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مجلة تنمية الموارد البشرية

Differences in Healthy Self-Regulation Among Working Mothers According to Employment Type (Full-Time vs. Part-Time): A Quantitative Comparative Study

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Highlights

- Working mothers exhibit a moderate-to-high level of healthy self-regulation.
- Work schedule (full-time vs. part-time) does not statistically affect health regulation.
- Personal resilience and social support outweigh the impact of working hours.

Keywords: working mothers, healthy self-regulation, full-time, part-time, work–life balance

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Abstract

The contemporary labor market is witnessing a significant increase in the participation of working mothers, a demographic that constantly faces the dual challenge of balancing professional obligations with traditional familial caregiving. Grounded in Bandura's social cognitive theory and Hobfoll's conservation of resources theory, this quantitative descriptive-comparative study examined the level of healthy self-regulation among working mothers and systematically evaluated potential differences based on their employment schedule type (full-time versus part-time). Healthy self-regulation is conceptualized as the cognitive and behavioral processes individuals utilize to monitor and sustain health-promoting behaviors, such as stress management, adequate sleep, balanced nutrition, and physical activity, which serve as essential pillars for maternal well-being. A purposive sampling strategy was utilized to recruit 84 working mothers from various public and private professional sectors in Algeria. Demographic analysis of the sample indicated that 47.6% of participants belonged to the 36–45 age cohort, 89.3% held higher education degrees, and the average number of children was 3.1 (SD = 1.5). The sample offered a balanced foundation for group comparison, consisting of 46.4% (n = 39) full-time employees (exceeding 35 hours per week) and 53.6% (n = 45) part-time employees (under 35 hours per week). Data collection was executed between May and July 2025 using the 27-item Healthy Self-Regulation Scale developed by Al-Dagistani and Al-Mufti (2010), evaluated on a 5-point Likert scale with a total score range of 27 to 135. Statistical computations were performed using JASP software (version 0.19.3). Because the dataset violated parametric assumptions for normality (Shapiro-Wilk $p = 0.047$) and homogeneity of variance, the non-parametric Mann-Whitney U test was adopted to analyze intergroup differences. Descriptive results demonstrated that the baseline level of healthy self-regulation among participants was moderately high, yielding a collective mean score of 87.20 (SD = 14.63), which positioned the sample slightly above the scale's theoretical midpoint of 81. Regarding the main comparative hypothesis, inferential testing revealed no statistically significant differences in healthy self-regulation between full-time working mothers ($M = 85.74$, $SD = 15.35$) and part-time working mothers ($M = 88.49$, $SD = 14.03$), with $U = 780.00$ and $p = 0.384$. The calculated effect size via Rank-Biserial Correlation was exceptionally small (-0.111), further corroborating that the observed mean variance lacked mathematical or practical significance. These findings suggest that working mothers maintain a resilient, adaptive capacity to govern their personal health independently of their formal employment contract. The absence of a statistical discrepancy challenges oversimplified, linear assumptions regarding working hours and resource exhaustion, implying that maternal health regulation is driven by intricate underlying mechanisms, such as psychological resilience, internal coping traits, and external social support networks, rather than time availability alone. The study recommends that future research adopt qualitative or longitudinal frameworks to explore latent moderating variables, including job autonomy and spousal support. Practitioners and policymakers are urged to design comprehensive wellness programs that support self-regulation assets for all working mothers, irrespective of their professional shifts.

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الفروق في تنظيم الذات الصحي لدى الأمهات العاملات باختلاف طبيعة الدوام (دوام كامل مقابل دوام جزئي): دراسة كمية مقارنة

الملخص:

تستهدف هذه الدراسة الكمية، ذات المنهج الوصفي المقارن، فحص مستوى التنظيم الذاتي الصحي لدى الأمهات العاملات في الجزائر، مع تقييم أثر نظام العمل (الدوام الكامل مقابل الدوام الجزئي). وتستند الدراسة إلى النظرية المعرفية الاجتماعية لباندورا (Bandura) ونظرية الحفاظ على الموارد لهوبفول (Hobfoll)؛ حيث يُعرَّف التنظيم الذاتي الصحي هنا بأنه مجمل العمليات المعرفية والسلوكية المستثمرة للحفاظ على عادات صحية سليمة (كإدارة الضغوط، والنوم، والتغذية).

