SUMMARY

With rapid change in social and organizational setup more and more women are joining various job positions. This increase in female representation in the workforce implies more couples are juggling with work and family roles (Grandey & Cropanzano, 1999). Having multiple roles has been associated with positive outcomes like higher self-esteem and life satisfaction (Roskies & Carrier, 1994). However, perceptions of insufficient time and energy to successfully perform work and family roles have been associated with job and family dissatisfaction, work and family tension, depression, and life stress (Greenhaus et al., 1997).

In this regard, researches have adopted different approaches. Review of researches on work-family conflict suggests that a number of studies have relied upon role theory. The role theory posits that ambiguity and conflict within a role will result in an undesirable state. It also proposes that multiple roles lead to personal conflict as it becomes more difficult to perform each role successfully, may be due to conflicting demands on time, lack of energy, or incompatible behaviors among roles (Greenhaus & Beutell, 1985). Other approaches that have attempted to account the impact of work-family interface include spillover theory and general stress model. Although some support exists for each model, they have not been properly integrated into one comprehensive model that can guide work-family research. According to Frone (2003) each sphere induces similar structural patterns in the other spheres. The theory posits that work related distress predicts work interference with family (WIF), which further affects marital distress. Reciprocally, marital distress also predicts family interference with work (FIW), which in turn predicts work distress. In this manner the spillover of work distress on to marital distress functions through WIF, and the spillover of marital distress on to work distress functions through FIW.
However, research evidence suggests that spillover effect may not necessarily be negative. As Geurts and Demerouti (2003) asserts, work to family spillover or vice-versa may have positive or facilitative consequences if each of these domains offers greater opportunities and resources. Therefore, resource drain is not only reversible but may be replenished through various kinds of favourable contingencies available at work or in the family. Recent research on work-family conflict has focused on testing different conceptual models proposing various kinds of relations among within and outside domain variables. On similar lines, Brotheridge and Lee (2005) proposed an extended model linking the major antecedents and outcomes of WIF and FIW. The model indicates a process of reciprocal influence in which work-related stressors and strains predict that work will interfere with family, which in turn, will lead to family strain. Reciprocally, family related stressors and strains predict that family will interfere with work, which in turn, will lead to work-related stressors and strains. Further, research on spillover (e.g., Hameed, 2008) has indicated that the within-domain relationship is likely to be stronger than cross-domain relationship. It may also be posited that subjective experiences in one domain are the part of one’s broader life experiences. This suggests that both family and job distress predict lack of well-being in more general terms.

In the light of accumulating research evidence for work-family interference and its importance in family as well as work life, the present study is oriented to examine such interference along with various within domain and cross-domain antecedents and the social support. Resources such as supportive supervisors, coworkers, spouse, friends, or relatives may serve as buffer between demands and subjective experiences of strain and distress. These resources are expected to moderate the impact of excessive work demands or family load on general mental health. Consistent with the conservation of resources theory, some researchers have found that social support has stronger effects on
subjective outcomes (Durup, 1993; Frone et al., 1997). Therefore, the present proposal considers resources such as social support to be potential contributors to subjective experiences. It is believed that social support gives the feeling that we are part of a community of people who love and care for us, value and think well of us. In present work-family scenario the experience of strain and distress among women is imperative. There is noticeably greater strain on women’s mental health as they struggle to balance the multiple roles. This strain often occurs among Indian working women as they tend to meet the needs of their spouse, children, elderly parents, community, and of course coworkers. This situation can lead to various mental health problems in women.

In the light of ongoing discussion, the study poses a major research question “does work-family interface affect the mental health of Indian women and does social support alter its consequences?” With this aim in view, the title of the study may be read as “Work-family interface and mental health of Indian women: moderating role of social support.”

Research Objectives:

1. To examine the relationship of job and family distress with work-family interference.
2. To examine the relationship of social support with job and family distress.
3. To study the relationship between social support and work-family interference.
4. To examine the relationship of Job and family involvement with work-family interference.
5. To examine the relationship of job and family distress with mental health.
6. To study the relationship between work-family interference and mental health.
7. To study the relationship between work-family facilitation and mental health.

8. To study the moderating effect of social support on the relationship between work-family interference and mental health.

