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Maternal Employment Guilt and Health Promoting Behavior: Assessing the Predicting Role of Social Support

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Abstract



The purpose of the present study was to explain the impact of perceived social support on maternal employment guilt and health promoting behavior among working teachers in Pakistan. Data was collected from (N=600). Purposive sampling has been used. The study is quantitative in nature. The main instruments used in the study were Perceived Social Support contained 5 items, Maternal Employment Guilt contained 15 items and Wellness Behavior Inventory contained 12 items. To test the hypothesis, descriptive statistics, correlation, and regression analysis were used. It was hypothesized that there is a significant impact of perceived social support on maternal employment guilt and there is a significant impact of perceived social support on health-promoting behavior. The results concluded that there was a significant influence of perceived social support on maternal employment guilt and health promoting behavior of working teachers whereas, the Perceived social support was positively correlated to wellness behavior inventory and wellness behavior inventory was negatively linked with maternal employment and guilt. On the other hand, that there was a negative relationship between maternal employment guilt and health promoting behavior of working teachers.

Keywords: Health Promoting Behavior, Maternal Employment Guilt, Perceived Social Support, Working mother's Guilt.

Introduction

The research is about maternal guilt, which is the women's feeling that they can never do enough for their children and a continual fear that they are not good mothers. This specifically existed in the female teachers having children. Teacher guilt is common and usually occurs in those teachers who have children. It may feel to them that they are never doing enough for their students or for their children at home, or they must choose between the two.

The nature of the research explores the social support and the impact of employment guilt in teachers and health-promoting behavior among teachers. Anything that could make moms feel guilty about their children could cause them to experience maternal guilt and is not always confined to occurring in the workplace. " Being a working mother and citizen of my country is incredibly difficult yet working makes me feel important and capable in my life." (Turkish Mother, 2012).

Bozkurt (2013) defined social support as substantial and moral support that permits an individual to manage arising stress, defend him or her from negative circumstances, and supports him or her in dealing with harsh phases of life. (Bozkurt,2013).

Perceived Social Support

Individuals' perceptions of others as sources of support during times of need are referred to as perceived social support. Perceived social support has long been linked to happiness, as perceived amounts of support, affection, and caring can lead to pleasant experiences (Siedlecki et al., 2014). According to a study, high levels of perceived social support are linked to better physical and mental health results (Uchino et al., 2013). Perceived social support is necessary for both the domestic environment as well as educational institutes. (Taşdan,2010).

In recent years, the term perceived social support has been used instead of social support."(Eker, Arkar, &Yaldız,2001). "Not having the time and energy to fully commit to either task

can lead to feelings of guilt to be both a dedicated mother and a focused employee," says a business psychologist (Wehler, 2011). Perceived social support and social bonds are positively related to mental and physical health (Cohen & Janicki-Deverts, 2009). According to research, there is a link between perceived social support and psychological well-being, that can increase psychological well-being by preserving pleasant emotional feelings and reducing stress (Chu, 2010, Thoits, 2011 & Liu, 2014).

The reasons a mother may choose to work might be due to financial crisis, some aspirations to fulfill or to boost the income of the family which adds to creating a better livelihood and decreases the struggle, and stresses taken up for leading a satisfying life. However, a mother is judged and comes under the radar when she returns to work for the sole reason of meeting her and her family's requirements to advance in her career and make her an independent being (Heilman & Okimoto, 2008).

It is a vital resource for working women who need to balance their career and family lives. Family-related social support is connected to non-work events whereas work-related social support is often linked with work outcomes. The researchers looked at the association between social support (both at work and at home) and diverse features. The literature showed that personal social support was higher for females across every relevant setting as compared to work-based social support. They also discovered that work-related social support was interrelated with career success, job happiness, and, organizational loyalty. Job contentment and organizational commitment were also linked to personal social support (Marcinkus et al, 2006) .

Maternal Employment Guilt

The definition of guilt is that it is an unfavorable feeling that results from breaking one's adopted criteria for what constitutes acceptable behavior (Kubany, 1994). When one believes their intentions or behavior are wrong or violates the law, it is said to cause a dreadful emotional state. (Martinez et al., 2011). "Not having the time and energy to fully devote to either activity can lead to feelings of guilt and a lack of confidence in their capacity to be both a dedicated mother and a focused professional," says Wehler, a business psychologist who helps parents achieve work/family balance by minimizing guilt (Wehler, 2011).

