Weathering the storm alone or together: Examining the impact of COVID-19 on sole and partnered working mothers

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Abstract

Sole employed mothers and their families face numerous challenges. Yet, the unprecedented circumstances of the COVID-19 pandemic may be adding additional risk to the already precarious day-to-day reality of this population. Thus, we examine the implications of this crisis for the mental health and job-related well-being of both sole and partnered working mothers. Participants were 206 mothers who continued to work during the pandemic. A moderated mediation model was analyzed. Work-family conflict (WFC) during the pandemic differentially related to mothers’ parenting stress, based on romantic partnership status; when mothers were sole parents, the relationship between WFC and parenting stress was exacerbated. Moreover, this stress mediated the relationship between WFC and both poor mental health and decreased work engagement for sole employed mothers. Findings broaden our understanding of the implications of the COVID-19 pandemic for sole and partnered employed mothers, and how this crisis may be increasing disparities between working sole-parent and dual-partner families.

KEYWORDS
maternal behavior, parenting, single parent, work engagement, work-related stress
INTRODUCTION

The novel coronavirus (COVID-19) pandemic has resulted in significant changes to work and personal life for many individuals. As millions of people worldwide have suddenly and immediately been forced to work remotely (many for the first time ever), the boundaries between work and home have seemingly dissolved overnight. Despite the shared origin of these changes, the impact of this transformation has had divergent effects on different segments of the workforce (Kantamneni, 2020; Prime et al., 2020). In particular, popular press accounts showcasing the lived experiences of working mothers, outline the disproportionate family- and work-based burdens these women often bear (e.g., Ferguson, 2020; Medina & Lerer, 2020; Sandberg & Thomas, 2020). Moreover, such anecdotal evidence has more recently been supported with scientific research; COVID-19 has accentuated the gender gap in domestic labor, childrearing responsibilities, and the undermining of careers, for working mothers (Borah Hazarika & Das, 2021; Clark et al., 2021; Staniscuaski et al., 2021). While historically underserved within the workforce, this exacerbated role conflict furthers inequities experienced by these women (Kantamneni, 2020).

Yet, while increasing anecdotal, and in some cases empirical, attention is being paid to the realities of women (and mothers) during the COVID-19 pandemic, the experiences of sole employed mothers—women with dependent children who are engaged in paid employment but are not married or do not have a residential partner (Robinson et al., 2018)—are still largely underrepresented. Whether single parent by choice or circumstance, these women and their families undoubtedly face additional challenges (e.g., affordable childcare, family leave, healthcare, living wages; Ciabattari, 2007) compared to partnered mothers (i.e., those who are married or have a residential partner; Robinson et al., 2018), that can compromise their well-being and behaviors. The unprecedented circumstances of the COVID-19 pandemic may indeed be adding additional risk to the already precarious day-to-day reality of this population; sole mothers may feel overwhelmed by the responsibilities of single-handedly juggling full-time childcare, homeschooling duties, domestic tasks, and work-related obligations (see, e.g., Hertz et al., 2020; Rudolph et al., 2021). Without the support of a partner at home, and alternative support networks likely absent due to social distancing protocols, the demands placed on single mothers may indeed feel insurmountable (Blum, 2020). With the rates of sole-parent households continuing to climb (Nieuwenhuis & Maldonado, 2018)—most of which (i.e., 80%) are headed by mothers (see Robinson et al., 2018 for a summary)—there is a great need to examine the experiences of these women.

This research aims to extend our understanding of how the COVID-19 crisis is impacting the lives of working mothers, by exploring the implications of this social reality for their mental health and job-related well-being. More specifically, through the lens of conservation of resources (COR) theory (Hobfoll, 2001) we investigate how work-family conflict (WFC) experienced during the pandemic, may differentially impact mothers’ experiences of parenting stress in light of their romantic partnership status. Moreover, the association between this parenting stress and both the overall mental health of these women, as well as their work engagement, is considered.

We believe these aims are important. First, two central goals of community psychology are to promote wellness, and to address oppressive social conditions fostering problems in living (Prilleltensky, 2001). During these exceptional times, the need to understand how the COVID-19 pandemic may be differentially impacting the well-being of vulnerable groups such as working mothers—and sole working mothers in particular—is thus immense. From an ecological perspective (Trickett, 2009), changes to society, work, and family life currently emanating from the crisis, are resulting in growing inequalities among historically underserved groups, such as women and mothers (Kantamneni, 2020). To better understand (and thus work to address) their disproportionate burden, one must question what unique personal, family, and work-based consequences may ensue from the unparalleled role conflict working mothers now face, and the social conditions that may be fostering these experiences. Are the parent-child relationships of these women under strain? Are working mothers at greater risk of developing mental health problems during the pandemic? Are employed women with children compromising work efforts to manage full-time work and full-time parenting? Are any such consequences being felt more strongly by sole working mothers? It is in
investigating questions such as these, that steps can be taken to ensure (doubly) vulnerable groups such as (sole) working mothers, are not further marginalized as a result of pandemic-related challenges.

Second, in seeking to investigate familial, health, and work-based consequences emanating from the COVID-19 pandemic, this study is poised to uncover multiple manifestations of compromised well-being among sole and employed working mothers. Understanding the effects of the pandemic on parenting is important, given that any strain being encountered within this realm may adversely affect both mothers and their children. Indeed, there is concern that parents’ work-related stress during the pandemic may have lasting effects on children’s psychological well-being through maltreatment or a change in their parenting styles (Griffith, 2020). Moreover, determining whether the demands of the current pandemic are resulting in mental health problems such as depression or anxiety for working mothers (and sole working mothers in particular) is critical. Although the effects of COVID-19 on mental health are only just beginning to be studied systematically (e.g., Salari et al., 2020), a number of public health authorities have made it clear that public mental health is among the most significant of priorities during the pandemic (e.g., Czeisler et al., 2020; World Health Organization, 2020).

At the same time, previous research suggests that work engagement is beneficial for both employees (e.g., self-efficacy, positive emotions; see Salanova et al., 2010 for a review) and organizations (e.g., employee performance, retention, commitment; Attridge, 2009; Salanova et al., 2005). Moreover, the need to be engaged in one’s work is arguably even more critical during times of change, uncertainty, and crisis (Salim Saji, 2014). Understanding job engagement among working mothers during the COVID-19 pandemic—as well as the specific ways this beneficial state is being affected—is critical to ensuring the well-being of both employees and their organizations during this precarious time.

If wellness is to be promoted within various communities of working mothers, determining the specific ways that such wellness is being compromised in light of COVID-19’s novel context and environmental demands, is a necessary first step. By investigating these potential manifestations of hampered personal- and job-related well-being, community psychologists, practitioners, and policy makers, will be better positioned to promote social justice and action, among sole and partnered working mothers.

