



■ Article ■

Influence of Work-Family Conflict on Depressive Symptoms among Korean Married Working Mothers: The Effects of Social Support from Husbands

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Abstract

This study aimed to determine the relationship between two types of work-family conflict, self-esteem, and depressive symptoms, as well as the role of husbands' social support. A survey was completed by 335 Korean married working mothers, and the data were analyzed using structural equation modeling (SEM) and multi-SEM. The results were as follows. First, family-work conflict was negatively associated with self-esteem in married mothers who received low social support from their husbands; however, no association was found among those who received high social support. Second, family-work conflict was positively related to depressive symptoms in married mothers receiving low social support from their husbands; however, no association was found among those receiving high social support. Third, the influence of family-work conflict on depressive symptoms through self-esteem showed different patterns depending on the level of social support. Self-esteem mediated the association between family work conflict and depressive symptoms in respondents reporting low spousal support. Our results have important implications for reducing family-work conflict and its negative consequences in married working women in South Korea.

■ **Keywords** : married working mothers, work-family conflict, depressive symptoms, self-esteem, spousal social support

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Introduction

In Korea, married working women show greater mental health problems than single working women (Statistics Korea, 2019), being regularly exposed to stressful situations that negatively influence their mental health (Y. Kim, 2011). Furthermore, research has shown that working mothers are burdened with multiple household roles, such as child-rearing and household chores, despite their workplace responsibilities (Haddock & Bowling, 2002; Voydanoff, 2005). In particular, working women in South Korea have been shown to experience a “dual pain” that requires them to carry out both their home- and work-life simultaneously (Song & Lee, 2011), as the traditional, patriarchal family system maintained in Korean society places the primary responsibility for domestic labor and care on women (Phang, 2000). Thus, as societal expectations for child-rearing are much greater for women than for men, working mothers must cope with expectations regarding the fulfillment of traditional gender roles and their associated child-rearing responsibilities (J. Park, 2010; J. Park & Liao, 2000).

Greenhaus and Beutell (1985) define work-family conflict as a form of inter-role conflict that occurs when the requirements for both work and home roles are not compatible. In other words, work-family conflict is the inter-role conflict caused when one’s role at home interferes with workplace role performance or when workplace roles interfere with home role performance (e.g., Frone, Russell, & Cooper, 1992). Numerous studies have reported that incompatibility between work and home roles contributes to inter-role conflicts and other negative outcomes (Allen, Herst, Bruck, & Sutton, 2000; Bakker, Demerouti, & Euwema, 2005; Chang & Kim, 2003; Hammer, Cullen, Neal, Sinclair, & Shafiro, 2005; O’Driscoll, Brough, & Kalliath, 2004). Furthermore, inter-role conflicts in women can aggravate depression, even leading to suicidal thoughts (Haines, Marchand, Rousseau, & Demers, 2008; J. Y. Kim, Nam, & Choi, 2009); therefore, efforts are needed to prevent inter-role conflicts in mar-

ried women to reduce negative outcomes, such as depression.

While studies have been conducted to reveal the consequences of work-family conflicts that have a serious impact on women, few have examined resources to help manage work-family conflicts (Lee, 2014). Therefore, identifying resources that reduce these conflicts for working women and their families and help them maintain their psychological well-being is necessary.

Social support can be used to alleviate the negative influence of inter-role conflicts that act as stressors (Jun, 2012) and can also help individuals cope with stress arising from work-family conflict (Ayman & Antani, 2008; I. Kim & Lee, 2009; P. S. Kim & Kim, 2010; Won & Park, 2009). Consequently, research on the role of social support in depressive symptoms associated with work-family conflict would clarify how social support can prevent negative work-family conflict outcomes. Specifically, this study focuses on the role of social support from husbands to clarify how support from spouses helps working women manage psychologically stressful situations. Therefore, this study investigated the role of husbands' social support in identifying methods to decrease depressive symptoms and assist women in fulfilling both their home and work roles.

