

Article

What If Moms Quiet Quit? The Role of Maternity Leave Policy in Working Mothers' Quiet Quitting Behaviors

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Abstract: This study aims to examine the effects of various maternity leave support on the quiet quitting behaviors and mental health conditions of working mothers across industries during the post-pandemic period. Through an empirical survey method of 310 valid responses from a panel data, the study results indicated that working mothers who took maternity leave were less likely to adopt quiet quitting behaviors when they returned to work after childbirth and showed better mental health at work compared to their peers who did not take maternity leave because of childbirth and/or childcare. Additionally, paid maternity leave was not found to have a significant effect on quiet quitting behaviors and mental health of working mothers across industries, but the duration of maternity leave was found as a significant factor in impacting working mothers' quiet quitting behaviors and their mental health conditions. Moreover, peer workers' quiet quitting behaviors and supervisors' support for childcare (e.g., flexible work schedule) were found significantly to improve working mothers' quiet quitting tendencies at work. Lastly, there exist significant differences in age and race in the working mothers' quiet quitting behaviors at work.

Keywords: working mothers; maternity leave policy; quiet quitting; career advancement; retention; flexible work policy; maternal health; emotional well-being



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1. Introduction

Working mothers often find themselves in difficult situations when trying to juggle the prevailing cultural ideals of being a “good mother” and a “good worker” simultaneously. Efforts have been made to address this issue by introducing family-friendly policies, such as maternity leave. Some countries around the world, such as the Czech Republic, Hungary, Canada, and Italy, require organizations to provide mandatory paid maternity leave [1]. However, the United States has not followed suit in this regard, and only 14% of civilian workers have access to paid family leave [2]. The research is still unclear as to what benefits and significant effects maternity leave could have on this particularly vulnerable working population.

Recently, a new trend known as “quiet quitting” has gone viral on social media. Quiet quitting does not involve the actual quitting of a job to seek higher wages or better benefits elsewhere but is defined as quitting the idea of going “above and beyond” [3]. Quiet quitting appears to be a way to treat burnout and can take several forms, such as not answering emails or phone calls outside of work hours, saying no to new projects not part of a worker’s job description or not considered desirable by the worker, and leaving work on time every day [4]. Those who quiet quit lose the motivation to meet expectations in the workplace or “give it their all” and have a tendency to avoid working on additional projects without the incentive of reward [5]. Quiet quitting is also similar to an older phenomenon known as job neglect, which includes reducing participation in workplace tasks and “withholding effort” [5]. Gallup’s article “Is Quiet Quitting Real?”

details that many workers who quiet quit meet their definition of employees who are “not engaged” meaning that they are psychologically detached from their job and accomplish the bare minimum of work to get by [6]. A common underlying idea of the quiet quitting trend is that work–life balance is very important and that being overworked is overrated and unhealthy [7]. Many people may view quiet quitting as a way of reclaiming their physical and mental health and as a way of putting themselves, not their work, first. However, quiet quitting can have negative impacts; employees who are disengaged cost the economy 7.8 trillion in lost productivity [8]. Additionally, quit quitting can be hazardous in certain fields of work, one of those being healthcare. Employee engagement in the US dropped two percent from 2021 to 2022 with the largest decline being in healthcare workers [9]. Healthcare workers who are disengaged will directly affect patient care, safety, and quality [10]. Engagement and participation of healthcare workers are crucial to patients well-being especially with the short staffing issues brought on by the COVID-19 pandemic. Many healthcare workers suffering from burnout and psychological distress chose to quit their jobs due to the hazardous working environment and the fear of either becoming infected or infecting their family members [11] while others were lost to suicide [12]. This short staffing issue, combined with lack of engagement and participation from those healthcare workers that choose to stay in the field, can lead to medical errors and a decline in patient quality care.

New mothers who are not offered paid or unpaid leave or who feel as if their career opportunities have been impacted by their decision to take maternity leave may feel underappreciated, which can lead to resentment toward their employers or their companies’ policies. This, in turn, may cause them to stop putting effort into their work (i.e., quiet quitting). Perinatal mental illness (PMI) is known to affect up to 20% of new or expecting mothers and can significantly impact both the mother and the child. However, PMI tends to go unrecognized and thus undiagnosed and untreated [13]. Stigma surrounding both pregnancy and mental illness also has a tendency to influence attitudes in the workplace and is viewed as disruptive and unpredictable [13]. If a working mother feels unsupported or as though she cannot perform her job well on top of the stress associated with infant care, she may decide to adopt quiet quitting behaviors or quit the workforce entirely.

Quiet quitting is harmful to workplace climate and organizational sustainability in the long run. Reasons include the following: (a) individual work engagement could be severely reduced, which leads to low productivity and negative impacts on the overall organization operational efficiency; (b) other employees may be negatively impacted by their coworkers’ quiet quitting behaviors, which could result in underperforming teamwork and even contagious workplace laziness [14]; (c) at the individual level, quieting quitting might lead to the eventual loss of employment due to unsatisfactory work performance over time, and these workers are unlikely to receive good recommendations for another job [15]; and (d) from a society perspective, the whole social system might suffer from low productivity and unhealthy work climates.

