

Delayed Childbearing, Relational Influences, and
Workplace Outcomes

By

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Abstract

Guided by the Circumplex Model of Family Functioning (Olson, Sprenkle, & Russell, 1979), this study examined women's perceptions of their decision to delay childbearing as well as perceptions of personal fulfillment through motherhood, family functioning, and work and relational outcomes. These perceptions were tested using survey data from 250 women whose oldest child was no older than 5 years, was currently married to the child's biological father, was working when the child was born and was currently working, was part of a dual-earning household, and was between the ages of 30-45. Findings indicate that participants considered a number of personal and professional reasons to delay childbearing, which highlights the individual and personal nature of choosing to have a child. Although it was hypothesized to have a relationship with all workplace and relational outcomes, only personal fulfillment through motherhood and relational commitment yielded a significant relationship. In examining family functioning as a mediating variable between personal fulfillment through motherhood, as well as relational and workplace outcomes, no significant indirect effects emerged, although there were several significant direct effects. Cohesion was significantly related to job satisfaction, workplace productivity, commitment, and divorce proneness, while adaptability was significantly related to job satisfaction, affective commitment, commitment, and divorce proneness. This study highlights the importance of healthy family functioning for new parents in both personal and professional domains, as well as the need to support new mothers at work and in the home.

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CHAPTER I

Delayed Childbearing, Relational Influences, and Workplace Outcomes

American women are having children later in life. Mathews and Hamilton (2016) analyzed data for the U.S. Department of Health and Human Services evaluating the National Vital Statistics System information and found that the mean age of women at the time of their first birth increased from 24 years old in 2000 to 26 years old in 2014. Additionally, women aged 30-34 at the time of their first birth increased from 16.6% in 2000 to 21.1% in 2014 while women aged over 35 at the time of their first birth increased from 7.4% in 2000 to 9.1% in 2014 (Mathews & Hamilton, 2016). Overwhelmingly, national data indicates more and more women are waiting to have their first child. Many of these mothers are also working before and after their pregnancy. The U.S. Department of Commerce's 2011 report on employment patterns of first-time mothers noted that 80% of women 30 years or older had worked prior to their first birth compared to 43% of women under 22 years old from 2006-2008 (Laughlin, 2011). While having a baby can cause both negative changes like postpartum depression (Everingham, Heading, & Connor, 2006) as well as more stress (Henderson, Harmon, & Newman, 2016), it can also allow a woman to feel more self-aware and as though she has a new perspective on the world (Laney, Carruthers, Hall, and Anderson, 2014). It is possible, then, that working women who delay having children may feel a new sense of fulfillment through their new role as a mother (Laney et al., 2014).

Additionally, working women who have children later in life and perceive a newfound identity through fulfillment due to motherhood may also have different workplace outcomes than women who have children earlier in their careers. More affective commitment (Parasuraman & Nachman, 1987) and greater job satisfaction (Bedeian, Ferris, & Kacmar, 1992) have both been

associated with longer tenure in one's career, but have not yet been studied for working women who delay having children and their perception of feeling fulfilled as a mother. Work productivity for working women is implicit in their abilities to reach promotions and higher pay grades, but has not yet been examined specifically in conjunction with women who choose to delay childbearing.

While previous research has examined the effect of childbearing on marital outcomes extensively, it has focused almost exclusively on marriages in their first year(s). These studies make clear the negative effects of childbearing on marital satisfaction (Shapiro, Gottman, & Carrere, 2000), relational stability (e.g., Doss, Rhoades, Stanley, & Markman, 2009), and conflict (e.g., Claxton & Perry-Jenkins, 2008), but cannot speak to couples who were married for a longer period of time before having children. Additionally, exploring different variables that may better reflect a longer relationship (i.e., commitment and divorce proneness) may help understand how delaying childbearing and a woman's sense of fulfillment through motherhood influences relationships. Finally, cohesion, or a family's ability to emotionally bond with and support its members, as well as adaptability, or a family's ability to morph into new roles and adopt new rules as stressors occur, both help explain a family's healthy functioning (Olson, Sprenkle, & Russell, 1979). Families who are emotionally close and flexible at moderate levels are crucial to creating positive overall outcomes (Olson et al., 1979), so balanced family functioning may help explain how new mothers who perceive personal fulfillment through motherhood interpret it into their work and relational outcomes.

This project extends the understanding of outcomes of delaying childbearing by examining several outcomes of the decision. More specifically, it seeks to know more about the overall decision to delay, reasons women choose to delay, and what factors may influence the

decision to delay. Finally, this study extends existing literature by exploring how personal fulfillment through motherhood interacts with family functioning as well as relational and work outcomes.

Literature Review

To frame this study, literature examining the following concepts are explored: personal fulfillment through motherhood, delayed childbearing, family functioning (i.e., adaptability and cohesion), workplace outcomes (i.e., affective commitment, job satisfaction, and workplace productivity), and relational outcomes (i.e., commitment and divorce proneness). These concepts help explore the relationships between women who delay childbearing, personal fulfillment through motherhood, work and relational outcomes, and family functioning. In order to better understand what it means to delay childbearing, it is important to first distinguish between women who wanted children but could not have them, women never wanted children, women who did not want children but had them, and women who wanted children but chose to wait to have them.

Delayed Childbearing

Childless or childfree. While choosing to delay childbearing may be determined by a variety of factors, some women have different realities related to their fertility. First, some women may be infertile or involuntarily childless. The American Society for Reproductive Medicine (2013) defines infertility as the failure to achieve a successful pregnancy after appropriately timed unprotected intercourse over a period lasting 12 months or longer for women ages 20-34 years, or 6 months or longer for women aged 35 years or older. Overall, around 44% of U.S. women meet the definition of infertility at some point during their reproductive years (Johnson, McQuillan, Griel, & Schreffler, 2014). Conversely, some women and/or couples make

a conscious choice not to have children and remain childfree, regardless if they are fertile or infertile. In general, the decision focuses on both micro- and macro- rationale for remaining childfree, including preserving a lifestyle (Carmichael & Wittaker, 2007) or environmental overpopulation concerns (Houseknecht, 1987). This is a conscious decision that occurs as a process over time rather than a single event (Blackstone & Stewart, 2016). An additional layer of complexity exists for women who decide to be childfree but later have a child due to a change in choice and/or circumstance. Moore (2017) found that women transitioned from childfree to mother using three main facets of identity, including (a) conceiving accidentally while desiring permanent childlessness, (b) shifting toward ambivalent desire before becoming pregnant, and/or (c) making a purposeful decision to have children before trying to conceive. The transition from one identity to another requires extensive facework (Moore, 2018). For the purpose of this study, however, women who are involuntarily childless or voluntarily childfree are not women who delay childbearing.

Delayed childbearing. The current American workforce includes women who are waiting until ‘advanced maternal age’ to have children, which Gossett, Nayak, Bhatt, and Bailey (2013) define as age 35 years or older. While it is possible for women to delay childbearing earlier in their lives (i.e., a 24-year-old woman can wait three years to have a child and still be under 35), the social, cultural, and biological ramifications for women over 35 are significantly different. Women who wait until their mid-to-late 20s to have children fall within societal discourse that discourages teen pregnancies, while women who wait past their 30s are pushing against the norm in a way that risks their ability to have children altogether. Even with advances in reproductive assistance, their fertility odds are lessened by age. Women who are 30 or above also face these societal and biological repercussions, just at a slightly lessened rate. Delaying

fertility by 10 years reduces the wage penalty (Wilde, Batchelder, & Ellwood, 2010), but the risks of infertility, spontaneous miscarriages, ectopic pregnancies, and trisomy21 begin around 30 years old (Schmidt, Sobotka, Bentzen, & Andersen, 2012). Because the women who wait to have children until they are 30 or older face the greatest threat both culturally and biologically, they are the population for this study.

The changes associated with parenthood for women are multi-faceted and complex. Having a child can influence a woman's workplace outcomes, as well as her relational outcomes in ways that can be seen as positive or negative depending on the individual. For example, having less time to work after having a baby may be a negative change for some women because they have less time to focus on their career, but may be a positive change for others because they are more focused on their family. Valanced outcomes (i.e., good or bad, benefits or sacrifices) can be subjective and are not utilized within this study to allow a more holistic view of how parenthood can change a woman's life. To better understand this phenomenon, a variety of changes relating to the workplace and relationships are discussed below.

Workplace Changes

First, childbearing influences overall earnings. Budig and England (2001) noted that working women who have a child face a 7% wage penalty compared to women who do not. Wilde et al. (2010) reported that delaying fertility by 10 years reduces the wage penalty by a third. Overall, the wage penalty disproportionally punishes women for childbearing (Budig & England, 2001). Next, Amuedo-Dorantes and Kimmel (2005) noted that education attainment also influences the wage penalty for childbearing. Working mothers who attain college degrees experience a wage boost compared to working mothers who do not attain college degrees. Additionally, working mothers who delay childbearing experience an even more pronounced

wage boost. Specifically, working mothers with college degrees who wait to have children are in the best situation to achieve the most lucrative outcomes in that they earn 43% more than childless women and 21% more than earlier childbearers. Additionally, Landivar (2017) reports that occupations create a significant difference in financial gains to delayed childbearing, with women in managerial and professional occupations experiencing the largest penalty for early childbearing, but also the largest premium for delayed childbearing. For women in non-managerial and nonprofessional occupations, delaying childbearing does not change their earnings trajectory (Landivar, 2017). Amuedo-Dorantes and Kimmel (2005) posit this difference to be attributed to women earning the ability to secure a job in a more family-friendly work environment and form more long-term professional relationships. Finally, Landivar (2017) notes that delayed childbearing allows access to more resources to “maintain greater continuity of employment” (p. 152). Overall, there are some positive workplace changes for women who delay childbearing in current literature.

Research has also noted negative workplace changes for women who delayed childbearing in particular fields as well as changes in their overall ability to conceive after the delay. First, high-skill careers which usually require a graduate education limit the time a woman is able to work before establishing her career. Postgraduate women in Sweden reported that parenthood while in graduate school would negatively influence their odds of being hired and would make work/family balance more difficult (Svanberg, Lampic, Karlstrom, & Tyden, 2006), while postgraduate students in general who placed importance on parenthood were not aware of the age-related decline in fertility (Lampic, Svanberg, Karlstrom, & Tyden, 2006). Another example of women who choose to delay childbearing are physicians (Bering, Pflibsen, Eno, & Radhakristnan, 2018). Landivar (2017) noted that work-family conflict for women who delay

childbearing may be more pronounced because their long working hours and employer demands are more established and severe. Additionally, Kemkes-Grottenhaler (2003) found that women in academia frequently delayed childbearing to achieve their career aspirations and due to the delay, ran out of time and had to reconcile a new identity as ‘involuntarily childless’ woman. Overall, delaying childbearing for working women puts them in a perilous health scenario where they are not well-informed while simultaneously in a beneficial career trajectory. The association of delayed childbearing and the relational changes that accompany this decision have not been researched fully, but the next section will touch on some of the relational changes of delaying childbearing that have been offered in the literature.

Relational Changes

Current research also found that couples who have a child soon after marriage (around 3 years for the study’s population) face a decrease in leisure time, perceive less love, and report more conflict (Claxton & Perry-Jenkins, 2008) and that marital satisfaction decreases most for women with infants (Twenge, Campbell, & Foster, 2003). In several studies, shorter marital duration has been associated with negative relational outcomes such as declines in relationship satisfaction during the transition to parenthood (Mitnick, Heyman, & Slep, 2009; Trillingsgaard, Baucom, & Heyman, 2014). Doss et al. (2009) found that being married longer before birth predicted smaller decreases in marital satisfaction for fathers, but not mothers, as did higher income level at birth for relationship satisfaction for fathers and less problem intensity for mothers. Additionally, Cox, Paley, Burchinal, and Payne (1999) noted that couples who planned their pregnancies reported less of a decline in satisfaction during the transition to parenthood than couples who had unplanned pregnancies. While McMahon et al. (2011) found that advanced maternal age was associated with lower depression and greater resilience (for Australian women)

than women with younger maternal age, there has been little to no research that has examined the outcomes or implications of being married and waiting until an advanced maternal age to have a child. It is clear, however, that for some, parenthood early in a marriage is met with substantial relational issues (e.g., decreased leisure, less love, more conflict) (e.g., Doss et al., 2009).

Additionally, it is possible older parents are more financially secure because they are able to put away more money towards retirement and should have more disposable income to cover childcare costs (Bureau of Labor and Statistics, 2017).

While negative changes influencing the couple as a dyad are unclear, there is research that establishes negative changes for the woman. Extant research overwhelmingly agrees that delayed maternal age has negative health risks for both mother and child. Schmidt et al. (2011) found that the risk of infertility, spontaneous miscarriages, ectopic pregnancies, and trisomy 21 begin around 30 years old with more pronounced effects after 35 years, while increasing risk of preterm births and stillbirths begin around age 35 and increase after age 40. While the health risks of advanced maternal age and delayed childbearing for both mother and child are clear for medical professionals, they are less understood by the women for whom they exist.

Gossett et al. (2013) assessed health literacy in 300 women aged 20-50 and found that participants had a general understanding of the risks associated with advanced maternal age on infertility and complications with pregnancy, but overestimated success rates with assisted reproductive technologies (e.g., infertility treatments) as well as the likelihood of a spontaneous pregnancy at an older age. Overall, Gossett et al. (2013) found that women have inaccurate understandings of natural fertility duration and the success rates of assisted reproductive technologies, which “may give a false sense of security and contribute to decisions to delay childbearing” (p. 127). Cooke, Mills, and Lavender (2010) also found through a meta-analysis of

12 papers examining factors present in women's decisions to delay childbearing that women faced three categories: (a) those who are informed of risks associated with advanced maternal age but choose to delay pregnancy anyway, (b) those who are not informed of the associated risks and find out about them once they become pregnant, and (c) those who believe they are informed of the associated risks but may not truly know all the risks. These categorical separations indicate that women are unclear about the potential medical repercussions of delaying childbearing. Cooke, Mills, and Lavender (2012) reported that United Kingdom participants in a qualitative study exploring women's decisions to delay childbearing did not perceive having control over the timing of childbearing due to factors including relationship status, financial stability, health, and fertility. Portuguese participants reported advanced maternal age as the most consistent predictor of lower satisfaction with timing of childbearing (Guedes & Canavarro, 2016). Relationally, Rijken and Thomson (2010) found that women who reported a medium level of relational quality were most likely to have a child, which may indicate that very happy couples do not want to threaten their happiness. Overall, the decision to delay childbearing is nuanced in that women have many factors to navigate and they may not be fully aware of the established medical risks.

Delaying childbearing could be attributed to a variety of motivations, including relational, professional, cultural, and/or biological. To better understand this decision for contemporary working and married women, the following research question was presented:

RQ1: How is delayed childbearing conceptualized?

Additionally, some reasons for delay may be more important than others. To better understand the specific motivations of working and married women to delay childbearing, the following research question was presented:

RQ2: What are the reasons women delay childbearing?

Finally, for a more nuanced understanding of influential reasons women delayed childbearing, the following research question was examined:

RQ3: What reasons most influenced women in their decisions to delay childbearing?

In addition to exploring how delayed childbearing is conceptualized and motivations that could influence women to delay, another goal of the present study was to determine how women who delayed childbearing perceived personal fulfillment through motherhood and its relationship to workplace outcomes (i.e., affective commitment, job satisfaction, and workplace productivity) and relational outcomes (i.e., commitment and divorce proneness) through family functioning (i.e., adaptability and cohesion). These concepts are explored below.

Personal Fulfillment through Motherhood

Research has found that becoming a mother has resulted in various experiences. For instance, some women experience a feeling of pressure to be a ‘good mother’ (Shelton & Johnson, 2006), a new identity of postpartum depression (Everingham et al., 2006), or generally higher levels of stress (Henderson et al., 2016), compared to other mothers, who have reported a newfound sense of purpose at the birth of their first child (Laney et al., 2014). While the former has received attention in past literature (e.g., Arendell, 2000) one aspect of motherhood that has been studied to a lesser degree is a woman’s sense of fulfillment from having children and how this affects other aspects of her life (e.g., work experiences, personal relationships, etc.).

Therefore, this study focuses on how women perceive a sense of personal fulfillment through motherhood. Indeed, many women may not want to or be able to have children (as discussed previously). For those women who made an intentional choice to delay having children and subsequently had one or more, exploring their understanding of a sense of fulfillment through

motherhood could help understand how this fulfillment may influence them in both personal and professional spheres. More specifically, personal fulfillment through motherhood is conceptualized within this study as encompassing a feeling a sense of wholeness and completion upon becoming a mother and feeling as though one's family is complete. Previous research examining this concept is discussed below.

The transition into parenthood challenges women's sense of self (Arendell, 2000). The identity shift that accompanies becoming a mother changes a woman's understanding of her identity, and can lead to another form of personal fulfillment from past fulfillment she may feel from her marriage and/or career. Research exploring older mothers has primarily utilized qualitative research methods (see Laney et al., 2014; Shelton & Johnson, 2006) and has highlighted the problematic equation of a woman and a mother as the same concept (see Arendell, 2000) as well as examined the negative outcomes that can occur when new mothers feel social pressure to sacrifice her own needs for those of the child and fulfill the 'good mother' trope (Arendell, 2000; Shelton & Johnson, 2006). Negative outcomes for new mothers can include higher levels of stress and anxiety, internalizing guilt (Henderson et al., 2016) as well as feeling pressure to be a 'perfect mother' and feeling invisible as her own person (Shelton & Johnson, 2006). These studies, however, have not yet explored any relationship between women's' perceptions of how fulfillment through motherhood may influence how they understand their work experiences and/or relationship with their partner.

More specifically for women within academia, Laney et al. (2014) reported how women who transitioned to motherhood felt that they were able to develop qualities within themselves they otherwise would not have utilized, such as becoming less self-centered and more self-aware. Participants from Laney et al.'s (2014) study reported a sense of fulfillment from motherhood.

More specifically, they reported fulfillment through a new perspective of the world, emotional expansion, and vicarious joy through their children. Overall, Laney et al. (2014) noted that for the women in academia they interviewed, becoming a mother led them to personal growth and identity negotiation. Additionally, in a study including Brazilian working mothers, Waskiewicz, Kanan, Goetz, and Masiero (2019) found that women who returned to work after having a child did so because of their need for personal achievements, self-fulfillment, satisfaction, and financial needs. From these studies, however, it is not clear if fulfillment through motherhood benefits work roles. Extant research has established a clear decrease in dyadic marital satisfaction upon the birth of a child (see Doss et al., 2009). Alternatively, however, are studies that note a small increase in some women's satisfaction upon the birth of her first child (Doss et al., 2009; Shapiro et al., 2000). There is a potential that the discrepancy for women in previous studies could be attributed to her sense of fulfillment through her roles as a new mother (or lack thereof). While fulfillment through motherhood has inherent implications for the family as a unit, research has not yet explored how that sense of fulfillment could influence a woman's perceptions of her partner. Focusing more specifically on how fulfillment through motherhood may influence a woman's perception of direct workplace outcomes could help explain the benefits of including working mothers in long-term career paths. Shelton and Johnson (2006) interviewed older mothers and found stories that expressed 'double-edged' results, which included both depression and conflicts, but also new aspects of one's identity and growth. While many previous studies focus on one element of the current study, none have yet explored the concepts presented here to better understand a growing population of women, those who purposefully delay childbearing and continue to work.

Contemporary family communication research has spent much time detailing how a family is defined. Within one structural definition, a family can be defined as one with the presence of a dependent (Segrin & Flora, 2011). A family of orientation is considered the family one chooses and creates by picking a partner and having a child (Segrin & Flora, 2011). Lerner and Spanier (1987) defined family as a social unit that is responsible for the nurturance and socialization of children in a task definition of family, which focuses on the tasks members fulfill within the family. While additional definitions of family incorporate many more versions of what a family can look like (i.e., mother and adult child; extended family; close friends; same-sex partners), the inclusion of a child within traditional definitions has been a cornerstone of a family. This definition, then, may also be present in our cultural understanding of what it means to be a family—to be one who has a child. Additionally, the concept of personal fulfillment of motherhood encompasses this idea – feeling like a complete family with the addition of a child.

Examining the experience of personal fulfillment through motherhood and feeling a sense of wholeness upon becoming a mother and as though one's family is complete may yield a greater understanding into the relationships among delayed childbearing, the transition to motherhood, and professional and personal experiences. More specifically, Greenhaus and Powell's (2006) work-family enrichment theory posits that benefits in one realm (personal) may help the other realm (professional). This study seeks to examine if personal fulfillment through motherhood has relationships with workplace outcomes, perhaps through this process of enrichment. Additionally, previous research has established that some women report an increase in marital satisfaction upon the birth of their first child others do not (Doss et al., 2009), and that the effect of childbirth on divorce proneness can be alleviated by the age at which couples get

marriage (Thornton & Young-DeMarco, 2001). The following sections will discuss professional and personal outcomes associated with personal fulfillment through motherhood.

Workplace Outcomes

Working women who delayed childbearing are faced with a changing identity to encompass both their professional and personal roles as worker and mother. These roles have the ability to influence affective commitment (Chang, Chin, & Ye, 2014), job satisfaction (Bering, et al., 2018), and workplace productivity (Landivar, 2017), all outcomes in the workplace. After childbirth, women face a higher likelihood of work-to-family conflict and workplace burnout (Robinson, Magee, & Caputi, 2016). Affective commitment, job satisfaction, and workplace productivity all present variables that allow a woman to evaluate her individual attachment and individual contributions to her workplace.

Affective commitment. Workplace commitment, also referred to as ‘affective commitment,’ is demonstrated in employees who feel a sense of belonging and identification that increases their desire to remain with the organization (Meyer & Allen, 1991; Mowday, Porter, & Steers, 1982), and is also considered employees’ emotional bond to their organization (Rhoades, Eisenberger, & Armeli, 2001). Turnover is strongly related to a lack of affective commitment, while supervisor support is strongly associated with greater affective commitment (Meyer & Allen, 1997). Working mothers’ affective commitment has been examined in previous research. For example, Chang et al. (2014) found that working mothers were no less committed than their peers, although their own personal career expectations were consistently lower than their peers. Thompson, Jahn, Kopelman, and Prottas (2004) examined whether employees who perceived family support from their supervisors and organizations were more committed to their firms and found a strong relationship between perceptions of support and affective commitment. Wayne,

Casper, Matthew, and Allen (2013) found that perceived support was related to positive partner attitudes, which was significantly and reciprocally related to employee affective commitment. Neither delaying childbearing nor mothers in academia have been researched specifically in relation to affective commitment, but if women are able to work on their career for a longer time period without personal 'interruption,' they may develop more affective commitment. For example, some studies have found that the number of years worked at a career is associated with greater commitment (Parasuraman & Nachman, 1987).

