

THE ROLE OF FAMILY SOCIAL SUPPORT ON WORK STRESS FOR FRONTLINE WORKING MOTHERS IN BANGLADESH

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ABSTRACT

Due to the increased entry of women into the workforce, there have been changes in socio-economic and familial changes in Bangladesh. Traditional family demands on women also increase along with this. Thus, working mothers experience more stress than men. In the context characterized by minimum formal support structures, working mothers need to resort to family resources to cope with stressful situations arising from work and family roles. Hence, this study aims to investigate the role of family support in alleviating work stress. Data were collected from 332 frontline working mothers (banks= 179, healthcare= 153) employed in banking and healthcare organizations located in Dhaka and Chittagong in Bangladesh. Grounding on the COR theory, the findings revealed that emotional, instrumental, and housework family support negatively influenced work stress of working mothers in banks, whereas instrumental and housework family support had negative influence work stress of mothers in the healthcare sector. The findings imply that family social support generates valuable resources for working mothers in the healthcare and banking professions in dealing with stressful work situations during pandemic situations. Family support is also a valuable resource for working women in a patriarchal society where gendered stereotypes shape working women's work stress. This study provides a clear understanding of how various family supports reduce the work stress of women. This study suggests organizations enable working mothers to cope with any unintended detrimental effects of using family support.

Keywords family social support; work stress; working mothers; Bangladesh

Introduction

Work stress has been regarded as a vital issue that has been drawing attention among scholars, practitioners, and academics over the last few decades. This is because it contributes to harmful individual and organizational outcomes having a significant bearing on organizational management (Falconier *et al.*, 2015). Work stress is associated with reduced productivity, increased absenteeism, accidents, turnover, work-family interference, and flawed individual and organizational performance (Armstrong *et al.*, 2015; Schiffrin and Nelson, 2010). In the banking sector and hospital sector, not only in Bangladesh but also worldwide, work stress has been regarded as a critical issue for frontline female employees, particularly mothers (Uddin *et al.*, 2020a; Akter *et al.*, 2019). Similarly, banking is also one of the high-stress professions in India (Kumar, 2006). Besides banking, work stress has been viewed as a critical issue in the healthcare and hospitality sector (Akter *et al.*, 2019; Muarry-Gibbons and Gibbons, 2007; Zhao and Ghiselli, 2016). This issue of stress among working women has been exacerbated due to the emergence of COVID-19 worldwide. Because of less flexibility and less opportunity of teleworking/homeworking during pandemic situations in the banking and healthcare sectors, the concern about managing work stress and what supports contribute to alleviating such stress has become a pivotal issue to address. Banking and healthcare frontline employees, particularly women, worked uninterruptedly amid this pandemic

situation, bearing the risks of being affected by COVID-19. Hence, they could be regarded as vulnerable professionals to evolve substantial work stress and other associated health problems (Tian *et al.*, 2020; Lai *et al.*, 2020). However, a certain level of stress might contribute to work performance positively, but it tends to create a problem when role demands outweigh perceived resources to utilize (Folkman and Lazarus, 1988).

This also increases scholarly attention about work stress among working women worldwide (Babore *et al.*, 2020). Employees with less work stress are likely to be more productive, satisfied with their job and lives, and less likely to leave the organization and absent from work (Kwok *et al.*, 2015). Whereas consistent work stress among banking and healthcare frontline employees might create job dissatisfaction, long-term mental and physical health problems (Rice *et al.*, 2014, Blau *et al.*, 2012), some resources from the non-work domain such as family might help women alleviating chronic stress levels during pandemic situations (Wu *et al.*, 2020). Given the importance of work stress, it is expected that various studies have investigated numerous predictors of work stress. However, most of these studies have highlighted work- and organizational-related predictors of work stress (Supervisory support, coworker support, organizational culture, social support, leadership, and role overload), with minimal attention directed toward family-related predictors such as family support (Zhang *et al.*, 2020; Hwang and Ramadoss, 2019; Li *et al.*, 2018). Family support mitigates work stress from harmful

work effects and improves life and well-being (Kwok *et al.*, 2015).

Research reveals that men and women experience causes of work stress in different ways (Upadhyay and Singh, 2017). Female employees are influenced by work stress sources, which are common to both men and women, and stressors distinct to women's lives. For example, women are usually engaged in low-paid, tedious, and high-demand works that are essentially stressful. Women also face other stressors such as gender stereotypes, the glass ceiling effect, gender discrimination, traditional socio-cultural norms, lack of empowerment, and male dominance that retard women towards development (Sahni, 2006; Uddin *et al.*, 2020b). Previous studies revealed that it is challenging for women to balance and manage work stresses that include multiple work demands at work and home. In this backdrop, support from family members has been regarded as effective in curbing stress and improving the overall quality of life (Chan *et al.*, 2019). While there are plenty of studies focusing on the stressors under which working women practice, often characterized by masculinity and gender stereotypes (Uddin *et al.*, 2020a).

