة اكثر عن الدراسة المُدارة .

بدائل للمشتركة:

في حال قررت عدم الموافقة على الاشتراك في الاستفتاء ، لا يوجد بدائل للمشاركة

انهاء الاشتراك :

في حال قررت ان تُعطي موافقة شفهية للاشتراك في الاستفتاء ، فان مديرة المشروع و المُنسَقة الباحثة من المحتمل ان يهملان اجوبتك اذا كانت النتائج تظهر بانك لم تلتزمين بالتعليمات المعطاة في اول كل مجموعة اسئلة او اذا كانت الاجوبة تظهر بانها غير صادقة بحيث ان جواباً منحازاً من الممكن ان يُغيّر من ايجادات الدراسة .

السرية و الخصوصية:

الاشتراك في هذا البحث غير معروف الاسم (اي وهمي بدون اسم) و نتائج اشتراكك سوف يُحفظ بسرية الى اقصى المدى . هذا يعني ان لا احد سيعلم بنتائجك المحددة ، بحيث انه لا يُطلب اي تحديد للهوية (اسمك ، معلومات الاتصال عنك) لا احد يُمكنه ربط اجوبتك بمجموعة الاسئلة المحددة المطروحة . فقط المعلومات التي من الممكن اقتفاء اثر ها منك سيتم استعمالها في التقارير او المحفوظات المنشورة او المقدمة من مدير المشروع او الباحثة المساعدة . فقط مديرة المشروع و الباحثة المساعدة يمكنهما الوصول الى الوقائع .

الوقائع الاولية سيتم حفظها في الكومبيوتر المحمي بكلمة سر لفترة سبع سنوات ، و ذلك بعد انهاء الدراسة . بعد انقضاء سبع سنوات ، سيتم محى الوقائع الاولية .

الانسحاب من المشروع:

ان اشتراكك في هذا الاستقصاء هو اختياري محض (بملء الارادة) من الممكن سحب قبولك للاشتراك في هذا البحث باي نقطة بدون اي تفسير و لا اي عقوبة، انت حرة ان تقرري بأن لا تُكملي الاستقصاء لهذا البحث باي وقت، في حال اخترت الانسحاب من المشروع ، سوف يُقدم لك حرية الاختيار بتبليغ او اعلام مشتركات آخريات او مؤهلات لهذه الدراسة و ذلك بتذويدهن بعنوان المنسقة (بريدها الالكتروني)ورقم هاتفها مع الرابط LIMESURVEY LINK

بمن تتصلى في حال لديك اسئلة:

ان ختم الموافقة على نموذج الموافقة يدل ان المشروع قد تم اعادة النظر به و مراجعته و الموافقة عليه للفترة المدلول عليها من الجامعة الاميركية في بيروت- مجلس اعادة النظر لحماية المشتركين في البحث و النشاطات المتعلقة بالبحث .

في حال لديك اسئلة عن حقوقك كمشتركة باحثة او ارسال تقرير يتعلق بالاذى في البحث ، من الممكن الاتصال على الرقم التالي 01350000 (تحويل داخلي 5454 5445 او 5455)

في حال لديك اي قلق او سؤال عن ادارة مشروع البحث بامكانك الاتصال به :

مينرفا م. فضول ، الجامعة الاميركية في بيروت

بريد الالكتروني : mmf34@mail.aub.edu نلفون : 03893141

الاطلاع على التنائج:

في حال كنت مهتمة بمعرفة نتائج الدراسة ، من الممكن الاتصال بالأنسة مينرفا فضول بعد تكملة تحليل الوقائع ، من الممكن ارسال خلاصة النتائج الى بريدك الالكتروني بناء لطلبك بما ان هذه الدراسة تعاين متغيرات التي تنبئ برفاهية مرتفعة ، من الممكن ان الامهات اللبنانيات العاملات تستفدن من النتائج حتى اصابة نقاط محددة في حياتهن و رفع رفاهيتهن .