Job satisfaction. In addition to affective commitment, job satisfaction is a commonly examined workplace outcome. Job satisfaction is considered a positive emotional condition derived from work experience (Locke, 1976). Job satisfaction can be influenced by the atmosphere at the workplace through organizational behaviors such as employee rapport, mutual trust, and respect (Kennerly, 1989), as well as through the job itself, which can create work motivation, satisfaction, and desire for optimal performance (Hackman & Oldham, 1975). Job satisfaction is often influenced by employees' cognitive appraisals and affective responses to work experiences (Hausknecht, Sturman, & Robertson, 2011), and has been found to be associated with job tenure rather than a person's age (Bedeian et al., 1992). Additional positive effects on job satisfaction include salary, tenure, and job type (Chet, Ryan, Schmeider, Parra, & Smith, 1998) as well as employee empowerment and types of skills needed (Kirkman & Rosen, 1997). Job satisfaction is widely reported to not have a significant association with job performance (Locke, 1976), although job satisfaction is associated with employer performance (Wiggins & Moody, 1983).

While job satisfaction has been examined for working women, little research has examined women who delay childbearing (see Bering et al. (2018). Generally, working can

provide satisfaction and optimism that can also promote better exchanges between parents (Cooklin et al., 2014). For women, job satisfaction determinants change after having children (Holtzman & Glass, 1999). More specifically, Bering et al., (2018) surveyed 801 female physicians and found that of those who deferred personal decisions (64% of respondents) for their careers, including having children (86% of those who indicated deferring), only 71% would choose medicine again as a career. The women cited poor work-life balance and decreasing job satisfaction (along with administrative burden) as their reasoning. After women have children, they often experience lower job satisfaction (e.g., Holtzman & Glass, 1999). For women who have been in their career for a longer tenure, it may be possible that their job satisfaction does not decrease due to their delayed childbearing. Alternatively, they may face a stronger drop in satisfaction due to a more established routine and position in the workplace, which would be altered after childbirth.

Current research has also examined job satisfaction for women in academia. Female academics in the UK were found to be more satisfied with their jobs than their male counterparts, but only for women of senior rank (Oshagbemi, 2000). Scottish female academics over the age of 36 had higher job satisfaction than male academics over the age of 36, while women under 36 had lower job satisfaction than men under 36 (Sloane & Ward, 2001). In a study examining job satisfaction for 30,000 faculty members of U.S. institutions, Webber and Rogers (2018) found that work role balance, mentoring, and perception of department fit were more important to women faculty's satisfaction than for their male peers. Overall, job satisfaction for established, senior-rank female academics has been established, although these studies do not consider childbearing as an influencing factor to job satisfaction.

Work productivity. Workplace productivity acts as the final workplace outcome examined in this study. Work productivity examines satisfaction with work performance and general work functioning of a person (Endicott & Nee, 1997). Work productivity is mainly studied through a health context (Dailey & Zhu, 2016; Kuoppala, Lamminpää, & Husman, 2008), although it has also been studied in relation to workplace incivility (Gill, 2015) and technology (Finnerty, Kalimeri, & Pianesi, 2014). Working mothers' job productivity has been the focus of limited research. Craig (2007) found that working mothers who used non-parental childcare did not reduce their own time with their children, but rather cut back on their own leisure and personal time. Workplace productivity and its relationship to working women who delayed childbearing has been studied broadly, examining long-term career outcomes such as overall salary or overall perceived productivity for women (see Landivar, 2017) rather than specific daily or weekly productivity. More specifically, women are able to reach promotions, which implies that they are producing work competently and efficiently. Research productivity for female academics with children has been examined broadly as well. For female economists, early motherhood had a detrimental effect on research productivity (Krapf, Ursprung, & Zimmermann, 2017), although general research on female academics notes that they face a bigger burden of hidden workloads (Probert, 2005) and generally publish less (Stack, 2004). The discrepancy between the general workforce and female academics in how they conceptualize work productivity within their daily tasks may inform the relationship between work productivity and delayed childbearing. In addition to workplace outcomes, delaying childbearing also has implications for relational outcomes.

A woman who intentionally delays childbearing is likely considering her career outcomes as part of her decision to wait to have a child. Exploring specific workplace outcomes may help

provide better understanding of how these workplace outcomes may interact with her sense of fulfillment when becoming a mother.

Because personal fulfillment through motherhood will likely influence her perceptions of her own outcomes in her workplace, the following hypothesis was presented:

H1: There will be a significant positive relationship between personal fulfillment through motherhood and workplace outcomes (i.e., affective commitment, job satisfaction, and workplace productivity).

Relational Outcomes

In addition to examining workplace outcomes, this study explores relational outcomes and their relationship to delayed childbearing, focusing specifically on a couple's commitment and divorce proneness. In exploring commitment, the couple's relational timeline and partner dedication may provide insight into how delaying having children works with the additional study variables. Previous research has heavily explored relational outcomes such as marital satisfaction (e.g., Shapiro et al., 2000), relational stability (e.g., Doss et al., 2009), and conflict (e.g., Claxton & Perry-Jenkins, 2008). Divorce proneness, however, has not yet been examined within this context. The immense relational changes that occur when children enter a married dyad can create high conflict and high turmoil (e.g., Doss et al., 2009), which indicates that exploring divorce proneness may help understand that relationship. Additionally, the decision to have children is important. The decision *when* to have children is also important to a couple's relational success (e.g., Cox et al., 1999).

Commitment. Commitment within marriage can be operationalized as “the tendency to stay in a marriage even when encountering marital difficulties” (Whitton, Stanley, Markman, & Johnson, 2013, p. 2) or making a choice to give up other choices (Stanley, 2005). Amato and

DeBoer (2001) note that people with a weak commitment to marriage consider it unlikely that they would be able to save a troubled marriage because they do not believe that relationship problems are easily fixed. People with a strong commitment to marriage, however, feel that relationship issues are solvable and should be fixed, leading them to remain in relationships that are not ideal because they believe long-term that the relationship could work out (Amato & DeBoer, 2001).

Stanley and Markman's (1992) study categorized commitment into two constructs: personal dedication and constraint commitment. They operationalize personal dedication as the desire to improve one's relationship for the benefit of the partner or the relationship as a whole. This construct is seen through behaviors and desires to improve the relationship, invest in it, sacrifice for it, and work to better the partner's well-being, not just one's own. Alternatively, constraint commitment is operationalized as constraints that force individuals to maintain the relationship, whether they want to or not. Constraints make terminating the relationship costly, whether socially, financially, or psychologically (Stanley & Markman, 1992). Constraints can be evaluated as structural commitments, considering the quality of alternatives, social pressure to stay together, or commitments due to morality (Stanley & Markman, 1992; Stanley, Rhoades, & Whitton, 2010). Constraint commitments help explain why couples with low satisfaction stay together as their constraints may be too high, making it too costly to separate (Stanley et al., 2010). Constraints, however, are viewed as negative only when satisfaction drops to the point that constraint commitments require them to remain in an unhappy relationship. Examining constraint commitment as a variable within this study would pull away from an examination of the relationship and focus more on individual perceptions of conditions that may tie one to a relationship. Because personal dedication focuses on the relationship and the dyad, it is more

closely tied to the scope of this study and is thus the focus of the items examining relational commitment.

Commitment in committed relationships has been examined extensively, but has not focused on working women who delay childbearing. Several studies have examined marital outcomes longitudinally. In a four-year longitudinal study, Lavner, Karney, and Bradbury (2012) found that couples whose wives had premarital doubt were 2.5 times more likely to get divorced after four years. Clements, Stanley, and Markman (2004) in their 13-year study, as well as Lavner and Bradbury (2012) in their 10-year study, found that couples who divorced were significantly younger than those who remained married, even if they remained married and were distressed about their marriages. These studies indicate a self-selection bias in couples who remain married—they will inherently be more committed because they are still married. Lavner and Bradbury (2012) also noted that couples who divorced used more negative communication in daily interactions. This study focuses on communication within the changing systemic structure of the family at the time of a child's birth, which may help to expand the understanding surrounding commitment.

Childbearing also has established outcomes on relational commitment. Commitment is a critical component in general couple functioning and stability (Impett, Beals, & Peplau, 2001; Stanley & Markman, 1992). Doss et al. (2009) reported a decline in relational commitment for fathers but not mothers after birth in a longitudinal study. Sacrifice, or giving up a personal desire to benefit the marriage or the partner (Whitton, Stanley, & Markman, 2002) has been studied in relation to commitment. Whitton, Stanley, and Markman (2007) found that sacrifice is more closely linked to relationship commitment among men than women (Whitton et al., 2007). Finally, Rusbult (1983) found a positive relationship between marriage length, satisfaction, and

commitment, which suggests that couples satisfied with their marriages are more committed as time goes by.

Divorce proneness. Whitton et al. (2013) defined attitudes toward divorce as the “perceived acceptability of divorce as a solution to marital distress” (p. 2). Divorce proneness has also been operationalized as “the propensity to divorce” (Booth & Amato, 1994, p. 25) and included cognitive and action components. Cognitive components focused on thoughts surrounding divorce, while action components included talking to someone about divorce, separating from the spouse, or filing for divorce (Booth & Amato, 1994). A couple’s divorce proneness has been heavily researched and couple demographics, economic, cultural, and economic factors all influence whether couples get divorced (Braver & Lamb, 2013), although previous research has not examined specifically parents who choose to delay childbearing.

Some demographic factors help lessen the chances of divorce. For example, Thornton and Young-DeMarco (2001) noted that a couple is less likely to divorce the older the age at marriage. Additionally, educational attainment has a negative association with divorce (Heaton, 2002). Although income has a generally negative association with divorce (Kurdek, 1993), but when wives earn more than their husbands, the risk of divorce increases (Rogers, 2004). If wives are dissatisfied with the marriage, that is a stronger predictor of divorce than earning potential (Sayer & Bianchi, 2000).

Previous research has established a clear link between lowered relational outcomes and having children. Specifically, compared to nonparents, parents showed clear increases in negativity, conflict, and problem intensity (Doss et al., 2009). Additionally, while both parents and nonparents have similar declines in relational quality, parents experienced a sharp and sudden drop in relational functioning at the birth of their first child compared to the general,

gradual decline nonparents experienced (Doss et al., 2009). Dew and Wilcox (2011) found that new mothers reported a decline in marital satisfaction, but that newlyweds reported this more frequently than couples who had children later in their marriage. For the majority of new mothers, the lowest report of marital satisfaction occurred one year after the birth of their first child (Shapiro et al., 2000). More generally, Holmes, Huston, Vangelisti, and Quinn (2012) noted that having children shifted the parent relationship by changing household tasks, work roles, romance, and creating the need to intentionally balance career and family life.

The birth of a child has clear implications for changes in the parents' relationship post-birth. It is unclear, however, if these implications are also relevant to those parents who chose to delay having a child and how a new mother perceives her sense of fulfillment through this new role. Previous researchers have established clear outcomes for general populations of women having children regarding both commitment and divorce proneness. These studies, however, have not considered how these outcomes may change depending on a woman's perception of her sense of fulfillment from her new role as a mother, especially for women who chose to delay childbearing. While childbearing is associated with both negative outcomes in the form of depression (Everingham et al., 2006) and stress (Henderson et al., 2016) for the mother, the potential positive outcomes for the new mother's identity such as a newfound sense of purpose (Laney et al., 2014) may help her dyadic relationship thrive. Additionally, since this study's population is examining women who have been married for, on average 5 years, their perceptions of relational outcomes may be inconsistent with findings from previous research that indicate a significant drop in relational satisfaction at the introduction of a new baby (Doss et al., 2019). The second hypothesis, then, predicts associations among a new mother's perception of personal fulfillment through childbearing and both relational outcomes:

H2: There will be a significant relationship between personal fulfillment through motherhood and relational outcomes (i.e., commitment and divorce proneness). Specifically, there will be a significant positive relationship between personal fulfillment through motherhood and commitment and a significant negative relationship between personal fulfillment through motherhood and divorce proneness.

Theory of Work-Family Enrichment

The theory of work-family enrichment (Greenhaus & Powell, 2006) explores the positive relationship between work and family domains. This theory extends role accumulation theory (Sieber, 1974) to examine “the extent to which experiences in one role improve the quality of life in the other role” (Greenhaus & Powell, 2006, p. 72). Work-family enrichment is a bidirectional construct, which allows both domains to positively influence the other (Carlson, Kacmar, Wayne, & Grzywacz, 2006). Work-family enrichment (WFE) occurs when resources gained in the work role help improve the family domain in some way, and family-work enrichment (FWE) occurs when resources gained in the family role enhance the work domain. For example, multitasking skills learned from being a parent could benefit a worker (FWE), while listening skills learned in the workplace could help in the home domain (WFE). The theory of work-family enrichment proposes two pathways through which enrichment can occur, which include instrumental and affective pathways (Carlson et al., 2006). Instrumental pathways include resources gained in one role that promote higher performance in another role, while affective pathways are resources that generate positive emotions garnered in one role, which indirectly facilitate functioning and performance in the other role (Carlson et al., 2006).

Work-family enrichment and workplace outcomes. Work-family enrichment has been examined in previous research and is positively related to several positive work-related

outcomes, including affective commitment (Aryee, Srinivas, & Tan, 2005; McNall, Nicklin, & Masuda, 2010) and job satisfaction (Carlson et al., 2010; McNall et al., 2010; Shockley & Singla, 2011), as well as overall benefits on organizational outcomes (McNall et al., 2010). Jaga, Bagraim, and Williams (2013) found that work-family enrichment has benefits regarding reducing emotional exhaustion and depressive predictors in the workplace. Workplace support that allows flexible working arrangements and general family-friendly support have increased the experiences of work-family enrichment (McNall et al., 2010). More specifically, Rastogi, Rangnekar, and Rastogi (2016) found that temporal flexibility, or the ability of an employee to determine where and when to work within organizational guidelines, was a strong predictor of work-family enrichment, even more than operational flexibility, or control over the conditions of work (Bailyn, 1997). Additionally, Shockley and Singla's (2011) meta-analysis of WFE found that gender moderated all relationships studied in that the relationships were stronger when there were more women in the sample. Overall, Shockley and Singla (2011) argued that the relationship between work-to-family enrichment and workplace outcomes is a result of a source-attribution process, in which people who experience a source domain as enriching for a receiving domain attribute a beneficial effect to the originating source.

Work-family enrichment and relational outcomes. Less research has examined family and relational outcomes in conjunction with work-family enrichment theory. However, Shockley and Singla (2011) reported a positive relationship between work-to-family enrichment and family satisfaction. The authors also noted in their meta-analysis that there were very few other family variables examined, although they emphasized the importance of developing policies for work-family issues and highlighting that the policies are also relevant to job satisfaction as well as other potential attitudinal outcomes (Shockley & Singla, 2011).

Olson's Circumplex Model of Family Functioning

The Circumplex Model of Family Functioning allows scholars and practitioners to better understand a family's overall health. This model examines adaptability and cohesion, two primary dimensions of family behavior that are influential to a family's health or functioning. Communication is considered a third dimension of family behavior because it is the mechanism through which families are able to change their adaptability and cohesion based on specific contexts (Olson & Gorall, 2006). The Circumplex Model has been utilized within family research for decades and has been updated several times to reflect the evolving nature of family functioning. In 2006, the Circumplex Model was revised so that the conceptualization and operationalization of cohesion and adaptability evolved from four levels to five levels. Consequently, the measures (FACES IV) for these concepts needed to be updated (Olson & Gorall, 2006). Although the Circumplex Model as a theoretical framework allowed cohesion and adaptability to be conceptualized as midrange concepts since its inception, FACES IV now includes a specific balanced scale for both adaptability and cohesion. Families who function within the balanced/moderate range of both adaptability and cohesion are those who are healthiest. This idea has not changed since the origin of the theory, but what has changed is a specific measure examining balanced levels of adaptability and cohesion as well as the terminology used in more recent research. Therefore, research prior to 2006 examining healthy family functioning is referring to moderate levels of both adaptability and cohesion, while research conducted after 2006, now provided with more accurate language, may refer to healthy family functioning as balanced adaptability and balanced cohesion. Research utilizing the updated FACES IV measure has explored topics including adolescent eating disorders and parental influence (Tafà et al., 2016), resilience to family-of-origin adversity in couples'

communication (Carr & Koenig Kellas, 2018), and Greek adolescents' internalizing and externalizing problems (Mastrotheodoros, Canário, Gugliandolo, Merkas, & Keijsers, 2019), and has validated the use of balanced scales for adaptability and cohesion as indicators of healthy family functioning (see Olson, 2011; Olson, Waldvogel, & Schlieff, 2019).

Adaptability. Adaptability as a dimension of family functioning refers to “the ability of a marital/family system to change its power structure, role relationships, and the relationship rules in response to situational and developmental stress” (Olson et al., 1979, p. 12). Olson & Gorall (2003) updated the notion of adaptability to also be considered ‘flexibility,’ which more accurately describes how families respond to stressors as they occur. Family adaptability manifests in six ways: (i) how assertive or passive family members are with each other, (ii) the amount of control in the family, (iii) family discipline practices, (iv) negotiation within the family, (v) how rigidly family roles are adhered to, and (vi) the nature and enforcement of the rules within the family (Olson, 1993).

Adaptability is measured on a low-to-high continuum. The five levels of family functioning for adaptability, include rigid, somewhat flexible, flexible, very flexible, and chaotic/overly flexible families (Olson & Gorall, 2006). The least functional families are those who are considered extreme families (rigid or chaotic). When challenges arise, rigid families (extremely low adaptability) are unable to change their power structure and interaction patterns to respond appropriately, while chaotic families (extremely high adaptability) present no clear role fulfillment or power structure. Families who are somewhat flexible, flexible, and very flexible are considered balanced families, and are considered the most functional (Olson, 1993). Because the concept of adaptability is curvilinear, both too much adaptability and too little adaptability are considered problematic. Adaptable families that fall within the moderate

midrange is considered the healthiest and most functional (Olson, 2003). Notably, Olson and Gorall (2003) stress that families need both stability *and* change, and the ability to change is a distinguishing characteristic of functional families. Specifically, balanced families are able to experience the extremes within the adaptability dimension, but do not function within the extremes for long periods of time. Major life events and transitions (e.g., marriage, childbirth, new careers, empty nests) generally spark these extremes within balanced families (Olson & Gorall, 2003). For a family higher on adaptability, delayed childbearing and the personal fulfillment through motherhood that may accompany may not be a significant change to their overall functioning as the family is used to 'going with the flow.' For families lower on adaptability, personal fulfillment through motherhood may make a significant change to their overall functioning as they may have had more time to develop more rigid roles, habits, and/or behaviors.

In examining the transition specifically, new rules and roles are also in a state of change upon the introduction of a new baby. The transition to parenthood is associated with increased conflict for new parents (Bouchard, Boudreau, & Herbert, 2006; Doss et al., 2009). Mothers who perceive an unfair division of labor in which they are doing more work than before and more work than their partners report more conflict (Newkirk, Perry-Jenkins, & Sayer, 2016). New parents with anxious and avoidant attachment styles were more likely to feel more constraint and less confidence, indicating a change in their relational role. New parents must adapt their enactment of romance, which is not stopped at the birth of a child, but shifted in how it can be portrayed as constrained by time, communication, and sex (Holmes et al., 2012). Holmes et al. (2012) also noted that new parents can influence each other's new rules, as the role taken on by

the wife predicts the husband's involvement with the child(ren) and, remarkably, that husbands reported loving their wives more when the husbands were less involved with their own children.

Cohesion. Cohesion refers to the “emotional bonding members have with one another and the degree of individual autonomy a person experiences in the family system (Olson et al., 1979, p. 5). Family cohesion manifests in seven ways: (i) emotional bonding within the family, (ii) internal/external boundaries, (iii) the nature of the family coalitions, (iv) how the family spends time, (v) how the family maintains space, (vi) whether the family members prefer family versus friends, and (vii) how the family makes decisions as a unit (Olson et al., 1979).

Like adaptability, cohesion is measured on a curvilinear low-to-high scale. Families with low cohesion generally spend little time together, have their own friends, ‘do their own thing,’ and maintain more personal space. Families with high cohesion are more likely to spend as much time together as possible, make decisions as a family, and are strongly bonded to each other emotionally (Segrin & Flora, 2011). There are five types of cohesion within families, ranging from low to high, which include disengaged/disconnected, somewhat connected, connected, very connected, and enmeshed families (Olson & Gorall, 2003). The most functional families are those who are balanced, or mid-level families, while extreme level families are least functional (Olson et al., 1979). The extreme levels include disengaged families (extremely low cohesion) or families whose members do not bond with each other and are very autonomous from the family and enmeshed families (extremely high cohesion) who exhibit over-identification with the family, extreme emotional bonding, blurred boundaries, and insufficient autonomy to function outside the family (Segrin & Flora, 2011). Cohesion is also a dynamic element within families in that it changes as the family changes. Balanced cohesion means that individuals are able to be simultaneously independent from and connected to their family. In times of major transition,

families may move to the extremes within the cohesion dimension, but balanced families do not linger in the extremes for extended periods of time (Olson & Gorall, 2003). For families higher in cohesion, delayed childbirth may allow the family to become even more cohesive, as they have another member to include. For families lower in cohesion, delayed childbirth may cause issues because the established boundaries, time allotments, etc. would shift drastically.

Previous research speaks to changes in cohesion for new parents. Emotional labor was found to positively predict higher marital satisfaction for new parents, while dual-earners changed their communication to focus on efficiency rather than companionship (Holmes et al., 2012). New mothers also reported less sexual satisfaction and desire compared to their partners (Rosen, Mooney, & Muise, 2017), indicating that their dyadic cohesion is changing with the onset of the new relational stressor, a baby. All of these changes to the dyadic relationship may influence the perception of fulfillment through motherhood for the new mother by changing her sense of self (Arendell, 2000).

Research has also examined change in cohesion in conjunction with commitment and divorce proneness. Relational commitment levels have also been studied in relationship to romantic attachment style. Ferriby, Kotila, Dush, and Schoppe-Sullivan (2015) found that anxious and avoidant parents' levels of commitment were negatively susceptible to the onset of parenthood. Partner closeness through awareness, fondness, and admiration helped act as buffers that protected the dyadic relationship from stress (Shapiro et al., 2000). Partners typically spend less leisure time together after the birth of a baby (Claxton & Perry-Jenkins, 2008), and this sudden lack of spousal time can influence marital satisfaction for new mothers (Dex & Wilcox, 2011). As noted by Lavner and Bradbury (2012), divorcing couples are more likely to use negative communication and less support than those who stay together. The major stressor of

adding a child to the family is known to create situations in which these relationally eroding behaviors thrive.