Guilt is defined as a painful emotional state that is caused when one's actions or intentions are considered improper or as breaking specific laws (Carrasco, Aza, Blanco, & Espinar, 2011). Guilt and its neighbors - shame, embarrassment, and pride are social or moral emotions that entail societal judgments that instruct people on how they should and should not behave (Katchadourian, 2010). Although there are instances when shame-free guilt allows empathy and the relationship to be repaired, there are times when the self is infused in this guilty emotion and the outcome is "I am also awful since I did this bad act." (Tangney & Tracy, 2011). Motherhood is thought to have maternal guilt as a natural and widespread component (Seagram et al., 2002 & Sutherland, 2010). The connection between motherhood and guilt, the concept of maternal guilt (Sutherland, 2010) is inescapable in the media and in women's daily lives (Seagram et al., 2002).

Health Promoting Behavior

Health-promoting behaviors have been identified as the primary determinants of health and as underlying variables in the prevention of sickness (MoPhoenix, 2010). Women's activities that promote health have varied from nation to nation due to societal influences. The differences between populations' reported levels of health-promoting activity may be due to a number of personal, social, financial, and eco-friendly factors that have an impact on health (Winnie, 2010). The disparities in health-promoting behavior status reported between populations could be attributable to the effects of a variety of personal, social, economic, and environmental factors that influence an individual's health. Social conventions, culture, mass media, national health regulations, advertising techniques, and physical and social settings all influence health behaviors (Hawks, Madanat, & Merrill, 2005).

When it comes to the hurdles that mothers with young children face and when it comes to engaging in health-promoting habits, researchers have varied results. It is not, however, a lack of understanding of the benefits of health-promoting practices that is the problem. (Hamilton & White, 2010). Rather, experts believe that an ecological approach, which takes into account personal, societal, and environmental aspects, should and must be taken into account. (Cramp & Bray, 2013; Lewis & Ridge, 2005; Verhoef & Love, 1994). Researchers have shown that having children makes a woman less likely to engage in physical activity than a woman without children (Colley, 2012).

The current study focuses on the impact of perceived social support on maternal employment guilt and health-promoting behavior. To achieve this, existing studies were analyzed. Many studies have been conducted in the past that have shown the relationship of the aforementioned variables. The researchers discovered that the more the lecturers supposed self-reliance, self-worth, and professional societal sustenance, the better their presentation in resolving complications in their classes (Marbouti, 2015).

While adjusting to the parenting role frequently limits physical activity engagement, other health promoting behaviors may also face difficulties. Health is positively correlated with quality sleep. However, moms, especially those with very young children, may have disturbed sleep, wake up frequently at night, or simply decide to delay sleep so they can take care of domestic duties (Buysse, 2014; Burgard&Ailshire, 2013). Individuals undertake HPBs, not just to avoid sickness, but also to improve their degree of well-being, self-actualization, and fulfillment. Healthy persons are not the only ones who may participate in HPBs (Pender,1996). Anyone, including those with chronic or serious illnesses, has the capacity to engage in HPBs in order to achieve optimal health (Haas, 2000). The mother's own beliefs in their ability as new mothers also influence the shift. These factors can impact a mother's mental health and well-being (Choenarom, Williams, &Hagerty, 2005) .

Literature Review

According to a qualitative study conducted in Australia, the majority of women lacked confidence in their abilities to care for their babies (Forster, McLachlan, Rayner& 2008) . Social support is important for a mother's mental health, self-confidence, and self-esteem, as well as reducing worry and depression signs (Ekback et al., 2013). Reduced social support, on the other hand, has been linked to post-delivery unhappiness, worry, and mother shock (Grav et al., 2012; Yildiz & Aşti, 2015; Hannan et al., 2016) . Reduced social support is linked to reduced psychological and bodily health, reduced gynecological health care pursuing habits, kid negligence, lack of folic acid, multiple blood cell conditions, and negative labour understandings, all of which contribute to higher healthcare expenses (Arnold-Baker, &Biaggi, 2015).

In 2006, 60% of the female population in Iran was of reproductive age (15-49 years). Despite this, just one quantitative investigation found a between health-endorsing actions and perceived religious care among elderly women (Morovvati, Ghofranipour, Heidarnia & Babaei, 2004). There has been no qualitative or quantitative research on this problem among women of reproductive age. It is possible to promote the well-being of females of generative age in various if we have an improved consideration of their well-being habits and their relationship with social support and socio-demographic features. Many of the Millennium Development Goals will be met if governments prioritize women's health (Bank, 2008).

Another cross-sectional study was directed toward educators employed in primary-secondary stages of community colleges in the Çorum area. The study was finalized by 500 educators. This research was significant to recollect that instructors were a definite set of bodily well-being complications. Confirming suitable prime maintenance methods and community fitness facilities for teachers should be important for regime fluctuations and initial medical discovery in school settings (Gulay Yilmazel & Fevziye Cetinkaya, 2016). Teachers' health is openly affecting education at school. The outcomes imitate that actually limited teachers display very good health endorsing in daily life. Teachers should be cheered to monitor healthy routines for the betterment of themselves, schoolchildren, people, and for the country (Dhawan, S, 2012).