9. To test a hypothesized model of work-family interface.

**Proposed Hypotheses:**

1. Job and family distress tend to correlate positively with cross-domain interference.

2. Social support is likely to correlate negatively with job and family distress.

3. Social support is likely to correlate negatively with work interference with family and family interference with work.

4. Job and family involvement tend to correlate positively with cross-domain interference.

5. Job and family distress are likely to correlate negatively with mental health.

6. Work-family interference is likely to correlate negatively with mental health.

7. Work-family facilitation is likely to correlate positively with mental health.

8. Social support is likely to moderate the deleterious effects of work-family interference on mental health.

9. The proposed work-family interface model will prove a fit for the observed data.

**METHODOLOGY:**

**Sample:**

The sample of the study comprised 290 working women drawn from eight towns of Haryana, Punjab, and Himachal Pradesh. The participants were drawn
using purposive sampling with the criteria of inclusion-minimum two years employment tenure in the same organization, being having married, having at least one child, and in the age range of 35-50 years. These criteria were taken into account to ensure that the respondents have a perceptible experience of work-family interaction. The participants were teachers, doctors, social workers, bank and post office employees.

**Measuring Instruments:**

1. **Work Distress Scale:** Work Distress Scale (WDS) adapted from Occupational Stress Index (Srivastava & Singh, 1981) and Maslach Burnout Inventory (Maslach, Jackson, & Leiter, 1996) comprises 18 items.

2. **Family Distress Scale:** The Family Distress Scale (FDS) is an 18 item measure adapted from Marital Satisfaction Index-Revised (MSI-R; Synder, 1997), Dyadic Adjustment Scale (DAS; Spanier, 1976) and Role Overload Scale (Reilly, 1982).

3. **Work-family Interface Scale:** Work-family interface scale consists of 28 items and measures two bidirectional facets of work-family interface. These are work interference with family (WIF), family interference with work (FIW), work facilitates family (WFF), and family facilitates work (FFW).

4. **Job Involvement Sale:** Job Involvement Scale (Kanungo, 1982) attempts to measure the job involvement construct, defined as psychological identification with one’s work. It is a 10 items unidimensional measure answered on a five-point Likert scale.

5. **Family Involvement Scale:** The Family Involvement Scale modeled after Kanungo’s (1982) Job Involvement Scale. The scale is comprised of 10-items and is responded on a five point scale.

6. **Perceived Social Support Questionnaire:** The Perceived Social Support Questionnaire was adapted from three different scales, viz. Perceived Social
Support from friends and family (Procidano & Heller, 1983), Social Provision Scale (Cutrona & Russell, 1987), and Berlin Social Support Scale (Schwarzer & Schulz, 2000). The PSSQ includes 43 items categorized under four types of social support that is Emotional support, Instrumental support, Appraisal support and Informational support.

7. The General Health Questionnaire: The GHQ (Goldberg, 1978) taps an individual’s inability to carry out normal functions and the appearance of new and distressing phenomena and measures five areas of general health four of which are related to mental health.

STATISTICAL ANALYSES:

In order to meet the research objectives of the study, the obtained data were subjected to various statistical analyses. These are: descriptive statistics, Pearsonian correlation, moderated multiple regression analysis, and the Structural Equation Modeling.

MAIN FINDINGS:

The main findings of the study may be summarized as under:

Note: Since the GHQ is scored in a way that higher the score lower is the level of mental health, correlations of mental health be read reverse in sign.

1. A modest positive correlation ($r= .28, p < .001$) between job distress and work interference with family (WIF) is indicative of spillover of distress onto family. A strong relationship ($r= .36, p < .001$) was found between family distress and family interference with work (FIW) suggesting reciprocal spillover of distress onto work. The observed correlations being significant and in the hypothesized direction thereby support Hypothesis 1.

2. The correlation coefficients between the measures of social support and job distress, for the most part, are significant and negative, ranging between $- .29$ and $-.37$ (all $ps < .001$). The measure of overall social support correlates $-.37$
The correlations between different forms of social support and family distress are relatively strong, ranging from -0.50 to -0.63 (all ps < .0001). Overall social support was found to correlate -0.64 (p < .0001) with family distress. These results of correlational analysis clearly indicate that social support helps in keeping distress, be it in family or at job, at bay. With these findings Hypothesis 2 got supported.