Because this field of research, which aims to connect maternal support for working mothers and their quiet quitting behaviors, is nascent, our study is one of the pioneering projects to analyze the complexity of quiet quitting behaviors of working mothers as a result of various workplace maternal leave policies. Our research objective is to understand the underlying effects of various maternity leave support policies on the quiet quitting behaviors and mental health conditions of working mothers across industries. Furthermore, we examine working mothers’ overall career experiences (e.g., peer workers’ quiet quitting influence and supervisors’ support for childcare) to gain insights into effective resources that can be provided to create positive work experiences for working mothers. To enrich the findings, we also examined the race and age differences affecting working mothers’ quiet quitting behaviors.

This research contributes to the under-researched area of the effects of maternity leave on quiet quitting in workplaces. Additionally, the study findings provide valuable suggestions for employers who struggle with labor shortages and prevalent quiet quitting

problems in their organizations and sectors. This study also has practical implications for policymakers working to promote the mental health of the working population and create a sustainable and healthy workforce.

2. Literature Review and Hypothesis Development

2.1. Maternity Leave Policies across Industries

Maternity leave policies remain under-researched. According to U.S. labor laws, maternity leave is not mandatory as a supportive policy for working mothers. Only a few states, specifically California, Hawaii, New Jersey, New York, and Rhode Island, have established paid leave legislature for family members, allowing up to 6 weeks under the temporary disability insurance (TBI) system [16]. Maternity leave policies usually have two important components: income replacement during leave for those who plan to return to work and the option to return to the same position once their leave is over [17]. In 2000, the International Labor Organization (ILO) set a standard maternity leave duration of 14 weeks, and of 185 countries with available data, 98 met or exceeded these standards, and 87 fell below these standards [16].

A study conducted by the Maven Clinic in the United States compared several policies and assessed the satisfaction of employees who worked at Great Places to Work's best workplaces versus other places to work. The findings revealed that working mothers received 80 days of paid maternity leave at the best places to work versus 70 days at other workplaces [18]. The Great Places to Work best workplaces of 2022 include companies such as Hilton, Salesforce, Stryker, and Deloitte [19]. Furthermore, 92% of employees at the best places to work reported that they were willing to give extra to complete the job, while the rate was 83% for other workplaces [18].

Providing paid maternity leave may have led to a decrease in quiet quitting behaviors, as they may have felt more supported by their employers and their company. The ILO also recommends that women receive monetary benefits during maternity leave, and only two countries—the United States and Papua New Guinea—have no legal provisions for monetary benefits during maternity leave [16]. The policies regarding payment during leave vary from country to country. Most commonly, pay is calculated based on a person's previous salary, and this pay is consistent throughout the leave; however, benefits may also only be present or are higher during the first part of the leave and lower during the second part of the leave [16]. According to the ILO, employers should not discriminate against employees before, during, or after they take maternity leave and should guarantee their return to their pre-leave position. However, of the 146 countries on which data were available, 82 did not guarantee job protection [16].

A study that investigated trends in maternity leave over two decades found that maternity leave did not increase over the last 22 years, and even with the implementation of state laws that mandated paid leave, there was no national impact on the utilization of paid leave [20]. There is speculation that this lack of usage of paid maternity leave is due to a lack of awareness of the policies in place [16]. Additionally, a 2020 study that investigated disparities in maternity leave reported that 32% of working mothers did not take leave because they were not offered paid leave; 27% reported they did not take leave because they did not have financial stability; and 12% did not take leave because they were afraid of losing their jobs [21]. Other reasons mothers did not take maternity leave included that they had not built up enough leave time or that their workplaces did not have flexible policies [21]. Furthermore, women who are more likely to take maternity leave are those who have a higher education and are more likely to be older, married, and non-Hispanic White [20].

Many women, especially those working in low-income and direct care industries, may not have access to paid maternity leave, which can negatively impact maternal health and the quality of care received by children [21]. Maternity leave positively impacts working mothers' psychological well-being, with those who took maternity leave demonstrating lower levels of psychological distress [22]. These positive impacts may carry on later in

life [23]. In addition to direct effects (i.e., reduce in postpartum depressive symptoms), maternity leave policies have been linked to depression in older age indicating that maternity leave may also have indirect effects by allowing time for the mother to bond with her child, reducing the likelihood for childhood disorders later in life and thus improving maternal well-being in old age [23]. Furthermore, maternity leave reduces premature birth and infant mortality rates in infants born to college-educated and married mothers [24]. The length of maternity leave also seems to be an important factor; a study in 2018 demonstrated that longer maternity leave, defined as >12 weeks, as well as paid leaves improves the negative effects of returning to work and is associated with better mental health outcomes [25]. While another study investigating the differences in maternity leave policies found that longer lengths of maternity leave are associated with a decrease in depressive symptoms up to 6 months after birth [23]. Maternity leave of less than 12 weeks (or absence of maternity leave) was associated with negative effects on mothers' mental health and their rate of return to work, as many have to quit their jobs to take care of their children [26] or may begin to suffer from burnout if they continue to work. Women in certain occupations seem to be more likely to take maternity leave than others; women in business occupations reported the highest use of paid maternity leave, followed by women in healthcare support. Building and grounds cleaning and maintenance workers reported the lowest usage of maternity leave, followed by women in personal care and service positions [20].