موافقة على الانترنت (الكترونياً) على الاشتراك في مشروع البحث

الضغط على اشارة " انني موافقة على الاشتراك في هذه الدراسة " يدل بانك قد قرأت و فهمت نموذج القبول ووافقت على الاشتراك في هذا مشروع البحث. بعد تكملة ووافقت على الاشتراك في هذا مشروع البحث. بعد تكملة الدراسة ، من الممكن ارسال LINK الى اي افراد ممكن ان تعرفهن و مهتمات بالاشتراك. الهدف ، الاجراءات و المخاطر المحتملة و الفوائد المتعلقة باشتراكك قد تم تفسير هم لك بالتفاصيل. تستطيعي رفض الاشتراك او الانسحاب من اشتراكك في هذه الدراسة باي وقت وبدون عقوبة.

ادناه لائحة باسماء الخدمات و ارقام الهاتف (مجموعات الامهات و مؤسسات لا تتوخى الربح) متوفرة في لبنان . تستطيعي البحث عن دعم اجتماعي و نفسي في حال مررت باي شكل من الكآبة النفسية المرتبطة بالدراسة.

Child and Adolescent Psychiatry Program, AUBMC 01-350000 Ext. 5650

Lebanese League for Women in Business (LLWB) تلفون: 71-445155

الموقع الالكتروني:http://www.llwb.org

Mommy Classifieds, Beirut, Lebanon Facebook Group: الموقع الالكتروني

Mama to Mama Beirut Breastfeeding Support Facebook Group: الموقع الالكتروني

Babywearing Beirut الموقع الالكتروني:Facebook Group

Baby Led Weaning Lebanon – BLWL Facebook Group: الموقع الالكتروني

ختم مو افقة مجلس اعادة النظر و المراجعة المؤسساتي:

Appendix J

الديمو غرافي	الإستبيان
--------------	-----------

الإستبيان الديموعرافي
الرجاء على الأسئلة التالية بأفضل إجابة على قدر المستطاع.
1. المدينة الأساسية التي تقيم فيها (للعمل):
بیروت (محافظة بیروت)
طرابلس (محافظة الشمال)
صيدا (محافظة الجنوب)
جونية (محافظة جبل لبنان)
عاليه (محافظة جبل لبنان)
صور (محافظة الجنوب)
مكان آخر. الرجاء التحديد
2. عمرك:
3. أعلى درجة علمية مكتسبة:
البروفيه
شهادة البكالوريا
شهادة مهنية
درجة البكالريوس
الماجستير
شهادة الدكتوراه (طبيب/دكتوراه)
4. المهنة (المهن) الحالية:
5. عقد (عقود) العمل:
بدوام جزئي (<20 ساعة / أسبوع): يرجى الإشارة إلى عدد النموذجي لساعات العمل في الأسبوع

بدوام كامل (> 20 ساعة / أسبوع): يرجى الإشارة إلى عدد النموذجي لساعات العمل في
الأسبوع
6. الوضع العائلي:
متزوج للمرة الأولى
متزوج مرة أخرى
آخر. الرجاء حدد:
7. هل زوجك يعمل بشكل أساسي في الخارج؟ 🗆 نعم 🛘 لا 🔻 زوجي عاطل عن العمل
هل يسافر زوجك بعيداً عن لبنان في كثير من الأحيان؟
إذا كانت الإجابة بنعم، أين؟
أفريقيا
الإمارات العربية المتحدة
الولايات المتحدة الامريكية
آخر. الرجاء حدد
كم مرة في السنة يأتي زوجك إلى لبنان؟
ما هي المدة التقريبية (بالأيام) لكل زيارة إلى لبنان؟
8. عدد الأطفال الذين توفر الرعاية لهم:
يرجى أدناه إعطاء العمر والجنس لكل طفل:
الطفل أ العمر:
طفل ب العمر:
طفل ج العمر:
طفل د العمر:
الطفل ه العمر:
9. هل لديك أي شخص في المنزل يساعدك في رعاية الأطفال؟ 👚 نعم 🗇 لا

