

PREDICTORS OF WORK-FAMILY CONFLICT AMONG EMPLOYED PARENTS OF CHILDREN WITH DISABILITIES IN CROATIA

¹ANA ŠIMUNIĆ*, ¹MATILDA NIKOLIĆ IVANIŠEVIĆ, ¹ANA SLIŠKOVIĆ,
¹ANDREA TOKIĆ, ¹JELENA OMBLA

¹Department of Psychology, University of Zadar, Šime Vitasovića 1, 23000 Zadar, Croatia
contact: asimunic@unizd.hr


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Abstract: *The aim of this study was to determine the personal, family, and work-related factors that predict family-to-work conflict (FWC) and work-to-family conflict (WFC) among working parents with children with disabilities in Croatia. An online questionnaire was completed by 572 employed parents (90.4% mothers) of children with disabilities aged up to 19 years. Hierarchical regression analyses were performed in three steps - 1. Personal; 2. Family; 3. Work factors - with WFC and FWC as the criteria. The total explained variance of WFC was 42% and that of FWC was 41%. Greater WFC was predicted by a more frequent use of 'putting into perspective' as an emotional regulation strategy, lower number of children, lower worktime predictability, lower social support at work, lower satisfaction with personal income, as well as higher psychological work demands. Greater FWC was predicted by a higher level of education, lower self-efficacy, greater appreciation for life, more frequent use of the other-blame emotional regulation strategy, reduced ability to manage free time, greater parental stress, greater psychological work demands, and lower satisfaction with personal income. These results imply that work-family conflict could be reduced by taking personal, family, and work domain variables into account when developing support policies.*

Keywords: *Work-to-family Conflict, Family-to-work Conflict, Working Parents, Children with Disabilities, Personal, Family, and Work-related Predictors*

INTRODUCTION

Parenting a child with a disability

Parents of children with disabilities face distinct challenges that significantly differ from those experienced by parents of typically developing children (Billen et al., 2022; Raina et al., 2004). These challenges are demanding in terms of parental physical, cognitive, emotional, and financial wellbeing, placing them at a heightened risk for negative health outcomes (Ali et al., 2021; Di Giulio et al., 2014; Marquis et al., 2019; Scherer et al., 2019). Research suggests that various factors - ranging from individual and family characteristics to those related to social and work domains - significantly shape the wellbeing of parents of children with disabilities (Sliškoivić et al., 2022). For example, the nature of the child's disability (type and severity), individual and family char-

acteristics (social support, socioeconomic status), as well as coping strategies employed by parents contribute to the ways in which these parents adjust to exceptional caregiving demands. Additionally, the impact of social policies and community support structures should not be understated, as they provide critical resources that shape parental experiences (Sliškoivić et al., 2022).

Employment status presents a unique challenge for these parents. Many parents, particularly mothers, reduce their work hours or exit the workforce entirely to accommodate their caregiving responsibilities. This could explain the qualitative and quantitative differences between mothers and fathers in stress experiences related to parenting a child with disabilities (Hallberg, 2014). Although prior studies have highlighted the need for targeted social and organisational policies to address the specific needs of families affected by disabil-

ities (Rosenzweig et al., 2015), existing research on the experiences of working parents of children with disabilities remains limited (Stewart, 2013). At this point of time, there is practically no research focusing on the experience of work-family conflict in Croatian parents of children with disabilities.

Personal and family resources relevant for coping with caregiving demands

Adapting to life with a child with disabilities is a dynamic and never-ending process for most parents. According to the model described by Miller (1994), parents can experience four stages of adaptation, including survival, searching, settling, and separation, while overlaps between stages and returning to previous stages remain possible. Professional support is vital throughout this journey, as access to protective resources significantly boosts resilience to caregiving stress (Beresford, 1994).

Despite specific life circumstances, some parents report experiencing personal growth following their child's diagnosis, a phenomenon that reflects a positive change in the perception of oneself and life in general, described in the literature as *post-traumatic growth* (PTG; Tedeschi et al., 2018; Zhang et al., 2015). PTG enhances parental resilience, especially in the context of balancing multiple life roles. This is confirmed in the Croatian context, where PTG has been shown to play an important role in predicting higher levels of both work-to-family and family-to-work facilitation (Šimunić et al., 2023). Additional personal resources include *self-efficacy* and *optimism*, and both have been identified as important for Croatian parents in managing their life roles (Ombla et al., 2023). Low self-efficacy is linked to elevated parenting stress (Smart, 2016), while interventions aimed at enhancing self-efficacy contribute positively to parental wellbeing (Hohlfeld et al., 2018). Furthermore, optimistic parents have more positive (vs. negative) emotional experiences (Kurtz-Nelson & McIntyre, 2017), while optimism contributes to their overall wellbeing (Rand & Shea, 2013). *Parents' abilities to regulate their emotions* are another important personal resource.

Recent studies indicate that parents of children with disabilities tend to use maladaptive emotion regulation strategies more frequently than parents of typically developing children (Keleynikov et al., 2023). The Strained Parenting and Emotion Regulation Model (SPER) suggests that ineffective emotional regulation among parents is provoked by increased negative emotions, depleted cognitive resources, and challenging interactions with their children, which negatively impacts both their wellbeing and parenting practices. Conversely, positive cognitive emotion regulation strategies, such as positive refocusing, have been shown to protect caregiver wellbeing (Ombla et al., 2024), corroborating findings from previous research (Gull & Husain, 2019; Kohlhoff et al., 2016). Behavioural actions can be viewed as an additional way of regulating one's own emotions and reactions, but in a broader sense. Considering the demanding caregiving environment, *effective stress recovery strategies* are essential for parents (Headrick et al., 2023; Ombla et al., 2023; Sonnentag et al., 2017). Identifying and promoting recovery management strategies in high-stress populations can be vital for developing effective support systems, so information about activities that parents engage in during their free time, significantly contributes to the understanding of their wellbeing.