Communication. Within the Circumplex Model, communication operates as a facilitating dimension because it allows family members to move within the dimensions of adaptability and cohesion (Olson et al., 1979). Olson and Gorall (1993) reported that positive communication behaviors such as self-disclosure, clarity, attentive listening, demonstration of empathy, and staying on topic facilitated adjustments in adaptability and cohesion.

The inability of a family to grow and change their behavior through adaptability and cohesion contributes to dysfunctional responses to environmental stressors. Schrodt (2005) found that family functioning was inversely related to perceptions of conflict avoidance and structural traditionalism (i.e., enforcement of traditional roles and societal expectations), while perceptions of family expressiveness, manifested through the free and open exchange of ideas and feelings, were positively associated with family functioning. Thus, exploring how a mother perceives her sense of fulfillment through her new role in both her personal and professional realms through her family's ability to adapt to the new stressor of a baby will likely enable a better understanding of outcomes in both her personal as well as professional realms.

Adaptability and cohesion describe how a family is able to function. New mothers face a changing identity when they have a baby (Arendell, 2000) that can be accompanied by more stress (Henderson et al., 2016), and a societal pressure to be a 'good mother' (Shelton & Johnson, 2006). How a new mother perceives the decision to delay childbearing as some form of personal fulfillment through motherhood may influence her adaptability and/or cohesion as a family unit as she works through the new stressor of a child (Olson, 2011). For working women who have children, workplace outcomes have been established. They typically face less job

satisfaction (Bering et al., 2018), while women typically report more affective commitment due to being in the workplace longer (Parasuraman & Nachman, 1987). Women who delay childbearing specifically typically have long-term workplace productivity (Landivar, 2017). These aspects of work, however, have yet to be examined in relation to family functioning. It may be that family functioning, through work-family enrichment (Greenhaus & Powell, 2006), helps new mothers who delayed childbearing to feel committed, happy, and productive. It may also be, however, that healthy family functioning stays within its own sphere and does not help a woman be successful in both work and family domains.

Previous research has also established the major transitions that can occur during the transition to parenthood including partner conflict due to changing roles (Newkirk et al., 2016), evolving ways of maintaining romance (Holmes et al., 2012), less leisure time available to couples (Claxton & Perry-Jenkins, 2008), and communicative changes for dual-earning couples (Holmes et al., 2012), all of which have influences on relational commitment and divorce proneness. Balanced levels of adaptability and cohesion may work to help women transition through a major life event at the birth of their child and influence their workplace and/or relational spheres (Holmes et al., 2012). This study worked to explore the relationship between personal fulfillment through motherhood on workplace outcomes (i.e., affective commitment, job satisfaction, and workplace productivity) and relational outcomes (i.e., commitment and divorce proneness) through family functioning (i.e., adaptability and cohesion). A conceptual model of all study variables is available in Appendix A.

Balanced levels of adaptability and cohesion, indicating healthy family functioning, may help a woman who feels fulfilled through motherhood to feel fulfilled within her workplace as well, which has not yet been explicitly studied. Alternatively, they may indicate that a new

mother who feels fulfilled through motherhood is focused exclusively on her family, and, thus, the fulfillment may not enrich her workplace sphere. To better understand the relationship between personal fulfillment through motherhood, work outcomes, and family functioning, the following research question was addressed:

RQ4: Will there be an indirect effect of personal fulfillment through motherhood on work outcomes (i.e., affective commitment, job satisfaction, and workplace productivity) through family functioning (i.e., adaptability and cohesion)?

While healthy family cohesion may help maintain a relationship (Olson, 2011), a new mother could feel pulled to focus specifically on her new baby and neglect her partner. Feeling a sense of personal fulfillment through motherhood allows a new mother to feel a newfound sense of purpose (Laney et al., 2014) and often feel a ‘double-edge’ to their new identity that includes both depression and conflicts but also a new identity and growth (Shelton & Johnson, 2006).

Previous research has also established that the transition to parenthood is associated with increased conflict (Bouchard et al., 2006; Doss et al., 2009) and lowered marital satisfaction for new mothers (Dew & Wilcox, 2011), as well as less sexual satisfaction and less sexual desire (Rosen et al., 2017), all factors that could influence her perception of cohesion within her family unit. Balanced levels of adaptability within the family could help the new mother adjust to her role in a way that is flexible and allows her to maintain her role as a wife (Olson, 2011), or family functioning through adaptability could cause a newly fulfilled mother to feel too many changes in her relationship, such as an unfair division of labor (Newkirk et al., 2016) and partner influence to one’s new role (Holmes et al., 2012), both of which are related to more commitment and less divorce proneness. To better understand this relationship, the following research question was addressed:

RQ5: Will there be an indirect effect of personal fulfillment through motherhood on relational outcomes (i.e., commitment and divorce proneness) through family functioning (i.e., adaptability and cohesion)?

CHAPTER II

Method

Participant Inclusion Criteria

Participants in this study were women who self-identified as having delayed childbearing. Inclusion criteria for study participation also included: (i) women who were between the ages of 30-45, (ii) women who were currently married to the child's biological father, (iii) women whose oldest child was no older than 5 years, (iv) women who were working when the child was born, (v) women who were currently working; and (vi) women who were part of a dual-earning household.

Participant Recruitment Procedures

After approval by the human subjects' committee (See Appendix B), recruitment for the study was executed through two processes. First, the survey was distributed using a referral system by students at a Midwestern state university. See Appendix C for Survey Informed Consent Form and Appendix D for the full survey. Students included in a departmental research pool were awarded extra credit points (less than 2% of total course points) for either completing the survey, if eligible, or referring someone who fit the research criteria. Students were made aware of this opportunity through emails, class announcements, and an online learning management system. If a student was interested in participating or referring a participant, they were sent a survey requesting the name and email of the participant as well as their name and course information so they could be assigned extra credit upon completion of the referral. The researcher emailed the survey to the referred participant. All identifying information (i.e., student names, participant emails) were kept in a separate file from study data. Upon completion of data collection, all students received course extra credit. Students referred eight participants in total.

Additionally, participation was recruited through social media. Both network and convenience sampling were utilized to garner survey data. First, a survey flier was posted on Facebook with the inclusion criteria clearly listed and network recruiting was utilized to share the flier. Additionally, the researcher also joined a multitude of Facebook groups and pages. The researcher joined 63 Facebook groups related to childbearing, working mothers, toddlers, and having children while over 35 years old and focused on groups that related to the study criteria through location (e.g., Tulsa Metro Working Moms; Working Moms of Greenville, NC), careers (e.g., Academic Mamas, Nurse Mom), and age (e.g., Pregnancy over 40; 35+ Moms). To work to expand the sample to include women of color, the researcher joined several groups focused on providing specific mothering support (e.g., Long Island Mocha Moms; Hispanic Mama) and general working mothers (e.g., Moms Helping Moms Business Network; Networking Moms; New Moms). Once applied to join the group/page, the researcher messaged the administrator of the page and requested they post the study recruitment flier. Because no survey question requested information about distribution, the exact number of people recruited through Facebook groups is unknown. Through this sampling technique, 674 responses were garnered. Including 8 student referrals, a total of 682 surveys were initially collected.

Participants recruited through all recruitment methods were supplied with a link that directed them to a secure website, Qualtrics, where they completed the survey questionnaire. Informed consent was obtained through a force-selection option on the first page of the online survey by which participants indicated consent or did not continue on to complete the survey. Participants had the option to cease participation at any time and could skip items if they chose not to respond. The survey took approximately 20 minutes to complete and included three attention checks throughout to ensure quality responses.

Participant Demographic Information

Of the 682 total surveys collected, 24 were not started, and thus removed. The survey began with 5 questions regarding inclusion criteria, so all participants who did not meet all criteria points were removed, excluding an additional 176 surveys. From the remaining 482 surveys, 157 additional surveys were removed as they were not completed and missing around 50% of data. From the 325 surveys, all participants who indicated they did not purposefully delay were removed.

After these removals, 276 surveys remained. From these 276 surveys, age outliers were removed (24 participants reported being under 30 years old and 2 reported being over 45 years old). After these participants were removed, the final data sample contained 250 complete surveys with participants indicating they delayed childbearing, were between the ages of 30-45, had an oldest child who was no more than 5 years old, married to the biological father of their child, were working when the child was born and were currently working, and were part of a dual-earning household.

Participants included 250 women who reported a mean age of 35 years old ($SD = 3.42$, age range = 30-45). The majority of participants identified as White/Caucasian (92%), with 4.4% identifying as Hispanic, 3.6% identifying as Asian, 2.4% identifying as Native American, 1.2% identifying as Other, 0.4% identifying as Black/African American, 0.8% identifying as Pacific Islander, and 0.4% who preferred not to answer. Participants were also asked about their religiosity. Five percent indicated they were extremely religious, while 17% indicated they were moderately religious. Additionally, participants reported being slightly religious (22%), neither religious nor unreligious (11%), slightly unreligious (4%), moderately unreligious (17%), and extremely unreligious (24%). In terms of education, one woman held a high school

diploma/GED, one completed a 2 year college degree, 15% completed a 4 year degree, 22% obtained a Master's degree, 49% held a doctoral degree, and 12% had professional degrees.

Among the sample, the women had been married an average of 7.5 years ($SD = 3.16$, range = 1-20), and a majority of the women (91%) had not been previously married. Ninety one percent of the sample were on their first marriage, while 8 (3.2%) had one previous marriage, 1 (0.4%) had been married twice previously, and 1 (0.4%) had been married 3 times previously. One hundred and forty-nine participants (59%) reported having one child living in the household, 93 (37.2%) reported having two children living in the household, and 8 (3.2%) reported three children living in the house. Of all the children living at home, 17% of children were under 1-year-old, 21% were 1-year-old, 28% were 2-years-old, 21% were 3-years-old, 19% were 4-years-old, and 17% were 5-years-old. Women reported an average "ideal number of children" to be 2.3 ($SD = 0.9$, range = 0-5), indicating their ideal number of children they wanted to have before they had their first child.

Participants also reported on their work environments. Women reported an average combined household income of \$145,000 ($SD = 53,803$, range = \$35,000-\$250,000), with the household breadwinner reported as 30% the participant, 28% her partner, and 41% both the participant and her partner. No participants reported that the primary breadwinner was 'another adult living in our house'. Additionally, the average individual compensation was reported as \$73,948 ($SD = 35,369$, range = \$5,000-\$200,000), as well as the average amount of months at the current company at 62 months (5 years) ($SD = 43$, range = 1-240 months) and average amount of months in the current position at 42 months (3.5 years) ($SD = 34$, range = 0-240 months). Women in this sample typically worked 43 hours a week ($SD = 10.35$, range = 10-100 hours) and held jobs in a variety of company types. Specifically, they reported working within

education (56%), as well as for-profit companies (12%), health care (11%), non-profit companies (10%), government (7%), other (2%), and self-employed (1%). Of the participants, 51% reported holding a mid-level organizational rank, while 28% reported holding an entry-level rank and 18% reported holding a senior-level organizational rank. All demographic data for participants appears in Table 1.

Measures

All test variables were created using average scores. Additionally, reliability scores (α), means, standard deviations, theoretical ranges, and observed ranges, and N scores for all measures can be found in Table 2.

Family functioning. Two subscales from Olson's Circumplex Scale (2006) were used to measure aspects of family functioning. Participants completed the subscales for balanced cohesion (7 items) and balanced flexibility (7 items). These scales measure the emotional connection among family members and their ability to respond to stressors, respectively. Both subscales were measured using a 5-point Likert scale where 1 = *Strongly Disagree* and 5 = *Strongly Agree*. Higher scores indicate greater and healthier levels of cohesion and flexibility. Sample items from these subscales include "Family members feel very close to each other" (cohesion) and "We have clear rules and roles in our family" (flexibility). The cohesion subscale demonstrated reliability ($\alpha = .82$) with scores averaging 4.5 ($SD = .51$), as did the flexibility subscale ($\alpha = .73$, $M = 3.96$, $SD = .62$)

Workplace outcomes. Three elements of workplace outcomes were assessed: affective commitment, job satisfaction, and workplace productivity. The 8-item affective commitment scale developed by Allen and Meyer (1990) was used to measure affective commitment in the workplace. The scale measures employees' emotional attachment to, identification with, and

involvement in an organization. A sample item includes “I do not feel ‘emotionally attached’ to this organization.” Items were measured using a 7-point Likert scale where 1 = *Strongly Disagree* and 7 = *Strongly Agree*, with higher scores reflecting greater affective commitment to the organization. The scale reported a reliable consistency of $\alpha = .84$ ($M = 4.78$, $SD = 1.12$).

Spector’s (1985) job satisfaction survey measures an individual’s satisfaction of their job. The 36-item survey includes nine subscales which explore pay, promotion, supervision, benefits, contingent rewards, operating procedures, co-workers, nature of work, and communication. Sample items from the subscales include: “I feel I am being paid a fair amount for the work I do” (pay); “Those who do well on the job stand a fair chance of being promoted” (promotion); “My supervisor is quite competent in doing his/her job” (supervision); “The benefits we receive are as good as most other organizations offer” (benefits); “When I do a good job, I receive the recognition for it that I should receive” (contingent rewards); “My efforts to do a good job are seldom blocked by red tape” (operating procedures); “I like the people I work with” (co-workers); “I like doing the things I do at work” (nature of work); “Communication seems good within the organization” (communication). All items were measured using a 7-point Likert scale where 1 = *Strongly Disagree* and 7 = *Strongly Agree*, with higher scores indicating greater satisfaction with work. Participants also had the option to choose ‘*Not Applicable.*’ Cronbach’s alpha reported high reliability at .93 ($M = 4.65$, $SD = .94$).

Finally, Endicott’s (1997) work productivity scale was used as it examines attitudes and behaviors that affect work performance and efficiency. The scale includes four subscales which assess attendance (i.e., absenteeism and time on task), quality of work, performance capacity, and person factors (i.e., social, mental, physical, and emotional). Sample items include, “Arrive at work late or leave work early” (attendance), “Had to do a job over because you made a

mistake or your supervisor told you to do a job over” (quality of work), “Find you have forgotten to call someone” (performance capacity), and “Find it difficult to concentrate on the task at hand” (person factors). Items were answered using a 7-point Likert scale where 1 = *Not Frequently* and 4 = *Very Frequently*, with an option to choose ‘*Not Applicable.*’ Higher scores reflecting less frequent work performance and productivity. Cronbach’s alpha reported at .89 ($M = 3.5, SD = .35$).

Relational outcomes. Two elements of relational outcomes were assessed: commitment and divorce proneness. Commitment was evaluated using Stanley and Markman’s (1992) commitment inventory. The dedication subscale has been revised by Stanley and proven reliable in other research (e.g., Rhoades, Stanley, & Markman, 2010). Sample items include “I want this relationship to stay strong no matter what rough times we encounter” and “It makes me feel good to sacrifice for my partner.” Items were answered on a 7-point Likert scale, where 1 = *Strongly Disagree* and 7 = *Strongly Agree* where higher scores indicate greater commitment. The measure demonstrated reliability ($\alpha = .81$) ($M = 5.77, SD = .75$).

A modified version of the divorce proneness scale (Edwards, Johnson, & Booth, 1987) was administered to examine divorce proneness. This 8-item scale measures the extent to which people think about divorce and terminating their relationship. Sample items include, “Has the thought of getting a divorce ever crossed your mind?” or “How often have you talked with family members, friends, clergy, counselors, or social workers about problems in your marriage?” Participants were asked the extent to which they have thought about each statement by choosing *None at all, A little, A moderate amount, A lot, or A great deal*. Cronbach’s alpha indicated reliability at .73 ($M = 1.95, SD = .50$).

Parenthood life changes. Two scales were used to assess parenthood life changes. First,

a scale adapted from Schlesinger and Schlesinger's (1989) qualitative study exploring 'postponed parenthood' was used to determine reasons women may have delayed childbearing. Sample items include "My partner was not ready" and "I did not feel I was able to deal with the stress of parenthood." Participants were first asked to rank on a sliding scale where 0 = *didn't influence at all* and 100 = *greatly influenced* the extent to which each item factored into their decision to have a baby. Next, participants were asked to choose from all 18 options and rank their top three reasons to delay. They also had the option to choose 'other' and write in their own reason for delay.

Additionally, a specific type of parenthood life changes, personal fulfillment through motherhood, was assessed using a subscale from Lampic et al.'s (2006) Swedish fertility awareness questionnaire. The overall scale assessed perceived life changes in connection with becoming a parent. The 3-item subscale used within this study examined a woman's perception of feeling personally fulfilled through becoming a mother. Formation of this sub-scale is detailed below in the Factor Analysis section. Items include "I am doing the thing that is the meaning of life," "We became a 'real family'," and "I feel 'complete' as a woman." Items were answered using a 7-point Likert scale where 1 = *Strongly Disagree* and 7 = *Strongly Agree*. Higher scores reflect greater perceived personal fulfillment through motherhood. Cronbach's alpha for the newly created sub-scale was .73 ($M = 4.12$, $SD = 1.46$).

Analytic Strategy

Factor analysis. The original Lampic et al. (2006) measure the scale examining included 16, but upon further investigation, the scale included several items that were similar to additional study variables. For example, some of the items appeared similar to items that were used in other measures assessing work outcomes and relational outcomes. To investigate any potential

overlap, the parenthood outcomes scale was examined through an exploratory factor analysis. This method of analysis was used to help understand the relationships between variables by examining their underlying constructs (Leech, Barrett, & Morgan, 2014). The Kaiser-Meyer-Olkin measure of sampling adequacy was .7, indicating sufficient items for each factor (Leech et al., 2014), and Bartlett's test of sphericity was significant ($\chi^2(120) = 767.67, p < .001$). The parenthood outcomes scale, using oblimin rotations, loaded into five factors. Two factors clearly indicated relational and workplace groupings through two items representing each factor (i.e., "I feel strains on my relationship with my partner," "I have a stronger relationship with my partner," "I have less time to devote to work and a career," "I have a lower status on the job market"), and thus all four items were eliminated from the scale to ensure a distinct variable. Three items did not load above .3 on any factor, and were also eliminated (i.e., "I have new interests in life," "I have less financial freedom," "I have more contact with my close family"). After these eliminations, three factors remained and included a total of 9 items.

After running a scale reliability that resulted in a low score as well as considering the face validity of the remaining items, five additional items were removed (i.e., "I have developed as a person," "I have given and received more love," "I have another view on what is important," "I have less time for my own interests," "I have less freedom"). The last item to be removed had factor loadings between .3 and .4 on two factors (i.e., "Everyday life is more enjoyable"). After the removal of these items, the final scale included three items (i.e., "I am doing the thing that is the meaning of life," "We became a 'real family,'" and "I feel 'complete' as a woman") and reported a reliability of .73. When considering what these items focus on, they are all examining personal fulfillment through motherhood, thus, this new sub-scale was titled Personal Fulfillment through Motherhood where higher scores indicated more fulfillment. The factor loading matrix

for this scale is presented in Table 3. Exploratory factor analyses were then conducted using the newly-created sub-scale and all additional study scales, and there no major concerns for cross-loadings were detected.

Methods of analyses utilized. Listwise deletion, or the process of “discarding any case which is missing a measurement on the variable(s)” (Myers, 2011, p. 4), can cause a significant amount of missing data. To prevent against significant missing data for this study, mean imputation was utilized as an alternative strategy (Myers, 2011). Prior to data analysis, the data set was scanned for missing data. One hundred and twenty two participants had at least one response missing from the Job Satisfaction and Workplace Productivity scales. One hundred and nineteen people were missing less than 13% of the data for each scale, thus, their mean score was imputed for any missing data. For two participants, more than 25% of the score for the Job Satisfaction scale was missing, and for one of those same participants, more than 25% of the Workplace Productivity scale was missing. The data for these two people was not imputed and, therefore, was not included in analyses including these scales. All other scale results include 250 participants.

Two methods were used to analyze the data. First, research questions 1-3 take an exploratory approach to the research topic, and thus utilized frequency analyses and descriptive statistics. Next, simple mediation models (Hayes, 2018) were used to analyze research questions 4 and 5.

Research questions 1-3 utilized descriptive statistics, as well as frequency analyses. Research questions four and five examined indirect effects. To examine research questions 4 and 5, simple mediation analyses were conducted. More specifically, a bootstrapped mediation analysis using the PROCESS (v3.3) model 4 macro (Hayes, 2012) was utilized to examine the

indirect effects. According to Hayes (2018), “bootstrapping is used to generate an empirically derived representation of the sampling distribution of the indirect effect” (p. 98). This resampling strategy allowed the study sample to be treated as a broader representation of the population from which it was collected (Preacher, Rucker, & Hayes, 2007), and resulted in a test with a higher power along with a larger n (Hayes, 2018). Confidence intervals are often “asymmetric in accordance with the skewness of the sampling distribution” (Preacher et al., 2007, p. 191) due to the inability to determine symmetry from the sampling distribution. Bias-correction or bias-correction with acceleration can help to improve percentage-based confidence intervals by adjusting the ordinal positions of the upper and lower bounds of the confidence interval (Preacher et al., 2007). A bias-corrected bootstrapping procedure was used to generate 95% confidence intervals surrounding the indirect effects. A confidence interval that excludes zero denoted significance. Both research questions 4 and 5 controlled for the following variables in their analyses: relationship length, number of past marriages, education level of participant, parental educational level, religiosity, and household income. All covariates were run as continuous variables, excluding number of past marriages, which was run as a categorical variable. These variables were chosen because past research has already established their relationships to family functioning (Schrodt, 2005), as well as relational (Doss et al., 2009; Mitnick et al., 2009; Rusbult, 1983) and work outcomes (Amudeo-Dorantes & Kimmel, 2005) and this study worked to isolate any effects that emerged due to the family functioning variables.

Research question 4 examined whether there was an indirect effect of personal fulfillment through motherhood (X) on work outcomes (i.e., affective commitment, job satisfaction, and workplace productivity) (Y), through family functioning (i.e., adaptability and cohesion) (M), using 6 models to account for all variables. Research question 5 utilized 4 models to examine

whether there was an indirect effect of personal fulfillment through motherhood (X) on relational outcomes (i.e., commitment and divorce proneness) (Y) through family functioning (i.e., adaptability and cohesion) (M).

CHAPTER III

Results

As part of preliminary analysis, Pearson product-moment correlations were used to assess the relationships among all test variables. There were significant positive relationships between personal fulfillment through motherhood and commitment, adaptability and cohesion, commitment and cohesion, and commitment and adaptability. There were also significant positive relationships between job satisfaction and cohesion, work productivity and cohesion, job satisfaction and adaptability, work productivity and adaptability, commitment and affective commitment, commitment and work productivity, and job satisfaction and work productivity. Finally, there were significant negative relationships between divorce proneness and adaptability, divorce proneness and cohesion, divorce proneness and commitment, and divorce proneness and work productivity (see Table 4 for a correlation matrix of all major study variables).