Theoretical Background

Work-Family Conflict

Work-family conflict refers to the experience of conflicts in meeting role expectations at either work or home that lead to psychological tension, time constraints, and irrational behavior, resulting in a poor quality of life (Greenhaus & Beutell, 1985). Conflicts between work and home can be divided into work-family conflicts and family-work conflicts, depending on where the conflict is experienced (Eom & Sung, 2017; Greenhaus & Beutell, 1985). First, work-family conflict (WFC) refers to the conflict between roles that hinders one from performing tasks in

the home due to work responsibilities. Conversely, family-work conflict (FWC) is the conflict between roles perceived to hinder workplace performance, owing to performing the role required by one's household. When working mothers view their work performance as more important than their responsibilities within the home, it has been reported that their families hamper their social achievements (Ford, Heine, & Langkamer, 2007). However, those who accept family life responsibilities as a more important task than workplace roles may believe that their responsibilities and tasks at home are not properly handled. Individuals must create a balance between home and work to positively assess their daily lives. Nevertheless, growing workplace burdens negatively affect individuals who attempt to control conflicts between their work and family roles (Byron, 2005; Yun & Bae, 2016). Furthermore, conflicts between work and family have been shown to adversely influence mental health (Y. Kim, 2011).

Work-Family Conflict in Women, Depression, and Self-Esteem

In South Korea, women experience depressive symptoms approximately twice as frequently as men (16.6% of women vs. 8.1% of men; Shin, Chung, & Kim, 2012). Since depression in married women may lead to psychological pain and exert negative influences on their families' mental health, including that of their children and spouses, the maintenance and improvement of married women's mental health are critical for family happiness and psychosocial well-being (J. H. Kim, 2006).

When one must complete housework and raise children while also fulfilling workplace roles, the stress caused by the combined burden and conflict between multiple responsibilities may exert negative psychosocial influences (S. H. Kim & Kim, 2013), such as depressive symptoms in workers (Frone, 2000; Ha & Kwon, 2006; Hammer et al., 2005). In a study of 27,000 married workers, Frone et al. (1992) reported that work-family conflict leads to anxiety, depression, drug addiction, and schizophrenia. Thus, inter-role conflicts contribute to psychological problems, including mood disorders (Frone, 2000), and have an inverse rela-

tionship with psychological well-being (Lenaghan, Buda, & Eisner, 2007). In particular, female workers were found to experience higher levels of distress, depression, and anxiety due to work-family conflict than male workers (Chang & Kim, 2003; Choi, Park, & Choi, 2010; Ha & Kwon, 2006; K. Park, 2002).

Self-esteem is related to the positive or negative assessment of oneself, and results from the accumulation of important life experiences (Aneshensel, 1992; Baumeister, Campbell, Krueger, & Vohs, 2003). Self-esteem mediates the relationship between stress and depression (S. B. Kim & Kim, 2011; Moksnes, Moljord, Espnes, & Byrne, 2010). Individuals experiencing stress show decreased self-esteem and increased negative emotional states including depression. People with high self-esteem have been shown to be less vulnerable to stressful situations and have higher resilience since they can protect themselves from psychological difficulties (Aspinwall & Taylor, 1992).

Subsequent research (S. B. Kim & Kim, 2011; Moksnes et al., 2010) has demonstrated that individuals in stressful situations have low self-esteem as they perceive themselves negatively, and this low self-esteem contributes to the development of depression. Therefore, self-esteem was expected to mediate the relationship between work-family conflicts and depression in working mothers.

Spousal Social Support as a Protective Factor

Social support has been found to have a buffering effect that reduces the negative influence of life events or daily life stress. Thus, people with high social support experience less depression because of the direct influence of social support on mental health, and social support can buffer the influence of negative events and stress on depression (Heaney & Israel, 2008).