Moreover, recent studies focused on the social support and work-life balance of women in banks (Uddin *et al.*, 2020a, 2020b); however, little attention has been paid to the work stress inherent in the banking workplace. Along with the challenges of banking work practice, it can be discounted that banking is a stressful profession for women, particularly mothers. Often, the stresses experienced by working mothers

could be reduced by adequate support from family members (Uddin *et al.*, 2020a; Khan, 2016).

Various studies on women in banking reported that working mothers' involvement in multiple work roles causes conflicts and tensions (Ogiwarac *et al.*, 2008). Mainly, working mothers engaged in frontline banking and private hospitals suffer from stress because of organizational and interpersonal issues in the workplace (Kumari, 2014; Azad, 2014). Moreover, the situations working women face having changed the handling of work-family responsibilities striking to them as research has shown that men and women experience stresses differently (Zhao *et al.*, 2019). Also, working mothers experience a tremendous amount of stress than non-working ones. Even during a pandemic situation such as COVID-19 requires them to work certainly at the workplace, creating substantial stress among mothers. Family support is vital to working mothers since the benefits are mainly utilized by them (Kwok *et al.*, 2015); thus, it is worth studying the role of family support in experiencing stress. Exploring the antecedents of women's work stress in banking is also essential because studies to date have highlighted among frontline employees in the hospitality industry (Jung and Yoon, 2016; Vong and Tang, 2017; Yousaf *et al.*, 2019; Asensio-Martinez *et al.*, 2019). Work stress negatively influences employees' overall quality of life and, hence, prevents their and organizational development (Hon *et al.*, 2013).

Thus, based on the above, this study examines the roles of family support on work

stress. Notably, this study aims to investigate the roles of instrumental family support (IFS), emotional family support (EFS), and family housework support (FHS) on managing the stress of frontline working mothers in banks in Bangladesh. This is due to addressing the research gap to conduct further studies on instrumental and emotional family support (Chan *et al.*, 2019). However, by achieving this research objective, the study makes two fold contributions: First, this study explores the association between family social support and work stress in the vital financial sector of banking from an Asian perspective, the findings of which may contribute to the continuous theoretical development within the area of social support and well-being of working mothers. Second, the findings may offer valuable understandings for banking professionals, practitioners, and policymakers, who may utilize these findings towards improving the quality of life of working mothers.

Theory and Hypotheses Development

Theoretical Background

The study draws on the conservation of resource (COR) theory (Hobfoll, 1989) to explain the role of family social support on work stress. COR theory (Hobfoll, 1989) postulates that work stress diminishes the resources of employees, which may consequently result in adverse effects of decreased well-being and quality of life. Based on this, previous studies argued that social support from family might offset various negative consequences of stress (Russo *et al.*, 2015; Chan *et al.*, 2019). Based on this argument, this study proposes that

social support from family members acts as a critical predictor of work stress. This assumption suggests that resources in social support derived in one sphere, such as family, offset the resource loss in another sphere. Here, support from family members' acts as resource gain might compensate for the harmful effects of resource loss due to work stress. This study proposes and examines a conceptual framework that examines perceptions of frontline working mothers in the banking sector regarding family social support and work stress.

Hypotheses development

Family is defined as the individual's perceptions about the extent to which family members are concerned and devoted to the family sphere and support each other (King *et al.*, 1995). Family members can offer emotional and instrumental support (Russo *et al.*, 2015; Chan *et al.*, 2019). Moreover, family members also provide housework support (Buchanan and Wallace, 2020) that has been neglected in the social support literature. IFS includes various types of tangible support that family members may extend to other working family members to accomplish their everyday tasks. On the other hand, EFS consists of the behaviors and actions that family members exhibit to feel others favored (Adams *et al.*, 1996). Household family support refers to the extent to which family members contribute to the daily household tasks such that their working family member gets relieved of competing family roles and obligations (Jovanovic and Wallace, 2013). The significance of family support has been studied in previous studies, especially with regards to work-family

interface (Russo *et al.*, 2015), job satisfaction (Chan *et al.*, 2019), family satisfaction (Amah, 2019), work-family conflict (Griggs *et al.*, 2013), and work engagement (Li *et al.*, 2018). However, so far author's knowledge goes; only a handful of research has examined the role of family social support and work stress. Using multi-dimensional family support, such as emotional family support, instrumental family support, and housework family support is the first to study their role in work stress.