		إِذَا كَانَتُ الْإِجَابَةُ نَعْمَ، تَحَقَّقَ كُلُّ مَا يِنْطَبِقَ:
🗆 لا يعيش معي في المنزل	🗆 يعيش معي في المنزل	مساعد المنزل - عامل أجنبي
🗆 لا يعيش معي في المنزل	🗆 يعيش معي في المنزل	مساعد المنزل - اللبناني
🗆 لا يعيش معي في المنزل	🗆 يعيش معي في المنزل	الولدين
🗆 لا يعيش معي في المنزل	🗆 يعيش معي في المنزل	والدي زوجي
🗆 لا يعيش معي في المنزل	🗆 يعيش معي في المنزل	الأقارب
		آخر. الرجاء حدد
		10. دخل الأسرة :
	شهر	أقل من ٥٠٠,٥٠٠ ل.ل. كل نا
	. كل شهر	J.J · · · , Vo · _ · · · , o · ·
	ل.ل. كل شهر	···,··, · _ ···, Vo·
	ل.ل. كل شهر	٠٠٠,٠٠٠,٣ -٠٠٠,٥٠٠,١
	ل.ل. کل شهر	٠٠٠,٥٠٠,٧ - ٠٠٠,٠٠٠,٣
	S	۲۰۰۰٫۵۰۰٫۷ أو أكثر كل شـــــــــــــــــــــــــــــــــــ
		لا أعلم

Appendix K

العامة الصحة استبيان

اجابتك تكون أن نرجو) الماضية القليلة الاسابيع مدى على عام بشكل الصحية حالتك كانت كيف نعرف أن نريد حول دائرة ضعي الأربعة المحتملة الإجابات من وكل التالية الأسئلة قراءة يرجى . (السابقة القليلة الأيام عن الأسئلة جميع علَى الإِجَابة على شكراً. وجه أفضلٌ على عليك تنطبق التَّى الإِجَابة

- 1. هل كنت قادرة على التركيز أثناء قيامك بأي عمل؟
 - 0. أحسن من المعتاد
 - 1. كالمعتاد
 - 2. أقل من المعتاد
 - 2. أقل بكثير من المعتاد
 - 2. هل أصبح نومك قليلاً نتيجة القلق؟
 - 0. لا لم يحدث إطلاقاً
 - 1. ليس بأكثر من المعتاد
 - 2. أصبح نومي أقل من المعتاد3. أصبح نومي أقل بكثير من المعتاد
- 3. هل كنت تشعرين بأنك تقومين بدور مفيد في الأمور التي تجري حولك؟
 - 0. أكثر من المعتاد
 - 1. كالمعتاد
 - 2. أقل من المعتاد
 - 3. أقل بكثير من المعتاد
 - 4. هل كنت تشعرين بأنك قادرة على إتخاذ القرارات حيال الأمور؟
 - 0. أكثر من المعتاد
 - 1. كالمعتاد
 - 2. أقل من المعتاد
 - 2. أقل بكثير من المعتاد
 - 5. هل كنت تشعرين بأنك تحت ضغوط نفسية متواصلة؟
 - 0. لا أبداً
 - 1. ليس بأكثر من المعتاد
 - 2. أكثر من المعتاد
 - 3. أكثر بكثير من المعتاد
 - 6. هل واجهت مصاعب في التغلب على مشاكلك؟

- 0. لا أنداً
- 1. ليس بأكثر من المعتاد
 - 1. ي المعتاد2. أكثر من المعتاد
- 3. أكثر بكثير من المعتاد

7. هل كنت قادرة على الإستمتاع بأنشطتك اليومية؟

- 0. أكثر من المعتاد
 - 1. كالمعتاد
- 2. أقل من المعتاد
- 3. أقل بكثير من المعتاد

8. هل كنت قادرة على مواجهة مشاكلك بالصورة المطلوبة؟

- 0. أحسن من المعتاد
 - 1. كالمعتاد
 - 2. أقل من المعتاد
- 3. أقل بكثير من المعتاد