Furthermore, many mothers of color have less access to paid maternity leave than their White counterparts. A study that looked at the impacts of systematic racism on maternity leave revealed that Asian, Hispanic, and African American women received 0.9, 2.0, and 3.6 fewer weeks of pay equivalent to their full pay during parental leave than White women, and Hispanic and African American women had less access to paid maternity leave than White women [27]. Supporting these findings, the U.S. Bureau of Labor Statistics (2019) reported that only a little over 50% of women took paid leave in general before or after giving birth, and Hispanic and African American women were 5% less likely than their White counterparts to take paid maternity leave [28].

Thus, we propose the following hypotheses.

Hypothesis 1. *Working mothers who take maternity leave are less likely to adopt quiet quitting behaviors in the workplace compared to their peers who do not take maternity leave after childbirth.*

Hypothesis 2. *Working mothers who take paid maternity leave are less likely to adopt quiet quitting behaviors in the workplace compared to their peers who take non-paid maternity leave after childbirth.*

Hypothesis 3. *Working mothers who take longer maternity leave are less likely to adopt quiet quitting behaviors in the workplace compared to their peers who take shorter maternity leave after childbirth.*

2.2. Mental Health Problems of Working Mothers and Quiet Quitting Behaviors

In the United States alone, a third of all workers suffer from workplace burnout [6]. Burnout is defined by the World Health Organization (WHO) as an occupational phenomenon resulting from chronic workplace stress that has not been successfully managed based on three criteria: (1) reduced professional efficiency, (2) increased mental distance from one's job and feelings of negativity or cynicism toward one's job, and (3) feelings of energy depletion or exhaustion [29]. Burnout has been able to significantly predict both physical and psychological consequences. [30] The physical consequences include, but are not limited to, type 2 diabetes, prolonged fatigue, headaches, and mortality below the age of 45 years [30]. The psychological consequences include, but are not limited to, depressive symptoms, insomnia, hospitalization for medical disorders, and the use of psychotropic and antidepressant medications [30]. Lack of paid maternity leave across the United States may contribute to burnout among new mothers who are not only working

long hours but are also taking care of a newborn baby. Furthermore, some may be dealing with postpartum physical recovery and medical complexities. Working mothers are 28% more likely to experience burnout than fathers because of the combined demands of both their work and home lives [31]. African American, Asian, and Latino women were found to be more likely to experience burnout than their White counterparts [31].

While many workplaces moved online during the COVID-19 pandemic, a vast number of people ended up losing their jobs and facing the challenges of unemployment. Surprisingly, however, many businesses simultaneously reported experiencing labor shortages due to difficulty hiring new workers. The SHRM Advocacy team investigated the reasons behind the labor shortages, despite many people being unemployed, and found that 70% of businesses believed that the labor shortages were due to the unemployment benefits available to people during the pandemic and not because of a lack of childcare or other support policies [32]. However, 42% of those who were unemployed or searching for a job reported that they had not heard back or received any offers from businesses. This was supported by findings from a study in Canada that reported that workers who were laid off before the pandemic had more difficulty finding a job than workers who were laid off during the pandemic [33].

The SHRM Advocacy team additionally found that 32% were afraid of being exposed to COVID-19 upon returning to work, and 22% reported that they quit because their previous jobs did not offer childcare benefits [32]. Despite these findings, only 23% of businesses implemented employee benefits, discounts, or incentives to attract potential new workers during the pandemic [32]. Many new mothers and younger women who are planning to have children will most likely place emphasis on childcare benefits when searching for a new job. To compensate for this labor shortage, 18% of businesses mentioned that they had to make their employees work overtime, and 6% reported that their employees had to take on extra work [32]. These policies can easily lead to burnout.

Other mental health challenges that may burden working mothers include anxiety and postpartum depression, which are the most common PMIs, but additional ones include postpartum psychosis, obsessive-compulsive disorders, and eating disorders [13]. Some mothers may also suffer from post-traumatic stress disorder (PTSD) due to a traumatic birth, miscarriage, or infertility issues or due to an NICU stay [13]. These mental illnesses can lead to additional complications, such as suicidal ideation, substance abuse, and the misattribution of symptoms of dangerous medical conditions to the mental illness rather than the actual condition [34]. These conditions can also lead to pre-term births and fetal growth impairments, which will add additional stress on a new mother [34].