Family support provides instrumental advice and emotional resources to support employees achieve their work objectives (Grzywacz and Marks, 2000) that alleviate their stress levels. A recent study on social workers reported that both instrumental and emotional support effectively influenced social workers' working life (Chan *et al.*, 2019). Previous studies also revealed that family members such as spouse/partner might offer vital emotional and instrumental resources to the working family member to facilitate the worthwhile achievement goals by managing various stressors at work and family (Russo *et al.*, 2015; Griggs *et al.*, 2013). The emotional and instrumental support of family support further lies with the fact that family members can uplift the moral strength of individuals when s/he experience a lousy mood and suffers from the illness. Moreover, family members can extend tangible help and inspiration in managing stressful situations arising from workload (Russo *et al.*, 2015). Since work stress is a vital issue among working mothers, resources stemming from support sources such as family support are essential to

alleviate the harmful effect of stress. In line with this, support from family members, including spouse/partners, is likely to reduce psychological sufferings, bad tempers, and depletion of instrumental and emotional resources (Chan *et al.*, 2019). Based on the resource-centric characteristics of the social support as suggested by the COR theory (Hobfoll, 1989), insights from previous studies suggest that social support is a crucial reducer of role stress among industrial employees and working women (Rakesh, 2012; Nawaz *et al.*, 2014). Other studies on coworker emotional and instrumental support reported that instrumental coworker support reduces occupational strains, although another study reported that instrumental support without emotional support facilitates employee turnover intentions (Tews *et al.*, 2013). Accordingly, instrumental support in some situations may increase stress levels of employees that relieve it (Deelstra *et al.*, 2003). However, numerous studies reported that social support is significantly related to decreased stress, parenting stress, work stress, and overall well-being (Zaidman-Zait *et al.*, 2017; Lu *et al.*, 2018). Thus, based on the above arguments, this study proposes the following hypotheses:

H1: Emotional family support is negatively related to the work stress of working mothers.

H2: Instrumental family support has a negative influence on the work stress of working mothers.

In addition to providing emotional and instrumental supports, family members also contribute to accomplishing daily household duties that give relief to individuals' family

roles and obligations, particularly for working mothers since they have to accomplish multiple role demands (Jovanovic and Wallace, 2013). Previous studies demonstrated that family members cooperation in doing household duties is a crucial indicator of helping a working family member, mainly mothers, survive the work stress and increase their positive work attitudes (Redcliff and Cassell, 2014; Presti *et al.*, 2016). Furthermore, since women are primarily responsible for household and dependent care duties, even though they are engaged in challenging professional demands, household support is essential for curbing their occupational strains. This support relieves them from household role burdens and burnouts (Buchanan *et al.*, 2018).

Irrespective of women's professional status and educational qualifications, mothers accomplish more dependent care and domestic work consistently than fathers, creating heightened stress. In this context, if other family members step up to support with childcare and other household works whenever working mothers are engaged in work duties, that ultimately reduces mothers' stress level to accomplish household works (Buchanan *et al.*, 2020). Family members' household duties also facilitate mothers' well-being by reducing stress levels and subsequent harmful effects of stresses (Young *et al.*, 2015). However, a recent study stated that family members, especially spouse/husband/partner, take over domestic roles to give much mental relief to mothers (Buc, and Takeallace, 2020). Thus, family members' participation in relief work helps

working mothers minimize role conflicts stemming from work and family roles. It is to mention here that mothers who can accomplish family obligations and their work roles tend to be more satisfied in both spheres (Buchanan and Wallace, 2020). Hence, the study proposes the following hypotheses:

H3: Family members' housework support negatively relates to the work stress of working mothers.

Method

The study recruited participants from different work settings with different work environments and career aspirations and might be a better representation of the population under study, and hence give a deeper examination of the proposed model of family support and work stress across two industries. The study surveyed working mothers from healthcare and banking sector organizations located in two capital cities such Dhaka and Chittagong, in Bangladesh. These two cities have been selected as most banking, and healthcare organizations are located in these two cities (Akter *et al.*, 2019; Uddin *et al.*, 2020a). The characteristics and distinct nature of the work of two different sample groups may enhance the generalizability of findings.