9. هل كنت تشعرين بأنك غير سعيدة ومكتئبة؟

- 0. لا أبداً
- 1. ليس بأكثر من المعتاد
 - 2. أكثر من المعتاد
- 3. أكثر بكثير من المعتاد

10. هل كنت تفقدين الثقة بنفسك؟

- 0. لاأبداً
- 1. ليس بأكثر من المعتاد
 - 2. أكثر من المعتاد
- 3. أكثر بكثير من المعتاد

11. هل كنت تفكرين بأنك شخص لا قيمة له؟

- 0. لا أبداً
- 1. ليس بأكثر من المعتاد
 - 2. أكثر من المعتاد
- 3. أكثر بكثير من المعتاد

12. هل كنت تشعرين بقدر من السعادة رغم كل الظروف المحيطة بك؟

- 0. لاأبدأ
- 1. ليس بأكثر من المعتاد
 - 2. أكثر من المعتاد
- 3. أكثر بكثير من المعتاد

Appendix L

الحساس الأبوة والأمومة من مقياس الإختصاص - PSOC

التعليمات: فيما يلي قائمة بعدد من الجمل. يرجى الرد على كل بند، مشيراً إلى الموافقة أو المعارضة مع كل جملة.

		أو افق بشدة	أوافق	أو افق قليلاً	أعارض قليلاً	أعارض	أعارض بشدة
1	من السهل حل مشاكل رعاية الطفل بمجرد أن تعرف كيف تؤثر على طفلك، هذا أمرٌ تصرفاتك اكتسبته.	1	2	3	4	5	6
2	الفرد والداً على الرغم من كون ،أنا محبط(ة) الآن في مكافئاً أمراً السن الحالي لطفلي.	1	2	3	4	5	6
3	أذهب إلى الفراش بنفس الطريقة في الصباح، و التي أستيقظ فيها أناأاشعر أنني لم أنجز الكثير.	1	2	3	4	5	6
4	لا أعرف لماذا ، ولكن في بعض أن أكون أنا الأحيان عندما يفترض المسيطر، أشعر أ أنه يجري التلاعب بي.	1	2	3	4	5	6
5	كانت أمي جاهزة أكثر مني لتكون أماً صالحة.	1	2	3	4	5	6
6	أنا نموذجاً جيداً لأم جديدة تريد معرفة ما تحتاج إلله لتكون كذلك.	1	2	3	4	5	6
7	كون المرء والدأ أمرٌ سهل وكل المشاكل يسهل حلها.	1	2	3	4	5	6
8	أصعب مشكلة في كوني والدة هو عدم معرفة ما إذا كنت أقوم بعمل جيد أو سيء.	1	2	3	4	5	6
9	أحيانا أشعر وكأنني لا أنجز أي شيء حول رفاهيتي.	1	2	3	4	5	6

10	ألبي تطلعاتي الشخصية للخبرة في رعاية طفلي.	1	2	3	4	5	6
11	إذا كان لشخصٍ أن يعرف ما يز عج طفلي، فهي أناً.	1	2	3	4	5	6
12	لدي مواهب و هوايات في مجالات أخرى ليست في كوني أماً.	1	2	3	4	5	6
13	بالنظر إلى المدة التي كنت فيها أماً أشعر بأنني على درايةٍ تامة بهذا الدور.	1	2	3	4	5	6
14	لو كان دور الأم مثيراً أكثر للاهتمام، لكان لدي الدافع للقيام بعمل أفضل كوالدة.	1	2	3	4	5	6
15	أعتقد بصراحة أن لدي جميع المهارات اللازمة لأكون أم جيدة الطفلي.	1	2	3	4	5	6
16	كوني والدأ (تأ) يجعلني متوتر (ة) وقلق(ة).	1	2	3	4	5	6

Appendix M مقياس مشاركة الاهل في التربية مقياس الملائم لوصف طريقة عملك انت وشريكك من اجل أداء دوركم كوالدين.