Finally (and to that end), this study may have important implications for practice, informing choices about where to direct organizational and community interventions, and what types of supports may be particularly helpful to working mothers during the COVID-19 pandemic. For example, if heightened levels of distress pertaining to parenting and children are uncovered, community-based interventions aimed at providing mothers with emotional, appraisal, tangible and informational supports (e.g., Campbell-Grossman et al., 2005), may be particularly useful in improving mothers’ psychological and parenting outcomes. Moreover, if findings reveal that WFC compromises mental health by draining the psychological energies of working mothers, attempts to strengthen affective resources through counselling (either work- or community-provided), may be fruitful. When taken together, by investigating if and how WFC during the pandemic impacts parenting stress, mental health and work behaviors, important conceptual, empirical, and practical contributions for the work-family, organizational and community psychology literatures, will be identified.

The remainder of this article proceeds as follows. First, the theoretical framework underlying this research is presented. The key tenets of COR theory (Hobfoll, 2001) are outlined, demonstrating their relevance to community psychology more generally, and the investigation at hand, in particular. This theory is then used to help formulate the proposed relationships of concern. Supporting literature is reviewed, and formal hypotheses are proposed. Next, the methodological details of this research are presented, followed by data analyses and results. Finally, this paper concludes with a discussion of findings, inclusive of research contributions and limitations, along with promising areas of further study.

2 | COVID-19, WORK-FAMILY CONFLICT, AND EMPLOYED MOTHERS

The COVID-19 pandemic has resulted in exceedingly challenging health, social, and psychological demands that threaten the well-being of virtually all people. However, one must be careful to acknowledge that while many are suffering in the wake of this virus, these demands may produce disproportionate harm for certain sectors of the
population. To that end, COR theory (Hobfoll, 2001) provides insights that would suggest the demands felt by one such segment—working sole mothers—may indeed lead to exacerbated harm.

COR theory posits that stress will result when the environment threatens to—or actually does—deplete the resources that an individual possesses, or inhibits the acquisition of resources to replenish those that have been previously lost (Hobfoll, 2001). More specifically, individuals are characterized by a finite number of valued psychological characteristics (e.g., self-esteem), conditions (e.g., social support), and energies (e.g., time)—in other words, resources—that allow them to function in their environments. In fact, given the limited nature of these resources and their importance in helping one deal with life's challenges, individuals are constantly striving to fill-up and protect their "resource reservoirs." However, these reserves invariably become depleted each time one encounters difficult problems; individuals draw on their various resources to cope with the stresses of life, subsequently leaving them with fewer personal assets to deal with newly arising challenges (Hobfoll, 2001). Thus, as one's "resource reservoir" becomes drained by each of life's demands, the stress one experiences, grows. In the current context, resources of working mothers might include marital status, social support, time, cognitive energy, financial stability, and education (Grandey & Cropanzano, 1999; Hobfoll, 2001).

COR theory has long been an important community psychology framework (Hobfoll & Jackson, 1991; Norris et al., 2008; Sullivan, 2018). Concerned with the fair distribution of resources among community members, community psychologists have long upheld the centrality of material, social, and psychological assets, to community well-being (Prilleltensky, 2001; Trickett, 2009). Resilience, adaptation and wellness are equated to the presence of resources (Norris et al., 2008; Prilleltensky, 2001), while vulnerability has been likened to resource insufficiency (Norris et al., 2008). Thus, in pursuit of social justice, community psychologists routinely seek to facilitate resource acquisition and utilization among the vulnerable, while also identifying historical, systematic, and environmental factors that may constrain these resource processes (Hobfoll & Lilly, 1993; Norris et al., 2008; Prilleltensky, 2001).

One demand that may be especially potent for working mothers during the COVID-19 pandemic, is WFC. Reflecting the degree to which "participation in the family role is made more difficult by virtue of participation in the work role" (Greenhaus & Beutell, 1985, p. 77), this demand has been linked to negative job (e.g., decreased job satisfaction; Allen et al., 2019), family (e.g., decreased family satisfaction, children's poor health; Allen et al., 2019; Ohu et al., 2019), and health-based (e.g., physiological and psychological strain; French & Allen, 2020; Minnotte & Yucel, 2018) consequences. Indeed, empirical evidence consistently demonstrates that WFC tends to be higher among working mothers in general (as compared to working fathers; Byron, 2005; Nomaguchi et al., 2005), and sole mothers in particular (as compared to partnered mothers; Buehler et al., 2014; Dziak et al., 2010). This may be due to the higher family-based demands (e.g., housework, childcare) routinely faced by working mothers, and the compromised access to supports among sole mothers in particular (Robinson et al., 2018).

Amidst the COVID-19 pandemic, WFC may undoubtedly represent a powerful stressor for all working mothers. Family-based demands (e.g., childcare, homeschooling, familial mental health concerns; Jiao et al., 2020; Liu & Doan, 2020; Prime et al., 2020) have instantly and dramatically increased, with much of the social and tangible support working mothers may be accustomed to receiving, becoming inaccessible (Griffith, 2020). At the same time, work-based challenges have exceedingly grown; among essential workers, immediate threats to one's health have arisen, while some nonessential working mothers have had to do their jobs with children underfoot, simultaneously learning new technologies to work from home. Moreover, the reality of precarious employment is growing across sectors (e.g., Allan et al., 2021).

Importantly, COR theory suggests that the conflict between work and family life will produce psychological distress among mothers, as valuable resources (e.g., time, cognitive and psychological energy) are diminished through the process of juggling roles within each realm (Grandey & Cropanzano, 1999; Hobfoll, 2001). As the demands of one's job exceedingly interfere with the home domain, fewer resources are left available to fulfill one's parenting role. We propose that parenting stress in particular, may be one manifestation of drained resources for working mothers during COVID-19.
Defined as negative feelings and distress related to the self and to the child in the context of parenthood (Huth-Bocks & Hughes, 2008), parenting stress captures the extent to which parent-child relationships are under strain. Parenting stress can manifest in sentiments such as discontent in one's role as a parent, not feeling close to one's children, not enjoying time spent with children, or feeling doubt about one's decision to have children (Berry & Jones, 1995). Previous work has pointed to a number of sources of parenting stress, including child temperament, mothers' personality (Mulsow et al., 2002), family structure transitions (Cooper et al., 2009), and postnatal depression (Leigh & Milgrom, 2008). While less empirical attention has been paid to work-based antecedents of parenting stress (Hwang & Jung, 2020; Nomaguchi & Johnson, 2013), COR theory suggests that WFC may indeed lead to an aversive psychological reaction to parenthood; the exceedingly conflicting demands of work and home life driven by the COVID-19 pandemic, will deplete mothers' resources, in turn producing a negative "state of being" (Hobfoll, 2001) characterized by compromised feelings about oneself as a parent.

\[ H1: \text{WFC will be positively associated with parenting stress}. \]