S. A. Park (2015) reported the disturbances in married working women's family lives in South Korea to be greater than those of single working women. Thus, working mothers in South Korea experience work-family conflicts due to a lack of support, such as sharing household chores and

tasks. Support from family members is critical for reducing work-family conflicts among Korean women in modern society (Hwang, Lee, & Lee, 2012). Family support refers to how much help a mother receives from her husband and other family members with child-rearing. Low family support has been shown to be related to high levels of conflict and low job satisfaction (Abendroth & Dulk, 2011; Jung & Song, 2010; S. H. Kim, 2010; Y. B. Son & Choi, 2009; Wadsworth & Owens, 2007), highlighting the importance of family support for working mothers.

In particular, husbands' support for their families can be very important for working mothers. Michel, Kotrba, Mitchelson, Clark, & Baltes (2001) reported that husbands' support had a beneficial effect on reducing stress, concluding that husbands' support was a factor affecting working mothers' work-family conflict and parenting stress. Previous research has identified several variables that reduce work-family conflicts (Grzywacz & Bass, 2003; McNall, Nicklin, & Masuda, 2010) and has emphasized the importance of forming a family culture of equality between husband and wife, the need for psychological and emotional support between spouses, and reasonable household role-sharing in a society in which dual-income families are becoming common.

The Current Study

Based on existing research, this study investigated the relationship between work-family conflict, self-esteem, and depressive symptoms, and examined the role of husbands' social support. Specifically, we explored how wives' work-family conflict (WFC and FWC), self-esteem, and depressive symptoms were related and whether these relationships differed by the level of social support received from their husbands. We hypothesized that work-family conflict would affect depressive symptoms directly and indirectly through self-esteem, and that these effects would differ between married women with low and high social support from their husbands.

Method

Participants

The participants comprised 335 married Korean women with children working full-time ($M_{\text{age}} = 32.24$ years, $SD = 4.26$, range: 22–48). They were recruited through letters sent to local preschools, fliers at community events, postcard mailings, and referrals from other families. By education, 47 participants (14.0%) were high school graduates, 139 (41.5%) were two-year college graduates, 112 (33.4%) were university graduates, and 38 (11.3%) had graduate degrees. By employment experience, 66 participants (19.7%) had been working for less than 3 years, 21 (6.3%) had been working for more than 3 years, 79 (23.6%) had been working for more than 5 years, 74 (22.1%) had been working for more than 10 years, and 86 (25.7%) had been working for more than 15 years. All participants lived with their husbands, as an inclusion criterion, and had one or more children, with no participant having more than three children.

Participants were informed that the primary purpose of the research was to collect data on their work and family life. The participants were informed that they could choose not to complete the survey or could stop participating at any time. Only participants who provided written informed consent were included in the study. They were asked to complete the questionnaire anonymously and enclose their completed answer sheets in a prepared envelope to keep their responses confidential.

Measures

To measure work-family conflict, we used a scale developed by Frone et al. (1992) that consisted of four questions, two measuring WFC and two measuring FWC. An example of a question investigating the degree of WFC is, “Does your work often interfere with your responsibilities at home?” An example of a question investigating the de-

gree of FWC is, “Does your housework often interfere with your responsibilities at work?” This scale was translated and validated by Ka (2006) and rated on a five-point Likert scale (1 = *strongly disagree* to 5 = *strongly agree*), where higher total scores indicate higher levels of conflict. Cronbach’s α reliability coefficients in this study were .84 for WFC and .88 for FWC.

To measure depressive symptoms, we used the Center for Epidemiology Studies Depression Scale (CES-D) developed by Radloff (1977) and translated into Korean by Chon and Rhee (1992). The CES-D measures depressive symptoms using a rating of the length of time a symptom is experienced. The CES-D measures depressive feelings (seven questions), positive feelings (four questions), somatization (seven questions), and relationships (two questions). The scale measures the symptoms experienced during the past week, and the questions are scored on a four-point rating scale: 1 = *rarely or none of the time*, 2 = *some or a little of the time*, 3 = *occasionally or a moderate amount of time*, and 4 = *almost always*. Four questions investigating positive feelings were reverse-scored before the scores were totaled, so that higher total scores indicate higher levels of depression. The validity and reliability of the CES-D for the Korean sample are well supported (Cronbach’s $\alpha = .89$; Chon & Rhee, 1992), with an internal consistency in this study of $\alpha = .94$.