		لا ينطبق علينا		ينطبق قليلاً علينا		ينطبق علينا إلى حد ما		ينطبق جدا علينا
1	أعتقد ان شريكي أب جيد.	0	1	2	3	4	5	6
2	علاقتي مع شريكي أقوى الآن مما كانت عليه قبل أن يكون لدينا طفل/أطفال.	0	1	2	3	4	5	6
3	يطلب شريكي رأيي بشأن القضايا المتعلقة بالأبوة والأمومة.	0	1	2	3	4	5	6
4	شريكي يخصص قدراً كبيراً من الاهتمام لطفلنا/أطفالنا.	0	1	2	3	4	5	6
5	يحب شريكي اللعب مع طفلنا/أطفالنا ثم يترك العمل الصعب لي.	0	1	2	3	4	5	6
6	أنا وشريكي لدينا نفس الأهداف لطفانا/أطفالنا.	0	1	2	3	4	5	6
7	لا يزال شريكي يهتم بأموره بدل أن يكون والداً مسؤولاً.	0	1	2	3	4	5	6
8	اللعب مع طفلي/أطفالي أسهل وأكثر متعة عندما يكون بفرده من دون وجود شريكي .	0	1	2	3	4	5	6
9	شريكي وأنا لدينا أفكار مختلفة حول كيفية تربية طفلنا/أطفالنا.	0	1	2	3	4	5	6

10	شريكي يقول لي أنني اقوم بتربية جيدة أو على الأقل أعلامي أنني والدة صالحة.	0	1	2	3	4	5	6
11	أنا وشريكي لدينا أفكار مختلفة حول أكل طفلنا/أطفالنا، ونومه والروتينيات الأخرى.	0	1	2	3	4	5	6
12	يسخر شريكي ويمزح في بعض الأحيان حول طريقتي في التربية .	0	1	2	3	4	5	6
13	شريكي لا يثق بقدراتي كوالد.	0	1	2	3	4	5	6
14	شريكي حساس لمشاعر واحتياجات طفلنا /أطفالنا.	0	1	2	3	4	5	6
15	لدي أنا وشريكي معايير مختلفة حول سلوك طفلنا/أطفالنا.	0	1	2	3	4	5	6
16	يحاول شريكي أن يثبت أنه أفضل مني في رعاية طفلنا/أطفالنا.	0	1	2	3	4	5	6
17	أشعر بالقرب من الشريك عندما أراه يلعب مع طفلنا/أطفالنا.	0	1	2	3	4	5	6
18	شريكي لديه الكثير من الصبر مع طفلنا/أطفالنا.	0	1	2	3	4	5	6
19	نحن في كثير من الأحيان نناقش أفضل وسيلة لتابية احتياجات طفلنا/أطفالنا.	0	1	2	3	4	5	6

20	شريكي لا يلعب دوره العادل من اعمال تربية الأطفال.	0	1	2	3	4	5	6
21	عندما نكون كلنا معاً، يتنافس شريكي معي أحيانا لاجتذاب اهتمام طفلنا/أطفالنا.	0	1	2	3	4	5	6
22	شريكي يقوض دوري في الأبوة أو الأمومة.	0	1	2	3	4	5	6
23	شريكي على استعداد لتقديم تضحيات شخصية للمساعدة في رعاية طفلنا/أطفالنا.	0	1	2	3	4	5	6
24	نحن ننمو وننضج معاً من خلال تجربتنا كوالدين.	0	1	2	3	4	5	6
25	يقدر الشريك الجهد الذي أبذله لأكون أماً صالحةً.	0	1	2	3	4	5	6
26	يعطيني شريكي الدعم الإضافي الذي أحتاجه عندما أستنفد مهاراتي كأحد الوالدين.	0	1	2	3	4	5	6
27	شريكي يجعلني أشعر وكأنني أفضل أم ممكنة طفلنا/أطفالنا.	0	1	2	3	4	5	6
28	إن الضغط الذي تسببه الأبوة قد خلق مسافة بيني و بين شريكي.	0	1	2	3	4	5	6
29	يكره شريكي أن يز عجه طفلنا/أطفالنا.	0	1	2	3	4	5	6