Research indicates that working parents of children with disabilities encounter more specific challenges than their counterparts in balancing family and work responsibilities, which negatively reflects on their wellbeing and health (Gérain & Zech, 2018; Stewart et al., 2023). Factors from the family domain, such as *parental stress* and *family support*, play a crucial role in shaping this balance (Ombla et al., 2023; Slišković et al., 2022). The role of grandparents as instrumental and emotional support providers further underscores the importance of understanding family support resources (Gantner et al., 2023). Interestingly, maternal employment can act as both a protective factor and a source of stress (Beresford, 1994; Gérard & Zech, 2018). While it offers therapeutic respite and opportunity for social connections, it may also heighten stress levels. Recent findings among

Croatian parents of children with disabilities indicate that employed parents report higher levels of general health, life satisfaction, and higher numbers of social support sources compared to unemployed parents (Tokić et al., 2023). Additionally, higher income and educational levels are associated with more adaptive coping strategies, thereby enhancing parental wellbeing (Merin Rajan et al., 2018).

Work-family conflict in parents of children with disabilities

The challenges associated with maintaining work-family balance have attracted significant research interest in the recent decades (Allen, 2013; Holmes et al., 2020; Sirgy & Lee, 2018; Sulsky & Smith, 2005; Williams et al., 2016), due to considerable and rapid social, demographic, economic, and technological changes. Researchers have examined the complex interplay between work and family roles, categorising influences within the broad framework referred to as the *work-family interface* (Holmes et al, 2020). This article focuses specifically on the conflict between the roles of work and family (*work-family conflict*), which is defined as the perception that role demands from work and family are incompatible, complicating the fulfilment of obligations in either domain (Greenhaus & Beutell, 1985). Work-family conflict has two directions: work-to-family and family-to-work conflict. It is generally recognised as a significant stressor in the general working population (Sulsky & Smith, 2005), which poses threats to employee wellbeing and productivity (Allen, 2013; Sirgy & Lee, 2018). The Multiple Role Conflict Theory (Greenhaus & Beutell, 1985) appropriately captures the conflicting demands faced by working parents of children with disabilities, who often perceive insufficient resources to manage multiple roles. A quote from a Croatian working parent, documented in a qualitative study conducted on parents of children with disabilities, exemplifies this struggle: “I feel like I am very stretched... my day is torn, fragmented, all stretched...” (Ombla et al, 2023).

Empirical research indicates that parents of children with disabilities report greater challenges

than those with typically developing children, resulting in elevated levels of work-to-family conflict, family-to-work conflict, and stress (Stewart et al., 2023). Brown and Clark (2017) conducted a review of 54 studies on work-family balance in working parents of children with disabilities, identifying personal, family, and work organisation factors contributing to these challenges. They emphasise the necessity for high-quality quantitative research to address methodological limitations in existing studies, and the importance of national contexts due to the heterogeneity of organisational policies that partly depend on national legislation and the society in general.

AIM OF THE STUDY

Considering previous empirical knowledge, as well as the lack of studies addressing work-family conflict, especially in the Croatian national context, this study aimed to identify the most important personal, family, and work-domain factors that are relevant for balancing different roles in parents of children with disabilities. For work-related factors, we focused on characteristics from the job demands-control-support model (Karasek, 1979; Karasek & Theorell, 1990). This influential model of job stress, often used to study work-family balance, but rarely in parents of children with disabilities, suggests that high job demands (e.g., time pressure, role conflict) negatively affect employee wellbeing when combined with low job control, but that social support reduces these negative effects. Thus, we used perceptions of *job demands*, *job control*, and *social support* as potential predictors of work-family conflict. Additionally, based on prior research (Brown & Clark, 2017; Karasek & Theorell, 1990; Slišćković et al., 2022), we considered basic sociodemographic, family, and work characteristics (such as gender, age, number of children, work position, and so on). This comprehensive approach should fill the existing gap in empirical research and provide a better understanding of the relevance of certain factors related to the experience of work-family conflict in the Croatian national context.

HYPOTHESIS

Expected predictors of lower work-to-family and family-to-work conflict include:

Factors from the personal domain (H1): higher levels of optimism, self-efficacy, post-traumatic growth, adaptive cognitive emotion regulation strategies (positive refocusing, planning, positive reappraisal, putting into perspective, and acceptance), recovery management, and lower levels of maladaptive cognitive emotion regulation strategies (self-blame, blaming others, rumination, and catastrophising);

Factors from the family domain (H2): higher levels of social support from family, and lower levels of parental stress;

Factors from the work domain (H3): lower level of job demands, higher levels of control at work, and social support at work.

MATERIALS AND METHODS

Participants

This study involved 572 employed parents of children with disabilities, primarily mothers (90.4%). Participants lived in Croatia, had children with disabilities aged up to 19 years, and were employed. The average age of the participants was 40.9 years ($SD = 6.17$; age range = 23-66). In terms of educational levels, 41% had completed high school, 36% had a Master's degree, 16% had a Bachelor's degree, 6% had completed a doctorate degree (PhD), and < 1% had completed an elementary education alone. Most participants (67.8%) worked full time, with 56% on standard daytime schedules and 44% working shifts. Fixed working hours were reported by 44% of the participants, partially flexible hours by 42%, and fully flexible hours by 14% of participants. Public sector employment accounted for 46.3% of participants, while 53.7% worked in the private sector, with 20.5% in managerial roles.

Most participants (81.1%) had employed partners, and 78.8% were married. Families commonly had two children (47%), with 90% having one child with disabilities. Most children with

disabilities were boys (67%). Disabilities varied in severity, with 36% of children having the most severe impairments, 28% with severe impairments, 12% with moderate impairments, and 6% with mild impairments, while 18% were uncertain about their child's disability level. Intellectual disabilities, autism spectrum disorders, speech and language disorders, and physical impairments were most common. Except for 18% of parents who were unsure or in the process of determining impairment, all others reported official categorisations of their children's disabilities based on The Unique Body of Expertise Act (2016) and the Regulation on Expertise Methodologies (2017).

Procedure

After receiving approval from the Ethics Committee of the Department of <excluded due to masked review>, data were collected via an online questionnaire distributed through institutions supporting children with disabilities and their parents, including the Croatian Welfare Institute, schools, hospitals, kindergartens, and rehabilitation centres. Additional participants were recruited through social networks and nationwide associations for parents of children with disabilities.