Sample and Procedure

First, the study conducted an online survey among working mothers employed in frontline jobs in the 60 branches of 15 commercial banks selected conveniently in two capital cities of Dhaka and Chittagong. Before conducting the survey, the 85 branch managers were contacted over the phone

and/or by email and/or social media (i.e., WhatsApp) to get permission to conduct the survey. While contacting the branch managers, they were approached to help recruiting participants. However, 60 branch managers responded positively, and then email addresses of working mothers engaged in frontline jobs were collected from respective branch managers. After collecting email addresses, we emailed a survey link and a consent form from the branch authority to 250 working mothers via their email. The participants were briefed about the underlying purpose of data collection, and their participation in the study was completely voluntary. Besides, the participants were also assured about their responses' complete anonymity and confidentiality, and there were no right or wrong answers (Podsakoff *et al.*, 2003). The respondents were also assured that their responses would be used for the research purpose only. However, within the deadline, 192 completed responses were returned, making a response rate of 76.8%. After eliminating 13 incomplete responses, 179 complete questionnaires were finally selected for analysis from working mothers in the banking sector. The average age of the respondents and their tenure in the organization were 38 (s.d. 7.86) and 11 years (s.d. 7.34), respectively. These respondents reported on an average of 49 hours of work per week (s.d. 1.18). Moreover, 37%, 31%, and 24% of mothers reported having two, one, three children, while the remaining (8%) reported having more than three children.

Further, the study accessed 20 healthcare organizations and requested the chief

administrator/director of the organization to survey their frontline working mother employees. Following an explanation to administrators and/or directors wherein we described the background and objectives of data collection and the study and assured complete anonymity and confidentiality, the permission to conduct the survey was approved. Adopting the same procedure as applied to collect data from the banking sector, the survey links were sent to 170 participants via email and/or social media (i.e., WhatsApp). Overall, 153 useable responses were received, yielding a response rate of 90%. The demographics reported an average age and service tenure in the organization were 32 years (s.d. 6.23) and seven years (s.d. 5.37). In addition, the respondents reported on an average of 46 hours of work per week (s.d. 1.37). Furthermore, 43%, 36%, and 18% of participants reported having two, three, and one child, respectively, while only three percent reported having more than three children.

Measures

The study developed a survey instrument adapting items from literature. The study adopted a 10-item scale to study emotional family support from the family support inventory proposed by King *et al.* (1995). The study also adopted an eight-item scale to measure instrumental family support from the family support inventory measure developed by King *et al.* (1995). The seven-item housework family support scale was adapted from King *et al.* (1995). The work stress was studied using a six-item measure proposed by Frech *et al.* (1972). The sample

items for emotional, instrumental, and housework family are: "I feel better after discussing job-related problems with a family member", "I feel comfortable asking members of my family for advice about a problem situation at work," and "My family leaves too little of the daily details of running the house to me" respectively. A sample item for work stress includes "Problems associated with my job have kept me awake at night." The study reported Cronbach's Alpha coefficients of 0.875, 0.913, 0.782, and 0.849 for EFS, IFS, HFS, and work stress constructs, respectively, confirming an adequate internal consistency of the scale. All items were anchored on a five-point Likert scale varying from 1 = not at all to 5 = to a very large extent.

A pilot study was conducted among 51 respondents (27 = bank, 24 = healthcare) to examine the scale's construct validity. The respondents were asked to comment on the clarity of each item's meaning and suggest the degree to which items reflected the concept of the variable the study intended to measure. The participants provided minor comments, and accordingly, minor changes were brought in, phrasing the items to increase their clarity.

The study also used age, service tenure in the organization, number of children, and working hours per week as controlled variables.

Common Method Bias

Since the study used cross-sectional data, there might be a possibility of common method bias (CMB). Therefore, the study

employed three techniques to check the extent to which the data set is likely to be contaminated by the presence of CMB. At first, the non-rotated exploratory factor analysis was used that extracted four factors wherein the first factor was accounted for only 28% of the total variance of 67% accounted for by four factors together. This indicates that CMB was not concerned with the data set (Podsakoff *et al.*, 2003). The second technique included examining a one-factor, two-factor, three-factor, and four-factor model consisting of all the constructs.

The four-factor model demonstrated a greater fit with indices as given: $X^2 = 113.84$; $df = 63$; $X^2/df = 1.807$; $GFI = 0.96$; $CFI = 0.96$; $RMSEA = 0.06$. The four-factor model was revised to contain a common factor in the third approach. The items' loadings on the common factor were defined to be equivalent, and the factor's variance was restricted to 1 (Eichhorn, 2014; Chang *et al.*, 2010). The projected items' loadings were equal to 0.19, further translating into a common method variance of 3.02% against 50% as suggested by previous studies (Eichhorn, 2014; Chang *et al.*, 2010). Thus, based on the above results, the common method variance was not a concern for analysis.

Data Analysis

The study examined the proposed model with partial least square (PLS) utilizing SmartPLS 3.2.8 (Ringle *et al.*, 2015). SmartPLS, as second-generation statistical software, helps to analyze smaller data sets. First, the study assessed the measurement model followed by examining the structure according to

procedures suggested in the previous studies (Hair *et al.*, 2017; Mahmud *et al.*, 2017). Then, factor loadings, composite reliability (CR), and average variance extracted (AVE) were used to evaluate the convergent validity followed by the discriminant validity.