Research Question 1

Research question one examined ‘the decision to delay childbearing’ for women over the age of 30 years old. Participants were asked questions indicating the length of time they delayed having a child, their age at the time of their first birth, and if they felt any regret in the decision to delay when they had their first child. Participants reported the age at which they tried for their first pregnancy to range from 24-43 ($M = 31.5$, $SD = 3.29$). Additionally, participants indicated it took them an average of 9 months to conceive ($SD = 11.22$) once they decided to have a child. The time of conception ranged from 0 months (immediate conception) to 6 years. A question asking participants how many months they were actively trying to prevent getting pregnant gave a scale with options from 0 months to 122 months (10 years). Thirty-eight participants reported the maximum option (122 months), indicating they may have tried to prevent pregnancy longer

than the scale timeline allowed them to choose. Overall, participants reported an average of 5.9 years of intentional delay ($SD = 38.29$ months) with a range of 0 to 122 months of delay. Participants were also asked to think about the age at which they started actively trying to conceive their first child, and, with that age in mind, indicate if they felt ‘no regret,’ ‘a slight amount of regret,’ ‘a moderate amount of regret,’ or ‘a lot of regret.’ Three (1.2%) participants reported feeling ‘a lot of regret,’ 12 (4.8%) participants reported feeling ‘a moderate amount of regret,’ 63 (25.1%) indicated feeling ‘a slight amount of regret,’ and 172 (68.5%) indicated that they felt ‘no regret’ about the age at which they started trying to conceive.

Finally, when responding to a question asking how many children participants ideally wanted to have before conceiving their first child, they reported an average of 2.3 children ($SD = 1$) with a range of 0-5. Participants were also asked how many additional children they planned to have. Fifty-two percent reported that they wanted no additional children, while 91 (36.3%) reported wanting one additional child, 19 (7.6%) reported wanting two additional children, 3 (1.2%) reported wanting three additional children, 1 (0.4%) reported wanting 5 additional children, and 7 (2.8%) did not respond. Overall, results for this research question suggests that women who are choosing to delay childbearing generally delay for around 6 years once they meet their partner, do not regret their decision, and only have one child.

Research Question 2

The second research question examined the reasons why women delay childbearing. Participants were given 17 options, including: I felt my ‘biological clock’ was ticking; My partner was not ready; My partner and I did not live in the same place; My partner and I chose to delay together; I want to see my children grow up; I want to experience grandchildren; I was concerned with lowered fertility associated with later childbearing; I wanted to be able to

identify with my children's friends' parents; I did not feel I was able to deal with the stress of parenthood; I wanted to develop a stable marriage before introducing a child; I wanted to be a mature adult; I had access to affordable childcare; I wanted to be financially stable before having a child; I wanted to pursue higher education; I wanted to develop my career; I had maternity leave available to me; I had support (e.g., family members, community services, friends); and a space to fill in 'other' reasons. Participants were asked to rank order their top three reasons to have their first baby when they did. This question was phrased in this way because all participants were required to have actively chosen to delay childbearing to be part of the study's sample. Of the participants, 40 (16%) chose 'I wanted to pursue higher education' as their most important reason to delay. The second most frequent reason chosen was 'chose to delay with partner' (15.5%), with 38 participants who indicated this reason was the most important reason to delay. For the number one second choice for most important reason to have their baby when they did for women who delayed childbearing, 42 (16.7%) participants reported 'I wanted to develop financial security before having a child,' and 47 (18.7%) reported 'I wanted to develop financial security before having a child' as the number one third choice for most important reason to have their baby when they did for women who delayed childbearing. For both the number one second and third choice, the second-most popular response was 'develop career' with 37 (14.8%) responses each time (see Table 5 for all results). Participants also included 'other' reasons that influenced when they decided to have their baby when they did, which included all of the following: 'had health insurance,' 'wanted to finish at least one year of work,' 'was concerned with developmental concerns of later fertility of father,' 'job security,' 'more stable life,' 'promotion,' 'wanted to be in a house, not apartment,' 'wasn't sure if I even wanted children,' 'we both decided to see if it was still possible,' 'we were genuinely not decided on

children until we were over 30,' 'we wanted to develop my husband's career also,' 'wanted to have tenure,' 'wanted to own a home,' 'wanted to get a job with maternity leave,' 'spouse's mental health,' 'partner where he wanted to be in his career,' 'our family felt ready for a child,' 'needed a partner to have them with,' 'my partner wanted to have children,' 'my husband was laid off,' 'I wanted to be married before I conceived,' 'I wanted job security separate from financial security,' 'I had chronic health concerns,' 'I felt it was time,' and 'I had fertility issues.' Overall, results for research question 2 indicated there was no one driving factor or reason women chose to delay childbearing, but rather reasons that included both personal and professional goals.

Research Question 3

The third research question examined factors that may influence women in their decision to delay childbearing. For each of the 17 items listed above, participants also scored them on a scale from 0-100 where 0 = didn't influence participant's decision at all and 100 = completely influenced a participant who delayed childbearing's decision to have her first baby when she did. Participants' mean scores reflected the top influencing factors to be, first, 'I wanted to develop my career' ($M = 72, SD = 29$), with the second most influential factors tied between 'I wanted to pursue higher education' ($M = 71, SD = 36$), and 'I wanted to be financially stable before having a child' ($M = 71, SD = 30$). In addition to the top influencing factors, participants who delayed childbearing indicated that the following items had an influence of over 50% on their decision to have their first child when they did: 'biological clock' ticking,' 'choosing to delay with partner,' 'wanting to develop a stable relationship first,' 'concern with lowered fertility,' 'wanting to be a mature adult,' and 'having maternity leave available.' Full results indicating the influencing factors to the decision to have a child at that time (e.g., 0% influence; under 50% influence; 50% and above influence) can be found in Table 6.

To assess the relationships between factors that may influence women in their decision to delay childbearing and their age, Pearson product-moment correlations were used. As can be seen in Table 7, there were several positive and negative significant relationships among the variables and the woman's age. First, age was significantly and positively correlated with 'feeling one's biological clock' was ticking' ($r = .17, p < .01$), and 'one's partner not being ready' ($r = .24, p < .01$). Additionally, age had significant negative correlations to 'my partner and I chose to delay together' ($r = -.20, p < .01$), 'I want to experience grandchildren' ($r = -.15, p < .05$), 'I wanted to be able to identify with my children's friends' parents' ($r = -.17, p < .05$), 'I wanted to develop a stable marriage before introducing a child' ($r = -.19, p < .01$), 'I wanted to be a mature adult' ($r = -.15, p < .01$), 'I had access to affordable childcare' ($r = -.17, p < .05$), and 'I had support' ($r = -.29, p < .01$).

Finally, Pearson product-moment correlations were used to examine the relationships between the time it took to conceive and factors influencing the decision to have a baby. From this analysis, the following items were significantly negatively correlated with the time it took from deciding to try for a baby to conception: 'My partner and I chose to delay together' ($r = -.21, p < .01$), 'I wanted to be a mature adult' ($r = -.14, p < .05$), 'I wanted to be financially stable before having a child' ($r = -.15, p < .05$), 'I wanted to pursue higher education' ($r = -.15, p < .05$), and 'I wanted to develop my career' ($r = -.13, p < .05$). Full results, including nonsignificant results, can be seen on Table 7.

Research question 3 found that women were most influenced to delay childbearing by work factors, although both personal and professional factors were both considered major influences on their decision to delay childbearing. Additionally, both age and time to conception were significantly correlated with both personal and professional factors.

Hypothesis 1

Hypothesis one predicted that there would be a positive association between personal fulfillment through motherhood and workplace outcomes (i.e., affective commitment, job satisfaction, and workplace productivity). Pearson product-moment correlations were used to assess the relationships among these variables. As can be seen in Table 4, there were no significant relationships among personal fulfillment through motherhood and workplace outcomes (i.e., affective commitment, job satisfaction, and workplace productivity). Thus, hypothesis one was not supported.

Research Question 4

Research question four utilized a simple mediation model examining the relationship between personal fulfillment through motherhood as the predictor variable, family functioning (i.e., adaptability and cohesion) as the mediator, and work outcomes (i.e., affective commitment, job satisfaction, and workplace productivity) as the dependent variables. Overall, six bootstrapped mediation analyses were run to test each possible combination of the independent variable, mediators, and dependent variables. Specifically, 5,000 random samples of the original data using bootstrapping were generated along with a 95% bias-corrected bootstrap confidence interval. Additionally, v3.3 of PROCESS calculates R^2 for the indirect effect, which follows Cohen's (1988) guidelines for estimates of size for squared correlation coefficients (.01 = small, .09 = medium, and .25 = large), so this information is included for research question 4, as well for research question 5. All unstandardized indirect effects for research question four and five can be found in Tables 8 and 9, respectively.

Analysis 1. For the first simple mediation analysis, the independent variable was personal fulfillment through motherhood, the mediator was cohesion, and the dependent variable was job

satisfaction, which resulted in a non-significant indirect effect. The total effect for the analysis was also not significant ($B = -.06$, $CI = -.14, .023$). There was one significant direct effect. Cohesion was significantly positively associated with job satisfaction ($B = .25$, $p < .05$) (see Figure 1 for full results). There was no significant direct association between personal fulfillment through motherhood and cohesion or personal fulfillment through motherhood and job satisfaction.

Analysis 2. The second simple mediation analysis mirrored the first, but replaced the dependent variable with workplace productivity. As can be seen in Figure 2, there was a significant positive direct association between cohesion and work productivity ($B = .005$, $p < .05$). There was no significant direct association between personal fulfillment through motherhood and workplace productivity or personal fulfillment through motherhood and cohesion. The indirect effect of personal fulfillment through motherhood on workplace productivity through cohesion was not significant, and the total effect was not significant as well ($B = .004$, $CI = -.03, .04$).

Analysis 3. The third simple mediation analysis tested the dependent variable with another work outcome, affective commitment. Figure 3 reflects the lack of any significant direct relationships as well as the lack of a significant indirect effect. The total effect was also not significant ($B = -.05$, $CI = -.15, .05$).

Analysis 4. The fourth simple mediation analysis examined personal fulfillment through motherhood as the independent variable, adaptability as the mediator, and job satisfaction as the dependent variable, which resulted in a non-significant indirect effect. There was one significant direct effect. Adaptability was significantly positively associated with job satisfaction ($B = .24$, $p < .05$) (see Figure 4 for full results). There was no significant direct association between personal

fulfillment through motherhood and adaptability or between personal fulfillment through motherhood and job satisfaction. The total effect was also not significant ($B = -.06$, $CI = -.14$, $.02$).

Analysis 5. The fifth simple mediation analysis examined personal fulfillment through motherhood as the independent variable, adaptability as the mediator, and workplace productivity as the dependent variable. Reflected in Figure 5, there were no significant direct effects, nor was there a significant indirect effect. The total effect was not significant ($B = .004$, $CI = -.03$, $.04$).

Analysis 6. The sixth and final simple mediation analysis exploring research question four examined personal fulfillment through motherhood as the independent variable, adaptability as the mediator, and affective commitment to the workplace as the dependent variable. There was one significant positive direct association between adaptability and affective commitment ($B = .02$, $p < .05$). There was no significant indirect effect (See Figure 6 for full results). The total effect was also not significant ($B = .004$, $CI = -.03$, $.04$).

Research question four utilized a simple mediation model and examined the relationship between personal fulfillment through motherhood, family functioning (i.e., adaptability and cohesion), and work outcomes (i.e., affective commitment, job satisfaction, and workplace productivity). This question found a significant relationship between cohesion and job satisfaction as well as cohesion and workplace productivity, indicating that the more a woman felt her family was cohesive, the more she felt satisfied with and productive in her workplace. There were also significant relationships between adaptability and job satisfaction as well as adaptability and affective commitment, suggesting the more a woman perceives her family to be flexible and able to adapt to stressors, the more she felt satisfied with her job and committed to

her organization. Neither cohesion nor adaptability functioned as significant mediators between personal fulfillment through motherhood and any workplace outcomes (i.e., affective commitment, job satisfaction, and workplace productivity).

Hypothesis 2

Hypothesis one posited that there would be a positive association between personal fulfillment through motherhood and relational outcomes (i.e., commitment and divorce proneness). Specifically, it posited that there would be a significant positive relationship between personal fulfillment through motherhood and commitment and a significant negative relationship between personal fulfillment through motherhood and divorce proneness. Pearson product-moment correlations were used to assess the relationships among these variables. As can be seen in Table 4, there was a significant positive relationship among personal fulfillment through motherhood and commitment. Specifically, women who perceive feeling fulfilled through becoming a mother are more likely to report feeling committed to their partner ($r = .13, p < .05$). There was no significant relationship between personal fulfillment through motherhood and divorce proneness. Thus, hypothesis two was only partially supported as only one significant finding emerged.

Research Question 5

Research question five also utilized simple mediation models, specifically examining the relationships between personal fulfillment through motherhood as the predictor, family functioning (i.e., adaptability and cohesion) as the mediator, and relational outcomes (i.e., commitment and divorce proneness) as the model outcomes. Overall, 4 bootstrapped mediation analyses were run.

Analysis 1. The first simple mediation analysis examining research question 5 utilized personal fulfillment through motherhood as the independent variable, adaptability as the mediator, and commitment as the dependent variable. As can be seen in Figure 7, participants reported a significant positive direct association between adaptability and commitment ($B = .64, p < .001$). The direct association between personal fulfillment through motherhood and commitment was significant and positive ($B = .06, p < .05$). The indirect effect of personal fulfillment through motherhood on commitment through adaptability was not significant, nor was the total effect ($B = .08, CI = -.02, .15$).

Analysis 2. The second simple mediation analysis examined personal fulfillment through motherhood as the independent variable, adaptability as the mediator, and divorce proneness as the dependent variable. Figure 8 illustrates the significant negative direct association between adaptability and divorce proneness ($B = -.39, p < .001$). Overall, the indirect effect of personal fulfillment through motherhood on divorce proneness through adaptability was not significant, nor was the total effect ($B = -.02, CI = -.04, .06$).

Analysis 3. The third simple mediation analysis examined personal fulfillment through motherhood as the independent variable, cohesion as the mediator, and commitment as the dependent variable. There was a significant positive direct association between cohesion and commitment ($B = .71, p < .001$) as well as a significant positive direct association between personal fulfillment through motherhood and commitment ($B = .06, p < .05$). The indirect effect of personal fulfillment through motherhood on commitment through cohesion was not significant, nor was the total effect ($B = .08, CI = -.02, .15$).

Analysis 4. The final simple mediation analysis examining research question five tested personal fulfillment through motherhood as the independent variable, cohesion as the mediator,

and divorce proneness as the dependent variable. There was a significant negative direct association between cohesion and divorce proneness ($B = -.42, p < .001$) as well as a nonsignificant indirect effect of personal fulfillment through motherhood on divorce proneness through cohesion (see Figure 10). The total effect was also not significant ($B = .02, CI = -.03, .06$).

Overall, research question five examined the relationships between personal fulfillment through motherhood, family functioning (i.e., adaptability and cohesion), and relational outcomes (i.e., commitment and divorce proneness) and found a positive significant relationship between both adaptability and cohesion and commitment as well as a negative significant relationship between adaptability and cohesion and divorce proneness. While there were no indirect effects of personal fulfillment through motherhood on either commitment or divorce proneness through family functioning, the significant direct relationships indicate that families who are balanced within both cohesion and adaptability are more likely to be committed and less likely to get divorced.

Post-Hoc Analyses

A post-hoc analysis was run to further investigate the top reasons women reported delaying childbearing. Sixteen percent of participants chose ‘I wanted to pursue higher education’ as their most important reason to delay. A large majority of participants in this study indicated that they held a post-graduate degree (e.g., M.A., Ph.D., or professional degree), so a post-hoc analysis was run to explore education and career choices. A crosstab calculation found that of the 210 (83%) women with postgraduate degrees in the sample, 138 (55%) indicated their organization to be ‘Education.’ Further examination of the data revealed that of participants who

indicated their organization to be 'Education,' 85% of these women also wrote in their specific career title as one within higher education (i.e., assistant professor).

Additionally, independent samples t-test analyses were conducted comparing the differences between women working in academia and women working outside academia, as this appeared to be a defining difference within the sample. Seventeen women who indicated their career field to be 'education' but did not explicitly list their job title as one within higher education (i.e., teacher, librarian) were grouped within the 'women working outside academia' group for the purposes of this analysis, which totaled 127 members, leaving 123 women within the 'working in academia' group. This analysis revealed significant differences between a few factors. First, there was a significant difference between the influence of wanting to be able to identify with their child's friends' parents on when they chose to have their baby. Specifically, non-academics reported this factor to have an average of 19% influence on their decision to delay, while academics reported it to have, on average, 13% influence on their decision to delay childbearing. Additionally, non-academics reported wanting to develop financial security as more influential than academic women (on average, 75% versus 65% influence on their decision), while non-academic women also indicated more influence on their decision to have their baby when they did based on wanting to develop a stable relationship first (on average, 64%) compared to academic women (on average, 47%). There was also a significant difference between the two groups when comparing the availability of maternity leave and support, both of which were more influential, on average, to non-academic mothers than academic mothers. Non-academic mothers indicated an average of 59% influence regarding maternity leave and an average of 48% influence regarding general support, while academic mothers reported an average of 41% and 31% influence on their decisions, respectively. Finally, non-academic

mothers reported more of an influence regarding being a mature adult as an influence on the decision to have her child when she did (an average of 57%) compared to academic mothers (an average of 44%). There were no additional significant differences between academic and non-academic in factors that influenced the timing of their childbirth (See Table 10 for full results).

CHAPTER IV

Discussion

This study was designed to gain a better understanding of the relationships among delaying childbearing, perceptions of personal fulfillment through motherhood, family functioning, as well as work and relational outcomes. Specifically, three research questions explored the decision, reasons, and influential factors surrounding delayed childbearing. Two hypotheses and two additional research questions explored the relationships between personal fulfillment through motherhood, family functioning, and work and relational outcomes among women who identified as having delayed childbearing. The results indicated some significant relationships surrounding these relationships.

Delayed Childbearing

This study examined what delayed childbearing looks like for women over the age of 30. Participants indicated several general commonalities. First, the 250 participants noted that it took them an average of 9 months since planning to have a baby to actually conceive, although the time varied from immediate conception to 6 years of trying to conceive. These results suggest that getting older is associated with longer time frame until conception occurs, which is supported by past research (Schmidt et al., 2011). Next, participants indicated they were actively trying to prevent getting pregnant for an average of 5.9 years (with 39 participants choosing the maximum time option on the survey item), which is also consistent with the national trend of a general delay in childbearing for women over the age of 30, noted by Mathews and Hamilton (2016), which indicated that women aged 30-35 at the time of their first birth increased 4.5% from 2000 to 2014, while women over the age of 35 at the time of their first birth increased 1.7% from 2000 to 2014. Additionally, participants were asked if they felt regret about the age at which they first began actively trying to conceive and a majority of participants (68.5%)

indicated they felt ‘no regret’ about their age when they started trying to conceive, which was reported by the participants to be, on average, 31 years old. Since a large majority of participants did not regret their decision to wait to have a child, the delay may well have allowed them access to more resources and overall higher wages in the workplace (Landivar, 2017).

Finally, participants were asked how many children they ideally wanted to have before conceiving their first child and how many additional children they planned to have. The participants reported their ideal number of children (before ever conceiving) to be, on average, two children with a range of 0-5. Additionally, a majority of the women (51%) reported wanting no additional children, while 36% reported wanting one additional child, after they had given birth to their first child. The discrepancy of the ideal versus actual number of children born may be attributed to a number of factors. The life changes implicit with parenthood, the family functioning of the new triad, the work outcomes of the women, or simply the young age of the first child may have influenced why the women did not want, or did not currently have, an additional child. Overall, the decision to delay for women over 30 is not a one-size-fits-all equation, but rather a specific decision made individually for each woman as it best fits her context.

The wide range of responses indicates the lack of agreement with one of the traditional American narratives, that women should have children at a young (but not too young) age. Just as the definition of ‘family’ has been intentionally expanded to include adoptive, same-sex, blended, and extended families, so too must the understanding of ‘family’ extend to include these women’s experiences of delayed childbearing. Participants’ responses indicate these decisions were purposeful and they do not regret them, so it is in the best interest of general family dynamics, as well as work environments, to provide support rather than judgment for the

decision to delay. Cooke et al. (2012) found that United Kingdom women did not feel they had control over the timing of their childbearing due to their financial stability (among other factors), but this study indicates that American women did not feel regret about their delay or the number of children they actually have, although they did consider financial stability as an important reason to delay (see below). The number of women who are choosing to delay having children is steadily increasing (Mathews & Hamilton, 2016), so this trend could remain consistent in foreseeable decades.

Next, this study examined the top reasons women reported delaying childbearing. Sixteen percent of participants chose 'I wanted to pursue higher education' as their most important reason to delay. A large majority of participants in this study indicated that they held a post-graduate degree (e.g., M.A., Ph.D., or professional degree). A post-hoc analysis indicated that large majority of participants held an advanced degree and worked within academia, which is consistent with current research that reported pursuing higher education as an important reason to delay for women within academia (Kemkes-Grottenhaler, 2003; Lampic et al., 2006).

The number one second choice for most important reason to delay (16.7%) indicated developing financial security, while the third choice for most important reason to delay (18.7%) also indicated developing financial security. These reasons for delaying childbearing speak to current research on wage increases for women who delay (Amuedo-Dorantes & Kimmel, 2005, Landivar, 2017) as well as more positive work outcomes in general for those women (Landivar, 2017). These reasons why women choose to delay childbearing also support work-family enrichment theory (Greenhaus & Powell, 2006). The reasons women are choosing to delay childbearing may point to instrumental pathways, or resources gained in one role that promote higher performance in another role (Carlson et al., 2006). Indeed, financial security through

one's career has clear implications for the ability to be a better provider for one's child (i.e., diapers, daycare). Not only does financial security as a reason to delay support work-family enrichment theory, so too does the desire for women to pursue a postgraduate degree. While a terminal degree is a necessity for a career in academia, which could function as an instrumental pathway, a postgraduate degree could potentially also function as an affective pathway, or one in which positive emotions indirectly facilitate functioning and performance in another role (Carlson et al., 2006). The expertise and dedication required to complete a graduate program could create a more positive sense of self as a woman transitioned into a new role as a mother. It is also important to note that the most important reasons to delay indicated by participants are nowhere near a majority of the sample. These low numbers indicate the top reasons to delay are not consistent among the majority of the sample, highlighting the personal and individual nature of the decision to have a child for each woman.