Participation was voluntary and anonymous, with informed consent obtained electronically by clicking "continue" after reading the study description. Participants could contact the research team via email or a dedicated Facebook page if they had comments or questions.

This research was conducted as part of a project funded by <excluded due to masked review>.

Measures

Work-to-family conflict was measured using items that assess how work stress affects family life (e.g., "Stress related to work responsibilities makes you irritable in family relationships"). Family-to-work conflict measured how home responsibilities impact work (e.g., "Responsibilities at home reduce the energy you can devote to your work"). Both subscales were based on the work-family spillover scale developed by Wayne et al. (2004), translated into Croatian by Buljan

(2020). Each direction of conflict was measured using four items and rated on a 5-point scale, with participants indicating how often they experienced the situations described during a typical work week (1 = never; 5 = always). The average of the four items formed the total score, with higher scores indicating a higher level of conflict. In this study, Cronbach's alpha reliability coefficient was .89 for the work-to-family conflict subscale and .87 for the family-to-work conflict subscale.

In the **personal domain**, sociodemographic characteristics (age, gender, level of education - where 1 indicates elementary school and 5 indicates PhD) were measured, along with optimism, self-efficacy, strategies for emotional regulation, post-traumatic growth, and recovery management.

Optimism was measured using six items (e.g., "I am always optimistic about my future") from the Optimism and Pessimism Scale (Chang et al., 1994), which was translated into Croatian by Penezić (2002). Participants rated the extent to which each item applied to them on a scale from 1 (does not apply to me at all) to 5 (applies to me completely). A higher average score indicates a higher level of optimism. In the present study, the reliability coefficient was $\alpha = .86$.

General self-efficacy was assessed using a ten-item scale from the Croatian version (Ivanov, 2002) of the General Self-Efficacy Scale (Schwarzer et al., 1997). This scale measures the general and stable feeling of personal effectiveness in dealing with various stressful situations (e.g., "I am sure that I can successfully handle unexpected situations"). Participants rated the extent to which each item applied to them on a 5-point Likert scale (1 = not at all; 5 = completely). A higher average score indicates greater self-efficacy. In the present study, the scale demonstrated high reliability ($\alpha = .93$).

Emotion regulation was assessed using the Cognitive Emotion Regulation Questionnaire (CERQ; Garnefski et al., 2001), which was translated and adapted to Croatian by Soldo and Vulić-Prtorić (2018). This questionnaire measures the cognitive component of coping, i.e., the con-

scious emotion regulation strategies. CERQ comprises nine cognitive strategies, with each strategy measured using 4 items: (1) Self-blame - preoccupation with thoughts about own mistakes and the person's tendency to blame him/herself for negative experiences (e.g., "I feel like I am to blame."; $\alpha = .91$); (2) Acceptance - reflection on the fact that it is not possible to change what has happened and acceptance that life goes on (e.g., "I think I have to learn to live with it."; $\alpha = .80$); (3) Rumination - constantly thinking about feelings and thoughts related to a negative event (e.g., "I am preoccupied with what I think and feel about what happened."; $\alpha = .89$); (4) Positive refocusing - thinking about other, more pleasant things, instead of the actual event (e.g., "I think about something nice instead of what happened"; $\alpha = .93$); (5) Refocusing on planning - thinking about the steps that need to be taken so that the person can cope with the event (e.g., "I plan what would be the best thing to do"; $\alpha = .83$); (6) Positive reappraisal - thinking about attaching positive meaning to the event for personal development (e.g., "I think I can become a stronger person after what happened."; $\alpha = .88$); (7) Putting situations into perspective - reducing the severity of the situation by comparing it with other events and experiences (e.g., "I tell myself that there are worse things in life."; $\alpha = .87$); (8) Catastrophising - explicitly highlighting and emphasising the catastrophic nature of the situation (e.g., "I often think that this is the worst thing that can happen to a person"; $\alpha = .85$); and (9) Blaming others - thoughts of blaming others for what the person has experienced (e.g., "I feel that others are responsible for what has happened"; $\alpha = .92$). A higher value resulting from the sum of responses on a particular subscale indicates a more frequent use of a particular strategy.

The Personal Strength and Value of Life subscales from the Posttraumatic Growth Questionnaire were used (Macuka & Malada, 2020; translated version of the Posttraumatic Growth Inventory (PTGI), Tedeschi & Calhoun, 1996). The PTGI was designed to assess changes in personal strength, social relationships, and life philosophy following a traumatic experience (Personal strength: "I have discovered that I am stronger

than I thought”, and Value of life: “I have changed my priorities about what is important in life”). Participants rate the extent to which they have experienced the described change on a 6-point scale (0 = I have not experienced any change; 5 = I have experienced a change to an extremely high degree). The total score is the average of the ratings, with a higher score indicating a higher degree of post-traumatic growth in terms of personal strength and the value of life after the life event. The Cronbach score in the present study was .89 for the Personal Strength subscale and .87 for the Value of Life subscale.

Two items from the Recovery Management subscale of the Work-Life Crafting Scale (Peeters & Demerouti, 2014; as cited in Wepfer et al., 2018) assessed individuals’ ability to manage personal time and enjoy leisure activities: (1) “I make sure that I relax in my free time” and (2) “I make sure that I do things I enjoy in my free time”. Participants rated their frequency of engagement in these activities during a typical workweek on a 5-point Likert scale (1 = never, 5 = always). The total score, averaging the two items, indicated the ability to recover and enjoy personal time. The scale had high internal consistency ($\alpha = .92$).

In the **family domain**, the measurements included the total number of children, the number of children with disabilities, the age of the oldest child, the age and gender of the first child with disabilities, the severity of diagnosed disabilities (highest level of severity, if more than one child has disabilities; ranging from 1 indicating mild to 4 indicating most severe impairment), parental stress, and the family’s social support.

Parental stress was measured using the Parental Stress Scale (Milić Babić, 2010), adapted from Berry and Jones (1995), in order to assess satisfaction, positive and negative emotions, and challenges in parenting. Respondents rated 18 items on a 5-point scale from 1 (strongly disagree) to 5 (strongly agree). The instrument contains both positive (e.g., “I am happy in my role as a parent”) and negative items (e.g., “I am overwhelmed with the responsibility of parenthood”). The total score, ranging from 18 to 90, reflects parental stress lev-

els, with higher scores indicating greater stress. The scale showed high reliability ($\alpha = .90$).