اشتملت عينة الدراسة، التي تم اختيارها بطريقة قصدية، على 84 أماً عاملة في القطاعين العام والخاص (47.6% تتراوح أعمارهم بين 36 و45 عاماً، و89.3% من الحاصلات على شهادات التعليم العالي). وتتوزع العينة بين 46.4% من العاملات بدوام كامل و53.6% بدوام جزئي. وقد جُمعت البيانات في الفترة ما بين ماي وجويلية 2025 باستخدام مقياس التنظيم الذاتي الصحي للدغستاني والمفتي (2010).

ونظراً لعدم اعتدالية البيانات، طُبّق اختبار "مان ويتني" (Mann-Whitney U) غير المعلمي عبر برنامج JASP الإحصائي. وأظهرت النتائج الوصفية وجود مستوى مرتفع نسبياً من التنظيم الذاتي الصحي (M = 87.20، SD = 14.63)، وهو أعلى من المتوسط النظري للمقياس. ومع ذلك، لم يظهر التحليل الاستدلالي أي فروق ذات دلالة إحصائية بين المجموعتين (U = 780.00، p = 0.384)، وبحجم أثر ضئيل جداً.

تُشير هذه المستخلصات إلى أن قدرة الأمهات على إدارة صحتهن تعتمد بشكل أقل على حجم ساعات العمل الرسمية، وترتبط أكثر بآليات داخلية وخارجية مثل المرونة النفسية والدعم الاجتماعي. وتوصي الدراسة باستكشاف هذه المتغيرات الوسيطة الكامنة مستقبلاً، وتصميم برامج رفاهية شاملة تدعم جميع الأمهات العاملات بغض النظر عن طبيعة دوامهن.

الكلمات المفتاحية: الأمهات العاملات، التنظيم الذاتي الصحي، العمل بدوام كامل، العمل بدوام جزئي، التوازن بين العمل والحياة الشخصية.

Résumé

Cette étude quantitative descriptive et comparative examine le niveau de régulation de soi en matière de santé chez les mères travailleuses en Algérie, tout en évaluant l'impact de leur régime de travail (plein temps versus temps partiel). S'appuyant sur la théorie socio-cognitive de Bandura et la théorie de la conservation des ressources de Hobfoll, la régulation de soi est ici définie comme l'ensemble des processus cognitifs et comportementaux investis pour maintenir des habitudes saines (gestion du stress, sommeil, nutrition).

L'échantillon, sélectionné de façon dirigée, comprend 84 mères actives dans les secteurs public et privé (47,6 % âgées de 36 à 45 ans ; 89,3 % diplômées de l'enseignement supérieur). Il se compose de 46,4 % de travailleuses à plein temps et de 53,6 % à temps partiel. Les données ont été collectées entre mai et juillet 2025 via l'échelle de régulation de soi en matière de santé d'Al-Dagistani et Al-Mufti (2010).

En raison de la non-normalité des données, le test non paramétrique d'U de Mann-Whitney a été appliqué via le logiciel JASP. Les résultats descriptifs indiquent un niveau de régulation modérément élevé (M = 87,20 ; SD = 14,63), supérieur au point moyen théorique. Cependant,

l'analyse inférentielle ne révèle aucune différence statistiquement significative entre les deux groupes (U = 780,00; p = 0,384), avec une taille d'effet négligeable.

Ces conclusions suggèrent que la capacité des mères à gérer leur santé dépend moins du volume horaire de travail que de mécanismes internes et externes, tels que la résilience psychologique et le soutien social. L'étude recommande d'explorer ces variables modératrices latentes et de concevoir des programmes de bien-être universels pour toutes les mères travailleuses.

Mots-clés: mères travailleuses, régulation de soi en matière de santé, emploi à plein temps, emploi à temps partiel, équilibre travail-vie personnelle.

Introduction

The contemporary world is witnessing rapid social and economic transformations, one of the most significant being the increasing participation of women-particularly mothers-in the labor market. Motherhood is no longer confined to traditional household roles ; instead, mothers are now balancing family responsibilities with the demands of work outside the home. While this balance can foster a sense of achievement and economic independence, it also imposes challenges on mothers' physical and psychological health, especially regarding their capacity for health self-regulation. Health self-regulation is defined as the set of processes individuals employ, consciously or unconsciously, to achieve their health-related goals, such as maintaining healthy eating habits, engaging in physical activity, managing stress, and ensuring adequate sleep (Mann, de Ridder, & Fujita, 2013; Baumeister & Vohs, 2007). This ability is considered essential for sustaining personal well-being and ensuring effectiveness in fulfilling multiple roles.