Descriptive statistics

The analysis begins with calculating means, standard deviations, and correlations of the constructs under study (Table 1). Bivariate correlations among constructs were significant and demonstrated the negative influence of family social support sources on work stress. Notably, the results demonstrated that emotional family support, instrumental family support, and housework family support are negatively related to work stress ($r = -0.308^{**}$; $r = -0.297^{**}$; $r = -0.329^{**}$) respectively. These findings reveal a substantial role of family support sources in reducing work stress.

the healthcare sector was ($t = 8.317$, $p < 0.01$) also significant as t-values are greater than the threshold limit of 1.64. However, the findings for work stress revealed no considerable differences ($F(6, 332) = 2.54$). Similar findings were reported for instrumental family support ($F(6, 332) = 2.43$). However, significant differences were reported for emotional family support in the total sample ($F(6, 332) = 9.526$, $p < 0.01$). A pairwise comparison demonstrated a mean difference between working mothers in banks and the healthcare sector ($t = 4.813$, $p < 0.01$). The findings for household family support revealed no considerable differences ($F(6, 332) = 1.084$).

Table 1 Descriptive Statistics and reliability coefficient

Constructs	Mean	SD	1	2	3	4
1. Emotional Family support	3.418	.868	0.875			
2. Instrumental family support	3.562	.827	0.317**	0.913		
3. Housework family support	3.683	.934	0.362**	0.406**	0.782	
4. Work stress	3.671	.785	-0.308**	-0.297**	-0.329**	0.849

** $p < 0.01$

The study also examined the mean differences between the study population and each of the two groups. The general mean for the sample was 3.427, and the difference between the two groups was significant ($F(6, 332) = 48.37$, $p < 0.01$). A pairwise comparison demonstrates that the difference between the frontline working mothers in banks and the frontline working mothers in

Measurement Model

The measurement model results (see Table 2) reveal that the factor loadings were greater than the cut-off values, such as $CR > 0.70$ and $AVE > 0.50$, hence confirming the convergent validity of the constructs.

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Table 2: Measurement Model

Constructs	Range of item loadings on Factors	Composite Reliability	Average variance extracted
Emotional Family Support (EFS)	0.73-0.82	0.78	0.67
Instrumental Family Support (IFS)	0.76-0.81	0.83	0.69
Housework Family Support (HFS)	0.80-0.83	0.87	0.65
Work stress (WS)	0.75-0.80	0.76	0.64

Subsequently, the study also tested the discriminant validity (Table 3) of the proposed model applying the HTMT criterion (Henseler et al., 2015). The findings demonstrated acceptable loadings for that constructs on their own than on others, signifying an acceptable discriminant validity with the square root of AVE (diagonal) being more significant than the correlations (off-diagonal) for all dimensions. (Kline, 2011).

Table 3: Discriminant Validity

Constructs	CWES	CWIS	SUPES	SUPIS
EFS	0.67			
IFS	0.213	0.69		
HFS	0.430	0.276	0.65	
Work stress	0.416	0.412	0.347	0.64

Structural model

In this section, this study examined the proposed hypotheses using the Smart PLS 3.0 bootstrapping procedure followed by a resample of 5000 (Hair et al., 2017). The findings displayed in Table 4 and Table 5 reveal that the t-values were above 1.645, confirming significance at 0.05 levels. In addition, the study tested hypotheses for two different samples separately and calculated β values for bankers and healthcare mothers,

respectively, as presented in Table 4 and Table 5.

First, the study tested three hypotheses for frontline working mothers in banks, as depicted in Table 4, and all three hypotheses were reported to be significant. Particularly, emotional family support ($\beta = 0.15$, $t = 5.249$, $p < 0.01$) with f^2 of 0.037, instrumental family support ($\beta = 0.13$, $t = 4.164$, $p < 0.01$) with f^2 of 0.029, and housework family support ($\beta = 0.17$, $t = 6.235$, $p < 0.01$) with 0.038 were significant. Hence, the results confirmed H1, H2, and H3 for working mothers at banks. The results exhibit negative relationships between family support sources and the work stress of working mothers. These findings reveal that the family support sources such as emotional family support, instrumental family support, and housework family support have a significant influence in reducing working mothers' work stress employed in banks. These supports provide valuable resources for working women that they can utilize to alleviate their levels.