Social support was measured using 8 items from the Social Support at Work and Family Scale (Šimunić et al., 2016), with 4 items each for family and workplace support. The selected items focused on support for personal life in the work domain (e.g., “My co-workers (supervisors, colleagues) are understanding of my personal and family needs”) and support from family members regarding work-related issues (e.g., “I can talk about my work with my family members (spouse/partner, children, parents, and so on) without feeling embarrassed”). Respondents rated items on a 7-point scale (1 = strongly disagree, 7 = strongly agree). Total scores averaged the two sets of four items, with higher scores indicating greater support. Cronbach’s alpha was .83 for work support and .84 for family support.

In addition to the social support in the workplace, the **work domain** encompassed years of work experience, full-time employment status (1 - Yes, 0 - No), shift work (1 - Yes, 0 - No), managerial position (1 - Yes, 0 - No), flexibility of working hours (1 - Fixed, 2 - Partially flexible, 3 - Fully flexible), predictability of working hours (1 - Fully unpredictable to 5 - Completely predictable), satisfaction with personal income (1 - Completely dissatisfied to 5 - Completely satisfied), psychological demands, and decision latitude.

Psychological demands and decision latitude were assessed with five and six items, respectively, from the 17-item version of the Demand Support Control Questionnaire (Chungkham et al., 2013; Croatian version by Šimunić et al., 2024). This questionnaire is based on the demand-control model of job stress outlined by Karasek (1979). Participants indicated the frequency of experiencing various situations, for example, “Does your work require too much effort?” for psychological demands and “Do you have the opportunity to learn new things through your work?” for decision latitude (work control). Responses were rated on a 4-point Likert scale, with higher scores indicating greater psychological demands (5-20) and greater decision latitude (6-24). Scores were summed, with two items reverse-scored. The reliability of

the scales was confirmed using Cronbach's alpha, which was .77 for psychological demands and .74 for decision latitude.

ANALYSIS

The analyses were performed using the programme Statistica 14 (Tibco Software Inc., 2020). The analyses included calculating descriptive parameters of all variables and the correlations among all variables. This was a prerequisite to justify performing the main analyses - two hierarchical regression analyses that were performed in three steps, one for each direction of work-family conflict (work-to-family and family-to-work conflict). Variables with significant Pearson's bivariate correlations that had at least one of the two criterion variables were included in the next step of the regression analysis, in order to retain the same

set of predictors for both directions of conflict (for comparison). Variables from the personal domain were included in the first step, the family domain in the second step, and work domain variables in the third and final step.

RESULTS

First, the basic descriptive parameters of the examined variables are presented in Table 1. By inspecting the indices of the shape of the distributions, it is evident that parametric analyses could be performed on almost all variables, considering that the skewness is below 3 and the kurtosis is below 10 (Kline, 2016). The exception is the number of children with disabilities (kurtosis > 10), which could be due to the fact that most of the families had only one child with a disability (90%).

Table 1. Basic descriptive parameters of the examined variables

Variables	<i>N</i>	<i>M</i>	<i>C</i>	Min	Max	<i>SD</i>	Skewness (<i>SE</i> = 0.10)	Kurtosis (<i>SE</i> = 0.20)
Gender (1 - female; 2 - male)	572	N/A	1	1	2	N/A	2.75	5.57
Age	565	40.93	40	23	66	6.17	0.28	0.23
Education level (1 - elementary school; 5 - PhD)	572	3.06	3	1	5	1.03	0.20	- 1.34
Optimism	572	21.75	22	6	30	4.22	- 0.76	1.09
Self-efficacy	572	37.14	38	10	50	6.26	- 0.80	2.19
Post-traumatic growth - Personal strength	572	13.25	14	0	20	4.34	- 0.92	0.88
Post-traumatic growth - Appreciation for life	572	11.75	12	0	15	3.09	- 1.35	2.08
ER Self-blame	572	9.78	10	4	20	3.80	0.26	- 0.55
ER Acceptance	572	14.50	15	4	20	3.17	- 0.72	0.76
ER Rumination	572	12.20	12	4	20	3.61	- 0.18	- 0.33
ER Positive refocusing	572	12.94	13	4	20	3.45	- 0.26	- 0.09
ER Planning	572	16.17	16	4	20	2.55	- 0.62	1.31
ER Positive reappraisal	572	15.23	16	4	20	3.47	- 0.66	0.30
ER Putting into perspective	572	14.91	15	4	20	3.32	- 0.57	0.41
ER Catastrophising	572	9.14	9	4	20	3.54	0.61	0.05
ER Other-blame	572	7.47	7	4	20	3.43	1.11	1.25
Managing free time	569	5.59	6	2	10	2.11	0.15	- 0.68
Number of children	571	2.20	2	1	6	0.99	1.05	1.57
Age of first born	572	9.09	9	0	19	4.79	0.16	- 0.93
Number of children with disability	572	1.11	1	1	4	0.36	3.59	14.78
Age of child with disability (first)	572	9.09	9	0	19	4.79	0.16	- 0.93
Gender of child with disability (first) (1 - female; 2 - male)	572	1.67	2	1	2	N/A	- 0.75	- 1.44