Factors that may influence women in their decision to delay childbearing were also examined in this study. For each of the items used to determine top reasons to delay, participants were also asked to rate if/how the item didn't influence their decision at all or if the item completely influenced their decision to delay childbearing. From these ratings of influence, participants indicated the top influencing factors to include developing their career, pursuing higher education, and being financially stable before having a child. These findings are in agreement with current research on women in academia who need to achieve an advanced degree to hold their job position (Kemkes-Grottenhaler, 2003; Svanberg et al, 2006), and support work-family enrichment theory (Greenhaus & Powell, 2006). Specifically, the top factors influencing the decision to have a child focused on outcomes within the professional sphere. Additional factors focused on concerns with lowered fertility and one's partner living in another location,

which also support the instrumental pathways detailed in work-family enrichment theory. Both personal and professional reasons for delaying childbearing were noted, which highlights how instrumental pathways to enhance resources in one role (i.e., developing one's career) can benefit another role (i.e., having a baby) (Carlson et al., 2006). This study also supports extant research, which focuses on populations outside the United States, as applied to a population of working mothers within the U.S. This data is consistent with a growing national trend that indicates that women are waiting to have children until they are more financially stable, since their income contributes significantly to the overall economic well-being of the family (Joint Economic Committee, 2015). The lack of a clear 'winning' influential factor indicates that for women having children in the U.S., there is no one clear reason to choose the best time for childbearing. In a post-hoc analysis examining and differences in influential factors for women within and outside academia, several factors were significantly different for the two groups, including wanting to develop a stable relationship, wanting to be a mature adult, wanting to have financial security, having maternity leave available, having support available, and being able to identify with the child's friends' parents. The desire to identify with her child's friends' parents was significantly more important to non-academic women, although the influence percentage for both groups was lower than 20%, meaning this factor was not critically important to their decisions to delay childbearing. This was the only factor out of the six where both groups reported this to be less than 20% influential on their decision to delay childbearing. For the other significant factors, women outside academia rated the factors as more important to their decision to delay childbearing than women working within academia. These consistent differences in perceived influence include both relational as well as workplace factors and may be reflective of a more flexible workplace environment for women in academia.

The lack of a clear influential factor for delayed childbearing could be attributed to several major trends. Worth considering is the typical experience of young adults as they make their way to childbearing years. In 2016, the Pew Research Center reported that, for the first time in 130 years, more American adults aged 18-34 are living with their parents than with a romantic partner (e.g., 32.1% parents; 31.6% married/cohabitating) (Fry, 2016). Additionally, more people face student loan debt, as 16.8 million Americans under 30 in 2017 owe some amount of student debt (Friedman, 2019), and in 2012, only 58% of students have earned a degree after 6 years (Shapiro et al., 2018). All of these people are taking more time to establish their careers, their finances, become mature adults, and develop meaningful relationships, which, in turn, could push back the time at which they feel comfortable starting a family.

The difficulties of functioning as a successful working mother are well established in academic research (Kanji & Cahusac, 2015; Ladge & Greenberg, 2015; Tichenor, 2005) as well as many popular culture artifacts, including books and films [e.g., *I Don't Know How She Does It* (2011)]. Watching family members, friends, colleagues, and supervisors navigate this dual-role scenario may have influenced women to wait until the time that felt right to them. The assumed need to have a child quickly may not be true of this study's population. Other methods of creating a family (e.g., adoption, fostering, older parents, friends) have become more prevalent in the last few decades (Braithwaite et al., 2010), so the more these alternative narratives are presented, the more normalized they become.

Finally, the lack of one clear influencing factor could reflect a general change in the landscape of the American family. Extant research indicates that people are getting married later, couples are having more children out of wedlock, and families consist of more single parents than occurred in previous generations (Teachman, Tedrow, & Crowder, 2000). In the same way

that divorce was considered taboo 30 years ago, it is not nearly as stigmatized today (Braver & Lamb, 2013), delayed childbearing may be reaching a less-stigmatized conceptualization within the general American public.

Participants also indicated that the following items had an influence of over 50% on their decision to delay, in addition to the top influencing factors: ‘biological clock’ ticking; choosing to delay with partner, wanting to develop a stable relationship first, concern with lowered fertility, wanting to be a mature adult, and having maternity leave available. Notably, these reasons combine both personal, relational, and work influences, which highlights the intertwined nature of being a working mother; the working mother role cannot function as only personal or only professional, but rather exists all at once as both spheres influence the decision to have a child in the first place. These additional reasons also support work-family enrichment theory in their focus on both personal and professional outcomes (Greenhaus & Powell, 2006). Buzzanell et al. (2005) note that the ‘good working mother’ typically reframes her experiences to allow both roles to function simultaneously, but does so in a way that creates an inequitable work load, and generally expects herself to enjoy the role in a very tentative and fragile new identity. Buzzanell et al. (2005) highlight the importance of the woman’s potential need to revise this new role and further research needed on the emotional toll this effort takes on the new mother. Participants in this study are functionally creating their new identities by making choices that include both personal and professional goals, but may need additional help in learning to balance these roles in the long term.

This study also examined the relationship between the factors that may influence the decision to delay childbearing and the age of participants. Age had significant positive correlations to the feeling of the ‘biological clock’ ticking and one’s partner not being ready for a

child, meaning the older the woman was, the more she felt a biological pressure to have a child, and the more she felt her partner as not ready for a child. As has been established in past research, the feeling of a ‘need’ to have a child can increase with age (Easton, Confer, Goetz, & Buzz, 2010). The lack of partner readiness may operate independently from one’s biological need to have a child due to their lack of a narrower window of fertility (Harris, Fronczak, Roth, & Meacham, 2011), but since all participants reported having at least one child, it appears their partner’s wants were superseded by their own. The ‘other’ (i.e., needed medical assistance to conceive; didn’t want to wait any longer; wanted to develop husband’s career) option was also significantly positively correlated, but the individual responses highlight the nuanced, personal nature of this topic.

Age was also significantly negatively correlated with several reasons to delay, including choosing to delay with one’s partner, experiencing grandchildren, identifying with one’s children’s friends’ parents, developing a stable relationship before having a child, being a mature adult, having access to affordable childcare, and having support. These results indicate that the older the woman at the time of her first childbirth, the less she and her partner chose to delay and the less they were concerned with being grandparents or being friends with their children’s friends’ parents. Additionally, the older the woman at the time of the first childbirth, the less she was concerned with being a mature adult and having a stable relationship at the time of the child’s birth, the less they were concerned with access to childcare, and the less they were concerned with having support from others. Several of these reasons are supported by past research (see Cox et al., 1999; Doss et al., 2009; Landivar, 2017; McMahon et al., 2011).

First, the lack of choosing to delay with one’s partner may suggest that the decision to delay was no longer present when the child was born— an intentional choice was made to try for

it, and therefore any delay may be attributed to difficulty with conception, rather than intentional delay efforts. The lack of concern with extended relationships (i.e., potential grandchildren and friends) may be influenced by the specific focus on conceiving a child. It is negligible to be concerned with peripheral relationships when the one factor, a baby, is first required for them to exist. Since the couples had been married an average of 5 years and were over the age of 30, the lack of concern with being a ‘mature adult’ and developing a stable relationship makes sense because they may have already considered themselves to be mature adults and in stable relationships. Finally, the lack of concern for support and childcare is supported by the assumed increase in wages garnered from the delay in childbearing (Landivar, 2017).

Another factor that may influence women in their decision to delay childbearing was examined as part of this study: the time it took to conceive. In examining this relationship, the time to conception was significantly negatively correlated with several reasons to delay, including choosing to delay with one’s partner, being a mature adult, being financially stable, pursuing higher education, and developing one’s career, meaning the longer it took couples to conceive, the less they were concerned with the above reasons. These reasons indicate that several reasons that were rated as highly important reasons to delay became significantly less important the longer it took to conceive a child. These items also indicate that women are considering a more strategic life plan as they consider the timing of motherhood (Benzies et al., 2006, and considering their personal and professional roles concurrently (Greenhaus & Powell, 2006). Additionally, since women are aging as they wait to conceive, it makes sense that several items are repeated as significant for both the age and time to conception relationships.

Overall, the results of these research questions addressed in this study highlight several important repercussions for working women in the United States who choose to delay

childbearing. Most importantly, there is no one overwhelming response to any question examining reasons to delay childbearing from the participants of this study. This points to a need of a more nuanced understanding of how complex having a child really is to a woman, her career, her relationships, her finances, and her identity. It is also important to note that there is no one right answer to any of the questions surrounding delayed childbearing, which is not always how this topic is portrayed in contemporary society. To provide the best support for these women, the topic needs to be addressed holistically. For example, focusing only on personal or professional outcomes would be helpful, but would not address the issue in its entirety. Creating policy and awareness surrounding motherhood in every aspect is the only way women will feel truly supported. There was no one single barrier to childbearing indicated in this study, but rather a variety depending on the individual's own perceptions, wants, and life circumstances.

The top reasons women delayed suggested that financial security and higher education achievement were important. These two reasons are highly related, as more access to higher education frequently indicates a higher gross salary (Jerrim & Macmillan, 2015). This consideration indicates that American women are very cognizant of everything that truly goes into having a child, including cost and commitments, like childcare and time. Participants in this research may have a unique perspective as they are older, and perhaps, wiser with their money. Since they have already experienced major financial decisions such as purchasing a house and/or car or creating a retirement plan, they may be more aware of the costs, where a younger person may not be aware to the additional costs a child really entails.

A few outcomes of this study indicate additional factors that need further examination. Specifically, participants indicated that the major influencing factors focused on lowered fertility due to age, making sure the relationship was secure before introducing a child, developing the

career and finances, and having maternity leave available. If a purposeful dialogue surrounding the existence and momentum of both personal and professional spheres were a more normal part of the everyday workplace, it appears that several of these major influences (e.g., developing their career, having maternity leave available, being financially stable) relating to delay could be eliminated.

For example, Tracy and Rivera (2009) found that working men who created policies and whose wives worked were more likely to create more family-friendly, flexible policies and expected their daughters to work, whereas men whose wives stayed at home were more likely to downplay the importance of family policies and expected their daughters to stay at home as well. Their study points out the far-reaching implications of the people in positions of power as well. Research has also clearly established the relationship between breastfeeding women's satisfaction in the workplace and their managers' understanding and explicit support of breastfeeding spaces and breaks (Anderson et al., 2015; Chang, Rowe, & Gopy, 2014; Stewart-Glenn, 2008). Understanding how these 'personal' issues play into larger 'professional' settings is important for people with children, but also for people in general. This dialogue exploring the personal and professional is relevant to everyone who may need some form of personal leave, or may need some form of accommodation (temporary or permanent) in the workplace. Creating a workplace culture that allows for a more nuanced dialogue of personal and professional is necessary in helping people feel like their needs are important.

The lack of concern surrounding support also indicates a concerning trend—the loneliness of the American mother. More and more, new mothers are siloed and expected to be everything for their new babies and expected to not depend on outside support (Ruthven, Buchanan, & Jardine, 2018). The lack of mandated paid maternity leave, state-provided after-

care nurses, state-provided home lactation consultations, etc., which are normalized in European countries, are not a cultural norm in the United States (Cheng, Fowles, & Walker, 2006). Cheng et al. (2006) note that postpartum care is critical for the physical and psychosocial well-being of the mother, as well as the baby. New mothers are frequently living where they may have support provided by friends, family, etc., but are not aware of the signs or severity of postpartum depression. It may be that new mothers do not know what they are missing, and therefore are not concerned with the support they may do well to have. Furthermore, many women within academia face an additional hurdle, as they are required to move cross-country for a tenure-track position, which could require them to leave extended family and established support networks. In addition to exploring how women perceived various factors surrounding the decision to delay childbearing, personal fulfillment through motherhood and its relationships with several work and relational outcomes were also examined.

Personal Fulfillment through Motherhood

Hypotheses one and two examined the effects of personal fulfillment through motherhood on work and relational outcomes. Specifically, hypothesis one posited a significant positive relationship between personal fulfillment through motherhood and work outcomes (i.e., affective commitment, job satisfaction, and workplace productivity). This hypothesis was not supported, as personal fulfillment had no significant relationship with any workplace outcome. This finding implies that fulfillment through motherhood is not related to workplace outcomes, which does not support work-family enrichment (Greenhaus & Powell, 2006). It may be that a woman's sense of wholeness creates more benefits internally (i.e., well-being, quality of life), and does not necessarily relate to tangible outcomes like work productivity, which is supported

by Laney et al.'s (2014) findings specifically reporting on women in academia. Alternatively, her sense of fulfillment from becoming a mother is independent from her feelings about work.

Relatedly, hypothesis two examined if there was a significant positive relationship between personal fulfillment through motherhood and relational outcomes (i.e., commitment and divorce proneness). Specifically, it examined if there was a positive relationship between personal fulfillment through motherhood and commitment and a negative relationship between personal fulfillment through motherhood and divorce proneness.

Hypothesis two was partially supported, as there was a significant, positive relationship between personal fulfillment through motherhood and commitment. This finding is supported by past research, which indicates that some women have an increase in marital satisfaction after the birth of her first child (Doss et al., 2009; Shapiro et al., 2000). An item within the personal fulfillment through motherhood scale examined the idea of being a 'real family,' which, in definitions within past literature, includes a child (Segrin & Flora, 2011). A new mother's commitment to her new family may be influenced by feeling connected to and willing to sacrifice for them. It may be that for these new mothers, commitment to one's partner implicitly begins to include commitment to one's family as a system, not just as a dyad. There was no significant negative relationship between personal fulfillment through motherhood and divorce proneness. The lack of support for any significant relationship between these variables could reflect a division in a new mother's conceptualization of her new role and fulfillment within it and her romantic relationship. Alternatively, the lack of a significant relationship could be attributed to the context surrounding the birth. The woman and her partner made a conscious decision to try for a child and were older at the time of their marriage (Thorton & Young-DeMarco, 2001), so they may have a self-selection bias where divorce proneness is not as

relevant to them. Previous research has also established negative association between divorce proneness and educational attainment (Heaton, 2002), which speaks to the highly educated sample within this study. In addition to exploring personal fulfillment through motherhood and its relationships with work and relational outcomes, this study also examined the role of family functioning and several work and relational outcomes.

The Role of Family Functioning

To better understand the role of family functioning and the decision to delay childbearing, this study also examined the relationships between personal fulfillment through motherhood, family functioning (i.e., adaptability and cohesion), workplace outcomes (i.e., affective commitment, job satisfaction, and work productivity), and relational outcomes (i.e., commitment and divorce proneness). Several significant findings emerged, although there were no significant indirect effects between personal fulfillment through parenthood and any workplace or relational outcomes through family functioning.

Workplace outcomes.

Cohesion. For two analyses within this research question, there were significant, positive relationships between cohesion and job satisfaction as well as cohesion and workplace productivity. Specifically, the more a woman felt cohesion within her family, the more she felt satisfied and productive at her job.

The strong cohesion needed to keep a family functioning with a new baby through involvement and closeness may function with a spillover effect, leading the positive outcomes in the family to be reflected in the workplace as well. Greenhaus and Powell's (2006) theory of work-family enrichment posits that experiences in one role improve the overall quality in the other role. For example, a person with children who is skilled in conflict resolution at home can

use those same skills in the workplace. This spillover of family-to-work could help explain how a woman still feels productive in and happy at her job, especially if her home environment feels cohesive, supportive, and involved. The emotional support and bonding with her husband is present, and she may be comfortable working because she knows her child is well cared for in her family, allowing her to continue to focus on her career and workplace.

The lack of a significant relationship between cohesion and affective commitment could be related to the less tangible nature of affective commitment as a construct. For a new mother, she could easily see the outcome of her work productivity and could quickly feel her satisfaction within her organization. Since she is facing many new roles and responsibilities as a new working mother, she may not yet have a sense of her commitment to her organization. Alternatively, her commitment to her new ‘complete’ family may be greater while there is no change within her organization.

There was also no significant relationship between personal fulfillment through motherhood and cohesion. For women within academia, Laney et al. (2014) found that participants felt a sense a fulfillment through motherhood by developing parts of themselves that they otherwise would not have realized. These participants also reported a new perspective on the world, emotional expansion, and overall personal growth. Alternatively, balanced cohesion within the family focuses on family members being close to each other and involved in each other’s lives. It may be that the elements within cohesion are focused on the way a family interacts as a system (Olson & Gorall, 2003), while personal fulfillment through motherhood is examining a woman’s individual sense of self.

When considering cohesion as a mediating factor, no significant findings emerged for any of the workplace outcomes (i.e., affective commitment, job satisfaction, or workplace

productivity). The lack of any significant indirect effects may indicate that the construct of personal fulfillment through motherhood is examining the woman's sense of self rather than her perception of how having a child changed her role within her family as a unit. Cohesion within family functioning focuses on feeling supported and involved with the family and requires examination of more than the self to be able to determine if a family is functioning in a healthy way (Olson & Gorall, 2003), so the lack of a relationship between the two suggests a divide between the self-identity and identity within a family system.

The lack of significant findings on cohesion as a potential mediator does provide some insight into the implications of a woman's perception of personal fulfillment through motherhood and her workplace outcomes. That a woman's sense of self and ability to feel personal fulfillment within her new role as a mother speaks to the importance of allowing her to maintain her own identity in a time of identity change (Arendell, 2000). While bonding and establishing a new family unit are important outcomes, so too is a woman's maintained sense of self. It may be that the women within this study's sample have already established their identities outside of mothering as women and professionals and as partners in such a way that their sense of fulfillment through motherhood stayed bracketed to inform their identity rather than their sense of family as a system. Additionally, there may not be a significant indirect effect of personal outcomes via motherhood on workplace outcomes through family functioning because the women in this sample are already fulfilled in their careers. Women in academia face more hidden work (Probert, 2005) and more difficulty publishing when they become mothers (Krapf et al., 2017), so to maintain her established identity within the workplace, organizations can work to show explicit support to new parents. For example, mandated, paid, extended family leave would allow the woman to work through her new identity role as a mother. This family support,

in turn, could benefit the workplace as well. Support could also be shown by the workplace by allowing employees flex time to work around their new schedules as well as creating spaces for lactation rooms. Additionally, as noted in previous research, it is critical that people in positions of power know the policies and work to enact and support them (Anderson et al., 2015; Kirby & Krone, 2003). This explicit show of support could help a woman maintain her already established roles that fulfill her as her new role as a mother begins to fit into her identity.

An additional implication falls on the communication within the workplace. Because a new mother is facing a major identity shift, maintaining organizational norms would be helpful in sustaining her identity as a professional, which could help mitigate feeling inviable as her own person (Shelton & Johnson, 2006). For example, work role balance, mentoring, and perception of departmental fit are important to women in academia's job satisfaction (Webbers & Rogers, 2018), so working to utilize strategic planning meetings to cover the first year of her work and make explicitly clear expectations for everyone could help reduce colleague resentment for needing to take up some of her workload (Kirby & Krone, 2003) as well as make clear her productivity requirements so the expectations of all parties are transparent. Working to create positive and effective communication would also benefit the new parents by allowing them to continue creating a cohesive family in a healthy, functional way. Overall, it is critical that the workplace be understanding when families are in any kind of major transition, including children, but also including caring for elderly parents, deaths, divorces, etc., as these all potentially create changes in identity. This finding suggests a woman's identity as a new mother and fulfillment from that new identity may not supersede her already-established identities, and therefore that organizations would benefit from helping her to maintain her professional identity.

Adaptability. The relationship between personal fulfillment through motherhood and workplace outcomes were also examined using another family functioning variable to help explore this relationship. Adaptability had no significant relationship to personal fulfillment through motherhood but was significantly positively associated with job satisfaction as well as affective commitment. The lack of significant relationship between personal fulfillment through motherhood and adaptability could be explained by the systemic nature of adaptability. Balanced adaptability focuses on how a family work through change through new way of problem-solving, rules, and roles (Olson, 2011). Comparatively, personal fulfillment through motherhood is examining the changing identity of an individual member of that family (Arendell, 2000), which could explain the lack of relationship.

Participants indicated that the more they felt adaptable within their families, the more they were satisfied at work and the more they were committed to their organizations. Adaptability is high when families are able to respond effectively to stressors as they occur (Olson & Gorall, 2003). That the relationships are significantly positive points to a looser family structure that functions with a healthy level of flexibility (Olson, 2011). This level of adaptability could be established due to the fact that participants made an active choice to initiate a major change in their established family structure (on average 5 years for this study's sample) by having a child. Since the family made a choice to stop delaying and have a child, they may feel ready to take on the new roles and responsibilities of parenthood. This is similar to Laney et al. (2014), who noted that women in academia reported feeling a sense of growth and identity negotiation after having a child. The current study adds to this by deepening our understanding of family functioning and its effects on workplace outcomes. This finding implies that adaptable dual-earning families could be more likely to be successful in their workplaces, and could apply

more specifically to academic women, as they make up a majority of this study's sample. The compromising, shifting household responsibilities, as well as equal leadership associated with adaptable families (Olson & Gorall, 2009), could easily spill over into the workplace and help explain these phenomena. As noted earlier, the theory of work-family enrichment (Greenhaus & Powell, 2006) posits that experiences in one role (i.e., family) improve the quality of life in the other role (i.e., work). Through this lens, then, the ability to be flexible and embrace the changes associated with a new baby could positively enhance the work environment using those same skills, even to the point of feeling happier in and more attached to the workplace. Affective commitment has been found to increase the longer a person works at their career (Parasuraman & Nachman, 1987). Fifty-nine percent of this study's sample has been in her position for longer than two years, so a maintained sense of workplace commitment is not unlikely. Additionally, affective commitment may also be a reason why participants chose to pursue parenthood; if they did not feel they could continue working in their current job, why would they stay at that organization and/or try to have a baby? The significant direct effect of adaptability and affective commitment also speaks to the possibility of clear rules and roles within both the family and the organization. Since the participants indicated that they were at their organizations for several years, their organizational roles are presumably well-established (Van Maanen & Schein, 1979). In the same way, the family that is adapting to new parenthood outcomes is experiencing adaptability in the home, which could help influence the established roles at work (e.g., scheduling day differently; accommodating lactation interruptions). Additionally, workers feel a sense of pride – they enjoy discussing their workplace with people outside the organization. These findings indicate that organizations should help families work through the transition of having a baby because a positive transition that includes adaptability within the family allows the

woman to maintain a sense of belonging at her workplace. Essentially, the more a family is able to work through the changes of having a baby in a flexible, adaptable way, the better off the woman will be in the workplace. For example, organizations could provide flex time, even on a temporary basis, as the mother is transitioning back to work, while the family adjusts to new ways of dealing with the additional family member. For women in academia, departments could provide modified duties in which new mothers are not required to teach, but instead develop a course or conduct research so their full-time status is not interrupted.