In working mothers in the healthcare sector, the results demonstrated that two were statistically significant out of three hypotheses. In particular, instrumental family support ($\beta = 0.19$, $t = 7.027$, $p < 0.01$) with f^2 value of 0.037 and housework family support ($\beta = 0.16$, $t = 4.372$, $p < 0.01$) with f^2 value of 0.029 were significant, while emotional family support were not significant. Hence, H2 and H3 were supported. Thus, out of three family support sources, instrumental family support and household family support have a

significant role in reducing the work stress of working mothers in healthcare organizations. However, emotional family support significantly reduced work stress of working mothers in banks but found no significant impact of this support in reducing work stress of working mothers in healthcare organizations. Thus, this study suggests that instrumental and household family support are valuable resources for working mothers in hospitals to reduce their work stress levels.

The R^2 for working mothers in the banking sector and healthcare was 0.214 and 0.197, respectively, which reveals that 21.4% and 19.7% of working mothers' work stress in banks and healthcare organizations could be explained by the dimensions of family support proposed in this study. Remarkably, all the significant family support sources (emotional, instrumental, and household) together may reduce 21.4% of work stress of working mothers employed in banks. In

Table 4: Structural Model Analysis (Front-line bankers)

Hypothesis	Relationships	Path Coefficients	t-value	f ²	Decision
H1	EFS → WS	0.15**	5.249	0.037	Supported
H2	IFS → WS	0.13**	4.164	0.029	Supported
H3	HFS → WS	0.17**	6.235	0.038	Supported
R ²	0.233				
Adjusted R ²	0.214				
Standard error	0.72				
F	4.93**				
ΔR ²	0.08				
F for ΔR ²	12.74**				

Note: ***p<0.001, **p<0.01,

Table 5: Structural Model Analysis (Healthcare frontline employees)

Hypothesis	Relationships	Path Coefficients	t-value	f ²	Decision
H1	EFS → WS	0.063	1.214	0.002	Not Supported
H2	IFS → WS	0.19**	7.027	0.037	Supported
H3	HFS → WS	0.16**	4.372	0.029	Supported
R ²	0.213				
Adjusted R ²	0.197				
Standard error	0.74				
F	8.61**				
ΔR ²	0.12				
F for ΔR ²	14.83**				

Note: ***p<0.001, **p<0.01

contrast, only two significant family supports (instrumental and household) could reduce 19.7% of work stress of working mothers in hospitals. Several other factors might reduce work stress, but since this study has only

highlighted family support, R^2 should be high. R^2 values of 21.4% and 19.7% are deemed to be acceptable because a power analysis was conducted using the online calculator of Daniel Soper (available at:

<https://www.danielsoper.com/statcalc/calculator.aspx?id=9>) to determine the post-hoc

analysis, and output revealed the power of 0.973.

Moreover, the R^2 value is also determined by the field of research (Hair *et al.*, 2017). Besides, the study also examined the predictive relevance (Q^2) applying the blindfolding procedure with an omission distance of 9. However, the findings report a Q^2 value of 0.11, which is greater than 0 (Fornell and Cha, 1994), thus, establishing the predictive relevance of the model.

Discussion

The originality of this study lies in studying the influence of multi-dimensional family support in terms of its influence on work stress among working mothers employed in the healthcare and banking sectors in a South-Asian context such as Bangladesh. So far, the author's knowledge goes. This study is the first to examine this theoretical framework in the context of empirical findings from Bangladesh, contributing to an overall more profound understanding of work stress in two significant and vital service sectors, such as the banking and healthcare pandemic situations COVID-19.

Grounded on the COR theory, this research hypothesized that multiple family support sources (emotional family support, instrumental family support, and housework family support) would negatively affect work stress. The findings, however, revealed that multiple foci of family support negatively influence work stress levels of working mothers. Notably, all three supports significantly reduce work stresses of working women in the banking and healthcare sectors,

whereas only instrumental and household family supports negatively influence work stress levels. This indicates that instrumental and household family supports are equally important for working mothers in Bangladeshi banking and healthcare sectors. Furthermore, emotional family support is relatively more significant for mothers in banks than in hospitals. Although previous studies suggested emotional, instrumental, and household family support as valuable family resources for working women in general (Chan *et al.*, 2019; Buchanan and Wallace, 2020) but this study offers slightly different findings frontline working mothers in two crucial service sectors such banking and healthcare. Due to the contextual differences between developed and developing countries, especially in the South-Asia where women, along with their paid work, women are solely responsible for managing household chores and dependent care duties. Moreover, this context is characterized by gender stereotypes that compel women to prefer household work to paid works (Uddin *et al.*, 2020b).

