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The job demand-control (support) model, work-family spillover and postpartum depression: A longitudinal analysis

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Abstract

Problem: Postpartum depression is a prevalent and debilitating mental disorder. Although more than one-half of mothers with infants participate in the workforce, little research has addressed the association between the psychosocial work environment and postpartum depression.

Research Objective: To identify the psychosocial work and family factors associated with employed women's postpartum depressive symptoms over the first year after childbirth.

Study Design: This study employs a prospective cohort design and utilizes theoretical perspectives from sociology and occupational health psychology to estimate the effects of the demand-control-support model and work-family conflict on postpartum depressive symptoms. Eligible women were interviewed in-person at 3 Minneapolis and St. Paul hospitals while hospitalized for childbirth in 2001. Telephone interviews were conducted at 5 weeks, 11 weeks, 6 months, and 12 months after delivery with response rates of 88% (N=716), 81% (N=661), 76% (N=625), and 70% (N=575), respectively. Postpartum depressive symptoms were measured at each time period using the Edinburgh Postnatal

Depression Scale. Econometric methods specific to panel data analyses were used to estimate the research model.

Population Studied: The study population consisted of all women delivering at selected hospitals who were 18 years or older. Vital statistics data revealed that the study population was representative of all birth mothers, age 18 years and older, residing in the Twin Cities metropolitan community and delivering at non-study sites on key demographic and birth factors. Sample selection criteria included: speaking English, being employed, and having had a live, singleton birth.

Principal Findings: The women averaged 30 years of age, 86% were Caucasian, 73% were married, 46% had a college degree, and 46.5% were first time mothers. Fixed effects regression analyses revealed that work stressors including psychological demands and family-to-work conflict and home stressors including work-to-family conflict, infant sleep problems, and infant fussy behavior increase postpartum depressive symptoms. The following psychosocial resources had independent effects on postpartum depressive symptoms: time control (e.g., flextime), perceived control over time and effort spent on work and family, and social support from family and friends. Supervisor support and social support from family and friends buffered the relationship between work-to-family conflict and postpartum depressive symptoms and time control buffered the impact of family-to-work conflict on postpartum depressive symptoms.

Conclusions: This study found an interdependent relationship between stress arising from paid work and stress arising from unpaid tasks at home that affects postpartum depressive symptoms. Moreover, findings highlight the importance of psychosocial

resources at work and at home in attenuating the effects of work-family conflict on postpartum depressive symptoms.

Implications for Policy, Delivery or Practice:

Issues for healthcare providers to consider include evaluating women for risk of postpartum depression. Employer policies that involve work redesign to enhance supervisor support and increase time control, such as flextime may benefit both postpartum women and their employers. This study identified factors amenable to change that can inform employer policies and healthcare providers with the ultimate goal of positively influencing the postpartum health of employed mothers.