There were no indirect effects of personal fulfillment through motherhood on any workplace outcome through adaptability. As was the case for indirect effects examining cohesion, these null findings could be related to the personal, individual nature of the personal fulfillment through motherhood. Adaptability within a family system works to create new rules and roles during times of stress (Olson & Gorall, 2003). Because this study's sample chose intentionally to try to have a baby and took, on average, 9 months to conceive, it may be that their family already moved through a major stressor in making the decision to try to conceive, which changed how their family adapted to the new baby, rather than feeling stress upon learning of an unplanned pregnancy. The lack of a significant indirect effect of personal fulfillment through motherhood on job satisfaction through adaptability could point to past research, as Holtzman and Glass (1999) found that women often experience lower job satisfaction after having a child. This study, however, did not find a significant negative relationship, rather, there was no significance. It could be that these workplace variables are not related to the family's adaptability as the focus of each falls within a different realm (i.e., personal versus professional). These findings contradict work-family enrichment theory (Greenhaus & Powell, 2006), but may provide additional insight into how a woman is conceptualizing and potentially segmenting her

identity as she transitions into a new role as a working mother. In addition to examining personal fulfillment through motherhood, family functioning, and workplace outcomes, this study also examined relational outcomes.

Relational outcomes. Cohesion had a direct relationship with both commitment and divorce proneness, but no significant indirect effects of personal fulfillment through motherhood on relational outcomes through commitment. The following section explores this in detail.

Cohesion. A cohesive family is one that is involved, feels close, consults each other, and spends time together. Comparatively, commitment is measured by items that indicate a team between the participant and her partner and the relationship being the most important thing to the participant, as well as creating a strong identity as a couple. As general satisfaction typically drops at the introduction of a baby (Doss et al., 2009), this finding suggests that couples have a more positive outcome on commitment the more cohesive the couple is. Additionally, this finding is supported by past research, which indicates that commitment is imperative to couple functioning and stability (Impett et al., 2001; Stanley & Markman, 1992).

Cohesion also had a significant direct effect with divorce proneness. Namely, the more participants perceived their emotional bonding to increase, the less they reported being prone to divorce. While outcomes of parenthood have been studied extensively (e.g., Doss et al., 2009, Holmes et al., 2012), this finding suggests that within the context of delayed childbearing in dual-earning households, cohesion within the family helps maintain a healthy relationship that is less likely to end in divorce. Additionally, cohesion may act as a buffer to the perception that the relationship is in trouble or that initiating the relationship was a bad decision. The lack of any significant indirect effect between personal fulfillment through motherhood and commitment or divorce proneness through cohesion may speak to the individual-level identity that fulfillment

may create, in contrast to a system focus that would be created by cohesion and both relational outcomes.

These findings have several implications. First, they add to our understanding of the relational benefits of a cohesive family on two variables that have not been previously examined. Past research has examined marital satisfaction (see Shapiro et al., 2000) extensively. Although commitment and satisfaction are operationally different variables, when people typically think about relationships, they think about happiness. This finding highlights that there are other components of relational longevity that are equally important and useful in explaining different aspects of marital relationships, namely relational commitment. Additionally, they highlight the potential benefits of making the choice to procreate and being married for, on average, 5 years before introducing a child into the family. Even at a difficult time for new parents, staying close to and supportive of one's partner through communicative acts helps the dyadic relationship stay the course of the new familial addition. Couples who choose to delay also have the opportunity to develop a more stable and supportive communicative environment for each other as they work through the transition to parenthood. Those who delay are more likely to stay together long-term (Heidemann, Suhomlinova, & O'Rand, 1998), potentially due to the emotional bonds they were able to develop while faced with adversity. Notably, since communication is the facilitator for balanced cohesion, these couples who delay childbearing are communicating well with each other.

Adaptability. Adaptability was also examined in conjunction with the relational outcomes. Like cohesion, adaptability had significant direct effects with both outcome variables and no significant indirect effects. First, there was a significant direct effect between adaptability and commitment. As noted in previous literature, flexible families work toward a relationship

that will stay strong no matter what and adjust as stressors occur, and committed couples believe that relationship issues are able to be resolved and fixed (Amato & DeBoer, 2001). Maintained commitment through a flexible family structure would be critical to maintaining a healthy relationship, which is consistent with past literature that talks about healthy levels of family functioning and how they increase their flexibility with the onset of a child (Olson & Gorall, 2006). This finding is particularly notable when considering the sample of this study.

Participants included well-educated women who worked in academia as well as participants who were married, on average, for 5 years before the introduction of a child and are part of a dual-earner household. Items examining adaptability focus on shared leadership, clear rules and roles, and trying new ways of dealing with problems, while items examining commitment highlight the relationship as part of one's future plans and wanting the relationship to stay strong regardless of tough times. The alignment between these adaptability and commitment items could be even more important for couples who have established roles within their personal relationships as well as professional relationships, but have also established rules and roles for how those two spheres operate simultaneously while still considering the continued marital relationship. Essentially, couples who were both working and married for half a decade before becoming parents have the opportunity to grow together and create healthy communication for both their commitment to and flexibility within their relationship.

Next, there was a significant direct effect between adaptability and divorce proneness. This finding, too, is supported by past literature. Families that are able to 'go with the flow' and adapt to a new child may feel less stress and marital distress, and therefore may feel less inclined to want a divorce. Rogers and DeBoer (2001) found that the likelihood of divorce for dual-earning couples was indirectly lowered because women's marital happiness increased with her

increase in income. Divorce proneness also has a negative association with educational attainment (Heaton, 2002), and a majority of this sample held a graduate degree. This research study adds to our understanding of divorce proneness by explicitly examining it as a variable as well as suggesting the importance of communication as a preventative action since it is the mechanism through which flexibility is portrayed. This finding is notable because previous research has established increases in negativity, conflict, and problem intensity (Doss et al., 2009) for parents, so this study's sample reflects parents who are able to work through changes associated with parenthood well and communicate effectively to each other and therefore less likely to want to end the relationship. For example, explicitly articulating new roles in household labor tasks associated with the new baby could help avoid perceptions of unfairness, and therefore less conflict and less perceived unfairness.

The lack of any significant indirect effects between personal fulfillment through motherhood and commitment or divorce proneness through adaptability may indicate that a new mother's sense of fulfillment in her role as a mother is more relevant to her sense of individual identity than her new role within the family (Laney et al., 2014), which is a key concept within adaptability. Alternatively, since the decision to have a child was a conscious choice, the sense of fulfillment may already have become part of the woman's identity rather than appearing at the same time she found out she was pregnant or upon giving birth.

These findings indicate important implications for new parents. First, it is important for new parents to actively support, encourage, and focus on their family unit after the birth of their first child. New mothers face the biggest decline in marital satisfaction one year after giving birth (Shapiro et al., 2000), so it is important to continue to operate as a flexible family unit, even after the immediate birth has passed. Additionally, these findings suggest that the participants of this

study have higher levels of communication competence. While communication as the influencer of change was not examined in this study, it is implicitly present as the facilitating dimension for both adaptability and cohesion. The families within this study are able to function at healthy levels during a major life change. It is important to note, however, that the study's design is cross-sectional and cannot verify if participants' levels of family functioning increased or decreased as a function of having a child. This will be discussed further in the section exploring limitations and future directions.

An additional implication of this study is the specific population. Since the study population represents dual-earning households, the findings highlight the potentially different roles held by each person and the adaptive nature of their relationship. This implies that both people in a dual-earning family would need to adjust their rules and leadership in order for the family to function. These roles could change in several ways. First, women could take on more nurturing and childcare roles while men could take on more breadwinner roles (or vice versa). Additionally, while extant research has established the household labor differential between men and women, it is important to remember that the perception of equity is more important than truly unequal task assignments (Braun, Lewin-Epstein, Stier, & Baumgartner, 2008). Since both members of the household are working, their roles could change so that fathers are contributing more household labor than before. Alternatively, the roles could change so women are working even more to cover the labor created by the baby, which frequently contributes to conflict (Newkirk et al., 2016). The lack of divorce proneness for this sample may indicate that as parenthood occurred, their flexibility as a family allowed both members to divide household labor in a more equal way that maintained their healthy family functioning. Finally, it could be that the longer time frame between marriage and the child's birth, as well as the active decision

to stop delaying childbearing, may have benefits for these relational outcomes as well (Heidemann, Suhomlinova, & O’Rand, 1998).

This study’s population also includes a large number of women working in academia who hold a graduate degree. When considering this population, these findings indicate that these women do not frequently integrate their work and family roles. It may be that the hierarchical structure of academia prevents women from feeling like they are able to be both a mother and a professional at the same time, as many universities do not even allow children on campus. More holistically, it is important for universities to consider the benefits of an employee feeling fulfilled within her family role (Greenhaus & Powell, 2006) so she may be able to enrich her career as well as her identity as a mother.

Theoretical Implications to the Circumplex Model of Family Functioning

In examining perceptions of personal fulfillment through motherhood, family functioning, and work and relational outcomes, the present study adds to our understanding of the Circumplex Model of Family Functioning in a few ways. The Circumplex Model is used to study the health of a family through adaptability and cohesion. The study extends what is already known by applying this model to an additional family type (i.e., dual-earners, married for, on average, 5 years before childbearing, between 30-45). This speaks to the robustness of adaptability and cohesion within the family system and how family functioning works for all different types of families. Additionally, this study increases our understanding of the importance of healthy family functioning and its association to other realms of a mother’s life. More specifically, it speaks to the ability of family experiences to influence above and beyond the family and into the professional realm.

Limitations and Future Directions

There are a several limitations and future directions in this study. First, this research was cross-sectional, meaning that the causation of the associations and relationships found in the study are unknown. Future research could examine couples who delay childbearing longitudinally. The Circumplex Model notes that it is common for families to bounce around to different levels of both cohesion and adaptability during the course of their lifespans (Olson & Gorall, 2003). This study found that both cohesion and adaptability were significantly correlated with some work outcomes (e.g., job satisfaction, work productivity, affective commitment) and all relational outcomes (e.g., commitment and divorce proneness). Future work could study this phenomenon longitudinally to examine potential changes in workplace and relational outcomes as the family evolves with a growing baby or babies. This longitudinal research could help identify if the big change of a new baby strengthens or weakens these relationships, or if those relationships would remain constant for a woman who chooses not to delay having children and consequently is younger in age.

Within this sample, there were a large number of participants who were educated past a Bachelor's degree and who worked in academia. While this sample is worth examining, future research should establish if there are variations between this study's relationships and a woman's profession and education level as well as incorporating a sample who does not self-identify as mostly white, heterosexual, Americans with high socio-economic statuses. Additionally, in examining the relational outcomes of this study, commitment was operationalized as dedication commitment. While dedication commitment measures the desire to invest in and improve on a relationship, constraint commitment is operationalized as constraints that keep a couple together whether they want to be together or not (Stanley & Markman, 1992). It may be that couples who are having children at older ages feel more social pressure to stay together or that they perceive

fewer structural commitments (i.e., financial burdens) due to their established careers. To foster a better understanding of commitment in general, a replication of this study examining constraint commitment as well as dedication commitment could help explain the nuances in commitment's findings within the present study.

Within the study survey, a few limitations were presented. First, items asking participants to indicate both the length of time they actively delayed pregnancy and their annual household income had an unusually large number of participants choose the highest possible length of time/income amount, which suggests that the slider scale option did not allow the full range of responses to be recorded. Future research should allow participants to enter open-ended responses to fully capture this data. Since participant responses were constrained due to the specific range from which they were able to select, open-ended responses would allow participants to report their responses with no limitations. Additionally, while it asked the age of the woman, the present study failed to ask the age of her romantic partner. That the romantic partner could potentially be significantly younger or older than the woman could change the impetus of her responses. For example, a couple with one established career and one career that is just beginning may face different finances than a couple with two established careers. Additionally, the partner's age may be a major influencing factor to the decision delay childbearing.

Finally, participants in this study yielded significant direct relationships between family functioning, relational outcomes, and some workplace outcomes. As noted previously, these family functioning dimensions occur through communication. Future research could provide more insight into the specific tactics used by couples who are communicating well at the transition to parenthood. Specifically, future studies could explore daily mediated partner

messages to determine any best practices for healthy family functioning (e.g., texting, Facetime), or they could examine how couples engage in other aspects of communication, like their e.g., conflict resolution, dyadic coping) and how these affect transitions that are oftentimes stressful, like having a child.

Conclusion

The current study extends literature surrounding reasons and influences on women who chose to delay childbearing as well as perceptions of personal fulfillment through motherhood, family functioning, and work and relational outcomes. First, women's decisions to delay childbearing indicated a variety of reasons and influences that encompasses both personal and professional reasons, highlighting the personal nature of the decision to have a family. In line with previous research exploring family functioning, these findings suggest that families who choose to delay childbearing and are dual-earners are adaptive and cohesive help mitigate the changes associated with parenthood for both work and relational outcomes. Therefore, it is critical that the implications of these findings help people realize that families having children need support from many directions, including personal as well as professional realms.

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Table 1

Descriptive Statistics

Variable	(n) Percentage
Age	
30	(10) 4%
31	(18) 7.2%
32	(17) 6.8%
33	(31) 12.4%
34	(27) 10.8%
35	(35) 13.9%
36	(24) 9.6%
37	(21) 8.4%
38	(18) 7.2%
39	(12) 4.8%
40	(10) 4%
41	(11) 4.4%
42	(6) 2.4%
43	(5) 2%
44	(3) 1.2%
45	(2) .8%
Race/ethnicity	
White/Caucasian	(230) 92%
Black/African American	(1) 0.4%
Hispanic	(11) 4.4%
Asian	(9) 3.6%
Native American	(6) 2.4%
Pacific Islander	(2) 0.8%
Other	(3) 1.2%
Preferred not to answer	(1) 0.4%
Education	
Less than high school	(0) 0%
High school diploma/GED	(1) 0.4%
Some college	(0) 0%
2 year college degree	(1) 0.4%
4 year college degree	(39) 15.5%
Master's degree	(55) 22%
Doctoral degree	(124) 49.4%
Professional degree (e.g., JD, MD)	(30) 12%
Religiosity	
Extremely unreligious	(60) 23.9%
Moderately unreligious	(42) 16.7%
Slightly unreligious	(10) 4%
Neither religious nor unreligious	(28) 11.2%

Slightly religious	(55) 21.9%
Moderately religious	(43) 17.2%
Extremely religious	(12) 4.8%
Marriage length	
0-5 years	(71) 28.3%
6-10 years	(141) 56.2%
11+ years	(38) 15.2%
Marriage status	
First marriage	(228) 91.2%
1 Previous marriage	(8) 3.2%
2 Previous marriages	(1) 0.4%
3 Previous marriages	(1) 0.4%
Number of children living in household	
1	(149) 59.4%
2	(93) 37.2%
3	(8) 3.2%
Ages of all children living in household	
Under 1 year old	(43) 17.2%
1 year old	(52) 20.8%
2 years old	(71) 28.4%
3 years old	(53) 21.2%
4 years old	(47) 18.8%
5 years old	(44) 17.6%
Ideal number of children	
0	(7) 2.8%
1	(21) 8.4%
2	(142) 56.6%
3	(53) 21.2%
4	(23) 9.2%
5	(4) 1.6%
Primary breadwinner	
Me	(75) 29.9%
My partner	(71) 28.4%
Both my partner and me	(104) 41.4%
Another adult living in our house	(0) 0%
Combined household income	
Under \$25,000	(0) 0%
\$25,000-\$49,999	(1) 0.4%
\$50,000-\$74,999	(9) 3.6%
\$75,000-\$99,999	(38) 15.2%
\$100,000-\$124,999	(57) 22.8%
\$125,000-\$149,999	(39) 15.6%
\$150,000-\$174,999	(38) 15.2%
\$175,000-\$199,999	(14) 5.6%
\$200,000-\$224,999	(24) 9.6%
\$225,000-\$224,999	(8) 3.2%

\$250,000+	(21) 8.4%
No income reported	(1) 0.4%
Individual compensation	
Under \$25,000	(10) 4%
\$25,000-50,000	(37) 14.8%
\$50,000-\$74,999	(108) 43.2%
\$75,000-\$99,999	(51) 20.4%
\$100,000-\$124,999	(23) 9.2%
\$125,000-\$149,999	(9) 3.6%
\$150,000-\$174,999	(4) 1.6%
\$175,000-\$199,999	(2) 0.8%
\$200,000-\$224,999	(5) 2%
\$225,000-\$249,999	(0) 0%
\$250,000+	(0) 0%
No income reported	(1) 0.4%
Months with current company	
0-6	(12) 4.8%
7-12	(16) 6.4%
13-24	(24) 9.6%
25-36	(31) 12.4%
37-48	(23) 9.2%
49-60	(34) 13.5%
61-120	(91) 36.4%
121-180	(15) 6%
181-240	(3) 1.2%
No response provided	(1) .4%
Months in current position	
0-6	(18) 7.2%
7-12	(33) 13.5%
13-24	(42) 17%
25-36	(45) 18%
37-48	(23) 9.2%
49-60	(25) 10%
61-120	(56) 22.4%
121-180	(7) 2.8%
181-240	(1) .4%
Hours worked/week	
0-10	(1) .4%
11-20	(6) 2.4%
21-30	(17) 6.8%
31-40	(103) 41%
41-50	(90) 36%
51-60	(26) 10%
61-80	(6) 2.4%
81-100	(1) .4%
Type of company	

For profit	(31) 12.4%
Non-profit	(25) 10%
Government	(17) 6.8%
Health care	(28) 11.2%
Education	(141) 56.2%
Self-employed	(2) .8%
Other	(6) 2.4%
Organizational rank	
Entry level	(69) 27.5%
Mid-level	(128) 51%
Senior level	(45) 18%
No rank reported	(8) 3.2%

Table 2

Means, Standard Deviations, Scale Reliabilities, Theoretical Ranges, and Observed Ranges for Study Variables

Measure	<i>M</i>	<i>SD</i>	α	<i>Theor. Range</i>	<i>Obs. Range</i>	<i>N</i>
Cohesion	4.54	0.51	0.82	(1-5)	(1.14-5)	250
Adaptability	3.96	0.62	0.73	(1-5)	(1.57-5)	250
Divorce Proneness	1.95	0.50	0.73	(1-5)	(1.13-4)	250
Commitment	5.77	0.75	0.81	(1-7)	(2.67-7)	250
Affective Commitment	4.78	1.12	0.84	(1-7)	(1-6.88)	250
Job Satisfaction	4.65	0.91	0.93	(1-7)	(2.11-6.75)	249
Work Productivity	3.5	0.35	0.89	(1-5)	(1.84-4)	248
Personal Fulfillment Through Motherhood	4.12	1.46	0.73	(1-7)	(1-7)	250

Note. *M* = mean; *SD* = standard deviation; α = Cronbach's alpha; *Theor. Range* = theoretical range; *Obs. Range* = observed range; *N* = number of participant responses.

Table 3

Factor Loadings and Communalities based on an Exploratory Factor Analysis with Oblimin Rotation for 16 Items from the Parenthood Outcomes Scale (N = 248)

	F1	F2	F3	F4	F5
I have developed as a person.			.677		
I have given and received more love.			.655		
I have another view on what is important.			.307		
I have less time to devote to work and a career.					.621
I have new interests in life.					
I have less time for my own interests.		.727			
I have less freedom.		.684			
I have a stronger relationship with my partner.				.703	
I have less financial freedom.					
I have a lower status on the job market.					.646
I have more contact with my close family.					
I am doing the thing that is the meaning of life.	.771				
I feel strains on my relationship with my partner.				-.624	
We became a 'real family.'	.646				
Everyday life is more enjoyable.	.328			.351	
I feel 'complete' as a woman.	.710				

Note. Factor loadings < .3 are suppressed. F1 = Factor 1. F2 = Factor 2. F3 = Factor 3. F4 = Factor 4. F5 = Factor 5.

Table 4

Bivariate Correlations for All Test Variables

	1.	2.	3.	4.	5.	6.	7.	8.
1. Cohesion	---							
2. Adaptability	.58**	---						
3. Divorce Proneness	-.42**	-.46**	---					
4. Commitment	.50**	.53**	-.65**	---				
5. Affective Commitment	.1	.14*	-.04	.13*	---			
6. Job Satisfaction	.13*	.14*	-.08	.14*	.63**	---		
7. Work Productivity	.23**	.16*	-.16*	.18**	.28**	.34**	---	
8. Personal Fulfillment Through Motherhood	.08	.11	.05	.13*	-.05	-.09	.028	---

Note. * $p < .05$. ** $p < .01$.