30	الأبوة والأمومة أتاحت لنا التركيز على المستقبل.	0	1	2	3	4	5	6	
----	---	---	---	---	---	---	---	---	--

Appendix N مقياس الصراع بين العمل و الأسرة

		أبدأ	نادراً	أحياناً	في بعض الأحيان	في كثير من الأحيان
1	بعد العمل، أعود إلى البيت متعبة جداً للقيام ببعض الأشياء التي أرغب في القيام بها.	1	2	3	4	5
2	أثناء العمل ، لدي الكثير من المهام القيام بها على حساب إهتماماتي الشخصية.	1	2	3	4	5
3	لا يروق لعائلتي / لأصدقائي مدى انشغالي بأمور العمل فيما أنا في المنزل.	1	2	3	4	5
4	يأخذ عملي من الوقت الذي أود أن أقضيه مع العائلة / الأصدقاء.	1	2	3	4	5
5	يتداخل عملي مع مسؤولياتي في المنزل، مثل الإهتمام بالحديقة، الطبخ، التنظيف ،التصليح، التسوق، دفع الفواتير أو رعاية الطفل.	1	2	3	4	5
6	عملي يمنعني من قضاء الوقت الذي أريده مع عائلتي.	1	2	3	4	5
7	أنا متعبة جداً في العمل بسبب الأعمال التي يجب القيام بها في المنزل.	1	2	3	4	5
8	إحتياجاتي الشخصية كبيرة لحد أنها تأخذ من وقت العمل.	1	2	3	4	5

9	لا يروق لرؤسائي و لزملائي مدى انشغالي بأمورحياتي الشخصية فيما أنا في العمل.	1	2	3	4	5
10	تأخذ حياتي الشخصية من الوقت الذي أود أن أقضيه في العمل.	1	2	3	4	5
11	حياتي المنزلية تتداخل مع مسؤولياتي في العمل، مثل الوصول الى العمل في الوقت المحدد، إنجاز المهام اليومية، أو العمل لأوقات إضافية.	1	2	3	4	5
12	حياتي المنزلية تمنعني من قضاء الوقت الذي أريده على أنشطة تعزيز العمل أو ذات صلة مهنية.	1	2	3	4	5

Appendix O

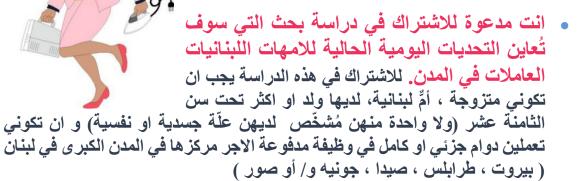
مقياس دعم الأسرة

التعليمات: فيما يلي قائمة من المصادر التي في كثير من الأحيان تكون مفيدة لأعضاء الأسر التي تربي طفلاً صغيراً. يرجى الإشارة كيف كل من المصادر التالية تساعد عائلتك. يرجى وضع دائرة حول أفضل إجابة تصف كيف كانت المصادر مفيدة لعائلتك خلال 3 إلى 6 أشهر الماضية. وكلما از داد الرقم المختار، كان الشخص ذو فائدة أكثر. يمكن ألا تعثر على الرقم الذي يصف بالضبط المشاعر أو الآراء الخاصة بك، لذلك عليك اختيار الرقم الأقرب لوصف ما تشعر به. إذا لم تكن أي من هذه المصادر متاحة لعائلتك خلال الفترة الزمنية المحددة ، يرجى وضع دائرة حول" غير متوفر" تحت عمود "غير قابل للتطبيق".