Poor mental health is one of the most burdensome health concerns in the United States [35]. Nearly 1 in 5 adults suffer from a mental illness [36]. The prevalence of mental illness is higher in women, young adults aged 18–25, and those who identify with more than one race [36]. Those who suffer from mental illness also experience higher rates of disability and unemployment [35]. Several consequences can arise from mental illness, especially in the workplace. Those who suffer from mental illness may have more trouble completing tasks, communicating with coworkers, and engaging in their work [35]. However, access to paid maternity leave was found to decrease the rate of postpartum depression and intimate partner violence, positively impacting the mental health of mothers and children and improving child development [37]. Additionally, paid maternity leave has beneficial effects on the physical health of mothers and children, as it has been shown to decrease the number of mother and infant rehospitalizations, lower infant mortality rates, increase the number of pediatric visit attendance, ensure the timely administration of infant immunizations, and create positive impacts on breastfeeding, with an increase in its initiation and duration [37]. Despite these findings, a majority of U.S. states still do not have mandatory paid maternity leave policies, with only 16% of all employed American workers having access to paid maternity or paternity leave through their place of employment. As many as 23% of employed mothers return to work within 10 days of giving birth, spurred by their inability to afford their living expenses without income [37]. Those who are forced to return to work

early due to financial instability may not reap the benefits of the full maternity leave policy rather than if employers provided paid maternity leave. Paid maternity leave may be able to further reduce stress by providing a sense of job and financial security allowing mothers to better provide for their children; they may be able to buy better food and will have more time for doctors' appointments to obtain the proper immunizations or if the child falls ill [38].

The notion of quiet quitting has gained popularity online as a way of combating mental health challenges and promoting self-care. Those who participate in quiet quitting no longer go above and beyond in their work and simply accomplish the bare minimum to complete the job [39]. Some believe that quiet quitting is not about slacking off but more about setting healthy boundaries and not completing extra work without fair compensation [40].

Regardless of the potential consequences of quiet quitting, people continue to engage in related behaviors. Part of this is due to an increasing rate of burnout, which is a big risk for Gen Z employees, with 54% thinking about quitting [41]. During the pandemic, many younger workers were prone to depression and anxiety [41]. Thus, psychologists have argued that quiet quitting can help employees set professional boundaries, allow employees to feel as if they have a sense of control, help avoid burnout, and allow employees to prioritize what really matters [42]. Quiet quitting has become one of the trends that employees engage in when they want to eliminate the negative consequences of work, re-establish the work-life balance, and maintain well-being [5]. Those who engage in quiet quitting may be attempting to mediate the effects of burnout and the psychological consequences previously mentioned that may result from it. New mothers are already prone to postpartum depression, and burnout in the workplace will increase the risk of compounding mental illnesses, especially with the lack of paid maternity leave policies. Furthermore, this increased risk of burnout among new mothers may be a deciding factor in their decision to adopt quiet quitting behaviors.

Currently, more than 50% of the U.S. workforce is engaging in quiet quitting, which is a problem because the majority of workplaces require collaborative efforts from coworkers [6]. Furthermore, workplace disengagement increased further in 2022, with actively disengaged employees reaching 18%. This rate increased as a result of employees feeling that they were not cared about, a lack of clarity regarding expectations, few opportunities to learn and grow, and a lack of connection to the organization's mission or purpose [6]. Thus, dissatisfaction among U.S. employees has revolved around needs, purpose, and values [43].

Furthermore, U.S. employee engagement in jobs is falling across generations, with the lowest levels of engagement reported by Gen Z and Millennials (those born in 1989 and after) [44]. Gen Z and Millennials comprise 20.3% and 22% of the total workforce of the United States, respectively [45]. During the pandemic, younger workers reported feeling uncared about and as though they had few opportunities to advance and learn at their workplaces [6]. In fact, employees over the age of 35 were 10% more likely to be provided with opportunities for personal development and support than those under the age of 35, reducing Gen Z and Millennial commitment to the workforce [46]. Less than 40% of young workers in online or hybrid programs clearly understand what is expected of them at work [6]. All of these factors contribute to the lack of engagement and quiet quitting behaviors among younger generations.

Many new mothers are considered Millennials or Gen Z, and given that younger mothers are less likely to take maternity leave for several reasons, such as fear of employment termination and insufficient time off, this may contribute to their decision to adopt quiet quitting behaviors [18]. Compounded with a lack of appropriate maternity leave policies and career advancement opportunities, working mothers could be led to believe that their employers do not care about them and that they have few opportunities to work and grow. Additionally, if they cannot connect with the organization's purpose, they may wonder why they became involved with the organization in the first place, leading to disengagement [43]. Thus, they may become detached from their jobs and accomplish the minimum amount of work possible to get by.

Taking paid maternity leave, however, may also have undesired consequences. An experimental study conducted in Canada showed that female job candidates who reported taking longer maternity leave were viewed as less desirable. This is because maternity leave length is viewed as a direct measurement of workers' agency and commitment to the job [47]. Motherhood leads to a definite bias against the employment of women seeking jobs in traditionally male settings [48]. In general, parenthood changes the way in which both men and women are viewed in terms of their expected work focus, especially regarding expectations of dependability [48]. Among women who reported not taking paid leave, approximately 32% reported that their reason for doing so was because their jobs did not offer paid leave [18]. However, other reasons included not being able to financially afford to take leave, having not built up enough leave time, an inflexible work environment, and fear of losing their job [18].