Table 5

Top Reasons for Having a Baby at that Time for Women Over the Age of 30

Reason to Have a Baby at that Time	Most Important Reason to Have Baby at That Time <i>n</i> (%)	Number One Second Choice for Most Important Reason to Have Baby at That Time <i>n</i> (%)	Number One Third Choice for Most Important Reason to Have Baby at That Time <i>n</i> (%)
Pursue Higher Education	40 (16%)*	28 (11%)	15 (6%)
'Biological Clock' ticking	38 (15.2%)	20 (8%)	22 (12.8%)
Chose to delay with partner	39 (15.5%)	16 (6.4%)	8 (7.3%)
Wanted to develop stable relationship first	24 (9.6%)	27 (10.8%)	26 (10.4%)
Financial Security	24 (9.6%)	42 (16.7%)*	47 (18.7%)*
Concern with lowered fertility	21 (8.4%)	26 (10.4%)	28 (11.1%)
Develop career	20 (8%)	37 (14.8%)	37 (14.8%)
Not able to deal with stress of parenthood	7 (2.8%)	7 (2.8%)	4 (1.2%)
Partner didn't live in same location	6 (2.4%)	2 (.8%)	1 (.4%)
Wanted to be mature adult	3 (1.2%)	8 (3.2%)	13 (5.2%)
Had maternity leave available	3 (1.2%)	7 (2.8%)	12 (4.8%)
Partner was not ready	8 (3.2%)	7 (2.8%)	3 (1.2%)
Wanted to see children grow up	2 (.8%)	10 (4%)	10 (4%)
Access to affordable childcare	1 (.4%)	3 (1.2%)	6 (2.4%)
Wanted to experience grandchildren	0 (0%)	0 (0%)	1 (.4%)
May not be able to identify with children's friends' parents	0 (0%)	1 (.4%)	1 (.4%)
Had support	0 (0%)	2 (.8%)	8 (3.2%)
Other	12 (4.7%)	3 (1.2%)	4 (1.6%)

Note. *N* = 250. * = top answer

Table 6

Influencing Factors to the Decision to Have a Child at that Time

Item	<i>M</i> (<i>SD</i>)	0%	Under 50%	50% & Above
Develop career	72(29)	4.2	13	82.8
Financial Security	71(30)	3.9	15.1	81
Pursue Higher Education	71(36)	8.4	15.5	76.1
Chose to delay with partner	67(35)	8.6	18	73.3
Concern with lowered fertility	58(34)	9	23.3	67.7
'Biological Clock' ticking	57(33.9)	10.3	25	64.7
Wanted to develop stable relationship first	55(36)	7.3	32.2	60.5
Wanted to see children grow up	52(38.6)	14.1	30	55.9
Had maternity leave available	5.04(40)	21.1	23.5	55.4
Wanted to be mature adult	50.5(38)	15.3	30.7	54
Had support	40(39)	23.4	32.4	44.2
Access to affordable childcare	40(38.5)	23	33.9	44.1
Wanted to experience grandchildren	40(37)	22.3	36	41.7
Not able to deal with stress of parenthood	34.5(35)	23.9	36.9	39.2
Partner not ready	27(32)	30	41.2	28.8
Other	25(40)	53.3	19.7	27
May not be able to identify with children's friends' parents	16(24)	34.8	48.9	16.3
Partner didn't live in same location	14(28.4)	51.3	33.9	14.8

Note. *M* = mean; *SD* = standard deviation; 0 = percentage of women who item didn't influence at all; *Under 50* = percentage of women who item indicated less than 50% influence on decision; *50 and Above* = percentage of women who item indicated more than 50% influence on decision

Table 7

Bivariate Correlations for Age, Time to Conceive, and Reasons to Delay Childbearing

	Age	Time to Conceive
Pursue higher education	-.13	-.15*
'Biological clock' ticking	.17**	.07
Chose to delay with partner	-.20**	-.21**
Wanted to develop stable relationship first	-.19**	-.03
Financial security	-.12	-.15*
Concern with lowered fertility	.10	.12
Develop career	-.08	-.13*
Not able to deal with stress of parenthood	.008	-.04
Partner not ready	.24**	.1
Partner didn't live in same location	.06	.02
Wanted to be mature adult	-.15*	-.14*
Had maternity leave available	-.03	-.05
Wanted to see children grow up	-.10	-.03
Access to affordable childcare	-.16*	-.08
Wanted to experience grandchildren	-.16*	.08
May not be able to identify with children's friends' parents	-.17*	-.002
Had support	-.29**	-.006
Other	.17	.02

Note. * $p < .05$. ** $p < .01$.

Table 8

RQ1: 95% Confidence Intervals for the Indirect Effects of Personal Fulfillment through Motherhood on Workplace Outcomes through Family Functioning

	IE (95% CI)	Standard Error	CI (LL to UL)	R ²
Cohesion as a Mediator				
PFM → Job Satisfaction	.006	.008	(-.007 to .024)	.04
PFM → Workplace				
Productivity	.005	.005	(-.004 to .018)	.04
PFM → Affective				
Commitment	.006	.008	(-.005 to .024)	.04
Adaptability as a Mediator				
PFM → Job Satisfaction	.001	.01	(-.003 to .13)	.04
PFM → Workplace				
Productivity	.004	.004	-.001 to .013)	.04
PFM → Affective				
Commitment	.01	.01	(-.005 to .05)	.04

Note. * Significant indirect effect because lower and upper bounds of 95% confidence interval is entirely above or entirely below zero. All indirect effect regression coefficients are unstandardized. PFM = Personal Fulfillment through Motherhood. IE = Indirect effect. CI = Confidence interval. LL = Lower level. UL = Upper level. R² = Effect size.

Table 9

RQ2: 95% Confidence Intervals for the Indirect Effects of Personal Fulfillment through Motherhood on Relational Outcomes through Family Functioning

	IE (95% CI)	Standard Error	CI (LL to UL)	R ²
Cohesion as a Mediator				
PFM → Commitment	.02	.02	(-.2 to .05)	.08
PFM → Divorce				
Proneness	-.01	.01	(-.03 to .01)	.08
Adaptability as a Mediator				
PFM → Commitment	.03	.02	(-.01 to .06)	.08
PFM → Divorce				
Proneness	-.02	.01	(-.04 to .006)	.08

Note. * Significant indirect effect because lower and upper bounds of 95% confidence interval is entirely above or entirely below zero. All indirect effect regression coefficients are unstandardized. PFM = Personal Fulfillment through Motherhood. IE = Indirect effect. CI = Confidence interval. LL = Lower level. UL = Upper level. R² = Effect size.

Table 10

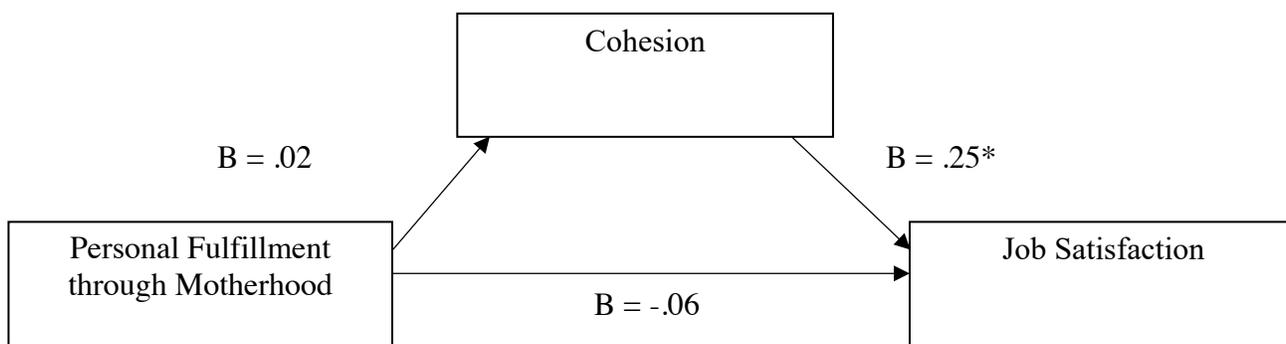
Independent Samples T-Tests between Academic Women and Non-academic Women

Item	<i>Academics</i>		<i>Non-Academics</i>		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Pursue higher education	72.4	35.6	69.4	36.7	-.62
'Biological clock' ticking	60.1	33	53.8	35	-1.4
Chose to delay with partner	65.4	34.5	69.5	35.6	.89
Wanted to develop stable relationship first	46.8	35.3	63.7	34.7	3.58***
Financial security	65.8	30.3	75.8	28.2	2.58*
Concern with lowered fertility	62.1	33.6	54.2	35	-1.71
Develop career	73.8	28.6	70.7	30.2	-.82
Not able to deal with stress of parenthood	31.8	32.9	37.2	37.1	1.1
Partner not ready	27	32	27.4	32.3	.07
Partner didn't live in same location	16.1	29.2	12.7	27.6	-.81
Wanted to be mature adult	44.2	36.3	57.2	39.2	2.55*
Had maternity leave available	41.4	39.9	58.7	38.9	3.2**
Wanted to see children grow up	51.1	38.6	53.6	38.7	.47
Access to affordable childcare	35.9	37.8	45.1	38.7	1.71
Wanted to experience grandchildren	36	37.7	43.4	37.1	1.5
May not be able to identify with children's friends' parents	12.9	21.1	19.8	26	1.98*
Had support	30.7	36.8	48.3	39.4	3.2***
Other	25.7	39.9	24.7	39.8	-.13

Note. *M* = mean; *SD* = standard deviation; *t* = t-test score; **p* < .05. ***p* < .01. *** *p* < .001.

Figure 1

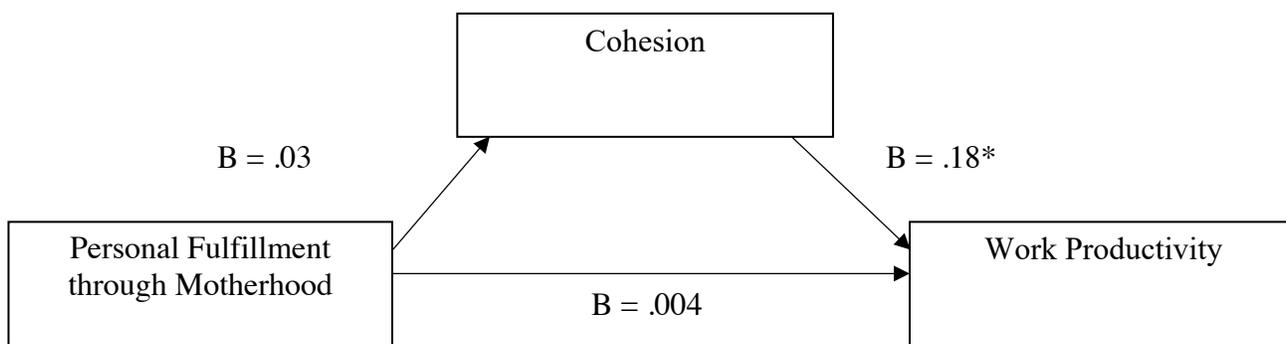
Tests of Indirect Effects for Personal Fulfillment through Motherhood, Cohesion, and Job Satisfaction



Note. * $p < .05$. All path coefficients are unstandardized.

Figure 2

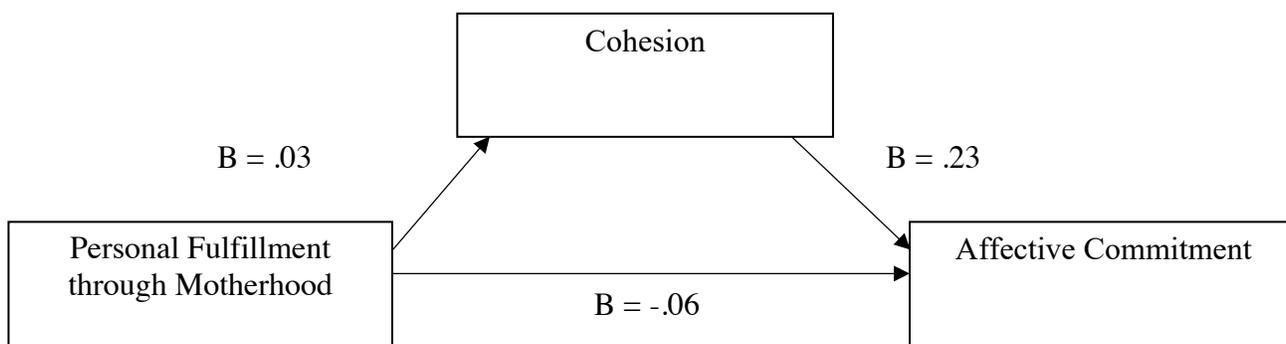
Tests of Indirect Effects for Personal Fulfillment through Motherhood, Cohesion, and Work Productivity



Note. * $p < .05$. All path coefficients are unstandardized.

Figure 3

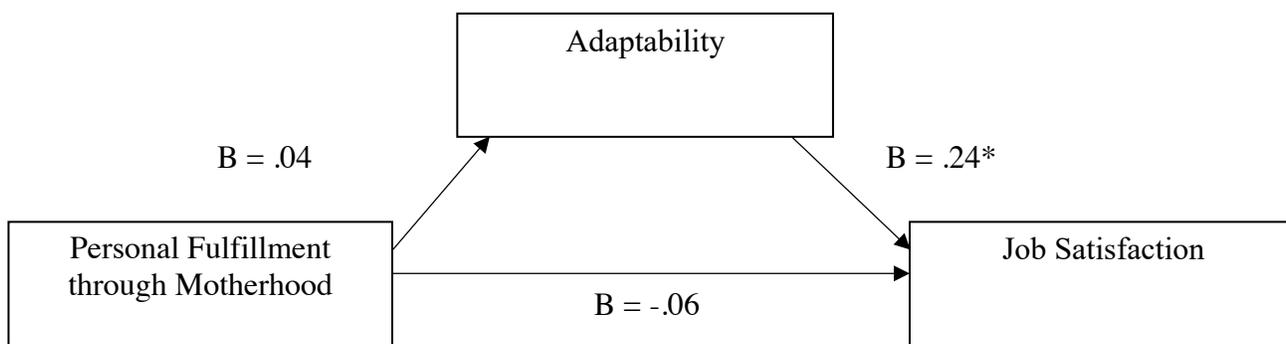
Tests of Indirect Effects for Personal Fulfillment through Motherhood, Cohesion, and Affective Commitment



Note. All path coefficients are unstandardized.

Figure 4

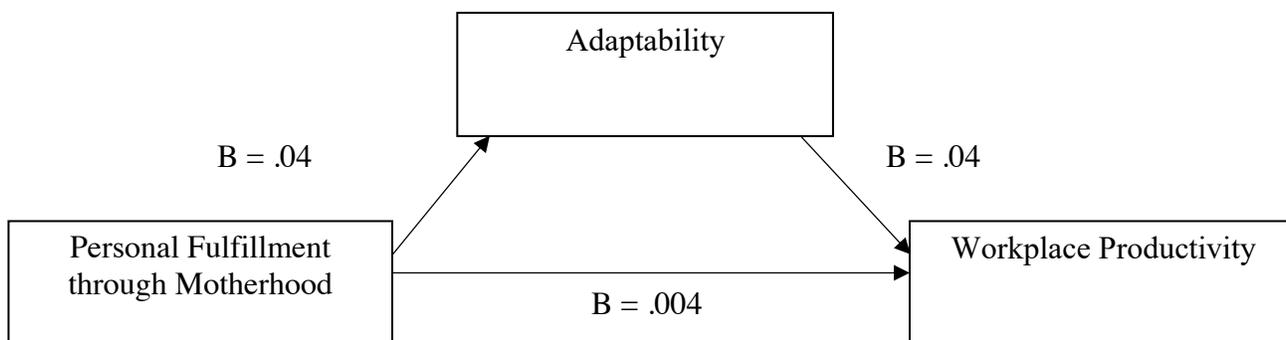
Tests of Indirect Effects for Personal Fulfillment through Motherhood, Cohesion, and Job Satisfaction



Note. * $p < .05$. All path coefficients are unstandardized.

Figure 5

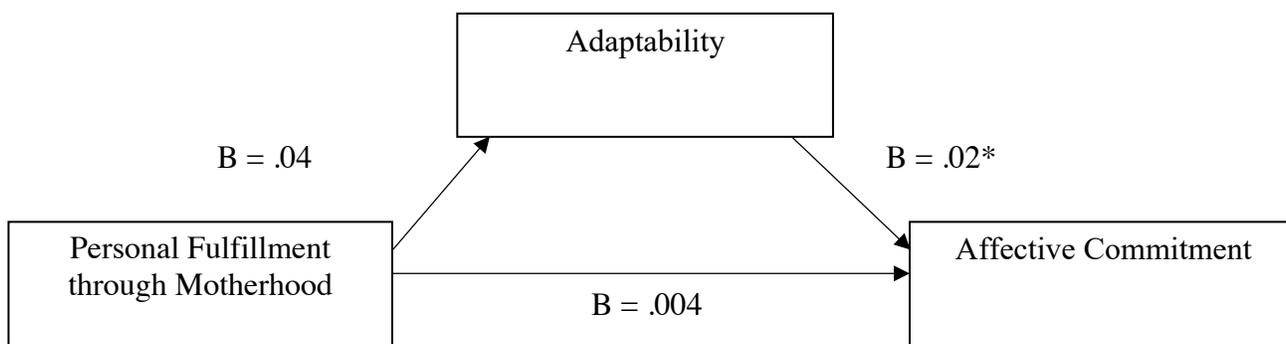
Tests of Indirect Effects for Personal Fulfillment through Motherhood, Adaptability, and Workplace Productivity



Note. All path coefficients are unstandardized.

Figure 6

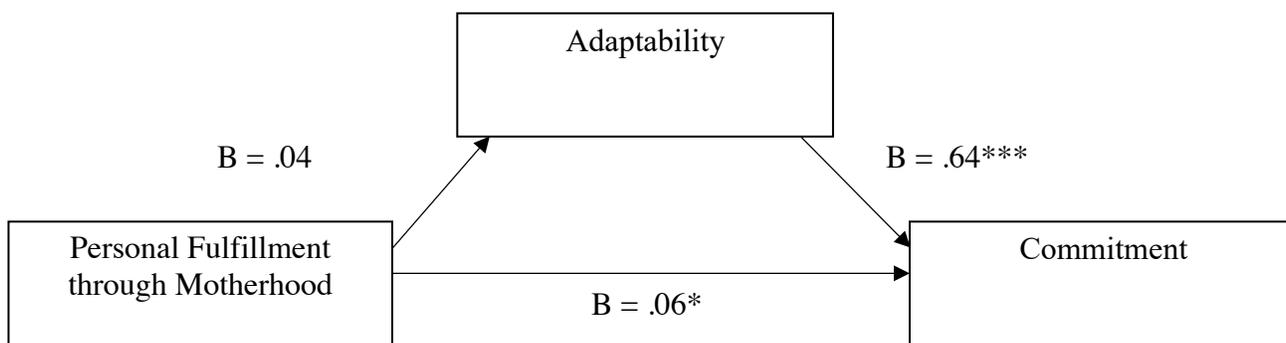
Tests of Indirect Effects for Personal Fulfillment through Motherhood, Cohesion, and Affective Commitment



Note. * $p < .05$. All path coefficients are unstandardized.

Figure 7

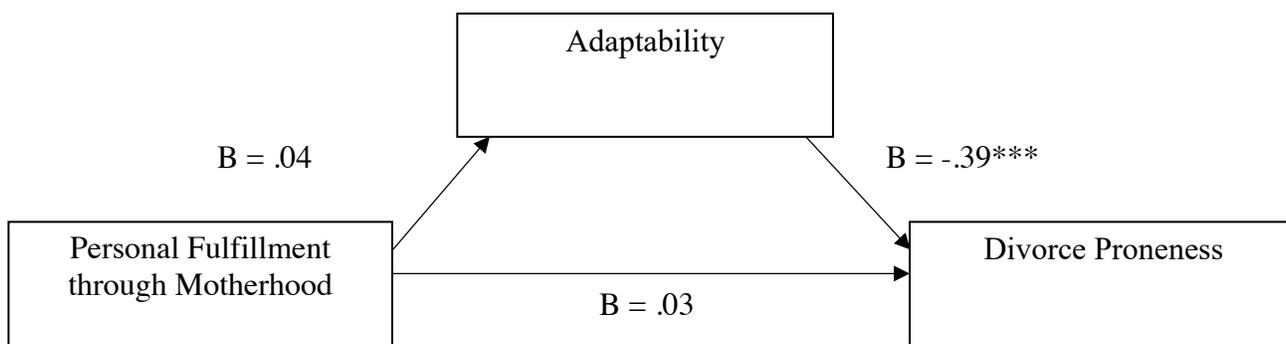
Tests of Indirect Effects for Personal Fulfillment through Motherhood, Adaptability, and Commitment



Note. $*p < .05$. $*** p < .001$. All path coefficients are unstandardized.

Figure 8

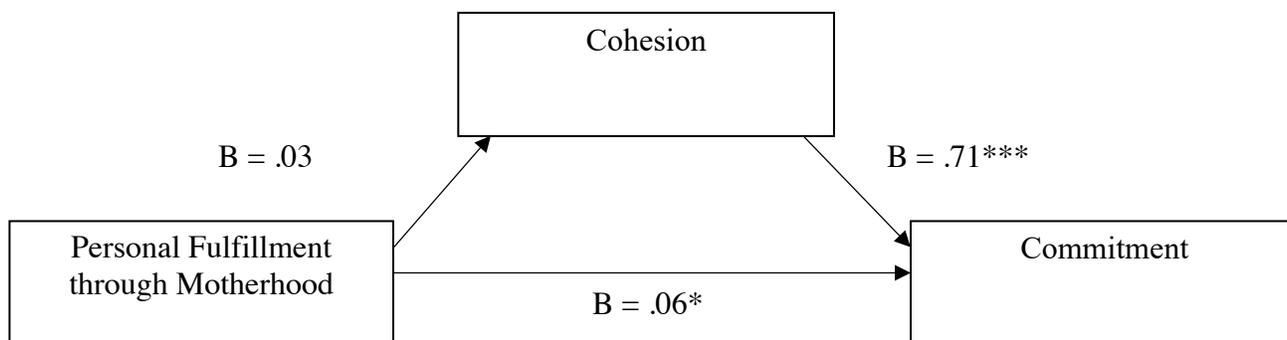
Tests of Indirect Effects for Personal Fulfillment through Motherhood, Adaptability, and Divorce Proneness



Note. *** $p < .001$. All path coefficients are unstandardized.

Figure 9

Tests of Indirect Effects for Personal Fulfillment through Motherhood, Cohesion, and Commitment

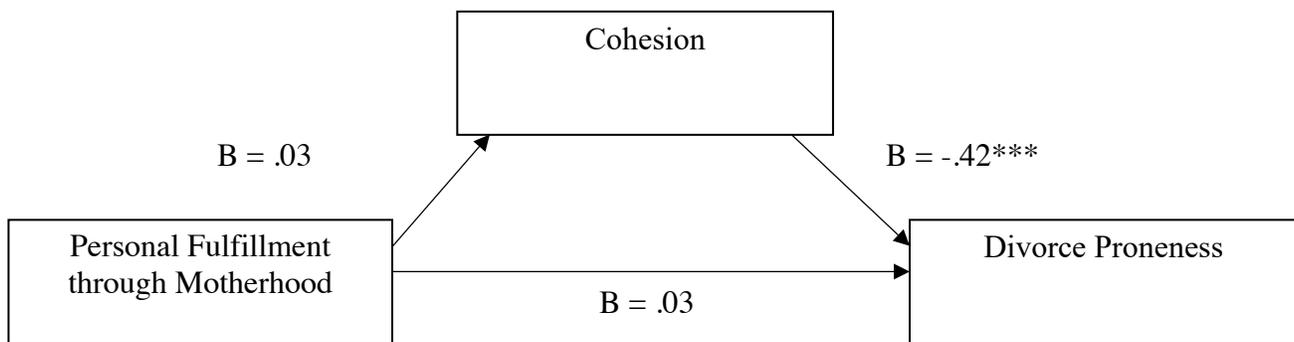


Note. * $p < .05$. *** $p < .001$. All path coefficients are unstandardized.