Family support sources have been regarded as valuable resources to manage the work stress levels of frontline working mothers employed in two key service sectors of healthcare and banking. Family support is vital in a context where organizational-sponsored supports and policies are insufficient to alleviate stresses for working women due to managing multiple responsibilities at work and home spheres for employees, especially mothers. The significance of findings may imply that grounded on the COR theory, and the family

can provide valuable resources to working mothers in accomplishing their work roles, which, in turn, might help to facilitate their career aspirations and family satisfaction (Amah, 2019). These resources are also essential as they help women reduce potential depletion of resources and increase protection of resources that may further contribute to minimizing role conflicts. Thus, the negative relationships between family support sources and work stress demonstrate that working mothers require support from family members to alleviate their work stress.

Implications for Theory

Although recent studies suggested emotional, instrumental, and housework family support as potential valuable family resources for working women, empirical studies are few in this regard (Chan *et al.*, 2019; Buchanan and Wallace, 2020). This study filling this gap contributes to the existing literature by empirically examining how multiple foci of family support reduce work stress levels of working mothers. This study is also essential since there has been a shift in the duties of women in Bangladesh due to their increased participation in the paid work due to increased awareness and female education (Uddin *et al.*, 2020a). Notably, their participation in the work domain leads them to experience excessive stress acting as resistant to change and women's empowerment (Ugwu, 2017). Moreover, working mothers' engagement in multiple works and family roles creates some additional stress arising from family-to-work conflict and work-to-family conflict, especially when competing role demands placed on working mothers surpass the

resources they retain to address such role demands. Thus, if working mothers possess family support to cope with role demands, the conflicts will be lower and, hence, the stress. Given this, the healthcare management and banking management should design the job description of working mothers in such a way so that there would be fewer role conflicts that ultimately enable mothers to contribute to the proper utilization of financial resources with more returns on investment and the building up of next generation of human capital. The findings imply that family support enables women in the healthcare sector to manage better healthcare services to improve patients' quality of services.

This study further contributes to signifying family support in terms of alleviating stress in the national gendered context with higher levels of gender inequality at national and organizational levels that create more stress for women than men. This may lead to an increased division of work and non-work responsibilities for women. Moreover, men's work stress is confined to the work domain only, whereas women's stress stems from both the work and family domains. In the context of higher gender inequality, both the work-to-family and family-to-work conflicts create more stress for working women, while the work-to-family conflict was found to create stress for men only (Davis, 2020). Thus, this study suggests banking and healthcare organizations improve gender equality to reduce work stress levels of working mothers by reducing the gendered separation of labor on men's and women's work roles.

An essential contribution of this study is introducing new family support dimensions of housework family support to reduce the work stress of working mothers. This indicates that women's stress tends to decline whenever they receive more housework support from family members. It is because women are ultimately responsible for the home, which influences their spillover into the work. Whenever family members accomplish a large portion of housework, they experience less work stress because of less internationalization of expectations for which they feel morally responsible for being women. On the other hand, whenever family members tend to accomplish less housework, mothers experience more stress due to their accomplishments. Besides, women's work stress is generated from job characteristics, work hours, working environment, gender stereotypes, discrimination, job security, and work schedule (Davis, 2020). Thus, our results reveal that work stress experienced by mothers tends to be less whenever family members extend more significant support to accomplish household works.

Since this study has been conducted during a global pandemic situation such as COVID-19, the findings contribute to understanding the nexus between family supports and working mothers' stress in the banking and healthcare sectors amid challenging situations. Our findings reveal that family support (instrumental and housework in healthcare) contributes to alleviating the stress levels of working mothers during the pandemic situation. In line with a study during the COVID-19 that reported that healthcare workers with support from

children working mothers reported perceiving fewer stress levels (Evanoff *et al.*, 2020), this study also reports that support from family members helps mothers reduce stress levels. This might be due to having children and other support from family members during the pandemic situation might be regarded as a protective factor from perceived stress. In line with this, studies argued that children and supportive families allow working women to concentrate on positive aspects of their work and life, increasing their morale and confidence to handle challenging situations in a broader environment (Walton *et al.*, 2020). During COVID-19, various significant family supports reported in this study could represent a "break" from strenuous working hours, distress from being infected, maintaining cleanliness, working demands, and the consequence of dealing with clients at banks and patients at hospitals and exhaustion.

Another implication of social support from family members concerns its coping ability to distressful situations arising from epidemics. Previous studies reported that social support as an effective functional strategy helps individuals respond to dysfunctional stressful situations when facing any challenging situation (Martinez *et al.*, 2020). However, a study in Italy during COVID-19 reported an insignificant effect of social support to predict perceived stress (Flesia *et al.*, 2020). However, since family support is essential social support, this study argues that various social family supports effectively face the critical situation of the present pandemic by minimizing work stress. Particularly,

healthcare employees and bankers might be stressed about the potentiality to infect their families because of increased working hours. In some cases seeking family support could be pronounced, especially when working mothers in hospitals have to live far from their families to avoid the risk of contagion.