Thus, given this context, this study proposes the following hypotheses:

Hypothesis 4. *Working mothers who take maternity leave show better emotional well-being than their peers who don't take maternity leave after childbirth.*

Hypothesis 5. *Working mothers who take paid maternity leave show better emotional well-being than their peers who take unpaid maternity leave after childbirth.*

Hypothesis 6. *Working mothers who take longer maternity leave show better emotional well-being than their peers who take shorter maternity leave after childbirth.*

2.3. Peer Workers' Quiet Quitting Behaviors and Support for Childcare

The United States has a reputation for its lack of "family-friendly and supportive policies at work, which impact low-income families most significantly, as they face greater challenges, have the least flexibility, and their hours are often limited so they do not have to be provided benefits by the company" [49]. Most parents only have access to sick days or paid time off (PTO), and supervisors can deny these benefits, as they need to be requested ahead of time [49]. Multiple studies have shown that benefits, such as paid maternity leave and flexible work policies, positively impact mothers' mental health and thus have been popular topics of discussion during the pandemic [50]. A more recent study conducted during the COVID-19 pandemic reported that the three most helpful policies offered to working mothers were additional time off, flexible work scheduling, and flexible work location [50]. Furthermore, a greater number of childcare policies was associated with decreased depression symptoms upon returning to work, and these policies reduced the number of employee resignations [50].

Supervisor support and peer support were also found to have a positive influence on an employee's attitude at work [51]. Support from supervisors and coworkers may take one of three forms: material support, informational support, and emotional support [51]. Employees who understand their role in the workplace are less likely to suffer from dissatisfaction or job tension, which may reduce quiet quitting behaviors, especially in the younger generation who are working in online and hybrid positions. Work engagement and job satisfaction are positively affected by supervisory support [51], which supports the idea that quiet quitting is influenced by employees' feelings of lack of clarity around their jobs, lack of supervisory support, and lack of empathy [6].

A social network support study demonstrated that when people have similar positions at their place of work, they also have similar ways of exhibiting behavior [52]. This suggests that employee behaviors at work can be influenced by their coworkers even if they do not work with them directly [52]. This is important when considering the implications of quiet quitting behaviors because it may mean that if a coworker quiet quits, then another employee may be more likely to exhibit quiet quitting behaviors as well. Additionally, coworker support and coworker exchange are positively associated with "psychological flourishing", which makes individuals more active and more productive [53]. Additionally,

it has been found that coworker support and coworker exchanges more strongly impact the performance of minorities [53]. This may mean that those who are minorities, especially those in low-income workplaces that may not offer benefits, may be more likely to quiet quit if they observe their coworkers quiet quitting.

Hypothesis 7. *Peer workers' quiet quitting behaviors will significantly influence working mothers' likelihood of adopting quiet quitting behaviors at work.*

Hypothesis 8. *Supervisors' support for childcare will significantly reduce working mothers' likelihood of adopting quiet quitting behaviors at work.*

3. Methods

3.1. Data Collection

To investigate the effects of maternity leave policies on working mothers' quiet quitting behaviors in the workplaces, we developed a survey to collect primary data from a panel of working mothers across industries to which a professional research company provided access. The data collection took place during November 2022. The sampling process began by posting a brief description of the study outlining the research question and eligibility criteria for participation. Eligibility criteria included being 18 years of age and a current working mother in the US. We specifically posted an announcement that we do not discriminate any age or race groups in the survey participation. Before launching the survey, Institutional Research Board (IRB) approval was obtained to ensure the protection of human subject rights during the data collection process. Incentives (USD 1) were used to motivate participation, and brief descriptions of the research background and key terms (e.g., maternity leave and quiet quitting) were introduced before the main portion of the survey to facilitate the participants' understanding of the survey questions. An estimate of 15 min was calculated for each respondent to complete the survey online. No identifiable information was collected to reduce response bias. We have to admit that the survey excluded the cases where hospitality staff worked during the maternity periods and moved to other organizations (i.e., actual quitting behaviors), which limited the sample scope of the research. Therefore, our sample only consisted of those working mothers who have continued working at the same organization during and after maternity periods.

The structure of the survey included (a) screening questions about work experiences and respondents' pregnancy and motherhood experiences; (b) main questions regarding maternity leave and quiet quitting tendencies; and (c) demographic questions. To improve the data quality, two attention-check questions were inserted into the survey. After data cleaning (i.e., removal of missing responses, removal of responses that failed to pass attention check questions, and removal of invariant responses), the final dataset for analysis consisted of 310 cases. Among the respondents, the majority were between 25 and 38 years of age (72.7%), followed by those who were between 39 and 51 years of age (19.6%). Only 7.7% of respondents were either 18–24 years old or 51 years old or above. The ethnicity distribution among respondents was severely skewed: more than 70% identified as White, followed by 22.2% who identified as Asian. About 75% of respondents reported that they had a bachelor's degree. More than 80% of the respondents had one or two children in their households. The majority (92.9%) were married (and not separated). In terms of income, most (about 60%) had an annual income between USD 40,000 and USD 80,000. In terms of working industries, about 45% reported that they worked in personal care and service positions, food preparation and services, or healthcare support. Only about 20% reported sales positions or business operations roles.