Theoretical Framework

Social Cognitive Perspective

Self-esteem is enhanced by perceived social support, which has a good impact on both mental and physical health (Lakey and Cohen, 2000). For this explanation of the direct and indirect impact on mental health and physical health outcomes through self-esteem, it is advised that perceived social support is linked with good ideas about oneself. According to theory, those who provide social support aid the recipient by influencing their effect, thoughts, and behavior. People who foster positive affect and higher self-esteem in those who receive their support are more likely to be viewed as supportive (Lakey and Rhodes, 2015).

Healthy Relationships, a program applied by Chattanooga is based on the Social Cognitive Theory and uses skill-building exercises to develop healthy behaviors among participants. Health behavior is also affected by the outcomes people expect their actions to produce (Rhodes, 2015).

Some types of expectations regarding the results exist. That the behavior's joyful and unpleasant impacts, as well as any associated pecuniary gains and losses, and social responses are all considered bodily outcomes. The second main category of outcomes is the social approval or rejection of the action that results in one's interpersonal connections. This final set of results focuses on how one's health behavior and health state are perceived both positively and negatively by oneself (Cohen, 2002).

The Health Belief Model

The health belief social psychologists Kegels and Rosenstock, who worked for the American Public Health Services, developed the HBM model in the 1950s (Rosenstock, 1950). According to the HBM, at least three factors of general health values, which include interest in and concern for health, specific health beliefs about vulnerability to a particular health threat; and beliefs about the effects of the health problem, influence the perception of a personal health behavior risk (Hochbaum & Rosenstock, 1952).

By giving that knowledge about the efficiency of numerous behaviors to decrease the danger of illness, classifying mutual apparent obstacles, contributing enticements to involve in health-promoting behaviors, and using societal care or other assets to inspire health-endorsing behaviors, interferences may also target to alteration of the price-advantage investigation of attractive in a health-promoting behavior (i.e., growing perceived welfares and lessening perceived obstacles). Interventions built on the HBM may also offer signals to act that repeat and motivate people to involve in health-promoting habits. (Barbara K, Rime K & Viswanath, 2008).

Self-Discrepancy Theory

Developed by Tangney in 1998 and modified by Hays in 1996, this theory proposed that women who encounter a mismatch between their real self and their ideal self as mothers may use it as an explanation for their feelings of guilt and shame (Hays 1996). Women suffer shame when they believe they have fallen short of the ideals they internalized for being a perfect mother. (Sutherland 2010). Similarly, some scholars believe that perceptions of support can be measured by recalling specific helpful acts (Barbee et al., 1993), or have tried to manipulate stages of perceived support by manipulating helpful actions offered. Though at slightest one rough study has proven that perceived support can be operated over changing support stages in the setting (Barrera, Glasgow, McKay, Boles, & Feil, 2002).

Since its origins in the 1970s, the stress and coping approach has obviously dominated the social support sector, and it has implicitly led most efforts to influence social support in an effort to enhance health (Lakey& Lutz, 1996). Because this perspective, as well as the many intervention efforts it informs, is based on the assumption that support behaviors and support perceptions are at least moderately correlated, resolving disagreements about the strength of this relationship is critical for informing future efforts to design social support interventions.

Conceptual Framework of the Study

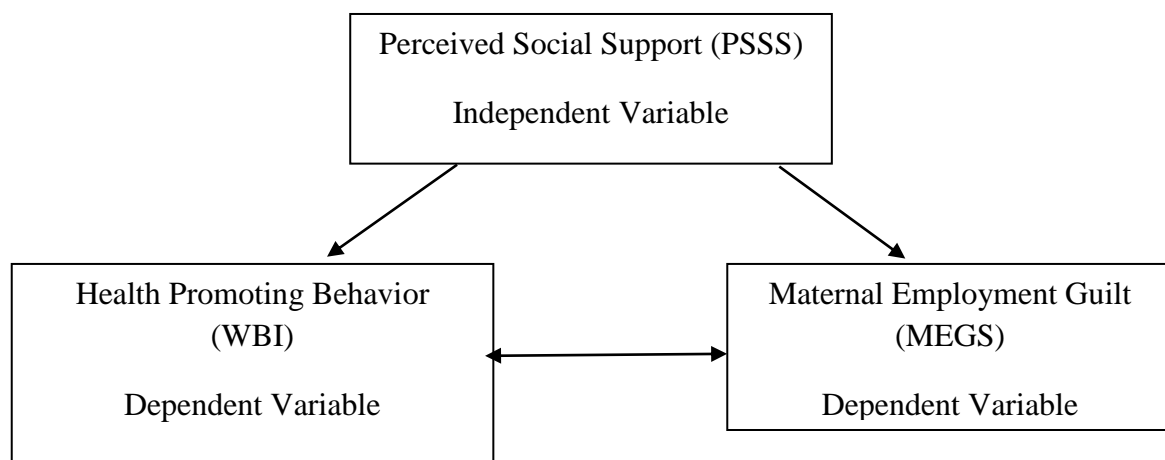


Figure 1. Conceptual Framework of study

Method

Objectives

- i. To investigate the impact of perceived social support on maternal employment guilt.
- ii. To determine the impact of perceived social support on health promoting behavior.
- iii. To ascertain the relationship between maternal employment guilt and health promoting behavior.