To measure self-esteem, we used the Rosenberg Self-Esteem Scale, developed by Rosenberg (1965). An example question is, “I certainly feel useless at times.” This scale consists of 10 questions measured using a five-point Likert scale, and Questions 3, 5, 8, 9, and 10 were reverse-coded so that higher scores indicate higher self-esteem. In this study, the reliability coefficient was .81.

To measure husbands’ social support, we used the scale developed by Kessler (1998), which was translated into Korean and validated by Jang (2007). Example questions include “My spouse pays attention to me” and “When I have a serious problem, I rely on my spouse.” This scale consists of six questions rated on a four-point Likert scale (1 =

strongly disagree to 4 = *strongly agree*), where higher scores indicate higher levels of social support from husbands. Its reliability and validity have been well documented in Korean couples (e.g., Jeon & Park, 2015). In both Jang (2007) and Jeon and Park (2015), the internal consistency of the six questions investigating husbands' social support was $\alpha = .92$. In this study, the reliability coefficient was $\alpha = .90$.

Statistical Analysis

Structural equation modeling (SEM) was used to assess the hypothesized structural relationships between variables. SEM, a multivariate statistical analysis technique that analyzes structural relationships, was selected as an appropriate analytical approach for evaluating the hypothesized model of the relationship between WFC factors and depression. Furthermore, using Preacher and Hayes' (2008) nonparametric bootstrapping approach, we tested whether there was a significant indirect effect of the WFC factors on depression mediated by self-esteem. This method uses repeated sampling from the dataset to estimate the indirect effects in each resampled dataset. Finally, to test whether each effect was statistically different across the lower- and higher-support groups, we conducted a multi-group SEM. The invariance of the identified model was also tested. We analyzed the data for both groups simultaneously using the final theoretical model (i.e., partial mediation model), which serves as the baseline model against which the subsequent model is compared.

In this study, maximum likelihood estimation (ML) was used to estimate the parameters. Model fit was assessed using several fit indices: the Tucker-Lewis Index (TLI; Bentler & Bonett, 1980), the Comparative Fit Index (CFI; Bentler, 1990), and root mean square error of approximation (RMSEA; Steiger & Lind, 1980). A threshold value of 0.08 for the RMSEA (Hu & Bentler, 1999) and values $\geq .95$ for the NNFI and CFI were used to determine the best-fitting model (Hu & Bentler, 1999).

Results

Descriptive Statistics

The correlations, means, standard deviations, skewness, and kurtosis of the study variables are provided in Table 1. Significant correlations were found among the study variables in both the low- and high-support groups (participants were divided into high- or low-support groups according to the median values of husbands' support). According to the guidelines of severe non-normality (i.e., skewness > 3; kurtosis > 10) proposed by Curran, West, and Finch (1996), the normality assumption of all variables was met, as the skewness values were less than 3 and kurtosis values were less than 10.

Table 1.
Descriptive Statistics of the Study Variables

		WFC	FWC	Self-Esteem	Depression
WFC			.71***	.05	.37***
FWC		.64***		.01	.34***
Self-Esteem		.07	.07		.15*
Depression		.31***	.37***	.17*	
M (SD)	Low	2.82 (0.75) ^a	2.55 (0.74) ^a	3.00 (0.36)	2.36 (0.85) ^a
	High	2.40 (0.69)	2.08 (0.74)	3.08 (0.34) ^a	2.01 (0.80)
Skewness	Low	-0.01	0.25	-0.62	0.67
	High	0.10	0.44	0.72	1.12
Kurtosis	Low	0.12	0.21	0.73	0.43
	High	-0.66	0.33	3.72	2.33

Note. M, mean; SD, standard deviation; WFC, work-family conflict; FWC, family work conflict; correlations for the low-supported group are below the diagonal; correlations for the higher-supported group are above the diagonal. ^aGroup differences are significant at $p < .05$; * $p < .05$, ** $p < .01$, *** $p < .001$