3.2. Measures

Given the nascent nature of the research, the scale used to measure maternity leave policies and quiet quitting behaviors in the survey was self-developed with consideration of prior references. Information relevant to maternity leave policies was measured using

nine questions, such as “Did you take maternity leave when you had your child/children? (Yes, No, Other, If you had multiple children, you took maternity leave for one child but not others due to changing work policies or other circumstances)”. Questions about paid or unpaid maternity leave and the duration of maternity leave (1–4 weeks, 4–8 weeks, 8–12 weeks, 12–16 weeks, 16+ weeks) were also included in the survey. Reasons for not taking maternity leave were also asked, with a list of possible answers including “financial instability, fears of loss of employment, place of employment does not offer maternity leave policies, did not have enough time off to take leave, and other”. To further explore the topic of maternity leave policy effects on quiet quitting behaviors in the workplace, we also included several counterfactual questions:

1. “If your company offered a paid maternity leave policy but you did not have an opportunity to receive the benefits from the policy, do you believe you would have more motivation to ‘go above and beyond’ in your job performance”?
2. “If your company offered a paid maternity leave policy and you received benefits from the policy, do you believe you would have more motivation to ‘go above and beyond’ in your job performance”?
3. “If your company offered a paid maternity leave policy and you believed you would benefit from it in the future, do you believe you would have more motivation to ‘go above and beyond’ in your job performance”?

The quiet quitting behaviors were measured using the following questions:

1. “Please read the following statements about the latest trend known as ‘quiet quitting’: ‘Quiet quitting’ does not involve actually quitting the job to seek higher wages or better benefits elsewhere but is **defined as quitting the idea of going ‘above and beyond’** [3]. Those who participate in quiet quitting no longer go ‘above and beyond’ in their work and simply do the **bare minimum to get the job done** [39]. Quiet quitting may seem like a way to treat burnout and can take several forms, such as **not answering emails or phone calls outside of work hours, saying no to new projects that aren’t in the job description or that one may not want to do, and leaving work on time every day** [4].

Please answer the following questions:

Are you aware of the latest trend known as ‘quiet quitting’?”

2. “Have you chosen to participate in quiet quitting? (Yes, No)”.
3. “How motivated would you say you are to ‘go above and beyond’ at your job? (5-point Likert scale; 1 = extremely motivated, 5 = definitely not motivated)”.

Peer influence on quiet quitting behaviors was measured by one question: “Have you seen your workplace colleagues participate in ‘quiet quitting?’” Supportive/flexible work for childcare needs was measured with the question, “Do you feel as if your supervisors are supportive/flexible when it comes to childcare? (5-point Likert scale; 1 = definitely not; 5 = definitely yes).” Emotional well-being (Cronbach’s alpha = 0.92) was measured with nine questions adapted from [49]. Examples of emotional well-being measurements asked respondents about how they felt and how things had been for them over the past 4 weeks, including “Did you feel full of pep?” and “Have you been a very nervous person”?

4. Results

To test the proposed hypotheses regarding the connection between *maternity leave* and quiet quitting behaviors in the workplace among working mothers, multiple analyses of variances were performed on the dataset. Before hypothesis testing, a normality check was performed to ensure that the dataset qualified for further analysis. Table 1 shows the F scores and *p*-values for the hypothesis test results.

Table 1. Hypothesis test results.

Dependent Variable	Independent Variables	F Score	Hypothesis Test Results
Quiet quitting behaviors	Maternity leave	5.71 *	H1 supported
	Paid maternity leave	0.87 ns	H2 failed
	Duration of maternity leave	1.21 ns	H3 failed
Emotional wellbeing	Maternity leave	5.76 **	H4 supported
	Paid maternity leave	0.27 ns	H5 failed
Quiet quitting behaviors	Duration of maternity leave	27.93 ***	H6 partially supported
	Supportive/flexible work policy for childcare needs	8.37 ***	H7 supported
	Peer workers' quiet quitting impacts	9.57 ***	H8 supported

Note: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Regarding Hypothesis 1 on the direct effect of maternity leave on quiet quitting behaviors, significant differences ($F = 5.71, p < 0.05$) were observed between working mothers who took maternity leave ($Mean_a = 1.97$) and their peers who did not ($Mean_b = 2.51$) in their quiet quitting behaviors in the workplace, thus supporting Hypothesis 1. However, there was not a significant difference ($F = 0.87, p > 0.05$) between paid maternity leave and non-paid maternity leave in terms of working mothers' quiet quitting behaviors. Therefore, Hypothesis 2 was rejected. For Hypothesis 3 regarding the effects of maternity leave duration on quiet quitting behaviors, the ANOVA results did not show significant differences ($F = 1.21, p > 0.05$). However, when examining the relationships between maternity leave and emotional well-being, the test results showed significant differences in both the hypothesized relationships (took maternity leave vs. did not take; duration of maternity leave) with significance levels of $p < 0.01$ and $p < 0.001$, respectively. We further examined the effects of the duration of maternity leave by categorizing them based on weeks (1–4 weeks, 4–8 weeks, 8–12 weeks, 12–16 weeks, and more than 16 weeks). Table 2 depicts the means and significance. We found that working mothers who took 8–12 weeks of leave showed the most optimal emotional well-being compared to their peers who took leaves of other durations. The paid vs. unpaid maternity leave effect on emotional well-being showed an insignificant difference ($p > 0.05$).