Hypothesis

- **H1.** There will be a significant impact of perceived social support on maternal employment guilt.
- **H2.** There will be a significant impact of perceived social support on health promoting behavior.
- **H3.** There will be a negative relationship between maternal employment guilt and health promoting behavior.

Sample

A sample of (N = 600) was selected through purposive sampling techniques from the working mothers of the Universities of Rawalpindi and Islamabad. Inclusion criteria included working mothers of University level having age between 29 to 40 years (Chopik et al., 2018)

Instruments

Perceived Social Support Scale (PSSS)

This scale was developed by Çivilidağ in 2003. It contained five questions and five support sources with the ultimate aim of assessing the affective dimensions of social support. This scale has four subscales i.e. colleagues, wife or husband, parents, friends outside work, and, students with reliabilities .89, .92, .93, .91, .87 respectively. The overall reliability was .92. PSSS has five Likert-type response format of choices such as “never share easily” (1), “not share easily” (2), “undecided” (3), “share easily” (4), “share very easily” (5).

The Wellness Behavior Inventory (WBI)scale

The Wellness Behavior Inventory (WBI) scales, established by Sirois (2001), measures how frequently mutual health-endorsing behaviors are achieved. The response format is 5-point likert type format with options reaching from 1 (less than once a week or never) to 5 (every 28 day of the week). The items 3 and 10 are reverse coded. Participants were asked to recollect their participation in behaviors such as bodily action, snooze excellence, well consumption, and stress reduction over the previous three months. Cronbach's alpha was stated to be .75 on the original scale.

Maternal Employment Guilt Scale (MEGS)

This scale was developed by Yüce-Selvi, Ümran and Kantaş, Özge to test the psychometric properties. The MEGS is a 15-item single-factor structure that was confirmed by confirmatory factor analysis. In terms of its relationships with other relevant scales utilized in this study, MEGS has good psychometric features, including convergent and discriminant rationality. Participants used a 6-point Likert scale ranging from 1 (certainly does not reflect me) to 6 (certainly does reflect me) to grade a 68-item initial item pool developed to measure maternal employment guilt. The higher the score, the guiltier the mother was about her job. The scale's Cronbach's alpha value was reported .94.

Results

Table 1

Socioeconomic Characteristics of the Participants, Frequencies, and percentage of demographic variables (N=604)

Variables	Categories	f	%
Age		604	100
Marital Status	Married	548	90.7
	Widow	18	3
	Divorced	38	6.3
Education	FA-BA	104	17.2
	BS	306	50.7
	MS	167	27.6
	PHD	27	4.5

Choice of Working	Not my choice at all	512	84.8
	Totally my choice	92	15.2
Number of Children	0-1	88	14.6
	2-3	233	38.6
	4-5	283	46.8
Income	10,000-30,000	118	19.5
	30,000-50,000	385	63.7
	50,000-70,000	101	16.7

Note F= Frequency, % = Percentage

Table 1 shows frequency and percentage of demographic variables of the study that are Age, Marital status, Education, Choice of Working, Number of Children, and Income. Demonstrated the descriptive statistics of the demographic variables of the sample. Minimum age range was 21 & the maximum was 55. There were 90.7% Married Women, 3% Widow Women and 6.3% Divorced women. Married Women were higher as compared to divorced and widows. Participants had different level of education.17.2% participants are from FA-BA, 50.7% from Bachelors, 27.6% from master’s and 4.5% from PHD. Similarly, higher number of undergraduate women followed by postgraduate women participated in the study. Most of the participants have same response on their choice of working “not my choice at all”. Higher number of women had maximum 4-5 number of children. Higher number of women had salary ranges between 30,000 to 50,000.

Table 2

Cronbach Alpha Reliability of Perceived Social Support, & Maternal Employment Guilt Scale of the study (N=604)

Scale	No. Of items	α Reliability
PSS	05	.90
MEGS	12	.85
WBI	10	.98

Note PSS = Perceived Social Support, MEGS = Maternal Employment & Guilt scale, WBI = Wellness-behavior Inventory, α = Cronbach alpha value

Table 2 shows that all scales used in the study have an acceptable reliability value (>.5). The reliability of the PSS scale was .90, MEGS was .85 whereas the reliability of WBI was .98 proving that all of the reliabilities were good and acceptable. Therefore, decision was to proceed with the study.