Recent studies have devoted growing attention to the relationship between employment and mothers' health, with a particular focus on the concept of work -life balance as a mediating factor. For instance, research has shown that conflict between work and family demands is associated with higher levels of stress and psychological exhaustion, which in turn negatively impacts daily health behaviors (Allen, Grzywacz, & Smith, 2016). Similarly, studies indicate that mothers experiencing greater work–family conflict are less likely to adhere to healthy eating and physical activity routines (Cooklin et al., 2014).

Work arrangements -whether full-time or part-time -represent a critical factor in shaping the resources available to mothers and their ability to invest in their health. Full-time employment often requires greater time and energy commitments, leaving less room for self-care, meal preparation, or sufficient rest. In contrast, part-time work offers greater temporal flexibility, which may facilitate the adoption of more balanced health behaviors (Craig & Mullan, 2010).

Psychological theories offer clear explanations for these dynamics. Bandura's social cognitive theory (1997) highlights that perceived self-efficacy directly influences individuals' ability to regulate their health-related behaviors. Likewise, Hobfoll's conservation of resources theory (1989) posits that the depletion of resources such as time and energy increases stress and fatigue, thereby hindering investment in healthy behaviors.

Despite the valuable insights provided by research on work -life balance and women's health, there remains a notable gap in studies specifically addressing direct, quantitative differences

in health self-regulation between mothers working full-time and those working part-time, particularly across diverse cultural contexts. Most studies either treat working mothers as a homogenous group without distinguishing work arrangements or focus narrowly on specific health variables without exploring the broader construct of health self-regulation. This gap calls for in-depth investigation into how variations in working hours may influence mothers' ability to adopt and sustain organized health behaviors. Addressing these differences is not merely an academic contribution but also a crucial step toward developing targeted support programs and health interventions that account for the unique needs of different groups of working mothers.

Based on this background, the present study seeks to answer the following research questions:

1. What is the level of health self-regulation among working mothers?
2. What differences exist in health self-regulation among working mothers according to work arrangements (full-time vs. Part-time)?

Research Hypothesis: "There are statistically significant differences in the level of healthy self-regulation between full-time and part-time working mothers, in favor of part-time working mothers "

Objectives of the Study:

The main objectives of this study are to:

1. Identify the level of healthy self-regulation among working mothers.
2. Examine the differences in healthy self-regulation among working mothers based on the nature of their employment (full-time vs. Part-time).

Significance of the Study:

- **Scientific Significance:** This study addresses a research gap by identifying the level of healthy self-regulation among working mothers and exploring differences based on employment type (full-time vs. Part-time). The findings -especially if no significant differences are found-contribute to the theoretical understanding of the complex relationship between employment nature and mothers' health behaviors. It also highlights the role of underlying factors beyond working hours, opening avenues for future research to build more comprehensive theoretical models.
- **Practical Significance:** This study offers a foundational knowledge base for professionals in public and mental health, education, and policymaking to design more effective preventive and therapeutic health support programs. The results will aid in developing strategies that consider the unique challenges and opportunities faced by different categories of working mothers, thereby enhancing their overall well-being and health.

Delimitations of the Study: To define the scope and specific characteristics of this study, the following delimitations were established:

- **Topical Delimitations:** This study is limited to two main thematic axes (1) identifying the level of healthy self-regulation among a sample of working mothers, and (2) examining differences

in healthy self-regulation based on the nature of employment (full-time vs. Part-time) as the primary categorical variable. The study relies exclusively on a Healthy Self-Regulation Scale to measure the dependent variable and does not account for other factors that might influence healthy self-regulation, such as personality traits, social support, economic status, professional specialization, or the number of children.

- **Human Delimitations:** The study sample is limited to working mothers who were selected using a purposive sampling method. The sample consists of 84 working mothers from various professional sectors. Therefore, the findings may not be directly generalizable to other groups of women (e.g., non-working or childless women), working men, or working mothers in highly specific professional fields that were not adequately represented. However, the sample size is considered appropriate for comparative studies, as it is larger than typical small-sample research.
- **Temporal Delimitations:** Data for this study were collected during the period between May and July 2025. This timeframe defines the period during which the phenomenon was observed and data were gathered.
- **Spatial Delimitations:** The study was conducted among working mothers from various professional sectors (public and private). Since the study was carried out within the Algerian context, its results should be interpreted in light of the cultural and social characteristics of this environment and may not be directly generalizable to other geographical regions or entirely different social contexts outside of Algeria.