Testing the Mediation Models

We tested two mediation models to test the hypothesis that self-esteem mediates the relationship between work-family conflict and depression. The initial structural model reflecting partial mediation was specified, with both direct and indirect paths, from work-family conflict

factors (WFC and FWC) to depression via self-esteem. The second structural model represented the full mediation model, which did not include the direct effects of work-family conflict factors of depression. Both models were tested separately for the groups with low and high support from husbands. The results indicate that both models showed a good fit for the sample. For the low -support group, the partial mediation model yielded an overall $\chi^2(223) = 561.25$, with CFI = .96, TLI = .95, and RMSEA = .076, and the full mediation model yielded an overall $\chi^2(225) = 586.58$, with CFI = .93, TLI = .90, and RMSEA = .078. For the high- support group, the partial mediation model yielded an overall $\chi^2(223) = 490.90$, with CFI = .98, TLI = .96, and RMSEA = .058, and the full mediation model yielded an overall $\chi^2(225) = 504.00$, with CFI = .97, TLI = .96, and RMSEA = .052.

A chi-square difference test was conducted to determine which model fit the data better. The χ^2 difference and the difference in degrees of freedom between the full and partial mediation models determined the model selection. For the low-support group, the χ^2 difference value was significant at the .05 level: $\Delta\chi^2(2) = 25.33$, while for the high-support group, the χ^2 difference value was significant at the .05 probability level: $\Delta\chi^2(2) = 13.10$. The chi-square difference test supported the partial mediation model for both the low- and high-support groups; therefore, the partial mediation model was selected as the final theoretical model across the two groups. The final model fit was deemed acceptable in terms of the three fit indices.

Table 2 presents the results of the final structural model. In the low -support group, FWC was shown to have a significant relationship with self-esteem ($\beta = -0.37, p < .05$). FWC had a significant direct relationship with depression ($\beta = 0.35, p < .05$), while WFC did not show a direct relationship with self-esteem ($\beta = .16, p > .05$) or depression ($\beta = 0.08, p > .05$). Individual self-esteem was also significantly associated with depression ($\beta = -0.17, p < .05$). For the high- support group, none of the work-family conflict factors was found to have significant relationships with self-esteem or depression. Self-esteem was significantly asso-

ciated with depression ($\beta = -0.27, p < .01$).

Table 2.

Results for the Final Model

Paths	Low-Support Group (n = 165)			High-Support Group (n = 170)		
	B	SE (B)	β	B	SE (B)	β
WFC → Self-Esteem	0.13	0.14	0.16	-0.08	0.21	-0.07
FWC → Self-Esteem	-0.42*	0.21	-0.37 α	-0.06	0.26	-0.23 α
WFC → Depression	0.09	0.17	0.08	0.21	0.24	0.14
FWC → Depression	0.58*	0.26	0.35 α	0.14	0.29	0.15 α
Self-Esteem → Depression	-0.25*	0.13	-0.17	-0.35**	0.11	-0.27

Note. * $p < .05$, ** $p < .01$, *** $p < .001$. α Group difference was significant at $p < .05$.

Bootstrapping was used to test the statistical significance of the mediation effect (Table 3). The results for the low -support group indicated that FWC had a significant indirect relationship with depression through self-esteem ($\beta = 0.07, p < .05$). However, for the high- support group, none of the work-family conflict factors had a significant indirect relationship with depression via self-esteem.

Table 3.

Results for Indirect Effects in the Model

Groups	Indirect Effect	B	SE (B)	β	95% CI
					(Bootstrap with Bias Correction)
Low-Support	WFC → Self-Esteem → Depression	-0.03	0.05	-0.03	[-0.15, 0.02]
	FWC → Self-Esteem → Depression	0.06*	0.04	0.07	[0.01, 0.16]
High-Support	WFC → Self-Esteem → Depression	0.03	0.09	0.02	[-0.09, 0.22]
	FWC → Self-Esteem → Depression	-0.02	0.05	-0.01	[-0.13, 0.03]

* $p < .05$, ** $p < .01$, *** $p < .001$.