Table 3

Descriptive of Study variables of main study Perceived Social Support, Wellness Behavior Inventory & Maternal Employment Guilt Scale of the study (N=604)

Scales	No. of items	α	Range		SD	Mean	Skewness	Kurtosis
			Min	Max				
PSS	05	.90	9	25	6.08	17.99	.15	-1.75
WBI	10	.85	22	50	3.51	28.28	2.07	8.06
MEGS	12	.98	17	86	11.31	67.44	-2.39	6.89

Note PSS = Perceived Social Support, MEGS = Maternal Employment & Guilt scale, WBI =Wellness-behavior Inventory, M = mean, SD= standard deviation, α = Cronbach alpha value

Table 3 indicates descriptive statistics of the scales used in the research. The skewness of PSS scale was less than 1 which shows that the data is normally distributed and is negatively skewed, whereas on the other two scales WBI & MEGS, the skewness is less than 2 which shows the data is positively skewed.

Table 4

Pearson Correlation among Perceived social support scale, Wellness Behavior Inventory, and maternal employment & guilt scale (N=604)

Variables	1	2	3
PSS	-	.65**	.59
WBI	-	-	.73
MEGS	-	-	-

Note PSS = Perceived Social Support, MEGS = Maternal Employment & Guilt scale, WBI = Wellness behavior Inventory

Table 4 shows the correlation among the study variables. The variables are correlated as Perceived social support is positively related to wellness behavior inventory & wellness behaviour inventory is negatively linked with maternal employment and guilt. The correlation value is strong at .59 indicates a perfect positive correlation.

Table 5

Linear Regression Analysis of the variables Perceived Social Support, Wellness behavior inventory and maternal employment and guilt (N=604)

<i>Variables</i>	<i>B</i>	<i>S.E</i>	<i>β</i>	<i>P</i>
Constant	8.546	2.51		.001
PSS	.068	.078	.036	.382
WBI	.289	.069	.169	.001
MEGS	.326	.121	.187	.382
R	.170			
R ²	.029			
ΔF	.026			

Note: PSS = Perceived Social Support, MEGS = Maternal Employment & Guilt scale, WBI = Wellness Behavior Inventory, B = Unstandardized Coefficients; β= Standardized Coefficients, S.E. Standard Error; p = Significant Value, R= Correlation; R² = Correlation Square; ΔF = F Statistics.

Table 5 demonstrates that there is a significant difference among the three main variables. The B is for the unstandardized coefficient and β is for the Beta value and the effects of maternal employment and guilt and wellness behavior inventory is predicting the significant effect on Perceived social support at $p < .001$. The regression analysis shows the predicting relationship. The relationship is significant which also is hypothesized for the study. Hence, the hypotheses are proved and accepted. The findings depict that perceived social support is directly predicted by wellness in the behavior. The relationship is also evident from the correlational analysis, but through regression analysis the identity of independent variables and the impact of independent variable on the predicting/dependent variable is clearly described and hence proved the hypothesis.

Discussion

This study aims at finding out the impact of Perceived social support on maternal guilt and wellness behavior. Mothers who are not able to cater to their child’s needs and their absence from them is perceived as a deviation from what is expected from and of an “ideal” mother (Maclean, Andrew, & Eivers, 2021). During certain times and situations, mothers are made to feel as if a failure to conform to motherhood standards will, in turn, result in harming their child’s physical and emotional growth and development (Borelli, 2017).

Females can meet all the pressures and demands of full-time exclusive paid work, without making alterations to the demands of either. In agreements, the design of work and level of dedication authorized for the ideal employee is such that they deny access to those who have caring responsibilities (Tichenor, 2005).

For an employed mother, part of retrieving a sense of self requires rebuilding one’s own professional image which she struggles to do so, often engaging in activities in which she overachieves just so, she can meet the needs and fulfill the roles that are demanded by her organization and be seen as an efficient expert (Correll, 2007; Williams,2000).

Support that comes from organizations, working places, institution, etc. and how it is perceived is vital to the resocialization procedure because of the influence it holds in lessening identity and efficacy uncertainty. However, it does not end there for a working mother as it is important for her to have a positive career and attitude and to actually “see an image” of her being successful in the future. A lot of studies up till now have focused more on a mother’s leave from work due to pregnancy in terms of length and timing and not on the mothers evolving psychological state after pregnancy (Jaekel, Sieger, Wiese &Orth, 2012).

Griffiths (2002) agrees that maintaining relationships with people who support them positively which include relatives, colleagues, and, partners, plays a pivotal role in deciding how well mothers manage these situations. Insufficient social support raises workplace stress which adversely affects the psychological and emotional well-being of the working mother. It is also reported that

successfully employed mothers either had to discontinue or hide breastfeeding action when while working (Johnston & Esposito, 2007).