Importantly, in line with COR theory, the resultant parent-based stress emanating from WFC, should be stronger among mothers who must "weather the storm alone"—or in other words, working mothers who are not married or do not have a residential partner. To better understand why this is plausible it is helpful to consider COR theory's notion of resource caravan passageways "the environmental conditions that support, foster, enrich, and protect the resources of individuals ... or that detract, undermine, obstruct or impoverish people's or groups' resource reservoirs" (Hobfoll, 2011, p. 118). According to COR theory, while individuals have some ability to acquire and maintain resources on their own accord, a person's resource state is largely contingent on their social ecology (Hobfoll, 2011, 2014; Trickett, 2009); resource caravan passageways have the effect of restricting access to resources among certain groups, while facilitating their acquisition among others (Hobfoll et al., 2016; Hobfoll, 2011, 2014). In essence, resources are socio-culturally structured; organizations and societies foster and maintain circumstances that lay the groundwork for resource loss or gain, and in part, determine one's ability to respond to resource loss in beneficial ways (Hobfoll, 2011, 2014; Trickett, 2009).

That sole working mothers may face obstructed resource caravan passageways, is supported by research revealing the prejudice, lower levels of social support, and precarious employment these women can endure. Indeed, single mothers report experiencing stigma tied to perceptions of poor parenting, sexual deviance, welfare dependence, and irresponsible life choices (e.g., Wiegers & Chunn, 2015). Moreover, in comparison to sole fathers and married mothers, common stereotypes of sole mothers include being less intelligent, less moral, less secure, less reputable, and less of a good parent (DeJean et al., 2012; Valiquette-Tessier et al., 2016). Aware that their status and social identity are devalued within wider society (Major & O'Brien, 2005; Wiegers & Chunn, 2015), many sole mothers shoulder the burden of this pervasive social strain. Relatedly, sole mothers have been found to feel socially isolated, and have reported encountering social exclusion by two-parent families (Wiegers & Chunn, 2015). Lesser levels of social support make responding to both routine and complex demands necessarily more difficult (Hobfoll et al., 1990, 2016). Research has also shown that a compromised ability to draw on social networks for material and emotional assistance, is linked with lower employment rates, earnings, and increased reliance on welfare (Harknett, 2006). Indeed, not only are poverty risks substantially higher for single-parent compared to coupled-parent families (Nieuwenhuis & Maldonado, 2018), but sole mothers have less stable employment and poorer paying jobs, than those in two-parent households (Wu & Eamon, 2011).

From an ecological perspective (Trickett, 2009), the environmental conditions that characterize the lives of many sole mothers, may indeed be ones that restrict access to resources among these women. Plagued by obstructed resource caravan passages, sole working mothers may be limited in their ability to access (and thus deploy) social and material resources in the face of parenting strain. This is a reality not shared by partnered mothers, whose social ecology is not characterized by the same stigma, prejudice and precarious employment. Thus, during the
COVID-19 pandemic, sole working mothers are likely to be even more overwhelmed and depleted as a result of their ecological circumstances, experiencing higher levels of parenting stress as a result.

H2: Mothers’ partnership status will moderate the association between WFC and parenting stress, such that the association will be stronger for sole mothers.

4 | PARENTING STRESS, EMPLOYED MOTHERS, AND MENTAL HEALTH

While employed mothers may be facing heightened levels of parenting stress as a result of pandemic-related work-family demands, COR theory reveals that this negative consequence is likely not where the suffering ends. In fact, one of the key tenets of COR theory pertains to the notion of loss spirals—the idea that initial resource loss begets future, accelerated loss (Hobfoll, 2001, 2011). As individuals must draw upon their resources to combat life’s challenges, it follows that as their resource reservoirs become depleted, the ability to defend against further loss becomes significantly compromised. Indeed, previous research shows how resource depletion is often experienced in multiple areas or ways simultaneously (e.g., Lane & Hobfoll, 1992; Neveu, 2007; Wells et al., 1999); those in states of resource loss become more vulnerable to additional and accelerated resource depletion (Hobfoll, 2001). When applied to the current context, that working mothers may be facing a state of psychological depletion in the form of parenting stress, suggests that they may also be vulnerable to further manifestations of resource loss, particularly when it comes to their mental health. Previous research shows that stress is linked to the experience of mental illness—this manifestation of resource depletion can affect multiple biological processes within the brain, that in turn, compromise adaptive immune responses in the central nervous system (e.g., Calcía et al., 2016; Goh & Agius, 2010). In essence, as suggested by COR theory, the experience of stress results in the body’s inability to protect itself from further compromises to mental well-being. Thus, supported by previous research, and in line with COR theory, we propose that the parenting strain experienced by working mothers will be linked to poorer mental health among these women. Moreover, while all working mothers may be more susceptible to diminished mental health given parenting stress, the loss cycle experienced by sole working mothers should be of a greater magnitude compared to partnered mothers, given their social ecology (as articulated above) results in a more resource-challenged state from the outset (Hobfoll et al., 2016). In essence, as the capacity to stave off the effects of resource depletion decreases in tandem with resource loss (e.g., Freedy & Hobfoll, 1994; Shiro, 2003; Wells et al., 1999)—and is further compromised in the face of social ecologies that obstruct resource caravan passageways (Hobfoll et al., 2016; Hobfoll, 2011, 2014)—parenting stress resulting from WFC should be linked to poorer mental health among working mothers, particularly those who are single.

H3: Parenting stress will be negatively associated with mothers’ mental health.

H4: Parenting stress will mediate the association between WFC and mothers’ mental health.

H5: Mothers’ partnership status will moderate the mediation model such that the indirect effect of WFC on mental health, as mediated by parenting stress, will be stronger for sole mothers.

5 | PARENTING STRESS, EMPLOYED MOTHERS, AND WORK ENGAGEMENT

While COR theory (Hobfoll, 2001) helps to clarify the psychological strain produced by the interference of work with family during COVID-19 for working mothers—particularly those without romantic partners—this framework also provides insight into how these women may in turn, respond to their depletion. More specifically, as personal
resources become more scarce, individuals attempt to alter their circumstances to protect themselves from the threat of further resource loss (Hobfoll, 2001, 2002). For example, a depleted person may decrease the effort they invest in their work, in an effort to conserve remaining resources. This defensive resource posture is undertaken to ensure that one's overall resource position is protected to the greatest extent possible, and that burnout does not ensue (Hobfoll, 2001, 2002; Wright & Cropanzano, 1998). Thus, in the context of the current study, it is plausible that working mothers may decrease immersion in their jobs, in response to their COVID-19-induced (viz. WFC) state of depletion.