Operational Definitions of Key Terms:

- **Healthy Self-Regulation:** This refers to the total score obtained by a working mother on the Healthy Self-Regulation Scale used in the study. Higher scores indicate a higher capacity for healthy self-regulation.
- **Working Mothers:** Married women with children who are engaged in paid employment in any professional sector (public or private) during the study period.
- **Full-Time Employment:** Employment involving a number of hours officially classified as "full-time" according to the regulations of the employing institution, typically exceeding 35 hours per week.
- **Part-Time Employment:** Employment involving a number of hours officially classified as "part-time" according to the regulations of the employing institution, typically less than 35 hours per week.

1-Theoretical Framework and Review of Literature

1-1 Theoretical Framework

1-1-1 Healthy Self-Regulation:

Health self-regulation is considered a central concept in health psychology, referring to the

ability to manage behaviors, thoughts, and emotions in order to achieve and maintain health-related goals (Baumeister & Vohs, 2007). This regulation involves cognitive processes such as goal setting, action planning, and progress monitoring, as well as behavioral processes like emotion control and overcoming obstacles (Mann, de Ridder, & Fujita, 2013). Self-regulation is viewed as a limited resource that can be depleted through repeated use, thereby affecting one's capacity to make healthy decisions (Muraven & Baumeister, 2000). In the health context, self-regulation encompasses behaviors such as maintaining a balanced diet, engaging in physical activity, managing stress, and obtaining sufficient sleep (Schwarzer, 2008).

1-1-2 Working Mothers and the Challenges of Healthy Self-Regulation

Working mothers represent a unique demographic group that faces multiple challenges in health self-regulation due to the need to balance paid work demands with family and childcare responsibilities (Grzywacz & Bass, 2003). This overlap of roles can create time and psychological pressures that deplete energy and self-control resources, thereby hindering their ability to adopt or maintain healthy behaviors (Allen, Herst, & Bruck, 2000). Mothers often prioritize their children's needs and professional duties over self-care, which can negatively impact their overall health (Gholami Fatideh, Mehrani, & Tahriri, 2023).

1-1-3 Nature of Employment and Its Effect on Healthy Self-Regulation:

It is assumed that the nature of work arrangements (full-time versus part-time) directly influences the resources available to working mothers and their ability to regulate their health. Mothers employed full-time often face stricter time constraints and higher levels of job-related stress, which may reduce the time and energy available for health-promoting activities (Craig & Mullan, 2011). This resource depletion can negatively affect perceived self-efficacy in regulating health-related behaviors (Bandura, 1986) and increase the likelihood of less optimal health practices. In contrast, part-time work may provide mothers with greater flexibility in their schedules, allowing for more time dedicated to self-care and health-related activities, while also potentially reducing work-related stress, thereby supporting their capacity for health self-regulation.

1-2 Review of Literature and the Research Gap

A considerable body of international research has examined the reconciliation of work and motherhood demands and its impact on health, highlighting that work-life conflict is one of the most significant factors influencing mothers' well-being. For instance, Allen et al. (2000), in a study conducted on samples of employees from diverse professional settings, found that role overlap between work and family contributes to higher levels of stress and psychological exhaustion, which in turn negatively affects health-related practices. This underscores the psychological foundation linking work–family conflict with health behaviors.

A more recent study conducted in the Iranian context by Gholami Fatideh, Mehrani, and Tahriri (2023) confirmed that time pressure and role conflict lead working mothers to adopt unhealthy dietary habits and reduce physical activity. This adds a practical dimension, demonstrating that such pressures extend beyond mental health to daily lifestyle behaviors.

Conversely, Craig and Mullan (2011), in their study on Australian mothers, presented a more optimistic perspective. Their findings revealed that flexible work arrangements -such as part-time employment -enhance mothers' ability to manage both family and professional roles, thereby reducing fatigue and improving health practices. These results were interpreted through key theoretical frameworks, including the self-regulation theory (Baumeister & Vohs, 2007), which emphasizes that maintaining health behaviors requires limited cognitive and psychological resources, and the resource depletion theory (Muraven & Baumeister, 2000), which posits that the consumption of time and energy in fulfilling multiple roles undermines the capacity for effective health self-regulation.