Reduction in social support, on the other hand, has been linked to post-delivery unhappiness, worry, and mother shock (Grav e,2012; & Yildiz,Aşti; 2015Hannan , 2016).Reduced social support is linked to reduced psychological and bodily health, reduced gynecological health care pursuing habits, kid negligence, absence of folic acid supplementation, anemia, and negative labor understandings, all of which contribute to higher healthcare expenses(Arnold-Baker, &Biaggi, 2015).

The present study was conducted to provide help in improving the wellbeing of working women. It will provide awareness to the teachers regarding their mental well-ness at schools and colleges. Those teachers who received social support in their personal and working domains proved to be more professional in solving their daily life problems (Seagram &Daniluk, 2002; Sutherland, 2010). The ratio of job satisfaction, performance, and creativity is relatively higher among teachers who have supportive colleagues, appreciative management, and respectful students. This professionalism is encouraged by the collaborative atmosphere at work.

Little research has been done on the health behaviors and work experiences of mothers in the academy, despite the literature's acknowledgment that women reduce their self-care including sleep, leisure, relaxation, or self-fulfillment, reduce their work hours, or change their careers (Adams, 2000).

The 1st hypothesis stated that “There will be a significant impact of perceived social support on maternal employment guilt” The hypotheses of the study were supported by results as shown in the linear regression table 4 (Levine, Basham &Sarason, 1983). A workplace stress examination was done, where social support levels, work tension and mental anguish among both men and women were studied (Vermeulen& Mustard, 2000). Results revealed that low social support was associated with higher distress across all categories of job strain, and the combined effect of low social support and high job strain was associated with the greatest increase in distress.

The 2nd hypotheses stated that “There will be a significant impact of perceived social support on health-promoting behavior.” The hypothesis of the study was supported by results as shown in table 3 correlation between variables. Increased levels of social support resulted in physically fit and mentally well females, a lesser possibility of weight gain and increase in cardiovascular activities was also noted. (Ainsworth, 2003; Brunt, 2000). Several persistent medical illnesses tend to negatively impact the health quality of life of individuals and also of those who are taking care and charge of those suffering individuals. These include support from family members and relatives in all forms (Yang, 2012)

The 3rd hypothesis stated that “There will be a negative relationship between maternal employment guilt and deterioration in health.” This hypothesis of the study was supported by results as shown in the correlation between variables table 3. The main rivals for women's time, energy, and resources in the twenty-first century are the demands of parenthood combined with the obligations of an academic profession. However, studies have found that caring for others may prevent women from engaging in behaviors that are good for their health, like as eating a balanced diet and getting medical attention (Adams, 2000).

They discovered that compared to moms without jobs, mothers who were working described knowingly higher levels of stress and less healthy lifestyles. For working women, "returning to work, lack of time, weariness, overload, and newborn illness" ranked as the top concerns. The component of these health-promoting practices is particularly important because it has the ability to prevent the onset and progression of chronic illness, lower the virulence of chronic disease, enhance quality of life, and reduce theLevin healthcare burden on society (Mo PK &Winnie WS, 2019).

To Facilitate teacher’s health behavior, organizations can improve perceived gender equity through effective policies and practices while utilizing the benefits of psychological capital through training initiatives. This fills a knowledge space on the development and use of psychological capital to enhance employee wellness, especially for women who are stressed out by their various demanding obligations at work and at home (Gider, 2010).

Now, at the end the researcher defends and gives the reasons why she has chosen only females for this study. According to analysis, working females are most likely to be victims of stress and depression. Analysis has revealed that employed mothers who expressed a supermom attitude where work and home lives can be managed simultaneously were victims of severe depression as they were held solely accountable for bringing up their children, taking care of the needs of the family and

balancing household affairs as well as contributing to the work sector altogether to maintain that work-life balance (University of Washington, 2011).

Implications

Working mothers play a lot of roles internally and externally out of the organization. Steps can be taken by the authority to understand their employee's lives outside of the working sector by incorporating favorable work-life changes in the environment which can be achieved by providing on-site childcare offering college reimbursement to help foster helpful skill-building, and establishing discount programs for expenses like school supplies, electronics, and clothing.

An additional method of making working mothers feel secure is by introducing a reduction in stress when they are at their homes through bonuses in finances which would greatly impact productivity. Moreover, working mothers should surround themselves with non-judgmental people as it is okay to take a break from friends or family while they are trying to explore or take a new step forward in life. Often, the people dearest to us makes us feel perturbed. It's okay to take a hiatus.