Work engagement is a positive psychological state that manifests as vigor, dedication, and absorption (Schaufeli et al., 2002). Employees who have high work engagement are those who are willing to, and capable of, psychologically investing in their work (Schaufeli, 2013). The characteristics of work engagement involve high energy, resilience, persistence, effort investment, concentration, and experiencing enthusiasm and pride as a result of work (Schaufeli, 2013). In the context of the COVID-19 pandemic, it is understandable that mothers’ work engagement may decline. The increased demands on mothers’ time and energy, and the emotional toll of the global crisis (e.g., grief; job, financial, or food insecurity; fear of infection; Berinato, 2020; Bhattarai, 2020; Sole-Smith, 2020), are likely to leave mothers less capable of fully devoting themselves to their work. However, in line with COR theory, we propose that it is the psychological strain produced by these increasing demands, that will account for lower levels of work engagement among employed mothers. Moreover, as articulated above, as sole working mothers are more resource-vulnerable—and likely to experience higher levels of parent-specific stress as a result—so too should their work engagement be more greatly compromised. Thus, we posit that WFC will have an adverse effect on work engagement among working mothers, that this relationship will be accounted for by the strain produced from this resource-draining demand, and that these effects will be exacerbated among sole working mothers.

**H6:** Parenting stress will be negatively associated with work engagement.

**H7:** Parenting stress will mediate the association between WFC and work engagement.

**H8:** Mothers’ partnership status will moderate the mediation model such that the indirect effect of WFC on work engagement, as mediated by parenting stress, will be stronger for sole mothers.

Our conceptual model is depicted in Figure 1.

### 6 | METHOD

#### 6.1 | Participants and procedure

This study was granted ethics approval by the appropriate institutional research ethics board (Institutional ethics approval was obtained from Carleton University CUREB Protocol #113019), and is in compliance with APA ethical...
standards. Data collection occurred between June and July 2020, solely for the purposes of this study. Participants in our study were 206 Canadian mothers with at least one child age 12 or younger, who continued to work during the pandemic ($M_{age} = 36.4$ years, $SD = 8.09$; $67.5\%$ White, $8.7\%$ South or South-East Asian, $6.8\%$ Black, $5.3\%$ of East Asian, $3.9\%$ West Asian, $3.4\%$ Indigenous, $2.4\%$ mixed race, and $1.9\%$ Latin American; $60.2\%$ essential workers; Median weekly work hours: $31 – 40$ h). Participants were recruited via Qualtrics through their online panel aggregator service, and comprise a subset of the 1642 people ($12.5\%$) who initially accessed the survey but were omitted from the study given they: (1) failed to meet the inclusion criteria (i.e., were not presently working, were male, were not a Canadian citizen or permanent resident, did not have a child ≤ 12 years); or (2) failed one of three attention verification questions. This proportion of acceptable completed responses aligns with similar findings from recent research partnerships with Qualtrics (e.g., Eberly et al., 2017; Zhang et al., 2020). To enhance statistical power, we used quota sampling (rather than true convenience or probability-based sampling) to establish near-equal group sizes despite population-level differences in the number of sole versus partnered mothers. This resulted in usable responses from 104 sole and 102 partnered mothers. It is not possible to compute the overall response rate in this case, as the denominator and sampling frame are unknown, given individuals opt-in to participate in Qualtrics online panel studies. In line with Qualtrics procedures, and ethical guidelines, all participants were compensated $1.10$ CAD.

Similar to previous research (e.g., Dziak et al., 2010; Robinson et al., 2014), when compared to partnered mothers, sole mothers in our sample were younger, $t(204) = -3.53, p = 0.001$; had less formal education, $\chi^2(5) = 27.61, p < 0.001$; had a lower household income, $\chi^2(5) = 66.00, p < 0.001$; and were more likely to have only one child, $\chi^2(5) = 18.96, p = 0.002$. In the context of the pandemic, they were also more likely to be employed in jobs classified as essential, $\chi^2(1) = 14.55, p < 0.001$. However, across groups, mothers were not found to significantly differ by race, or whether they served in a leadership capacity at work. Moreover, proportionate representation by participant race within our sample is relatively consistent with that of the Canadian population at large (Statistics Canada, 2017).

### 6.2 Measures

We used Netemeyer et al.’s (1996) Work-Family Conflict Scale, asking participants to rate five items (e.g., “My job produces strain that makes it difficult to fulfill family duties.”; $\alpha = 0.94$) from 1 (strongly disagree) to 7 (strongly agree), specifically thinking about how these items apply to their life since COVID-19. Using the same time reference, participants responded to Berry and Jones’ (1995) 18-item Parental Stress Scale (e.g., “I feel overwhelmed by the responsibility of being a parent.”; $\alpha = 0.86$), rating statements from 1 (strongly disagree) to 5 (strongly agree), and to Schaufeli et al.’s (2006) 9-item short-form, Utrecht Work Engagement Scale (e.g., “I am immersed in my work.”; $\alpha = 0.92$), rating statements from 1 (never) to 7 (always). To capture mothers’ mental health, participants were asked to complete the 12-item (e.g., “Since COVID-19, have you been feeling unhappy and/or depressed?”; $\alpha = 0.90$) version of the General Health Questionnaire (Goldberg, 1978)—a measure of the common mental health problems of depression, anxiety, somatic symptoms and social withdrawal (Jackson, 2007). Responses to this questionnaire were collected on a scale from 1 (not at all) to 7 (all the time), with higher scores representing better mental health.

To rule out plausible rival hypotheses, a number of control variables were included. More specifically, in an effort to better isolate the effects of mothers’ partnership status on parenting stress, mental health, and work engagement, several energies—a foundational resource category (Hobfoll, 2001)—were accounted for. In particular, mothers’ income (i.e., money; Hobfoll, 2001) and education (i.e., knowledge; Hobfoll, 2001) were both controlled for. In addition, as being younger (Grandey & Cropanzano, 1999), and being an essential worker (Czeisler et al., 2020) are drains on one’s personal resources, age and essential worker status were also controlled for. Similarly, the percentage of time spent with their child(ren) each week, the availability of outside support, and the average number of hours worked weekly, were also accounted for.
| Variable                          | Mean | SD  | 1   | 2   | 3   | 4   | 5   | 6   | 7   | 8   | 9   | 10  | 11  |
|----------------------------------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1. Partnership status           | 0.50 | 0.50|    |    |    |    |    |    |    |    |    |    |     |
| 2. Work-family conflict         | 4.00 | 1.61| -0.035 | 0.937 |     |     |     |     |     |     |     |     |     |
| 3. Parenting stress             | 2.26 | 0.54| -0.138 | 0.324 | -0.857 |     |     |     |     |     |     |     |     |
| 4. Mental health                | 4.63 | 1.11| 0.195 | -0.388 | -0.384 | 0.903 |     |     |     |     |     |     |     |
| 5. Work engagement              | 4.35 | 1.12| 0.116 | -0.103 | -0.236 | 0.407 | 0.918 |     |     |     |     |     |     |
| 6. Age                          | 36.37| 8.09| 0.240 | -0.194 | -0.161 | 0.261 | 0.140 |     |     |     |     |     |     |
| 7. Education                    | 3.48 | 0.96| 0.351 | -0.059 | -0.012 | 0.188 | 0.218 | 0.146 |     |     |     |     |     |
| 8. Income                       | 3.66 | 1.63| 0.539 | 0.060 | 0.003 | 0.168 | 0.164 | 0.162 | 0.498 |     |     |     |     |
| 9. Time with child(ren)         | 72.01| 22.70| -0.014 | -0.139 | -0.027 | 0.036 | -0.125 | -0.035 | 0.022 | -0.071 |     |     |     |
| 10. Support                     | 1.87 | 0.96| -0.027 | -0.007 | -0.002 | 0.056 | 0.148 | -0.071 | -0.129 | -0.010 | -0.054 |     |     |
| 11. Essential worker             | 0.60 | 0.49| -0.266 | 0.172 | 0.043 | -0.148 | 0.037 | -0.241 | -0.073 | -0.154 | -0.135 | 0.096 |     |
| 12. Weekly work hours           | 3.35 | 1.28| -0.005 | 0.133 | 0.040 | 0.056 | 0.216 | 0.207 | 0.250 | 0.194 | -0.038 | -0.029 | 0.130 |