Variables	<i>N</i>	<i>M</i>	<i>C</i>	Min	Max	<i>SD</i>	Skewness (<i>SE</i> = 0.10)	Kurtosis (<i>SE</i> = 0.20)
Highest level of child's disability categorisation	467	3.14	3	1	4	0.93	- 0.83 (<i>SE</i> = 0.11)	- 0.26 (<i>SE</i> = 0.23)
Parental stress	572	42.61	42	19	80	10.62	0.51	0.39
Social support in family	567	21.10	22	5	28	5.08	- 0.66	-0.15
Years of work experience	570	16.94	16.5	0	45	6.90	0.25	0.36
Full-time work (1 - yes; 0 - no)	572	N/A	1	0	1	N/A	- 0.77	-1.42
Managerial work position (1 - yes; 0 - no)	568	N/A	0	0	1	N/A	1.46	0.13
Flexible work time (1 - fixed; 2 - partial; 3 - totally)	572	1.70	2	1	3	0.70	0.49	-0.89
Shift work (1 - yes; 0 - no)	572	N/A	0	0	1	N/A	0.23	-1.96
Predictability of work time	570	4.02	4	1	5	1.15	- 1.20	0.58
Personal income satisfaction	571	3.26	3	1	5	1.10	- 0.36	- 0.47
Psychological work demands	570	13.27	13	5	20	2.76	- 0.09	- 0.26
Work control	569	15.72	16	5	20	2.88	- 0.58	0.17
Social support at work	566	19.92	20	4	28	5.02	- 0.72	0.61
Work-to-family conflict	567	10.99	11	4	20	3.23	0.28	- 0.14
Family-to-work conflict	566	10.40	10	4	20	3.34	0.21	- 0.10

Note. ER - emotional regulation

Bivariate Pearson's coefficients of correlations between all examined variables are presented in Table 2. The following variables, which were not correlated with either criterion variable, were omitted from further regression analyses (and the correlation matrix): gender and age of participants, number, age, and gender of the child with a disability, years of work experience, full-time work, and managerial position. The highest level of child's disability categorisation was omitted as well, to avoid excluding those who did not have an official categorisation of the level of their child's impairment (18%; $n = 105$), but are still parents of a child with a diagnosed disability. Besides this, the variable is just marginally significantly correlated with one of the criteria, family-to-work conflict ($r = .09$). The predictor tolerance values (calculated as 1 minus the R^2 value obtained when that predictor is regressed on all other independent variables) ranged from .49 for optimism to .99 for worktime flexibility, indicating that there are no critical values of intolerance or multicollinearity.

The results of the hierarchical regression analyses with 1) work-to-family conflict (WFC) and 2) family-to-work conflict (FWC) as the criterion are presented in Table 3. The personal domain variables in the first step of the analysis explained

19% of the variance of WFC and 30% of the variance of FWC. The significant individual predictors of higher WFC were a lower level of optimism, higher levels of catastrophising as an emotional regulation strategy, and a reduced ability to recover and enjoy personal (free) time. The significant individual predictors of higher FWC were a higher level of education, lower self-efficacy, greater self-blame, frequent use of other-blame and catastrophising as emotional regulation strategies, and a reduced ability to recover and enjoy free time, which was also most significant ($\beta = -.22$). In the second step, when including family domain variables, a total of 21% of the variance of WFC was explained, with the additional 2% explained by these variables being significant. As for FWC, a total of 38% of the variance was explained, with an additional 8% explained by these variables being significant. The reduced ability to recover and enjoy free time continued to significantly predict a higher level of WFC, but optimism and catastrophising no longer played a role. Higher levels of using 'putting into perspective' as an emotional regulation strategy was also able to predict a higher level of WFC. Among the added family domain variables, a higher level of social support in the family predicted a lower level of

WFC. A higher level of education, lower self-efficacy, more frequent usage of other-blame and catastrophising as emotional regulation strategies, along with a reduced ability to recover and enjoy free time remained significant predictors of higher FWC. Self-blame became insignificant, while a higher level of appreciation for life (dimension of post-traumatic growth) significantly predicted higher FWC. Among the family domain variables, a higher level of parental stress significantly predicted a higher level of FWC: it was the most significant predictor overall ($\beta = -.32$). In the third and final step, adding work domain variables significantly explained an additional 21% of the variance of WFC and 4% of the variance of FWC. Thus, 42% of the total variance of WFC and 41% of the total variance of FWC was explained by variables from all three domains. From the personal domain, 'putting into perspective' remains a positive predictor of WFC, but free time management no longer has an effect. From the family domain, social support no longer plays a signifi-

cant role, but lower number of children predicts a higher level of WFC. Among the work domain variables, a lower level of predictability of work timings, lower levels of satisfaction with personal income and social support at work predict a higher level of WFC. The most significant predictor was the psychological work demands ($\beta = .35$), with a higher level of psychological work demands predicting a higher level of WFC. As for FWC, from the personal domain, a higher level of education, lower self-efficacy, greater appreciation for life, more frequent use of other-blame as an emotional regulation strategy, and a reduced ability to recover and enjoy free time continue to significantly predict higher FWC, while catastrophising no longer has an effect. From the family domain, a higher level of parental stress remained the strongest predictor of a higher level of FWC ($\beta = .31$). Among the work domain variables, a lower level of satisfaction with personal income and a higher level of psychological work demands predicted a higher level of FWC.

Table 2. Bivariate Pearson's coefficients of correlations between all examined variables

Variables	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
1 Education																													
2 Optimism																													
3 Self-efficacy																													
4 Postt.gr.Pers.strength																													
5 Postt.gr.Appr.for life																													
6 ER Self-blame																													
7 ER Acceptance																													
8 ER Rumination																													
9 ER Positive refocusing																													
10 ER Planning																													
11 ER Pos.reappraisal																													
12 ER Putting into perspective																													
13 ER Catastrophising																													
14 ER Other-blame																													
15 Free-time management																													
16 Number of children																													
17 Age of first born																													
18 Level of disab. (first)																													
19 Parental stress																													
20 Social supp. family																													
21 Flexible work-time																													
22 Shift work (1-yes; 0-no)																													
23 Predictability of wt																													
24 Personal income sat.																													
25 Psych. work demands																													
26 Work control																													
27 Soc.supp. at work																													
28 WFC																													
29 FWC																													

Note: ER - emotional regulation; Correlations in bold are significant at $p < .05$.