In terms of social factors impacting working mothers' quiet quitting behaviors, results showed significant differences ($p < 0.001$) between working mothers who worked under supportive/flexible policies for childcare needs and observed peers' quiet quitting behaviors and their counterparts who did not work under supportive/flexible policies for childcare needs and did not identify their work colleagues' quiet quitting behaviors in the workplace. Therefore, Hypotheses 7 and 8 were supported.

To gain a deeper understanding of the research topic, we performed a multi-group analysis according to race (see Table 3) and age (see Table 4). The results showed a significant difference ($p < 0.05$) between White working mothers and other races, where White mothers were more likely ($p < 0.001$) to adopt quiet quitting behaviors than their counterparts in the workplace. The test results also showed that working mothers aged between 18 and 24 years old were more likely ($p < 0.001$) to adopt quiet quitting behaviors than their older peers.

Table 2. Effects of duration of maternity leave on working mothers’ emotional wellbeing.

Multiple Comparisons						
Dependent Variable: EmotionalWell						
LSD						
(I) Weeks	(J) Weeks	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
4-January	8-April	-1.1846 *	0.13015	<0.001	-1.4407	-0.9285
	12-August	-1.2375 *	0.15381	<0.001	-1.5402	-0.9349
	16-December	-0.2269	0.20579	0.271	-0.6319	0.178
8-April	16+	-0.5087 *	0.25204	0.044	-1.0046	-0.0127
	4-January	1.1846 *	0.13015	<0.001	0.9285	1.4407
	12-August	-0.0529	0.15381	0.731	-0.3556	0.2497
12-August	16-December	0.9577 *	0.20579	<0.001	0.5527	1.3626
	16+	0.6760 *	0.25204	0.008	0.18	1.1719
	4-January	1.2375 *	0.15381	<0.001	0.9349	1.5402
16-December	8-April	0.0529	0.15381	0.731	-0.2497	0.3556
	16-December	1.0106 *	0.22151	<0.001	0.5747	1.4465
	16+	0.7289 *	0.26503	0.006	0.2073	1.2504
16+	4-January	0.2269	0.20579	0.271	-0.178	0.6319
	8-April	-0.9577 *	0.20579	<0.001	-1.3626	-0.5527
	12-August	-1.0106 *	0.22151	<0.001	-1.4465	-0.5747
16+	16+	-0.2817	0.29821	0.346	-0.8686	0.3051
	4-January	0.5087 *	0.25204	0.044	0.0127	1.0046
	8-April	-0.6760 *	0.25204	0.008	-1.1719	-0.18
16+	12-August	-0.7289 *	0.26503	0.006	-1.2504	-0.2073
	16-December	0.2817	0.29821	0.346	-0.3051	0.8686

Based on observed means. The error term is Mean Square(Error) = 0.869. * The mean difference is significant at the 0.05 level.

Table 3. Race differences in quiet quitting behaviors.

Multiple Comparisons						
Dependent Variable: SelfQuietQuitting						
LSD						
(I) Race	(J) Race	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
White	Black or African American	0.19 *	0.086	0.032	0.02	0.36
	American Indian or Alaska Native	0.19	0.155	0.231	-0.12	0.49
	Asian	0.14 *	0.047	0.003	0.05	0.24
Black or African American	White	-0.19 *	0.086	0.032	-0.36	-0.02
	American Indian or Alaska Native	0	0.175	1	-0.34	0.34
	Asian	-0.04	0.093	0.641	-0.23	0.14
American Indian or Alaska Native	White	-0.19	0.155	0.231	-0.49	0.12
	Black or African American	0	0.175	1	-0.34	0.34
	Asian	-0.04	0.159	0.785	-0.36	0.27
Asian	White	-0.14 *	0.047	0.003	-0.24	-0.05
	Black or African American	0.04	0.093	0.641	-0.14	0.23
	American Indian or Alaska Native	0.04	0.159	0.785	-0.27	0.36

Based on observed means. The error term is Mean Square(Error) = 0.106. * The mean difference is significant at the 0.05 level.

Table 4. Age differences in quiet quitting behaviors.