In contrast, research conducted in Arab and Algerian contexts has predominantly focused on the psychological and social pressures associated with balancing work and family care, noting that the burden of family responsibilities often falls on women even when they are engaged in paid employment. However, these studies have generally addressed the issue in broad terms, without delving into the specific impact of work patterns (full-time versus part-time) on health self-regulation. This highlights a research gap when compared to international studies that explicitly link working hours to the health behaviors of employed mothers.

Research Gap

Despite the growing body of international studies examining the impact of work-life conflict and time pressure on mothers' health and health-related behaviors -and although some research, such as that of Craig and Mullan (2011), has highlighted that work flexibility may enhance well-being and the regulation of health behaviors -most of these studies have been conducted in Western or Asian contexts. This limits their applicability in understanding the cultural and social specificities of Arab environments in general, and the Algerian context in particular.

Moreover, local and regional studies have largely focused on the psychological and social pressures arising from balancing work and family, without thoroughly addressing the concept of health self-regulation as a central mechanism for managing such pressures. More importantly, previous research has not directly examined the effect of work arrangements (full-time versus part-time) on health self-regulation among working mothers ; this factor has often been either overlooked or subsumed under broader variables.

Therefore, there is a clear need for a comparative quantitative study that seeks to identify differences in health self-regulation according to work arrangements, while taking into account the

Algerian cultural and social context. Such a study would fill an important knowledge gap and provide both theoretical and practical contributions in the fields of mental health and self-regulation among working women.

2- Field Study and Procedures

2-1 Study Design:

This research employed a **quantitative descriptive-comparative methodology**. The **descriptive method** was used to answer the research question related to the level of healthy self-regulation among working mothers. In contrast, the **comparative method** was utilized to identify and analyze potential differences in the level of healthy self-regulation between two specific groups of working mothers: those employed full-time and those employed part-time.

2-1 Study Sample:

The study sample consisted of **84 working mothers**. A **purposive sampling** technique was employed, targeting mothers who simultaneously fulfill caregiving responsibilities and engage in paid employment, whether on a full-time or part-time basis, across various professional sectors (public and private) in Algeria.

Table 1. Demographic Characteristics of the Study Sample (N = 84)

Variable	**Age**			**Educational Level**			**Number of Children**			**Work Schedule**	
Categories	25–35 years	36–45 years	46–55 years	Less than university level	University level	Postgraduate studies	2-1 children	4-3 children	5 or more	Full-time	Part-time
Frequency (n)	30	40	14	9	55	20	25	40	19	39	45
Percentage (%)	35.7	47.6	16.7	10.7	65.5	23.8	29.8	47.6	22.6	46.4	53.6

Table 1 illustrates the demographic characteristics of the study sample (N = 84). The majority of participants were between **36–45 years of age (47.6%)**, and **89.3%** held a **university degree or higher**. Regarding work schedule, **46.4%** were employed full-time and **53.6%** part-time, providing a balanced foundation for group comparison. The average number of children was **3.1**, with a standard deviation of **1.5**.

2-3 Research Instrument: Healthy Self-Regulation Scale

2-3-1 Description: The **Healthy Self-Regulation Scale** was developed by *Sanaa Issa Al-Dagistani* and *Diyar Awni Al-Mufti* (2010) to measure individuals' ability to manage their health behaviors by monitoring and regulating their daily lifestyle patterns. The scale consists of **27 items**, developed based on health psychology literature and validated through expert judgment for **face and cultural validity**.

2-3-2 Scoring Method: Respondents rate the items using a **five-point Likert scale** ranging from "**Never applies**" (1) to "**Always applies**" (5). The total score is the sum of all item responses, with higher scores indicating a higher level of healthy self-regulation. Total scores range from **27 (minimum)** to **135 (maximum)**.

2-3-3-Psychometric Properties of the Instrument

2-3-3-1 Validity: The original study confirmed the **face validity** and **discriminant validity** of the scale. In the current study, validity was supported by a statistically significant **t-value of 11.44**,

significant at the **p ≤ 0.01** level.

2-3-3-2 Reliability: The **split-half correlation coefficient** was calculated at **0.69**, and after applying the **Spearman-Brown formula** for length adjustment, the reliability coefficient rose to **0.86**, indicating excellent internal consistency.