When societal norms are considered, mothers are supposed to be the primary nurturers in the family. Due to this, there seems to be a continuous feeling of guilt that does not leave their conscience and troubles them if they picked their careers over their homes. A relationship with their significant others should be developed where they are putting in the same effort in taking care of their needs and requirements. Pleasant relationships with family, relatives and siblings should be maintained so that the working mothers can call or approach them when she is need of support or is in some sort of emergency. Also, making her colleagues and people in authority aware of the importance of children and family, so in terms of casualties they are able to understand the situation

A Harvard Business School study carried out by Kathleen McGinn, Mayra Ruiz Castro, and Elizabeth Long Lingo (2002, 2012) claims that the next generation of children that have employed mothers will be more victorious when it comes to their professional lives, they will do financially well and eradicate the gender gap. The daughters of employed mothers will eventually grow up to be more prosperous than their peers in the labor force. Sons that are raised by employed mothers will be more likely to aid and contribute their share towards household chores.

Conclusion

The study investigated perceived social support as a predictor of maternal employment guilt and wellness behavior among working female mother nurses and teachers. The next objective reported in the methodology section was to uncover the role of demographic aspects in predicting the wellness behavior, maternal employment guilt and perceived social support. It can be concluded by findings that perceived social support predicted maternal employment guilt and wellness behavior among female working mother nurses and mother teachers.

A woman feels a lot of pressure and challenges while bringing up a young child which may lead to feelings of guilt due to the realization of the difficulty of this task. Those feelings of guilt are subjective and individualistic. However, additional guilt from society, such as that layered on through an ethics of care, is predominant, and can be unfavorable to a woman's health (Lewis & Ridge, 2005; Miller & Brown, 2005).

Although this guilt exists for all mothers, it feels negligible when there is some sort of external source of social support. This research work proposes that social support may offer mothers a constructive way to handle the guilty feelings about looking after their health. In the upcoming studies, researchers should consider these relationships over time and consider a self-compassion intervention to further understand the implications of self-compassion levels on individual health-promoting behaviors among mothers of young children. Previous Studies shed light on maternal employment and wellness behavior.

Results revealed that perceived social support positively predicted wellness behavior, and there is an inverse relationship between wellness behaviour and maternal guilt, also, perceived social support predicted maternal employment guilt.

Recommendations

Due to a restrictive sample size, conceptualization is the main obstacle of the study. Hence, a greater sample size would mostly likely yield valid results that can be concluded. Also, sample was only gathered from Islamabad and Rawalpindi which has conceptualization. So, more female mother teachers alike in the educational domain and even cross culture would increase study rationality. This was a female oriented study, therefore, the results cannot be implied on men.

The study is limited to only teaching and paramedical staff. In the future, additional studies can be done on the female administration staff or the staff in other professional fields such as hospitals, offices etc. Future research can concentrate on entry level women in academic institutions, which can disclose more aspects associated with women's wellbeing. The current study was restricted to middle- and senior-level female teachers.