Table 3. Results of the hierarchical regression analysis with personal, family, and work-related characteristics as predictors and work-to-family and family-to-work conflict as the criteria ($N = 557$)

Criterion	Work-to-family conflict			Family-to-work conflict		
	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3
Independent variables						
Education	.03	.03	.06	.13***	.09**	.10**
Optimism	-.14**	-.11	-.06	-.02	.04	.04
Self-efficacy	-.04	-.04	-.05	-.11*	-.09*	-.11*
Postt. gr. Pers. strength	-.06	-.07	-.04	-.05	-.03	-.02
Postt. gr. Appr. for life	-.03	-.01	.00	.05	.11*	.11**
ER Self-blame	-.03	-.04	-.04	.10*	.06	.06
ER Acceptance	.00	-.01	-.01	.07	.04	.03
ER Rumination	.09	.08	.07	.06	.05	.05
ER Positive refocusing	.01	.01	.00	-.01	-.00	.00
ER Planning	-.03	-.03	-.02	-.03	-.03	-.03
ER Pos.reappraisal	-.05	-.05	-.08	-.01	-.01	-.03
ER Putting into perspective	.07	.09*	.09*	-.02	-.01	-.00
ER Catastrophising	.09*	.08	.05	.12**	.08*	.08
ER Other-blame	.01	.01	.00	.11**	.09*	.08*
Free time	-.15***	-.12**	-.03	-.22***	-.16***	-.13***
Number of children		-.07	-.08*		.03	.02
Age of first born		.05	.06		-.06	-.05
Parental stress		.07	.06		.32***	.31***
Soc. supp. family		-.11**	.04		-.07	-.02
Flexible work-time			-.02			.06
Shift work			.01			-.01
Predictability of wt			-.08*			-.02
Personal income sat.			-.08*			-.08*
Psych. work demands			.35***			.15***
Work control			.01			.05
Soc.supp. at work			-.19***			-.02
R^2	.19***	.21***	.42***	.30***	.38***	.41***
$R^2_{corr.}$.17***	.19***	.40***	.28***	.36***	.39***
ΔR^2		.02**	.21***		.08***	.04***

Note. ER, emotional regulation; * $p < .05$; ** $p < .01$; *** $p < .001$

DISCUSSION

This study focuses on working parents of children with disabilities, a vulnerable group that remains under-researched, especially in Croatia (Slišković et al., 2022). Parenting a child with developmental disabilities, especially those with more severe impairments, is extremely demanding and very different from parenting typically developing children. Long-term care requires exceptional effort that is time-consuming, as well as

financially, physically, and emotionally exhausting, often affecting the parents' health (Slišković, Ombla, & Vidaković, 2024). Caring for a child with atypical development can be seen as an additional work role or even the "career" of a caregiver, which is unpredictable, dynamic, and increasingly demanding as the child grows or if the child has higher levels of disability. For instance, research in Croatia on mothers of prematurely born infants that had certain developmental difficulties due to

premature birth showed that, compared to mothers of full-term babies, they had higher levels of depression, anxiety, and stress, lower levels of life satisfaction, and perceived lower levels of social support from their partners (Trlin et al., 2025). Support from both formal and informal networks is crucial, as parents in the Croatian context face daily challenges in rehabilitation, accessing information and rights, and educating themselves about their child's condition, often encountering obstacles such as lack of qualified professionals, bureaucracy, centralised services, and high costs of private care.

While there are many studies on parents of children with disabilities, little attention has been given to those who are employed. The present study examines the conflict between work and family roles, specifically work-to-family and family-to-work conflicts, which are crucial since they predict wellbeing, life satisfaction, and mental health (Tokić et al., 2024). An additional aim of the study was to adopt a comprehensive approach by considering predictors from three domains: personal, family, and work. The social domain has also been incorporated to the research (social support in the domains, sociodemographics). This broad approach is a key strength of the study, offering deeper insights into the challenges faced by Croatian working parents of children with disabilities. For example, two American studies (Stewart, 2013; Stewart et al., 2023) found that parents/caregivers of children and adults with disabilities struggle more to balance work and family roles than those with typical family responsibilities. These studies analysed the impact of family and workplace support, but overlooked individual factors, which are crucial in managing daily challenges, especially in exceptional circumstances.

The research results show that *personal characteristics* play a significant role in work-to-family conflict (WFC) and family-to-work conflict (FWC). These factors explain 19% of the variance in WFC and 30% in FWC. The predictors of lower WFC include higher optimism, less frequent use of catastrophising as a maladaptive cognitive emotion regulation strategy, and a greater ability to relax and enjoy personal time. For FWC, cat-

astrophising and how leisure time is spent were also predictive, in the same and expected direction as observed for WFC. Additionally, lower levels of education, higher self-efficacy, and less frequent use of self-blame and other-blame were predictive of lower levels of FWC.

As previously mentioned, emotion regulation strategies represent crucial individual aspects that influence an individual's wellbeing (Aldao et al., 2010). Previous research (Keleynikov et al., 2023) found that parents of children with disabilities tend to use more maladaptive emotion regulation strategies compared to parents of typically developing children. As we do not have a control sample of parents (parents of children with typically developing children), we cannot make such a comparison. However, we can compare the prevalence of use of adaptive and maladaptive strategies. Our results suggest that catastrophising, as a maladaptive strategy, is used less frequently than adaptive strategies (catastrophising vs acceptance - $t(571) = 29.14, p < .001$; catastrophising vs positive refocusing - $t(571) = 16.35, p < .001$; catastrophising vs planning - $t(571) = 37.08, p < .001$; catastrophising vs positive reappraisal - $t(571) = 26.01, p < .001$; catastrophising vs 'putting into perspective' - $t(571) = 26.49, p < .001$; mean values are listed in Table 1). Despite being used less frequently, catastrophising is a predictor of both WFC and FWC, highlighting the importance of raising awareness about the harmful effects of maladaptive strategies. Similarly, self-blame, another maladaptive strategy which refers to an individual's tendency to blame themselves for anything bad that happens to them, was less commonly used than adaptive strategies (self-blame vs acceptance - $t(571) = 23.96, p < .001$; self-blame vs positive refocusing - $t(571) = 12.48, p < .001$; self-blame vs planning - $t(571) = 32.52, p < .001$; self-blame vs positive reappraisal - $t(571) = 22.11, p < .001$; self-blame vs putting into perspective - $t(571) = 24.46, p < .001$; mean values are listed in Table 1). Blaming others followed a similar pattern. Nevertheless, these strategies, along with catastrophising, are predictive for FWC. These findings emphasise the need for developing various prevention strategies to mitigate the negative effects of maladaptive

emotion regulation on the wellbeing of parents of children with disabilities.