2-4 Statistical Methods

Data were analyzed using **JASP software (version 0.19.3)**. The statistical procedures included both **descriptive** and **inferential** analyses as follows:

- **Means and Standard Deviations**: To describe sample characteristics and levels of the healthy self-regulation variable.
- **Range and Interpretive Levels**: To categorize levels of healthy self-regulation (low, moderate, high).
- **Shapiro-Wilk Test**: To assess the normality of the data distribution.
- **Levene's Test (or equivalent)**: To assess homogeneity of variance across groups.
- **Mann–Whitney U Test**:

Used to examine differences between independent groups when parametric test assumptions were not met.

In this study, the **Mann–Whitney U test** was employed to compare groups after checking the assumptions for parametric tests such as the **t-test**. The **Shapiro–Wilk test** for normality indicated statistical significance (p = 0.047), suggesting that the data do not follow a normal distribution. Additionally, the **homogeneity of variance test** revealed a variance value of **0.409**, which is below the commonly accepted threshold (typically ≥ 0.5), indicating a lack of variance homogeneity.

Based on these results, and given the violations of both the normality and homogeneity assumptions, the **non-parametric Mann–Whitney U test** was deemed appropriate for comparing the study groups.

3- Presentation and Discussion of Study Results

3-1 Presentation of the Exploratory Question Results

To answer the first research question, which stated: **"What is the level of health self-regulation among the study sample of working mothers?"**, the mean, standard deviation, and range of the participants' scores on the Health Self-Regulation Scale were calculated. The results are presented in Table 2.

Table 2. *Descriptive Statistics for the Variable of Health Self- Regulation*

Variable	Valid N	Mean	Std. Deviation	Minimum	Maximum
Health Self-Regulation	84	87.202	14.629	47.000	112.000

Table 2 shows that the mean score of the participants on the Health Self-Regulation variable was **87.202**, with a standard deviation of **14.629**. Individual scores ranged from **47.000** (minimum) to **112.000** (maximum).

To interpret the level of health self-regulation among the sample, the following scale levels were used:

- **Low**: 27–49

- **Moderate**: 50–74
- **High**: 75-135

Based on these levels, the sample mean (87.202) falls within the **"high"** category. However, considering the total theoretical range of the scale (from 27 to 135), with a theoretical midpoint of approximately **81**, the mean score of **87.202** is **slightly above the midpoint** and tends toward the high category, though it is **not classified as "very high."**

This result suggests that the **level of health self-regulation among the sample of working mothers is generally good and effective overall**.

3-2 Presentation of the Study Hypothesis Results

The study hypothesis stated: **"There are statistically significant differences in the level of health self-regulation between full-time and part-time working mothers."**

Table 3. *Descriptive Statistics and Mann-Whitney U Test Values for Differences in Health Self-Regulation According to Work Schedule*

Study Variable	Group	N	Mean	SD	Mean Rank	Mann-Whitney U	p (Sig.)	Rank-Biserial r
Health Self-Regulation	1. Full-Time	39	85.744	15.345	40.000	780.000	0.384	-0.111
	2. Part-Time	45	88.487	14.030	44.887			

To address the research question related to differences in health self-regulation based on employment type (full-time vs. Part-time), the **Mann-Whitney U Test** was used for independent groups due to the violation of parametric test assumptions. Table 3 presents the descriptive statistics and the test results.

As shown in Table 3, the **mean score of health self-regulation** for full-time working mothers (n=39) was **85.744** with a standard deviation of **15.345**, while part-time working mothers (n=45) had a mean score of **88.487**, with a standard deviation of **14.030**.

The Mann-Whitney U Test yielded a **U value of 780.000**, and the **p-value** was **0.384**. Since this p-value is greater than the conventional significance level of 0.05, it indicates **no statistically significant difference** in health self-regulation between full-time and part-time working mothers.

Furthermore, the **effect size** (Rank-Biserial Correlation) was **-0.111**, which is considered a **very small effect**, supporting the conclusion that there is no meaningful difference between the two groups.

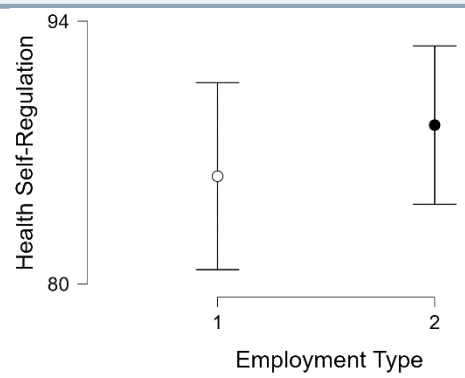


Figure 1. *Mean Health Self-Regulation Scores and 95% Confidence Intervals by Work Schedule*

As shown in **Figure 1**, the confidence intervals for the two groups **significantly overlap**, providing **visual confirmation** that there are **no statistically significant differences** in health self-regulation between full-time and part-time working mothers. This visual overlap further supports the statistical conclusion that the observed mean difference does **not reflect a real, substantial difference** in health self-regulation levels between the two populations.