References

- Adams, A., & Bond, S. (2000). Hospital nurses' job satisfaction, individual and organizational characteristics. *Journal of Advanced Nursing*, 32(3), 536-543. <https://doi.org/10.1046/j.1365-2648.2000.01513.x>
- Ainsworth, B. (2003). Personal, social, and physical environmental correlates of physical activity in African-American women in South Carolina. *American Journal of Preventive Medicine*, 25(3), 23-29. [https://doi.org/10.1016/s0749-3797\(03\)00161-2](https://doi.org/10.1016/s0749-3797(03)00161-2)
- Arnold-Baker, C. (2015). Confronting existence: The existential dimensions of becoming a mother. *The Existential Crisis of Motherhood*, 17-35. https://doi.org/10.1007/978-3-030-56499-5_2
- Borelli, J. L., Nelson-Coffey, S. K., River, L. M., Birken, S. A., & Moss-Racusin, C. (2017). Bringing work home: Gender and parenting correlates of work-family guilt among parents of toddlers. *Journal of Child Family Studies*, 26, 1734-1745. <https://doi.org/10.1007/s10826-017-0693-9>
- Brunt, A. R., Schafer, E., & Oakland, M. J. (2000). Ability of social support to predict at-risk dietary intake and anthropometric measures in white, rural, community-dwelling elderly women. *Journal of Nutrition For the Elderly*, 19(1), 49-69. https://doi.org/10.1300/j052v19n01_04
- Chau, P., Tang, M. W., Yeung, F., Chan, T. W., Cheng, J. O., & Jean, W. (2014). Can short-term residential care for stroke rehabilitation help to reduce the institutionalization of stroke survivors? *Clinical Interventions in Aging*, 283. <https://doi.org/10.2147/cia.s56532>
- Chopik, W. J., Bremner, R. H., Johnson, D. J., & Giasson, H. L. (2018, February 1). Age Differences in Age Perceptions and Developmental Transitions. *Frontiers in Psychology*, 9. <https://doi.org/10.3389/fpsyg.2018.00067>
- Correll, S., Benard, S., & Paik, I. (2007). Getting a job: Is there a motherhood penalty? *American Journal of Sociology*, 112(5), 1297-1339. <https://doi.org/10.1086/511799>
- Ferri, P., Guadi, M., Marcheselli, L., Balduzzi, S., Magnani, D., & Di Lorenzo, R. (2016). The impact of shift work on the psychological and physical health of nurses in a General Hospital: A comparison between rotating night shifts and day shifts. *Risk Management and Healthcare Policy*, 9, 203-211. <https://doi.org/10.2147/rmhp.s115326>
- Gider, Ö. (2010). A study based on levels of organizational commitment, organizational trust and job satisfaction of personnel at training and research hospitals. *Journal of Management*, 21(65), 81-105
- Griffiths, V. (2002). Crossing boundaries: The experiences of mature student mothers in initial teacher education. *International Journal of Inclusive Education*, 6(3), 267-285. <https://doi.org/10.1080/13603110110091607>
- Jaeckel, D., Seiger, C. P., Orth, U., & Wiese, B. S. (2012). Social support reciprocity and occupational self-efficacy beliefs during mothers' organizational re-entry. *Journal of Vocational Behavior*, 80(2), 390-399. <https://doi.org/10.1016/j.jvb.2011.12.001>
- Johnston, M. L., & Esposito, N. (2007). Barriers and facilitators for breastfeeding among working women in the United States. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 36(1), 9-20. <https://doi.org/10.1111/j.1552-6909.2006.00109.x>
- Lewis, B., & Ridge, D. (2005). Mothers reframing physical activity: Family oriented politicization, transgression and contested expertise in Australia. *Social Science and Medicine*, 60, 2295-2306.
- Luppa, M., Luck, T., Weyerer, S., König, H., Brahler, E., & Riedel-Heller, S. G. (2009). Prediction of institutionalization in the elderly. A systematic review. *Age and Ageing*, 39(1), 31-38. <https://doi.org/10.1093/ageing/afp202>
- Maclean, E. I., Andrew, B., & Eivers, A. (2020). The Motherload: Predicting experiences of work-interfering-with-Family guilt in working mothers. *Journal of Child and Family Studies*, 30(1), 169-181. <https://doi.org/10.1007/s10826-020-01852-9>

- Mo, P. K., & Winnie, W. S. (2009). The influence of health promoting practices on the quality of life of community adults in Hong Kong. *Social Indicators Research*, 95(3), 503-517. <https://doi.org/10.1007/s11205-009-9523-9>
- Pucciarelli, G., Vellone, E., Savini, S., Simeone, S., Ausili, D., Alvaro, R., Lee, C. S., & Lyons, K. S. (2017). Roles of changing physical function and caregiver burden on quality of life in stroke. *Stroke*, 48(3), 733-739. <https://doi.org/10.1161/strokeaha.116.014989>
- Sarason, I. G., Levine, H. M., Basham, R. B., & Sarason, B. R. (1983). Assessing social support: The social support questionnaire. *Journal of Personality and Social Psychology*, 44(1), 127-139. <https://doi.org/10.1037/0022-3514.44.1.127>
- Seagram, S., & Daniluk, J. C. (2002). "It goes with the territory": The meaning and experience of maternal guilt for mothers of preadolescent children. *Women & Therapy*, 25, 61-88. doi: 10.1300/J015v25n01_04
- Sutherland, J. (2010). Mothering, guilt and shame. *Sociology Compass*, 4(5), 310-321. <https://doi.org/10.1111/j.1751-9020.2010.00283.x>
- Tichenor, V. (2005). Maintaining men's dominance: Negotiating identity and power when she earns more. *Sex Roles*, 53(3-4), 191-205. <https://doi.org/10.1007/s11199-005-5678-2>
- Vermeulen, M., & Mustard, C. (2000). Gender differences in job strain, social support at work, and psychological distress. *Journal of Occupational Health Psychology*, 5(4), 428-440. <https://doi.org/10.1037/1076-8998.5.4.428>
- Vincent-Onabajo, G., Ali, A., & Hamzat, T. (2012). Quality of life of Nigerian informal caregivers of community-dwelling stroke survivors. *Scandinavian Journal of Caring Sciences*, 27(4), 977-982. <https://doi.org/10.1111/scs.12017>
- Yang, X., Hao, Y., George, S.M. *et al.* Factors associated with health-related quality of life among Chinese caregivers of the older adults living in the community: a cross-sectional study. *Health Qual Life Outcomes* 10, 143 (2012). <https://doi.org/10.1186/1477-7525-10-143>