Note: Scale reliability coefficients (α) presented along the diagonal where applicable.

*p < 0.05, **p < 0.01.

*aPartnership status coded as sole mothers = 0, partnered mothers = 1.

*bEducation coded as some high school = 1, high school = 2, college = 3, bachelor's degree = 4, master's degree = 5, PhD = 6.

*cIncome coded as less than $35,000 = 1; $36,000-$50,000 = 2; $51,000-$75,000 = 3; $76,000-$90,000 = 4; $91,000-$120,000 = 5; More than $120,000 = 6.

*dMothers indicated whether they had access to up to three additional sources of support: their child(ren)'s other parent, other family members, and/or friends and neighbors.

*eEssential worker coded as nonessential worker = 0, essential worker = 1.

*fWork hours represent the average number of hours worked weekly during the pandemic, coded as 10 h or less = 1, 11–20 h = 2, 21–30 h = 3, 31–40 h = 4, and 40 h or more = 5.
7 | RESULTS

Descriptive statistics, intercorrelations, and reliabilities for all variables appear in Table 1.

The mean level of WFC for sole mothers ($M = 4.05$, $SD = 1.73$) was compared to that of dual-parent mothers ($M = 3.94$, $SD = 1.50$). Findings showed that in the context of the COVID-19 pandemic, there are no significant differences between sole and partnered mothers’ reported levels of WFC, $t(204) = 0.50$, $p = 0.63$.

Hypotheses 1 through 8 were tested using Hayes’ PROCESS program V3.5 (http://www.afhayes.com; Hayes, 2018) with statistical significance being determined using bias-corrected 95% confidence intervals based on 5000 bootstrapped resamples. A moderated mediation model was analyzed to examine the hypotheses (see Tables 2 and 3). In support of hypothesis 1, WFC was positively associated with parenting stress ($b = 0.14$, $SE = 0.03$, confidence interval [CI] = [0.08, 0.20]). Moreover, supporting hypothesis 2, partnership status moderated this association ($b = −0.10$, $SE = 0.05$, $CI = [−0.19, −0.01]$), such that this relationship was stronger for sole mothers. Figure 2 presents a graphical depiction of this moderation effect.

Hypothesis 3 was supported, as parenting stress was negatively associated with working mothers’ mental health ($b = −0.54$, $SE = 0.13$, CI: [−0.80, −0.28]). Moreover, the bias-corrected bootstrap confidence interval estimating the indirect effect of work–family conflict on working mothers’ GHQ scores did not include zero for sole working mothers ($b = −0.08$, $SE = 0.03$, CI = [−0.14, −0.03]), but did contain zero for partnered mothers ($b = −0.03$, $SE = 0.02$, CI = [−0.07, 0.01]). Thus, partial support for hypothesis 4 was found (Hayes, 2018). The moderated mediation model proposed by hypothesis 5 was also supported, as the indirect effect of WFC on working mothers’ mental health, as mediated by parenting stress, was stronger among sole mothers (Index of moderated mediation = 0.05, $SE = 0.03$, CI = [0.00, 0.12]). See Table 2 for all estimated path effects.

In support of hypothesis 6, parenting stress was negatively associated with work engagement ($b = −0.42$, $SE = 0.14$, CI = [−0.70, −0.14]). Moreover, the bias-corrected bootstrap confidence interval for the indirect effect of work–family conflict on work engagement via parenting stress did not include zero for sole working mothers ($b = −0.06$, $SE = 0.03$, CI = [−0.12, −0.01]), but did contain zero for partnered mothers ($b = −0.02$, $SE = 0.02$, CI = [−0.06, 0.01]). Thus, partial support for hypothesis 7 was found (Hayes, 2018). Finally, in support of hypothesis 8, mothers’ partnership status moderated the mediation model such that the indirect effect of WFC on engagement, as mediated by parenting stress, was stronger for sole mothers (Index of moderated mediation = 0.04, $SE = 0.03$, CI = [0.00, 0.10]). See Table 3 for all estimated path effects.

8 | DISCUSSION

While women continue to carry more of the domestic and childcare load relative to men (e.g., Robinson et al., 2018), the implications of these disproportionate responsibilities during times of global crisis—and among a subset of mothers—require attention. Indeed, a central objective of community psychology is to promote the wellness of society’s members (Prilleltensky, 2001). Yet, such a mandate cannot fully be served, should the specific manifestations of compromised well-being, not first be identified. The unprecedented context and environmental demands of the COVID-19 pandemic, have left much to be discovered when it comes to particular manifestations of fettered wellness among partnered, and sole, working mothers. Moreover, critical to the promotion of wellness, is an understanding of the mechanisms contributing to its decline; It is only in determining how well-being is compromised (i.e., the processes through which this occurs), that effective forms of intervention can be gleaned. An ecological, resource-based perspective (Hobfoll & Lilly, 1993; Trickett, 2009) allows for the recognition of how personal states of depletion occurring during pandemic times—as augmented by social and systematic conditions tied to underserved identities—may indeed be accounting for poor wellness among many working mothers. Calling attention to such manifestations (and ramifications) of oppression, contributes to community psychology’s key tenet of addressing oppressive social conditions (Prilleltensky, 2001). Thus, in an effort to better understand the
challenges that sole and partnered working mothers are now facing, the goal of this study was to examine the impact of the COVID-19 pandemic, on the psychological and job-related well-being of this workforce cohort. More specifically, rooted in COR theory (Hobfoll, 2001), we sought to shed light on how the social ecology of sole working mothers, may leave these women in a precarious state, rendering them particularly vulnerable to the consequences of pandemic-engendered resource depletion. We examined the relationship between WFC and both