Multigroup SEM

When testing for possible group differences in the fit of the structural paths, each construct’s measurement model should operate equivalently across groups, as this allows the differences in the structural paths to

be meaningfully compared across groups (Steenkamp & Baumgartner, 1998). This is called metric invariance, and is a prerequisite for multi-group SEM. Therefore, the measurement model for equal corresponding loadings across the groups was constrained. The results of the metric invariance model test, $\chi^2(464) = 1085.93$, revealed a well-fitting model in terms of CFI = .96, TLI = .95, and RMSEA = .062.

Given that metric invariance was met, t-tests (available critical ratio test in AMOS) were conducted to pinpoint which paths were significantly different across groups. The results showed significant differences in the three structural coefficients. For the paths from FWC to self-esteem and depression, there were significant differences between the low- and high-support groups, indicating that the relationships between FWC and self-esteem and depression were significant only for the low-support group.

Discussion

This study aimed to examine the effect of work-family conflict on depression and the mediating effect of self-esteem on work-family conflict and depression. Further, this study aimed to identify methods to help married working women fulfill their roles at both work and home by reducing negative outcomes of work-family conflict, such as depressive symptoms. Thus, we examined whether husbands' social support could reduce negative outcomes from work-family conflict. This section discusses the results of this study and relates them to the previous findings.

First, FWC was shown to directly influence self-esteem in married women who reported low social support from their husbands. These results indicate that psychological difficulties due to poor work performance hampered by their family led to lower self-esteem in working women who received lower spousal support at home, but this was not observed in working women who received higher spousal support.

One study of Korean working women found that South Korean mar-

ried working mothers experienced psychological conflict when they perceived that their workplace performance was hindered by the performance of their household roles rather than the conflicts between their household roles being hindered by their experience in the workplace (S. E. Park, 2014). Thus, Korean women may have difficulty carrying out their job duties because of their family obligations, as their household and family responsibilities are greater than those of married men in Korean society. Moreover, the dual burden of the responsibilities of the workplace and home without the husband's support creates psychological stress (M. S. Kim, 2014) for working mothers. In this situation, mothers often blame themselves for their limitations when they believe that they do not effectively perform these multiple roles and subsequently experience severe role conflicts (Yi, 2015). These ongoing work-family conflicts might lead to lower self-esteem among working women in South Korea.

Second, FWC directly influenced depression in married women who received low social support from their husbands, although this effect was not found when social support was high. Our findings are consistent with those of previous studies reporting that husbands' support is beneficial for reducing stress in women (Michel et al., 2001). Furthermore, husbands' social support acts as a moderator for women, attenuating the direct influence of stressful life events on emotional well-being and maladjustment (Oh, Kim, & Kim, 2008; Sarason, Pierce, & Sarason, 1990). Similarly, L. J. Kim and Yoon (2000) reported that spousal understanding and support affect working women's psychological well-being. Together with these previous studies, our findings suggest that being part of a couple that includes a husband who shows a high level of household participation and equal gender roles between the spouses may contribute to the positive well-being of the working mother. These results suggest that work-family conflict not only hurts the mental health of working women but also has a negative effect on the overall family and work life (Luk & Shaffer, 2005), making a husband's support critical for working women.

Third, for married women receiving low support from their husbands,

FWC was found to influence depression through self-esteem. However, this relationship was not observed among married women with high support. In other words, for married working women who perceived a lack of social support from their spouses, increased FWC was associated with lowered self-esteem, which in turn led to higher depression. These results support those of previous studies (S. B. Kim & Kim, 2011; Moksnes et al., 2010) that demonstrated that individuals in stressful conditions had low self-esteem owing to their negative self-perceptions, which in turn led to increased depression. However, this study indicated that stressful situations caused by work-family conflict might reduce self-esteem and lead to depression in working mothers, which may be buffered when husbands provide high levels of support.