Finally, the study reported an insignificant impact of emotional family support for healthcare employees that require further examination to contribute to the discussion and provide a further understanding of family support. This finding reveals that emotional family support might not effectively reduce stress for working mothers in the healthcare sector while it is effective for working mothers in the banking sector. This might be due to the lack of family members' inability to provide emotional support for mothers in healthcare or because emotional support is not essential for their stress management. This is partly in line with an argument of an Italian study (Davis, 2020), which stated that seeking social support during pandemic might be frustrating for healthcare workers and may create stress for other contexts. Nevertheless, consistent with previous studies, support from family is regarded as a valuable mechanism to reduce stress and protect health and improve the overall quality of life (Asnani *et al.*, 2004).

Altogether, this study suggests that support from family members would be detrimental to reduce working mothers' work stress as there is insufficient formal social- and organizational support to address the occupational stress of women. Moreover, receiving informal support is more influential in managing stressful situations of working

mothers in this context than in western and developed contexts where there are widespread formal social safety nets and support programs for women and working mothers. Thus, emotional, instrumental, and housework family support may contribute to the stress management of women during the pandemic situation in a context characterized by limited formal support.

Implications for practice

Our findings have some practical implications for practitioners and policymakers about managing work stresses among working mothers in the healthcare and banking sectors during a challenging global situation such as COVID-19. These categories of employees have been in the frontline during the pandemic, facing challenges and situations that had never happened before, with challenging work shifts, isolation from families and friends, and social distancing. Although they were not prepared to deal with this situation, they have faced this. Considering the challenges of working mothers in the healthcare and banking organizations, the significance of family social support to deal with stresses arising from occupational and family roles and pandemic situations could be explained as our results are inconsistent with previous studies. Also, based on this context, it is essential to plan and think of support programs mainly dedicated to working mothers. This study highlighted that female employees having children and working in the frontline jobs are related to higher stress levels. As this study did not find emotional family support significant for healthcare employees, how alternative psychological

supports could be provided needs to be realized to increase their coping capacity.

Healthcare and banking organizations should discover ways to facilitate greater well-being by adopting strategies to cope with work stresses. Organizations may also give mentors support and guide working mothers to manage stressful situations so that they do not become overwhelmed. Working mothers' family and work demands in the family sphere need to be clarified and communicated. It is also necessary to explain how family roles could be shared as family members provide a significant portion of family support. The working mothers' family members and spouses need to provide supports through offering an ear and exhibiting a consideration and empathy of work stresses in healthcare and banking professions. Another key implication is for every working mother to understand that family members can offer multiple supports such as emotional, instrumental, and housework that help them to cope with their occupational stress. Hence, they need to draw on their resources when the necessity arises. Moreover, working mothers need to be aware of their work stresses and take essential corrective measures to address the negative impacts of stresses leading to unprecedented resource losses (ten Brummelhuis and Bakker, 2012).

Limitations and directions for studies

Our findings should be explained in light of some limitations. First, this study self-reported cross-sectional data that often concern with a common method bias (Podsakoff *et al.*, 2003). Although the study

collected data from two sources and examined the concern for CMB, the result no potential seriousness of CMB with the data set. However, this study calls upon future research to adopt a longitudinal and qualitative research design. Second, this study highlighted a significant role of family social support in reducing work stress of working mothers in the healthcare and banking sectors. Third, future studies can further investigate the role of family support among workers in the manufacturing sector, such as the ready-made garment industry, where around 90% of workers female. Fourth, future research can also investigate perceptions among female school teachers in primary and/or kindergarten schools since most teachers are female. Fourth, gendered issues and socio-cultural norms and values drive how women devote themselves to career aspiration and stress generation and management. Thus, it would be helpful to examine further the moderating role of gender and the mediating role of social-cultural values in the process of family support to working women's stress management. Finally, this study is limited to working mothers in Bangladesh. Other worth examining variables such as self-efficacy as a critical individual resource may moderate or mediate relationships in the same context. Finally, working mothers in other Muslim countries such as Malaysia and Indonesia might have varying familial, socio-cultural norms and values that may affect the results. A cross-country design may further contribute to the theory and practice of stability and applicability of the COR theory in different socio-cultural contexts. In sum, this study makes valuable incremental

contributions to the literature by investigating the application of the COR theory in understanding how resources in the form of family support gained from the family domain could be utilized by working mothers to deal with their work stress during the exceptional pandemic situation.

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