### TABLE 2 Indirect effect of working mothers’ work-family conflict on mental health via parenting stress, as moderated by partnership status

| Path                                      | Estimate | SE    | p       | 95% CI lower, upper |
|-------------------------------------------|----------|-------|---------|---------------------|
| **Outcome: Parenting stress**             |          |       |         |                     |
| Work-family conflict (WFC)                | 0.144    | 0.031 | 0.000   | 0.084, 0.204        |
| Partnership status                        | 0.208    | 0.209 | 0.320   | -0.204, 0.621       |
| WFC × partnership status                  | 0.095    | 0.046 | 0.040   | -0.186, -0.005      |
| Conditional effect: Sole mothers           | 0.144    | 0.030 | 0.000   | 0.085, 0.204        |
| Conditional effect: Partnered mothers      | 0.049    | 0.035 | 0.162   | -0.020, 0.118       |
| Age                                       | -0.007   | 0.005 | 0.150   | -0.017, 0.003       |
| Education                                 | 0.004    | 0.045 | 0.935   | -0.085, 0.093       |
| Income                                    | 0.022    | 0.029 | 0.457   | -0.036, 0.079       |
| Time with child(ren)                      | 0.001    | 0.002 | 0.763   | -0.003, 0.004       |
| Support                                   | -0.001   | 0.038 | 0.978   | -0.076, 0.074       |
| Essential worker                          | -0.079   | 0.080 | 0.323   | -0.237, 0.079       |
| Weekly work hours                         | 0.005    | 0.031 | 0.885   | -0.056, 0.065       |
| **Outcome: Mental health**                |          |       |         |                     |
| Work-family conflict                       | -0.199   | 0.045 | 0.000   | -0.289, -0.110      |
| Parenting stress                          | -0.541   | 0.130 | 0.000   | -0.797, -0.285      |
| Age                                       | 0.015    | 0.009 | 0.098   | -0.003, 0.033       |
| Education                                 | 0.158    | 0.082 | 0.055   | -0.003, 0.320       |
| Income                                    | 0.043    | 0.050 | 0.389   | -0.055, 0.141       |
| Time with child(ren)                      | -0.000   | 0.003 | 0.918   | -0.006, 0.006       |
| Support                                   | 0.093    | 0.065 | 0.152   | -0.035, 0.220       |
| Essential worker                          | -0.107   | 0.145 | 0.463   | -0.393, 0.179       |
| Weekly work hours                         | 0.038    | 0.056 | 0.497   | -0.073, 0.150       |
| **Model effects**                         |          |       |         |                     |
| Direct effect                             | -0.199   | 0.045 |         | -0.289, -0.110      |
| Indirect effect (sole mothers)            | -0.078   | 0.029 |         | -0.141, -0.030      |
| Indirect effect (partnered mothers)        | -0.026   | 0.020 |         | -0.069, 0.011       |
| Index of moderated mediation              | 0.051    | 0.030 |         | 0.002, 0.118        |

Note: Based on 5000 bootstrap resamples used to generate 95% confidence intervals (CI).
the mental health and work engagement of participants, accounting for the romantic partnership status of working mothers. We also considered the role that compromised parent-child relations (viz. parenting stress) may play in these associations. Our findings showed that the experience of WFC during this pandemic differentially related to mothers’ experiences of parenting stress, based on their partnership status; when mothers were sole parents, the relationship between WFC and parenting stress was exacerbated. Moreover, this stress mediated the relationship between WFC and both poor mental health and decreased work engagement for sole employed mothers.

| Path                                      | Estimate | SE  | p     | 95% CI lower, upper |
|-------------------------------------------|----------|-----|-------|---------------------|
| Outcome: Parenting stress                 |          |     |       |                     |
| Work-family conflict (WFC)                | 0.144    | 0.031| 0.000 | 0.084, 0.204        |
| Partnership status                        | 0.208    | 0.209| 0.320 | −0.204, 0.621       |
| WFC × partnership status                  | −0.095   | 0.046| 0.040 | −0.186, −0.005      |
| Conditional effect: Sole mothers          | 0.144    | 0.030| 0.000 | 0.085, 0.204        |
| Conditional effect: Partnered mothers     | 0.049    | 0.035| 0.162 | −0.020, 0.118       |
| Age                                       | −0.007   | 0.005| 0.150 | −0.017, 0.003       |
| Education                                 | 0.004    | 0.045| 0.935 | −0.085, 0.093       |
| Income                                    | 0.022    | 0.029| 0.457 | −0.036, 0.079       |
| Time with child(ren)                      | 0.001    | 0.002| 0.763 | −0.003, 0.004       |
| Support                                   | −0.001   | 0.038| 0.978 | −0.076, 0.074       |
| Essential worker                          | −0.079   | 0.080| 0.323 | −0.237, 0.079       |
| Weekly work hours                         | 0.005    | 0.031| 0.885 | −0.056, 0.065       |
| Outcome: Work engagement                  |          |     |       |                     |
| Work-family conflict                       | −0.062   | 0.050| 0.217 | −0.159, 0.036       |
| Parenting stress                          | −0.419   | 0.142| 0.004 | −0.699, −0.139      |
| Age                                       | 0.003    | 0.010| 0.728 | −0.016, 0.023       |
| Education                                 | 0.195    | 0.090| 0.030 | 0.019, 0.372        |
| Income                                    | 0.005    | 0.054| 0.925 | −0.102, 0.112       |
| Time with child(ren)                      | −0.006   | 0.003| 0.064 | −0.013, 0.000       |
| Support                                   | 0.169    | 0.071| 0.018 | 0.029, 0.308        |
| Essential worker                          | 0.104    | 0.159| 0.513 | −0.209, 0.417       |
| Weekly work hours                         | 0.160    | 0.062| 0.010 | 0.038, 0.282        |

Model effects

| Estimate | SE  | p     | 95% CI lower, upper |
|----------|-----|-------|---------------------|
| Direct effect | −0.062 | 0.050 | −0.159, 0.036       |
| Indirect effect (sole mothers) | −0.060 | 0.028 | −0.122, −0.014      |
| Indirect effect (partnered mothers) | −0.021 | 0.016 | −0.056, 0.009       |
| Index of moderated mediation | 0.040 | 0.027 | 0.000, 0.103        |

Note: Based on 5000 bootstrap resamples used to generate 95% confidence intervals (CI).
This research offers several theoretical contributions. First, by using COR theory (Hobfoll, 2001) as a framework for the hypotheses examined, this research offers a theoretical lens though which to better understand how a global pandemic can impact the lives and well-being of employed mothers. As our results suggest, the unique and acute demands placed on mothers as they attempt to balance the new crisis-based realities of work and family life, can drain their personal resources and produce parent-specific stress. This state of resource depletion can subsequently engender further resource loss, negatively affecting the mental health of these women. In an attempt to cope with their state of depletion, working mothers may in turn, take on a resource defensive posture (Hobfoll, 2001), disengaging from their jobs. Moreover, COR theory is also useful in explaining how sole working mothers may face disproportionate risks in crises such as the COVID-19 pandemic, given the additional resource challenges that may characterize singlehood; the social ecologies of sole mothers may result in the possession of fewer material, social, and personal resources (Soons & Liefbroer, 2008) that can offer protection against draining situational demands. Indeed, the sole working mothers in this study displayed higher levels of depletion via more parent-specific stress in the face of WFC. These results—as guided by COR theory—offer insight into the social determinants of COVID-19’s disproportionate negative impact on vulnerable groups such as sole working mothers. Thus, continued application of the COR theoretical framework to crisis-based research, as well as that on single-parent families, is encouraged.