This study suggests that psychological conflicts can lead to depression, as women struggle to do their jobs well but fail to perform their jobs well compared to their male counterparts at work and fail to obtain professional achievements. If their husbands support them, such psychological conflicts may be alleviated and psychological problems may not manifest as symptoms of depression resulting from low self-esteem. In other words, working women receiving support from their husbands can work in a psychologically healthy state despite the existing conflict between their professional and family work. Thus, high support from husbands exerts a buffering effect on the negative influences of FWC in working women.

Conclusions

The coexistence of work and family roles has become inevitable with the rapid societal development of dual-income nuclear family households, and the peaceful co-occurrence of work and family is critical to prevent career interruptions for women by encouraging them to continue working while effectively managing their family lives (N. Kim & Kwon, 2009). This study demonstrated how spousal support might be used to prevent work-family conflict and its associated negative sequelae such

as depression.

This study showed that spousal support is a critical factor in increasing the psychological well-being of working mothers. Women may experience conflict in their roles as working women even when they believe that their husbands fully understand their multiple roles and provide social support; however, in this context, the conflict does not affect depression. In other words, psychological conflicts arising from working mothers' dual responsibilities do not affect depression when husbands give words of encouragement or share household chores or childcare. Therefore, husbands should recognize that their support can bring about positive changes in working mothers, such as psychological well-being.

In addition, as Ahn (2008) mentioned, interventions for work-family balance need to be implemented for both men and women. For example, husbands should be educated on how to share household chores and communicate with their spouses, and parenting education for husbands should be conducted continuously in the workplace and community. Such information would ensure that husbands have the efficacy and motivation to complete the household chores and childcare that are usually undertaken by their wives. Husbands' support is needed to reduce working mothers' work-family conflict, particularly through behavior and communication using emotional expressions, such as showing pride in their wives' work, regularly asking questions about their wives' work and their achievements in the workplace, empathizing with their hard work, and recognizing their self-reliance.

In addition, we reiterate the need for national and societal efforts to promote gender equality in the home and workplace cultures to address the work-family conflict experienced by working mothers. The reality in Korea is that traditional patriarchal culture is not effective within the home and is prevalent in the workplace. Therefore, expanding education and counseling to resolve related conflicts, including over the division of roles, is needed. Further efforts should be made to increase counseling services and workplace educational programs to ease gender role conflict.

Moreover, this study suggests the need for policy support to balance

the distribution of time and labor for household chores between spouses. Governmental efforts have recently focused on creating a family-friendly workplace environment by implementing corporate-linked “family-friendly workplace education”; however, further active governmental policies are required to create a family-friendly environment for companies that allows men to actively participate in childcare leave and flexible work systems.

Although this study makes a valuable contribution to the existing knowledge, it has certain limitations. First, since this study was conducted with currently married working women, its generalizability to other demographic groups is limited. Future studies conducted with different demographic groups would help clarify the patterns or aspects of work-family conflict in other types of groups of married working women. Second, as the number of dual-income families has increased, work-family conflict has become a problem for both women and men. Therefore, future studies should assess working men from dual-income families. Finally, this study did not examine differences in women’s wages; however, previous studies have shown significant differences in women’s satisfaction with life depending on their wages (Kang, 2010; Y. J. Son, 2007). Therefore, follow-up studies should examine the differences in these research variables based on women’s wages.

Despite these limitations, the current study indicates that husbands’ social support may attenuate the effects of FWC on working women’s self-esteem and depressive symptoms. Our findings highlight the importance of husbands’ support for married working women’s psychological difficulties. Additionally, the practical significance of this study lies in its ability to highlight the importance of improving husbands’ support to relieve the psychological difficulties of married working women by providing baseline data for intervention and support programs that could prevent psychological problems. With Korean women leaving the workforce after marriage, especially after childbirth, becoming a national problem, research has yielded empirical evidence that husbands’ emotional and practical help can reduce women’s psychological conflicts and difficulties, rather than solutions using national and social support.

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