The results also confirmed the importance of how individuals spend their free time, i.e., the extent to which individuals could manage their personal time, relax, and enjoy leisure activities. In addition to the fact that this individual tendency is a predictor of both types of conflict, it is also the most significant individual predictor within the personal domain of both WFC and FWC. Individuals who use their free time in a “better way” have a greater chance of recovering from increased exposure to stressors and high demands (Craig & Cooper, 1992). This is particularly important in the context of the finding that successful recovery is related to improved wellbeing (Headrick et al., 2023), but also the fact that parents of children with developmental disabilities are less likely to be able to “get” time for themselves due to their family circumstances. Building on qualitative findings from employed mothers and fathers in Ombla et al. (2023), who emphasised the lack of personal time and the importance of individualised “release valves”, as well as existing guidelines on carving out time for oneself amid high role demands <excluded due to masked review>, it is essential to recognise that employee wellbeing depends not only on the balance between work and family roles, but also on the nurturing of personal and social roles that contribute to overall psychological functioning and life satisfaction (Hariri et al., 2024).

Optimism, as an individual characteristic, also plays a protective role for WFC, as previously established (Ombla et al., 2023). The repeated confirmation of its protective role is consistent with the fact that it is a general personality disposition (Baker et al., 2005), meaning that an optimistic person could maintain their positive attitude under different circumstances, in this case, when experiencing or handling the inference of work with the family domain. However, optimism does not predict FWC, but this could be a result of multicollinearity, that is, being correlated to relatively more important predictors of FWC.

Educational level was found to predict FWC, but not WFC. Higher education may lead to in-

creased work responsibilities and demands, making them harder to be fulfilled, thus contributing to higher FWC. This idea is supported by the fact that lower education level is a predictor of higher WFC.

Self-efficacy also predicted FWC (higher levels of self-efficacy predict lower conflict), but not WFC. This may be because a majority of the sample comprised of women, who traditionally bear more family responsibilities (Mussida & Patimo, 2021). In the case of parents of children with disabilities, family responsibilities can be overwhelming and beyond one’s control, reducing mothers’ perceived self-efficacy when the family domain, which is traditionally perceived as more important, interferes with the work domain.

The inclusion of *family characteristics* increased the explained variance for both types of conflict, with a more notable increase for FWC (8%) than WFC (2%). This difference and its direction are logical, as FWC involves the family role negatively impacting the work role. Two family domain predictors emerged: parental stress for FWC and social support from family members for WFC. Parental stress was the strongest predictor of FWC, considering predictors from all domains, which makes sense given the fact that it represents negative feelings towards oneself and the child/children that are directly attributable to parenting demands (Profaca & Arambašić, 2023). Parents with high levels of this specific stress struggle to meet work demands. For WFC, parental stress, age, and number of children were not significant predictors, but social support was significant. Previous studies highlight the importance of social support for parents of children with developmental disabilities (Ombla et al., 2023; Park & Lee, 2022; Tokić et al., 2023), given the increased parental role demands. Parents of children with disabilities estimate that different types of support (emotional, instrumental), as well as different sources of support (society, family, support within the work organisation) are extremely important to balance work and family roles (Ombla et al., 2023). The Social Support at Work and Family Scale used in the present study focuses on family members’ support for managing work demands,

obligations, and problems. The presence/absence of such support is expected to predict the level of conflict caused by the negative spillover from work to the family role, and this finding was confirmed.

Interestingly, when family predictors were included, optimism and catastrophising lost their predictive power for WFC. Unexpectedly, 'putting into perspective', as an emotion regulation strategy, became a predictor of higher WFC. This strategy, which refers to reducing the severity of the situation by comparing it to other events and experiences, seems to be a possibly less functional emotional strategy when it is considered in relation to the other predictors, or it could be specifically related to experiencing a higher level of work interfering with family matters, e.g., in comparisons with the family situations of work colleagues and achieving work-family balance. Some researchers have already suggested examining the interaction between situational and dispositional factors when studying the effectiveness of certain emotion regulation strategies (Kobylińska & Kusev, 2019). For FWC, greater post-traumatic appreciation for life emerged as a significant predictor, while self-blame lost its predictive power. The appreciation of family life and parenting could be what makes this predictor more significant in predicting the levels at which family interferes with work life.

Parents' ability to focus on the positive aspects of their child's development seems to be a particularly important coping mechanism (so-called positive refocusing), both in foreign research and in research conducted on Croatian parents (Ombla et al., 2025). Parents describe accepting and coming to terms with their child's diagnosis and releasing expectations related to their child's development as a turning point, after which they feel relief and encouragement to go on (Slišković, Ombla, & Tokić, 2024). Reconciliation with life circumstances leads some parents to a change within their personality, which is described as so-called post-traumatic growth, since it has positive effects on parental functioning. Parents, thus, state that they feel that living with a child with developmental disabilities has changed their view of the

world, that they are no longer burdened by petty everyday worries, and that they develop a sense of appreciating the good things in life once again (Ombla et al., 2023).

In the final step of the regression analysis, *work domain* variables were introduced and they contributed significantly to the explained variance of both types of conflicts, with a higher contribution to WFC (21%) than FWC (4%). This suggests that the domain from which negative effects spill over into another role plays a key role. Apart from the fact that work domain characteristics have a minimal contribution to the percentage of the explained variance of FWC, satisfaction with personal income was found to be a significant negative predictor of this type of conflict, while work demands was a positive predictor. Apart from these two predictors, there are two additional negative predictors for WFC - social support at work and predictability of working hours. Work demands are not only a predictor for both types of conflict, but also the strongest predictor variable from all three domains for WFC.

These results align with existing research on work stress and the original Karasek model (1979), emphasising the importance of work demands for employee wellbeing. Additionally, they support the revised Karasek model (Karasek & Theorell, 1990), which incorporates social support as an essential factor explaining the relationship between job demands and stress or wellbeing. First, our results show that greater social support in the workplace predicts less WFC. This finding is consistent with research confirming the importance of various forms of support in balancing these two roles for parents of children with disabilities (Ombla et al., 2023). Second, the correlations at the bivariate level confirm that higher work demands are associated with lower social support at work (Table 2), and it is this combination that jeopardises the employee's wellbeing, according to the revised Karasek model (Sanne et al., 2005).