مساعد	مساعد	مساعد	مساعد	غير	غير قابل	الشخص	الرقم
إلى أبعد	جداً	بالإجمال	في معظم	مساعد	للتطبيق		,
الحدود			الأحيان	إطلاقاً			
4	3	2	1	0	غير متوفر	والدي	1
4	3	2	1	0	غير متوف	زوجي	2
4	3	2	1	0	غير متوفر	والدي زوجي	3
4	3	2	1	0	غير متوفر	أقاربي / ذوي القربي	4
4	3	2	1	0	غير متوفر	أقارب زوجي / ذوي	5
						القربى	
4	3	2	1	0	غير متوفر	أصدقائي	6
4	3	2	1	0	غير متوفر	أصدقاء زوجي	7
4	3	2	1	0	غير متوفر	أو لادي	8
4	3	2	1	0	غير متوفر	أهل آخرين	9
4	3	2	1	0	غير متوفر	زملاء العمل	10
4	3	2	1	0	غير متوفر	مجموعة من الأهل	11
4	3	2	1	0	غير متوفر	الفئات الاجتماعية / الأندية	12
4	3	2	1	0	غير متوفر	دِعم ديني (كنيسة أو مسجد	13
						أو معبد /مزار)	
4	3	2	1	0	غير متوفر	طبيب العائلة أو الأطفال	14
4	3	2	1	0	غير متوفر	المساعدة المنزلية	15
4	3	2	1	0	غير متوفر	مركز الرعاية/ المدرسة	16
4	3	2	1	0	غير متوفر	المتخصصين	17
						(المعالجين،المرشدين	
						الاجتماعيين وطاقم	
						التمريض)	
4	3	2	1	0	غير متوفر	هیئات و جمعیات	18
						متخصصة (الصحة العامة،	
						المستشفيات، الخدمات	
						الاجتماعية، والصحة	
				^		العقلية)	1.0
4	3	2	1	0	غير متوفر	غير ذلك (يرجى التحديد)	19

انت أُمْ عاملة؟ \ انت أُمْ عاملة؟

هل انت مهتمة بأن تكونى جزءاً من مشروع بحث ؟



- 130 مشتركة سوف يتم تجنيدهن في الدراسة. سوف يُطرح اسئلة عليك و تُجاوبي على دراسة استفتائية تتطلب 20 الى 30 دقيقة و تجري باي مكان يُناسبك
- اشتراكك في هذه الدراسة هي كلياً اختيارية ارادية و من الممكن ان تقرري عدم الاشتراك بدون اي مساس بحقك وبدون اي عقوبة او فقدان لمصالحك انت تستحقيها
- ان نتائج هذه الدراسة سوف تساهم في هيئة نادرة من الادب تتعلق برفاهية الامهات العاملات في لبنان ، و التي من الممكن ان تساعد المحترفين بكسب فهم افضل للخبرة ذات الدور المزدوج للنساء اللبنانيات و تؤمن خدمات افضل و من الممكن ان تؤثر على صانعي القرارات .
- لا يوجد اية مخاطر غير معروفة مسبقاً ، مرتبطة بالاشتراك في هذه الدراسة ، و هي لا تتعدى المخاطر الضئيلة ، بالرغم من امكانية وجود بعض المخاطر الغير مُتنبأ بها ، و مثالاً على ذلك عدم راحة او از عاج محتمل عند اجابة نقاط مشتركة مع الحياة اليومية .

في حال انت مهتمة بالاشتراك في هذه الدراسة ، الرجاء متابعتنا على (LINK) الرابط https://survey.aub.edu.lb/index.php/787784/lang-ar ، او الاتصال ، او ارسال رسالة او بريد الكتروني الى :

منير فا م. فضول متخرجة في علم النفس كلية علم النفس ، في الجامعة الاميركية في بيروت تلفون : 03893141 (خدمة (Whatsapp) واتساب متوفرة) البريد الإلكتروني: mmf34@mail.aub.edu د. فاطمه الجميل منسقة برنامج الدراسات العليا دائرة علم النفس ، الجامعة الاميركية في بيروت البريد الالكتروني: fa25@aub.edu.lb تلفون: 01350000 (تحويل داخلي 4372)