Second, the findings stemming from this research also develop our theoretical understanding of the correlates of mental health, particularly among sole working mothers. That WFC was associated with lower levels of mental health via parenting stress among these women, suggests that in many cases, poor mental well-being may be the result of a deleterious psychological process. Moreover, that this process was not found among partnered mothers, lends further support to the premise that historically underserved groups (here single mothers), are especially prone to declines in mental health during the current crisis.

At the same time, this research helps clarify a current correlate of work engagement. In showing the relationship between WFC and lower levels of this job behavior, as well as how parenting stress mediates this association among sole mothers, we learn more about the process-based nature of work engagement during times of great stress. Moreover, these results highlight that mothers’ partnership status is of significant importance. When taken together, insights into the relationship between work-family demands, family-based stress, and romantic
partnership status, with both one's mental health and job-based effort investment, have been gleaned—insights that can offer guidance to not only researchers, but also practitioners and policy-makers, as they attempt to encourage wellness among this community of women.

8.2 | Organizational implications

Organizations and their employees are facing a new reality that drastically impacts virtually all aspects of work and family life. With very little to draw on in terms of precedent or previous experience, determining the best ways to move forward and address the implications of the COVID-19 crisis for the workforce, is likely unclear in the majority of cases. This research can offer some perspective into not only how working mothers may be faring in the face of this global pandemic, but also into what organizations can do, to address these newly arising challenges. First, WFC should be a serious concern for all organizations, as it is shown in this study to be resulting in family-based stress and lower levels of mental health and work engagement for mothers. Thus, now more than ever, organizations should strive to build in balance for their employees wherever possible, by (for example) providing flexible work arrangements (e.g., flexible work hours, part-time work arrangements, job sharing) and leave provisions (e.g., Zheng et al., 2015). Moreover, as the ramifications of WFC during COVID-19 are shown in this study to be even greater among sole working mothers, encouraging work-life balance among sole parents, should be an even more significant priority.

Second, given the support gleaned for COR theory (Hobfoll, 2001) with this research, our results suggest that much is to be gained from a focus on building and/or replenishing the resources of drained employees. To this end, not only should organizations ensure that the focus of employee assistance programs include work-life issues, but efforts to build resilience and manage stress through the bolstering of health and well-being (e.g., self-efficacy, optimism, coping strategies, physical fitness, social competence) should also be a priority. Indeed, organization-led programs focused on both primary (preventing the negative effects of future stressors) and secondary (managing the severity of symptoms that emerge in response to a stressor) prevention strategies, have proven valuable in helping employees during times of immense stress and uncertainty (see Vanhove et al., 2016). Likewise, social support from leaders and colleagues can help to replenish social resources that may be experiencing drain during these challenging times (Vanhove et al., 2016). Given the specific effects of work-life demands seen in this study, providing family-based counseling or offering employees behavioral parent training to mitigate parenting stress and its consequences, may also be worthwhile.

8.3 | Policy implications and community intervention

While the results of this study suggest organizational interventions that may prove helpful to working mothers grappling with pandemic hardships, the findings herein also point to several important policy- and community-based responses. Results suggest the need to replenish critical energy resources (Hobfoll & Lilly, 1993) among working mothers, through the provision of material sources of aid. While stimulus payments such as the CARES (Coronavirus Aid, Relief, and Economic Security) Act and the CRB (Canadian Recovery Benefit) have provided some support to help offset pandemic-related economic pressures, limitations to policy application (e.g., the exclusion of benefits for dependent children over the age of 16; barriers to access for those with disabilities) limit utility for many families (Marr et al., 2020; Saba, 2021), plausibly exacerbating levels of parenting stress. Moreover, in the case of working mothers in particular, COVID-related federal relief around issues such as food insecurity, have been shown to be especially insufficient and/or inaccessible (Elliott et al., 2021). That sole mothers are significantly more likely to be food insecure (e.g., Martin & Lippert, 2012), suggests the disproportionate harm generated by such policy-based shortcomings. As energy resources such as financial security are vital to obtaining object resources (e.g., shelter, tools for work, nourishment), enhancing condition resources (employment, positive family life, tenure), and
increasing personal resources (e.g., social competence, sense of mastery, optimism; Hobfoll & Lilly, 1993; Hobfoll et al., 2018), the centrality of such material aide to addressing the plight of working mothers identified herein, is evident. Thus, to alleviate stressors compromising the wellness of working mothers during COVID-19, policy decisions pertaining to material supports should be made with specific consideration of the unique resource-depleting conditions of (sole and partnered) working mothers.

At the same time, the need for community-level initiatives that emphasize emotional, tangible, and informational forms of support, cannot be overstated (e.g., Campbell-Grossman et al., 2005). As COVID-19 restrictions begin to ease, community spatial interventions (e.g., community gardens or Walk and Talk groups; Gregis et al., 2021; Muir & McGrath, 2018), can be platforms for knowledge sharing, friendship development, and the exchange of social support—relational activities central to parental well-being (e.g., Armstrong et al., 2005; Balaji et al., 2007), but ones that have been compromised by the pandemic. Moreover, when it comes to helping sole (and partnered) mothers weather the COVID-19 storm (particularly until such a time when pandemic-related restrictions are more fully lifted), web-based or email interventions incorporating social support, and health and parenting information, may be very useful (Brage Hudson et al., 2008; Campbell-Grossman et al., 2005, 2009; James Riegler et al., 2020). To this end, narrative storytelling in response to crisis, can have a significant impact on mental health and the strengthening of community bonds (Macias et al., 2021). Such is an intervention that could be conducted virtually with groups of working mothers. It is through community initiatives focused on the promotion of both personal and relational wellness (Prilleltensky, 2001), that the resources of all working mothers can begin replenishment.

8.4 Limitations and directions for future research

Like all research, this study is subject to limitations. First, this study was cross-sectional in nature. There is thus a need for longitudinal research to determine if WFC leads to increased parenting stress, ultimately affecting mental health and work engagement. Moreover, as this research is based on mono-source data, efforts should be taken in the future to obtain information from multiple sources (e.g., from working mothers and their work supervisors).