Satisfaction with personal income as a negative predictor of both types of conflict highlights the importance of financial stability for parents of children with disabilities. These parents often face high costs for diagnostics, rehabilitation, and

therapy, which are typically paid out-of-pocket in Croatia due to long public sector waiting lists (Ombla et al., 2023; Raina et al., 2004). This ongoing financial strain can lead to exhaustion. Additionally, predictable work hours are crucial for work-family balance, as they reduce work-family conflict. Employers should consider this when designing policies, and avoid sudden changes to work schedules. A Croatian study (Ombla et al., 2023) found that parents of children with disabilities frequently reported hectic schedules, largely driven by the demanding care needs of their child. Therefore, advance planning of work schedules is vital to prevent conflicts with family responsibilities.

It should also be mentioned here that, when introducing work assessments, managing free time and social support in the family were no longer predictors of WFC, while catastrophising was no longer a predictor of FWC. This could also likely be explained by the variables being correlated to relatively more important work domain predictors. Also, now a higher number of children significantly predict a lower level of WFC, which could likely reflect having more children without disabilities as a source of support when maintaining the interference of work with the family obligations of these parents, as observed in previous studies as well (Ombla et al., 2023).

It should certainly be emphasised that the option of employment is not open to some parents of children with developmental disabilities at all, and this applies to parents of children with the most severe impairments who require full-time and complete care and nurturing. For these parents, the demands of exceptional care are extremely high, completely binding, and often extend throughout life, which means that the role of an active caregiver for their child never actually ends. While formal education for children with developmental disabilities and people with disabilities in the Republic of Croatia can last until they reach the age of 21 years, there is almost no organised day care for adults with disabilities outside of the care provided within the family. Research conducted in Croatia involving a sample of older caregiving parents showed that those providing full-time

care for their adult children feel abandoned and overwhelmed by fear for the future life of their children once they are no longer able to provide care themselves, especially since they often experience health problems due to the cumulative effects of a stressful life (Ombla, 2023).

It is necessary to consider certain advantages and disadvantages of this study. The need for a comprehensive approach, i.e., the simultaneous inclusion of characteristics from several domains, has already been emphasised. We consider that the comprehensive approach of this study is a key strength, combining multiple domains, whereas most literature typically focuses on fewer domains and predictors. This broad perspective is crucial for parents of children with disabilities, who face greater challenges in balancing work and family life. Identifying factors that can ease this balance is essential, especially for mothers, who often bear the greater caregiving load due to societal norms that position fathers as breadwinners and mothers as primary caregivers (Di Giulio et al., 2014). The study offers several practical implications for supporting the wellbeing of parents of children with disabilities. These can be addressed at various levels: individual (e.g., ensuring “time for oneself”), family (e.g., fostering mutual support), social (e.g., policies that provide support for children and families), and within the workplace (e.g., offering social support and adhering to a prearranged work schedule).

Among the shortcomings, we point out the fact that the sample consists predominantly of mothers, which is unfortunately common in similar research. Despite efforts to include more fathers, the sample size for fathers was insufficient for reliable gender-based analysis. This is important because mothers and fathers often handle the demands of caring for a child with disabilities differently (Hallberg, 2014). The generalisability of the findings is also limited due to the voluntary nature of participation, meaning the sample probably consists of parents who are intrinsically motivated to express their opinion on work-life balance. Additionally, the study’s cross-sectional and correlational design prevents causal conclusions. As in most research in the area, self-report

assessments are related to a higher possibility of distorted non-realistic reports, so there is a need for more objective measures in future research (e.g., reports from more family members).

Amidst the mentioned shortcomings of this research, it is possible to derive several suggested actions aimed towards optimally managing the work-life stress of parents of children with developmental difficulties. The practical implications of the broader project which this study is a part of <excluded due to masked review> are thoroughly elaborated in the handbook <excluded due to masked review>. The handbook provides clear guidelines for different groups of users, highlighting the need to empower parents and families of children with developmental disabilities, to strengthen both formal professional and informal community support, as well as to ensure greater workplace support. For parents, especially mothers, of children with developmental disabilities in the Croatian context to be able to fulfil their work roles, substantial support from various systems, including the family, is required. Specifically, the Croatian context is marked by problems such as a shortage of professionals, long waiting times, high costs, complex administration, centralisation, inclusion challenges, poor coordination between systems, and insufficient care services that would enable employment. Therefore, societal efforts to mitigate these issues would be of great benefit to these parents. Personal efforts that parents could invest in maintaining a good work-life balance would be to consider jobs that allow for a good work-life balance, recognise, maintain, and strengthen one's personal resources (e.g., communication skills to disclose at work, emotional regulation to deal with fear of discrimination), seek and accept various forms of support (legal rights, family support, and so on), reduce house-

hold demands, plan ahead and set clear boundaries, ensure time for rest and recovery from work and caregiving, as well as join support groups and seek advice from other parents in similar situations.

CONCLUSION

The total variance of work-to-family conflict (WFC) explained by the set of examined predictors was 42%, while the total variance explained for family-to-work conflict (FWC) was 41%. The personal domain variables in the first step explained 19% of WFC and 30% of FWC. Adding the family domain variables explained an additional 2% of WFC and 8% of FWC. Adding the work domain variables in the last step explained an additional 21% of WFC and 4% of FWC. The significant individual predictors of greater WFC in the last step were more frequent use of 'putting into perspective' as an emotional regulation strategy, lower number of children, lower predictability of work timings, lower social support at work and lower personal income, as well as higher psychological work demands, which was also the strongest predictor. The significant individual predictors of greater FWC in the last step were a higher level of education, lower self-efficacy, greater appreciation for life, more frequent use of the other-blame emotional regulation strategy, reduced ability to recover and enjoy free time, greater psychological work demands, lower satisfaction with one's personal income, and greater parental stress, which was the strongest predictor. These results imply that conflict between work and family roles could be reduced, and the wellbeing of these parents supported by considering variables at the personal, family, and work domain levels in future research and the development of support policies.

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