Figure 10

Tests of Indirect Effects for Personal Fulfillment through Motherhood, Cohesion, and Divorce

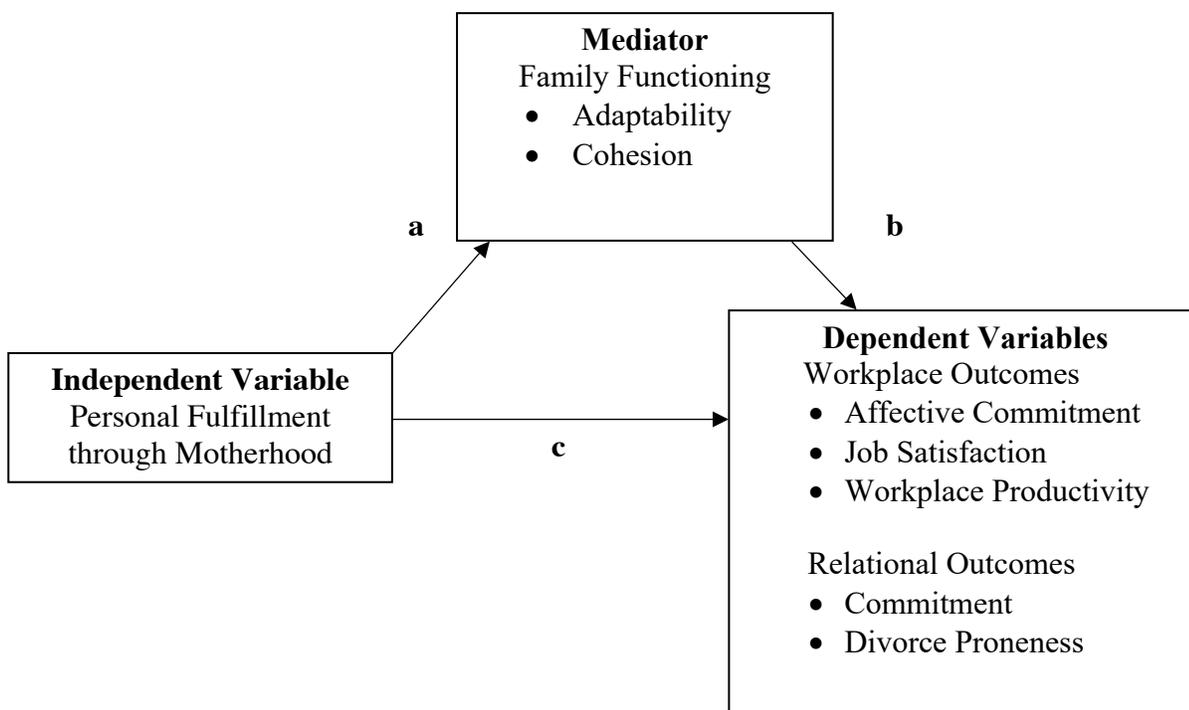
Proneness



Note. $^{***} p < .001$. All path coefficients are unstandardized.

Appendix A

Conceptual Model of Study Variables



Appendix B

Internal Review Board Approval Letter

Internal Review Board Submission Date: February 14, 2019

TO: Elaina Ross, (rossem@ku.edu)

FROM: Jocelyn Isley, MS, CIP, IRB Administrator (785-864-7385, irb@ku.edu)

RE: **Approval of Initial Study**

The IRB reviewed the submission referenced below on 2/14/2019. The IRB approved the protocol, effective 2/14/2019.

IRB Action: APPROVED	Effective date: 2/14/2019	Expiration Date : 2/13/2024
STUDY DETAILS		
Investigator:	Elaina Ross	
IRB ID:	STUDY00143542	
Title of Study:	Delayed Childbearing, Work, and Relational Outcomes	
Funding ID:	None	
REVIEW INFORMATION		
Review Type:	Initial Study	
Review Date:	2/14/2019	
Documents Reviewed:	• IRB, • Social Media Blurb.docx, • Student Referral Blurb.docx, • Survey, • Updated Information Statement	
Exemption Determination:	• (2)(iii) Tests, surveys, interviews, or observation (identifiable); and for which limited IRB review was conducted via expedited review	
Additional Information:		

KEY PROCEDURES AND GUIDELINES. Consult our website for additional information.

1. **Approved Consent Form:** You must use the final, watermarked version of the consent form, available under the “Documents” tab, “Final” column, in eCompliance. Participants must be given a copy of the form.
2. **Continuing Review and Study Closure:** You are required to submit a Continuing Review before the project expiration date. Please close your study at completion.
3. **Modifications:** Modifications to the study may affect Exempt status and must be submitted for review and approval before implementing changes. For more information on the types of modifications that require IRB review and approval, visit our website.
4. **Add Study Team Member:** Complete a study team modification if you need to add investigators not named in original application. Note that new investigators must take the online tutorial prior to being approved to work on the project.
5. **Data Security:** University data security and handling requirements apply to your project.
6. **Submit a Report of New Information (RNI):** If a subject is injured in the course of the research procedure or there is a breach of participant information, an RNI must be submitted immediately. Potential non-compliance may also be reported through the RNI process.
7. **Consent Records:** When signed consent documents are required, the primary investigator must retain the signed consent documents for at least three years past completion of the research activity.
8. **Study Records** must be kept a minimum of three years after the completion of the research. Funding agencies may have retention requirements that exceed three years.

Appendix C

Informed Consent Statement

Information Statement

The Department of Communication Studies at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time without penalty.

We are conducting this study to better understand childbearing, work outcomes, and relational outcomes. This will entail your completion of a survey. Your participation is expected to take approximately 25 minutes to complete. The content of the survey should cause no more discomfort than you would experience in your everyday life.

Although participation may not benefit you directly, we believe that the information obtained from this study will help us gain a better understanding of childbearing. Your participation is solicited, although strictly voluntary. KU students within the Communication Studies may have the opportunity to earn extra credit for participating in this study. Your name will not be associated in any way with the research findings. Your identifiable information will not be shared unless (a) it is required by law or university policy, or (b) you give written permission. The names of participants will be kept in a file separate from survey data. Responses regarding interest in possible future interviews will be kept in a third separate file linked by a study ID. Potential interviewee information will be kept until 5 years from completion of data collection, and then destroyed. Names associated with surveys will be kept until completion of data collection, and then destroyed. All data will be kept on a password-protected drive (Dropbox).

**It is possible, however, with internet communications, that through intent or accident someone other than the intended recipient may see your response.*

If you would like additional information concerning this study before or after it is completed, please feel free to contact us by phone or mail.

Completion of the survey indicates your willingness to take part in this study and that you are at least 18 years old. If you have any additional questions about your rights as a research participant, you may call (785) 864-7429 or write the Human Research Protection Program (HRPP), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7563, email irb@ku.edu.

Sincerely,

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Appendix D

Survey

1. Was your first child born within the last 5 years?
 - a. No
 - b. Yes
2. When your first child was born, were you married to the child's biological father?
 - a. No
 - b. Yes
3. Are you still married to the biological father of your first child?
 - a. No
 - b. Yes
4. When your first child was born, were you part of a dual-earning household?
 - a. No
 - b. Yes
5. Are you currently working?
 - a. No
 - b. Yes
6. What is your age? Please move the slider to indicate your age in years. As you move the slider to the right you will see the exact number to the right of the scale.
_____ Age
7. In your opinion, did you delay childbearing? For example, did you intentionally plan when to get pregnant?
 - a. No
 - b. Yes
8. At what age did you try for your first planned pregnancy? Please move the slider to indicate your age in years. As you move the slider to the right you will see the exact number to the right of the scale.
_____ Age
9. How long since planning did it take you to conceive? Please move the slider to indicate the number of months. As you move the slider to the right you will see the exact number to the right of the scale. For example, 12 months = 1 year; 24 months = 2 years; 36 months = 3 years; 48 months = 4 years.
_____ Months
10. Did you use contraception before trying for your first pregnancy?
 - a. No

b. Yes

11. Since you've been in this relationship, how many months did you actively prevent trying to get pregnant? Please move the slider to indicate the number of months. As you move the slider to the right you will see the exact number to the right of the scale. For example, 12 months = 1 year; 24 months = 2 years; 36 months = 3 years; 48 months = 4 years.

_____ Age

Read the following statements. To what extent did each of the following factor into your decision to postpone having a baby?

Each will be on a sliding scale where 0 = Didn't influence at all and 100 = Greatly Influenced

1. I felt my 'biological clock' was ticking.
2. My partner was not ready.
3. My partner and I did not live in the same place.
4. My partner and I chose to delay together.
5. My partner was not ready.
6. I want to see my children grow up.
7. I want to experience grandchildren.
8. I was concerned with lowered fertility associated with later childbearing.
9. I may not be able to identify with my children's friends' parents.
10. I did not feel I was able to deal with the stress of parenthood.
11. I wanted to develop a stable marriage before introducing children.
12. I wanted to be a mature adult.
13. I had access to affordable childcare.
14. I wanted to develop financial security before having a child.
15. I wanted to pursue higher education.
16. I wanted to develop my career.
17. I had maternity leave available to me.
18. I had family support.
19. Other: _____
20. Other: _____

From the choices you selected in the question above, please rank your top 3 reasons to have your first baby when you did:

Most Important Reason:	2nd Most Important Reason:	3rd Most Important Reason:
_____ I felt my 'biological clock' was ticking.	_____ I felt my 'biological clock' was ticking.	_____ I felt my 'biological clock' was ticking.
_____ My partner was not ready.	_____ My partner was not ready.	_____ My partner was not ready.
_____ My partner and I did not live in the same place.	_____ My partner and I did not live in the same place.	_____ My partner and I did not live in the same place.
_____ My partner and I chose to delay together.	_____ My partner and I chose to delay together.	_____ My partner and I chose to delay together.

_____ My partner was not ready.	_____ My partner was not ready.	_____ My partner was not ready.
_____ I want to see my children grow up.	_____ I want to see my children grow up.	_____ I want to see my children grow up.
_____ I want to experience grandchildren.	_____ I want to experience grandchildren.	_____ I want to experience grandchildren.
_____ I was concerned with lowered fertility associated with later childbearing.	_____ I was concerned with lowered fertility associated with later childbearing.	_____ I was concerned with lowered fertility associated with later childbearing.
_____ I may not be able to identify with my children's friends' parents.	_____ I may not be able to identify with my children's friends' parents.	_____ I may not be able to identify with my children's friends' parents.
_____ I did not feel I was able to deal with the stress of parenthood.	_____ I did not feel I was able to deal with the stress of parenthood.	_____ I did not feel I was able to deal with the stress of parenthood.
_____ I wanted to develop a stable marriage before introducing children.	_____ I wanted to develop a stable marriage before introducing children.	_____ I wanted to develop a stable marriage before introducing children.
_____ I wanted to be a mature adult.	_____ I wanted to be a mature adult.	_____ I wanted to be a mature adult.
_____ I had access to affordable childcare.	_____ I had access to affordable childcare.	_____ I had access to affordable childcare.
_____ I wanted to develop financial security before having a child.	_____ I wanted to develop financial security before having a child.	_____ I wanted to develop financial security before having a child.
_____ I wanted to pursue higher education.	_____ I wanted to pursue higher education.	_____ I wanted to pursue higher education.
_____ I wanted to develop my career.	_____ I wanted to develop my career.	_____ I wanted to develop my career.
_____ I had maternity leave available to me.	_____ I had maternity leave available to me.	_____ I had maternity leave available to me.
_____ I had support.	_____ I had support.	_____ I had support.
_____ Other:	_____ Other:	_____ Other:
_____ Other:	_____ Other:	_____ Other:

In the United States, in what month does Valentine's Day occur?

- March
- August
- February
- December

Instructions: Please indicate to what extent you agree with the following outcomes of parenthood. Think about what it was like after you had your first baby. To what extent do you agree with the following statements? When you read each statement, consider if each statement applies to you as a result of having your first baby. For example, as a result of having your first baby, do you agree that you have developed as a person?

Likert Scale: 1 = Strongly Disagree, Disagree, Somewhat Disagree, 4 = Neither agree nor disagree, Somewhat agree, Agree, 7 = Strongly Agree

1. I have developed as a person.
2. I have given and received more love.
3. I have another view on what is important.
4. I have less time to devote to work and a career.
5. I have new interests in life.
6. I have less time for my own interests.
7. I have less freedom.
8. I have a stronger relationship with my partner.
9. I have less financial freedom.
10. I have a lower status on the job market.
11. I have more contact with my close family.
12. I am doing the thing that is the meaning of life.
13. I feel strains on my relationship with my partner.
14. We became a 'real family.'
15. Everyday life is more enjoyable.
16. I feel 'complete' as a woman.

*For each of the items above, a follow-up question is asked asking if they consider the item to be a benefit or sacrifice. Here is a sample item:

For me, I see developing as a person as a result of having a baby as a
 Sacrifice to me and my family
 Benefit to me and my family

In the United States, Christmas falls during which month?

- a. February
- b. March
- c. June
- d. December

Instructions: While thinking about your family, please read each of the following statements and indicate how strongly you agree or disagree with the ideas expressed.

Likert scale 1 = strongly disagree 5 = strongly agree

1. Family members are involved in each others lives.
2. Family members feel very close to each other.

3. Family members are supportive of each other during difficult times.
4. Family members consult other family members on important decisions.
5. Family members like to spend some of their free time with each other.
6. Although family members have individual interests, they still participate in family activities.
7. Our family has a good balance of separateness and closeness.
8. Our family tries new ways of dealing with problems.
9. Parents equally share leadership in our family.
10. Discipline is fair in our family.
11. My family is able to adjust to change when necessary.
12. We shift household responsibilities from person to person.
13. We have clear rules and roles in our family.
14. When problems arise, we compromise.

Instructions: The following is a list of statements that represent the way people sometimes feel about their marriage. Please read each statement and indicate how often you think or feel this way about your own marriage.

Likert scale; 1 = None at all, 2 = A little, 3 = A moderate amount, 4 = A lot, 5 = A great deal

1. Sometimes married people think they would enjoy living apart from their spouse. How often do you feel this way?
2. Even people who get along quite well with their spouse sometimes wonder whether their marriage is working out. How often have you thought your marriage might be in trouble?
3. As far as you know, how often has your spouse ever thought your marriage was in trouble?
4. How often have you talked with family members, friends, clergy, counselors, or social workers about problems in your marriage?
5. As far as you know, how often has your (husband/wife) talked with relatives, friends, or a counselor about problems either of you were having with your marriage?
6. Has the thought of getting a divorce or separation crossed you mind?
7. As far as you know, has the thought of divorce or separation crossed your (husband's/wife's) mind?
8. How often have you or your spouse seriously suggested the idea of divorce?

Instructions: While thinking about your spouse, please read each statement and indicate how strongly you agree or disagree with the idea expressed.

Likert scale; 1 = strongly disagree, 4 = neither agree nor disagree, 7 = strongly agree

1. My relationship with my partner is more important to me than almost anything else in my life.
2. I want this relationship to stay strong no matter what rough times we may encounter.
3. I like to think of my partner and me more in terms of "us" and "we" than "me" and "him/her."
4. I think a lot about what it would be like to be married to (or dating) someone other than my partner.
5. My relationship with my partner is clearly part of my future life plans.

6. My career (or job, studies, homemaking, childrearing, etc.) is more important to me than my relationship with my partner.
7. It makes me feel good to sacrifice for my partner.
8. I do not want to have a strong identity as a couple with my partner.
9. Giving something up for my partner is frequently not worth the trouble.
10. When push comes to shove, my relationship with my partner often must take a back seat to other interests of mine.
11. I am not seriously attracted to anyone other than my partner.
12. I may not want to be with my partner a few years from now.

The 4th of July falls in which month?

- a. April
- b. May
- c. July
- d. June

Instructions: Please read each of the following statements and rate each one according to its corresponding scale. Select the appropriate response that best describes how you feel about your job or the organization you work for.

Likert scale 1 = strongly disagree; 4 = neither agree nor disagree; 7 = strongly agree

1. I would be very happy to spend the rest of my career with this organization.
2. I enjoy discussing my organization with people outside it.
3. I really feel as if this organization's problems are my own.
4. I think that I could easily become as attached to another organization as I am to this one.
5. I do not feel like 'part of the family' at my organization.
6. I do not feel 'emotionally attached' to this organization.
7. This organization has a great deal of personal meaning for me.
8. I do not feel a 'strong' sense of belonging to my organization.

Instructions: Please read each of the following statements below and rate each one according to its corresponding scale. Select the appropriate response that best describes how you feel about your job or the organization you work for.

Likert scale 1 = strongly disagree; 4 = neither agree nor disagree; 7 = strongly agree; 8 = not applicable

1. I feel I am being paid a fair amount for the work I do.
2. There is really too little chance for promotion on my job.
3. My supervisor is quite competent in doing his/her job.
4. I am not satisfied with the benefits I have.
5. When I do a good job, I receive the recognition for it that I should receive.
6. Many of our rules and procedures make doing a good job difficult.
7. I like the people I work with.
8. I sometimes feel my job is meaningless.
9. Communication seems good within this organization.

10. Raises are too few and far between.
11. Those who do well on the job stand a fair chance of being promoted.
12. My supervisor is unfair to me.
13. The benefits we receive are as good as most other organizations offer.
14. I do not feel that the work I do is appreciated.
15. My efforts to do a good job are seldom blocked by red tape.
16. I find I have to work harder at my job because of the incompetence of people I work with.
17. I like doing the things I do at work.
18. The goals of this organization are not clear to me.
19. I feel unappreciated by the organization when I think about what they pay me.
20. People get ahead as fast here as they do in other places.
21. My supervisor shows too little interest in the feelings of subordinates.
22. The benefit package we have is equitable.
23. There are few rewards for those who work here.
24. I have too much to do at work.
25. I enjoy my coworkers.
26. I often feel that I do not know what is going on with the organization.
27. I feel a sense of pride in doing my job.
28. I feel satisfied with my changes for salary increases.
29. There are benefits we do not have which we should have.
30. I like my supervisor.
31. I have too much paperwork.
32. I don't feel my efforts are rewarded the way they should be.
33. I am satisfied with my changes for promotion.
34. There is too much bickering and fighting at work.
35. My job is enjoyable.
36. Work assignments are not fully explained.

Instructions: Below are a list of tasks that people might experience during their workday. How frequently do you experience each of these?

1 = Not frequently at all; 2 = Somewhat frequently; 3 = Frequently; 4 = Very frequently; 5 = Not applicable

During your time at work, how frequently did you:

1. Arrive at work late or leave work early?
2. Take longer lunch hours or coffee breaks?
3. Just do no work at times when you would be expected to be working?
4. Find yourself daydreaming, worrying, or staring into space when you should be working?
5. Have to do a job over because you made a mistake or your supervisor told you to do a job over?
6. Waste time looking for misplaced supplies, materials, papers, phone numbers, etc.?
7. Find you have forgotten to call someone?

8. Find you have forgotten to respond to a request?
9. Become annoyed with or irritated by co-workers, boss/supervisor, clients/customers/vendors or others?
10. Become impatient with others at work?
11. Avoid attending meetings?
12. Avoid interaction with co-workers, clients, vendors, or supervisors?
13. Have a co-worker redo something you had completed?
14. Find it difficult to concentrate on the task at hand?
15. Fall asleep unexpectedly or become very sleep while at work?
16. Become restless while at work?
17. Notice that your productivity for the time spent is lower than expected?
18. Notice that your efficiency for the time spent is lower than expected?
19. Lose interest or become bored with your work?
20. Work more slowly or take longer to complete tasks than expected?
21. Have your boss/co-workers remind you to do things?
22. Not want to return phone calls or put off returning calls?
23. Having trouble organizing work or setting priorities?
24. Fail to finish assigned tasks?
25. Feel too exhausted to do your work?

Thinking about the age at when you actively tried to conceive your first child, do you have any regrets?

- No regret
- A slight amount of regret
- A moderate amount of regret
- A lot of regret
- A huge amount of regret

Are there any other reasons you feel regret? Please write in the space below:

How do you describe yourself? Please check all that apply:

- White/Caucasian
- Black/African American
- Hispanic
- Asian
- Native American
- Pacific Islander
- Other: _____
- Prefer not to answer

What is your highest level of education?

- Less than high school
- High school graduate/ GED
- Some college
- 2 year college degree
- 4 year college degree

Master's degree
Doctoral degree
Professional degree (e.g., JD, MD)

What is your mother's highest level of education attained?

Less than high school
High school graduate/ GED
Some college
2 year college degree
4 year college degree
Master's degree
Doctoral degree
Professional degree (e.g. JD, MD)

What is your father's highest level of education attained?

Less than high school
High school graduate/ GED
Some college
2 year college degree
4 year college degree
Master's degree
Doctoral degree
Professional degree (e.g. JD, MD)

How do you identify your sexual orientation?

Heterosexual
Gay
Bisexual
Other: _____
Prefer not to say

How religious do you consider yourself to be?

Extremely unreligious
Moderately unreligious
Slightly unreligious
Neither religious nor unreligious
Slightly religious
Moderately religious
Extremely religious

Are you:

Married
Widowed
Divorced
Separated
Never married

How long have you been married? (slider scale)

_____ Years

Have you been married previously? If yes, please indicate the number of times you have been married.

No

Yes. Number of previous marriages: _____

How many children reside in your household?

1

2

3

4

5

6 or more

How many step-children are living in your house?

0

1

2

3

4

5

6 or more

Please select all of your children's ages below:

If you have more than one child of the same age, please specify the additional child's age here by typing the age in numbers (example: 3):

Under 1 year old

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

- 17
- 18
- 19 and above

Before you started having children, how many did you ideally want to have? Please move the slider to indicate the number of children. As you move the slider to the right you will see the exact number to the right of the scale.

_____ Number of children

How many more children do you plan to have? Please move the slider to indicate the number of children. As you move the slider to the right you will see the exact number to the right of the scale.

_____ Number of children

In your family, who is the primary breadwinner?

- Me
- My partner
- Both my partner and me
- Another adult living in our house

What is your combined household income? Please move the slider to indicate. As you move the slider to the right you will see the exact number to the right of the scale. If you make more than \$250,000, as a household, please select \$250,000.

_____ thousands of dollars

What is your individual compensation? Please move the slider to indicate. As you move the slider to the right you will see the exact number to the right of the scale. If you make more than \$200,000, as an individual, please select \$200,000.

_____ thousands of dollars

How many months have you been with your current employer? Please move the slider to indicate. For example, 1 year = 12 months; 2 years = 24 months; 3 years = 36 months. As you move the slider to the right you will see the exact number to the right of the scale.

_____ Months with employer

How many months have you been in your current position? Please move the slider to indicate. For example, 1 year = 12 months; 2 years = 24 months; 3 years = 36 months. As you move the slider to the right you will see the exact number to the right of the scale.

_____ Months in current position

How many hours do you work a week? Please move the slider to indicate. As you move the slider to the right you will see the exact number to the right of the scale.

_____ Hours worked/week

What best describes the type of organization you work for?

- For profit

Non-profit (religious, arts, social assistance, etc.)

Government

Health Care

Education

Other: _____

What is your job title?

What is your job industry/sector (e.g., business; engineering' education)?

What is your organizational rank?

Entry level

Mid level

Senior level

Would you be willing to be contacted for a follow-up interview?

No

Yes

What is a good way to contact you? Please provide an email address and/or phone number.

Thank you for your participation in the survey!