Second, it was the goal of this study to investigate how the COVID-19 pandemic and its demands may be affecting working mothers—an aim motivated by decades of research showcasing the higher burden borne by women to balance work and family, and the resulting higher rates of burnout, psychological distress, depression, anxiety, and compromised job well-being they experience (see Robinson et al., 2018 for a systematic review). Yet, working mothers—and sole mothers in particular—are certainly not the only ones disproportionately suffering the consequences of this crisis. Indeed, current research points to myriad ways that other underserved and vulnerable populations—people living with disabilities, racial minorities, those of lower socioeconomic status—are suffering, when it comes to healthcare access, infection and mortality rates, and xenophobia (as a few examples; e.g., Abedi et al., 2020; Andrews et al., 2020; Cheah et al., 2020; Egede & Walker, 2020). Thus, extending this research to determine how other vulnerable populations are experiencing WFC during COVID-19, and the effects that such demands may be having on their mental health and job well-being, should be a priority.

Third, while an important aim of this study was to investigate the disproportionate burden borne by sole working mothers during the COVID-19 pandemic, one cannot deny the lived experiences of sole mothers themselves, can vary greatly given intersecting identities. Previous research confirms how the social ecologies of single mothers can be characterized by multiple levels of disadvantage. For instance, social welfare policies and programs are less supportive of single mothers depending on their race (e.g., Moller, 2002) and sexuality (e.g., Lind, 2004); low-income sole mothers are at increased risk of food- and job-insecurity, poor healthcare access, and poor quality housing (e.g., Broussard, 2010); and mothers with disabilities routinely face inadequate supports, oppression and damaging stereotypes given their unique circumstances (Prilleltensky, 2003).

When it comes to race and ethnicity in particular, research specific to the COVID-19 pandemic is also revealing more about the disproportionate impact of this crisis among minoritized communities. As several examples, studies
are showing that familial stress processes may differ across ethnic and racial groups (e.g., Brown et al., 2020),
financial and instrumental hardships are being felt more strongly by parents of color (e.g., Chen et al., 2021), and
that race and motherhood are the driving forces behind the current productivity imbalance in academia
(Staniscuaski et al., 2021). Data from the Centers for Disease Control and Prevention (2021a) further indicate that
the COVID-19 disease burden itself (i.e., rates of infection, hospitalization, mortality), rests most heavily on racial
and ethnic groups (e.g., Black/African American, Asian American, Latinx, American Indian or Alaska Native). Long-
standing systemic vulnerabilities (e.g., inadequate healthcare access, overcrowded housing, structural racism and
discrimination) are largely to blame for these inequities (Centers for Disease Control and Prevention, 2021b;
Hooper et al., 2020). Core cultural values within certain communities, may also reveal more about varying levels of
strain. For example, Familismo—the core Latinx value of strong attachment to, and involvement with, one's nuclear
extended family (Calzada et al., 2012)—has been greatly compromised by COVID-related stay-at-home and social
distancing restrictions, potentially exacerbating reported stress among Latinx parents (Brown et al., 2020). Given
the relatively low base rates of participants from minoritized communities in this study, the ability to empirically
assess the impact of race and ethnicity was not possible. This represents a significant drawback of the current
research. Thus, it is imperative that future studies extend the current line of inquiry by approaching the questions
herein through an intersectional lens.

Moreover (and relatedly) efforts to understand the lived experienced of diverse working mothers (both sole and
partnered) during COVID-19, would greatly benefit from the integration of qualitative inquiry. While quantitative
research methods still have a prominent place in the pursuit of community psychology's objectives (Trickett, 2009),
incorporating the voices of knowledge holders themselves, will enrich understandings of COVID-19 stressors—and
their strain—as experienced by employed mothers of diverse identities. Moreover, information pertaining to as-
associated intervention could also be gaine, with working mothers articulating what they perceive would be useful
courses of social action (Trickett, 2009). By promoting voice and choice among community members (Prilleltensky,
2001), an even deeper understanding of how the COVID-19 pandemic may be exacerbating social inequalities can
be garner, while augmenting the empowering potential of the research process (Stein & Mankowski, 2004).

Fourth, while this study shows that singlehood exacerbates the state of psychological depletion felt by working
mothers, it is important to consider other factors that may further compromise the well-being of employed parents during
pandemics such as COVID-19. For example, having a child with special needs may further drain the resources of already
strained working mothers. It is also important to find ways to mitigate the negative impact of WFC on health and work
outcomes. For instance, in line with COR theory, personal resources such as guilt or resilience (Bonanno, 2004) may buffer
WFC's effect on parenting stress. It may also be useful to consider whether the support of a leader or coworker could
minimize the parenting stress associated with WFC, and thus so too weaken the relationship between this situational
demand and mental health and work engagement. When taken together, future research should focus on resource-based
variables that may further moderate the connections identified.

Finally, in this study we examined mental health and work engagement as consequences of the exceeding
demands placed on working mothers during the COVID-19 pandemic. However, although parenting stress did not
mediate the relationship between WFC and these variables among partnered mothers, to conclude that the ongoing
crisis is not harming the mental and job-related well-being of these women, would be ill-advised. On the one hand,
experiencing negative sentiments about oneself as a parent (i.e., parenting stress) may indeed be especially taxing in
cases where another primary caregiver is not there to compensate for one's (perceived) parenting shortfalls.
Likewise, without a parenting partner to help address the sources of one's parenting stress, sole mothers may have little choice but to withdraw from competing responsibilities. Yet, partnered mothers too, may experience other
manifestations of resource loss emanating from pandemic work-family demands, that in turn, may result in mental-
and work-based problems. For example, in addition to parenting stress, WFC could result in poorer physical health
(e.g., Allen & Armstrong, 2006) and/or higher levels of spousal conflict (e.g., Matthews et al., 1996), ultimately
leading to declines in mental health and job-related well-being. Thus, to better understand the risks that all working
mothers are currently facing, future research should consider additional variables that may mediate the effects of
pandemic-related demands, on the mental health and job-related well-being of these women. It would also be prudent for future studies to consider other operationalizations of work- (e.g., organizational commitment), individual- (e.g., life satisfaction) and family-based (e.g. children’s health) well-being.

9 | CONCLUSION

The unprecedented circumstances of the COVID-19 pandemic are adding additional risks to the already precarious day-to-day reality of vulnerable populations such as sole working mothers. While the current research demonstrates how this crisis is impacting the parenting stress, mental health and work engagement of employed mothers, it also highlights how the burdens of the current context are disproportionately falling on mothers who are sole parents. These results emphasize the importance of providing economic and social support for these women and their children, while contributing to our understanding of how pandemics such as COVID-19 may increase disparities between working sole- and dual-parent families.

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CONFLICT OF INTERESTS

The authors declare no conflict of interests.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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