4- Discussion of the Study Results

4-1 Discussion of the Exploratory Research Question

The descriptive results derived from the study sample (n = 84) indicate that the **mean score of working mothers** on the **Health Self-Regulation Scale** was **87.202**, with a standard deviation of **14.629**. Considering the theoretical range of the scale (from a minimum of 27 to a maximum of 135), the theoretical midpoint lies at 81. Based on this distribution, the sample mean (87.202) can be classified as leaning towards the **moderate-high level**, or slightly above the theoretical midpoint. This suggests that the working mothers in this sample demonstrate a reasonable level of ability in managing aspects of their health, though it may not reach the "very high" level expected in some populations.

This level, which slightly exceeds the midpoint, implies that working mothers possess moderately effective **health self-regulation mechanisms**, enabling them to maintain a degree of well-being amidst the dual demands of work and family. This can be explained by the possibility that the pressures of work and motherhood compel mothers to develop both conscious and unconscious strategies to safeguard their health, recognizing it as the foundation for fulfilling their multiple roles. This finding aligns with the theoretical framework of self-regulation as a dynamic process of environmental adaptation (Baumeister & Vohs, 2007).

Within the existing literature, results regarding the level of health self-regulation among working mothers are mixed. Some studies suggest that increasing burdens may reduce self-care attention, leading to lower self-regulation. However, the present finding, which places the average in the moderate-high category, may support an alternative view: that challenges stimulate individuals to adopt more structured health behaviors as a survival and productivity mechanism (Hobfoll, 1989). For example, working mothers facing increased stress might find it crucial to regulate their sleep, diet, or stress levels to sustain their functionality and efficiency.

Nonetheless, the fact that the mean does not fall within the "very high" category (given the full scale range) invites further questioning and analysis. It could suggest that, despite their efforts, working mothers may face structural or time constraints that prevent them from achieving higher levels of health regulation. These constraints might include time scarcity, limited access to health

resources, insufficient social support, or physical and psychological exhaustion that negatively affects the willpower and capacity to engage in optimal health behaviors (Gholami Fatideh, Mehrani, & Tahriri, 2023)

Therefore, this result calls for future research exploring the various factors that may contribute to this level, such as **role conflict**, **available resources**, **individual coping strategies**, and **social support**. Future studies may also focus on comparisons among subgroups of working mothers (e.g., full-time vs. Part-time) to understand nuanced differences in health self-regulation levels and their influencing factors.

4-2 Discussion of the Study Hypothesis

The absence of statistically significant differences in **health self-regulation** between **full-time and part-time working mothers** is a noteworthy outcome that warrants in-depth discussion, no less important than statistically significant findings. In scientific research, **non-significant results** provide valuable insights into phenomena, help revise or refute theoretical assumptions, and open new avenues for future exploration.

Logically, based on theoretical frameworks and prior research on work-family conflict and **Conservation of Resources Theory** (Hobfoll, 1989), one might assume that full-time working mothers would face greater time and energy constraints, potentially impairing their health self-regulation capabilities compared to part-time working mothers. Literature suggests that longer work hours are associated with increased stress and fatigue (Allen et al., 2000) and decreased engagement in health-promoting behaviors such as healthy eating and physical activity (Grzywacz et al., 2007).

However, the current findings **do not directly support this initial assumption**, as no substantial differences were found between the two groups.

This absence of difference may suggest that working mothers, regardless of their work schedule, have developed **strong coping and resilience mechanisms** to maintain a certain level of health self-regulation. The recognition of the importance of their health in fulfilling their roles may motivate them to prioritize self-care even under the pressures of full-time employment. This interpretation aligns with the **self-efficacy perspective** (Bandura, 1986), which posits that individuals gradually develop competencies in managing life aspects over time.