3. Significant negative relationships were also found between the measures of social support and work-family interference. The correlations between different forms of social support and family interference with work (FIW) ranged between -.37 and -.39 (all ps < .001). The overall social support yielded a strong relationship with FIW (r = -.43, p < .0001). However, the measures of social support were found modestly correlated with WIF, correlations ranging from -.26 to -.32 (all ps < .001). A sizeable negative correlation was observed between overall social support and WIF (r = -.32, p < .001). These results support Hypothesis 3 and suggest concluding that social support tends to reduce reciprocal interference between work and family domains.

4. The correlation for the relationship between job and family involvement and work-family interference were found to differ across domain. Interestingly, family involvement correlates positively with FIW (r = .36, p < .001) but negatively with WIF (r = -.28, p < .001). Similarly, job involvement has shown positive correlation with WIF (r = .27, p < .001) but negative with FIW (r = -.20, p < .001). These results show that greater degree of involvement in one domain is detrimental to the other domain (supports Hypothesis 4) but in return adversely impacted by work-family interference.

5. As hypothesized, job and family distress have been found positively correlated with all the five mental health problems. Family distress correlates .16 (p<.01) with social dysfunctioning, .32 (p<.001) with somatic complaints,
.36 (p<.001) with sleep disturbance, .37 (p<.001) with anxiety and .44 (p<.001) with depression. However, the correlations of job distress with these variables are comparatively low, i.e., .25 (p<.001), .22 (p<.001), .25 (p<.001) and .23 (p<.001), respectively. Job distress has yielded a very low and non-significant correlation with social dysfunctioning (r=.10, n.s.).

6. Both kinds of work-family interference, work interference with family (WIF) and family interference with work (FIW) correlate positively with all the five measures of mental health. The FIW correlates .39 (p<.001) with somatic complaints and sleep disturbance, .19 (p<.01) with social functioning, .37 (p<.001) with anxiety, and .39 (p<.001) with depression. However, the correlations of WIF with mental health are relatively low, these are .33 (p<.001) with somatic complaints, .34 (p<.001) with sleep disturbance, .17 (p<.01) with social functioning, .29 (p<.001) with anxiety, and .26 (p<.001) with depression. These results indicate that both FIW and WIF are quite detrimental to mental health of Indian women. The Hypotheses 6 has clearly been supported by these results.

7. Work facilitates family (WFF) and family facilitates work (FFW) have shown low negative correlations with the measures of mental health problems. WFF has been found significantly correlated with social dysfunctioning (r= -.25, p<.001), anxiety (r= -.21, p<.001), and depression (r= -.23, p<.001). FFW also correlates significantly with social dysfunctioning (r= -.22, p<.001), anxiety (r= -.22, p<.001), and depression (r= -.32, p<.001). With these findings of significant negative correlation between work-family facilitation and mental health problems Hypothesis 7 has been accepted.

8. The results of moderated multiple regression provide strong evidence for moderating effect of social support on the relationship between work-family interference and mental health. The interaction term WIF×SS was found to be significant in four of the five measures of mental health, viz. somatic
complaints, sleep disturbance, anxiety, and depression. However in the case of FIW×SS interaction the effect was significant for three of the five measures of mental health, these are somatic complaints, anxiety, and depression. Therefore, results support Hypothesis 8.

9. The obtained data offered an opportunity to examine an integrative model of work-family interface and mental health. The results of SEM, in this regard, are quite revealing. Apart from conventional $\chi^2$ goodness-of-fit index four additional measures of fitness, i.e., adjusted GFI, the Tucker-Levis Index (TLI), comparative fit index (CFI), and root mean square error of approximation (RMSEA) were calculated for the evaluation of the proposed model. The model shown in Figure 1 satisfied almost all the parameters of data fit in the case of four of the five measures of mental health. The parameter estimates of all the relevant paths and multiple R are presented in Figures 2 to 6. The data provide a good test for Hypothesis 9 and that the model accounted significant proportion of variance in all the endogenous variables, especially the mental health.