Furthermore, full-time working mothers may adopt **compensatory strategies** to protect their health—such as meticulous meal planning, maximizing short breaks for physical activity, or engaging in effective stress management methods. Conversely, part-time working mothers may not necessarily benefit from their increased flexibility to the extent expected, or they may face other pressures (unrelated to working hours) that offset any time advantage.

Additionally, **work schedule may not be the sole or most influential factor** determining health self-regulation levels. Other **mediating or moderating variables** may have a more significant impact—such as the quality of social support from partners, family, or friends ; job characteristics and stress levels ; and the degree of autonomy at work. Economic resources also play a vital role—mothers with higher incomes, regardless of schedule, may have better access to health resources (e.g., organic food, gym memberships, domestic help) that support health regulation. Moreover, **personal traits** like conscientiousness, optimism, or time management skills may more strongly influence health self-regulation than work hours alone.

It is also possible that the **Health Self-Regulation Scale used** lacks the sensitivity to detect subtle differences that do exist but are not statistically large enough to be detected, especially if actual group differences are small.

Importantly, the **non-significance of the main hypothesis** does not diminish the value of this study. On the contrary, it sheds light on the **complexity** of the relationship between work patterns and health regulation, challenging simplistic assumptions and encouraging the exploration of **more nuanced models** that incorporate moderating and mediating variables. It also opens new research paths—rather than focusing solely on "hours worked," future studies should qualitatively explore how working mothers (full-time or part-time) manage their health in daily life, including their real-world strategies and challenges.

In-depth contextual and personal factor analyses, as well as **longitudinal investigations** of how changing work patterns affect health regulation over time, are also recommended. Additionally, researchers might explore whether differences lie in specific **domains of self-regulation** (e.g., stress management vs. Physical activity) rather than overall levels, or in the **quality** of these behaviors.

In conclusion, this result serves as a **strong starting point** for building a deeper and more accurate understanding of this important phenomenon. It encourage academic inquiry to move beyond oversimplified interpretations of the work-health balance and adopt more comprehensive frameworks that consider individual resilience, hidden variables, and the complex roles of support and stress in shaping health behaviors.

Conclusion

This study represents a serious effort to shed light on **health self-regulation** among a sample of working mothers and to explore potential differences in this variable based on **work schedule** (full-time vs. part-time). The descriptive findings revealed that mothers in the sample demonstrated a **moderate-to-high level** of health self-regulation, reflecting their ability to maintain a critical aspect of well-being amid the dual challenges of work and family.

More importantly, the results **did not show statistically significant differences** in health self-regulation levels between full-time and part-time working mothers. Although non-significant, this result makes a pivotal contribution to the research literature, prompting a **re-evaluation of common assumptions** regarding the direct and simple relationship between working hours and self-care levels. It highlights the **resilience and adaptability** of mothers, suggesting that factors beyond work hours may play more complex roles in shaping health self-regulation behaviors.

This study emphasizes the need to move beyond **simplistic interpretations** of the work-life balance phenomenon and opens the door to more **comprehensive and in-depth research approaches**. The non-significance of the main hypothesis is **not an endpoint**, but a **launching pad** for future research aimed at uncovering the **qualitative mechanisms** through which mothers manage their health, as well as exploring **mediating and moderating factors** that might explain this observed balance.

Such research would contribute not only to academic understanding, but also to the development of more effective and tailored health support programs for working mothers, accounting for the **complex realities** of modern life and the **interplay of multiple roles**.

Ultimately, this study provides a valuable glimpse into the **realities of health self-regulation** among working mothers and reinforces the notion that scientific progress arises from **both significant and non-significant findings**, each contributing to a richer and more accurate understanding of complex human phenomena.

Study Recommendations

Based on the study's findings, which revealed **no statistically significant differences** in

health self-regulation between full-time and part-time working mothers, the following recommendations are proposed:

- For Future Research: It is recommended to conduct in-depth studies exploring **mediating and moderating variables** that may explain the absence of differences—such as **quality of social support**, **work environment**, and **personal characteristics**. Researchers are encouraged to adopt **qualitative and longitudinal methods** to understand in detail the strategies mothers use to manage their health and to examine **specific aspects of self-regulation** that might reveal subtle differences.

- For Practitioners and Policymakers: It is advisable to design **comprehensive health support programs** that aim to enhance **self-regulation resources** for working mothers, regardless of work schedule. Supportive and flexible work environments should be promoted, alongside continued **awareness campaigns** highlighting the importance of self-care, to empower mothers to sustain their well-being amid the demands of modern life.

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