Multiple Comparisons						
Dependent Variable: SelfQuietQuitting						
LSD						
(I) Age	(J) Age	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
18–24	25–31	0.55 *	0.142	<0.001	0.27	0.83
	32–38	0.50 *	0.146	<0.001	0.22	0.79
	39–45	0.55 *	0.149	<0.001	0.25	0.84
	45–51	0.46 *	0.16	0.005	0.14	0.77
	51+	0.61 *	0.161	<0.001	0.29	0.93
25–31	18–24	−0.55 *	0.142	<0.001	−0.83	−0.27
	32–38	−0.04	0.05	0.404	−0.14	0.06
	39–45	0	0.059	0.984	−0.12	0.12
	45–51	−0.09	0.083	0.279	−0.25	0.07
	51+	0.06	0.085	0.448	−0.1	0.23
32–38	18–24	−0.50 *	0.146	<0.001	−0.79	−0.22
	25–31	0.04	0.05	0.404	−0.06	0.14
	39–45	0.04	0.067	0.526	−0.09	0.17
	45–51	−0.05	0.089	0.584	−0.22	0.13
	51+	0.11	0.091	0.243	−0.07	0.28
39–45	18–24	−0.55 *	0.149	<0.001	−0.84	−0.25
	25–31	0	0.059	0.984	−0.12	0.12
	32–38	−0.04	0.067	0.526	−0.17	0.09
	45–51	−0.09	0.095	0.335	−0.28	0.09
	51+	0.06	0.096	0.511	−0.13	0.25
45–51	18–24	−0.46 *	0.16	0.005	−0.77	−0.14
	25–31	0.09	0.083	0.279	−0.07	0.25
	32–38	0.05	0.089	0.584	−0.13	0.22
	39–45	0.09	0.095	0.335	−0.09	0.28
	51+	0.15	0.113	0.17	−0.07	0.38
51+	18–24	−0.61 *	0.161	<0.001	−0.93	−0.29
	25–31	−0.06	0.085	0.448	−0.23	0.1
	32–38	−0.11	0.091	0.243	−0.28	0.07
	39–45	−0.06	0.096	0.511	−0.25	0.13
	45–51	−0.15	0.113	0.17	−0.38	0.07

Based on observed means. The error term is Mean Square(Error) = 0.123. * The mean difference is significant at the 0.05 level.

Among the working mothers who did not take maternity leave, the top reasons (see Figure 1) for this decision included financial instability (54.7%), fears over loss of employment (49.8%), place of employment did not offer maternity leave (25.7%), did not have enough time off to take leaves (4.5%), and others (3.2%). We also included several counterfactual questions to further examine the effects of paid maternity leave policy on working mothers’ quiet quitting behaviors (see Figures 2–4). First, 62% of working mothers who worked somewhere that offered a paid maternity leave policy indicated a greater willingness to go above and beyond in their job. Second, if they knew about the paid maternity leave policy but did not go on leave, about 48% of these working mothers expressed “not sure” or “no intention to go above and beyond in their job performance,” meaning that this group has the potential to adopt quiet quitting behaviors at work. Finally, for those who knew about the paid leave policies and could see themselves benefiting from them in the future, 59% of these working mothers expressed their willingness to go above and beyond in their job performance, meaning that this group is likely to avoid adopting quiet quitting behaviors at work.

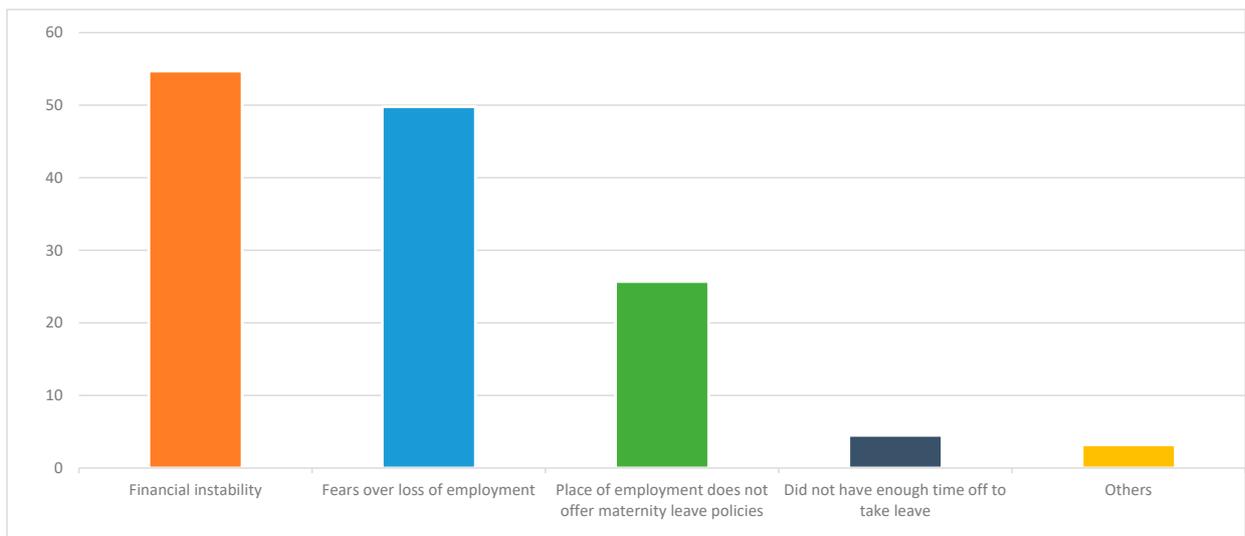


Figure 1. Reasons for working mothers not to take maternity leave.

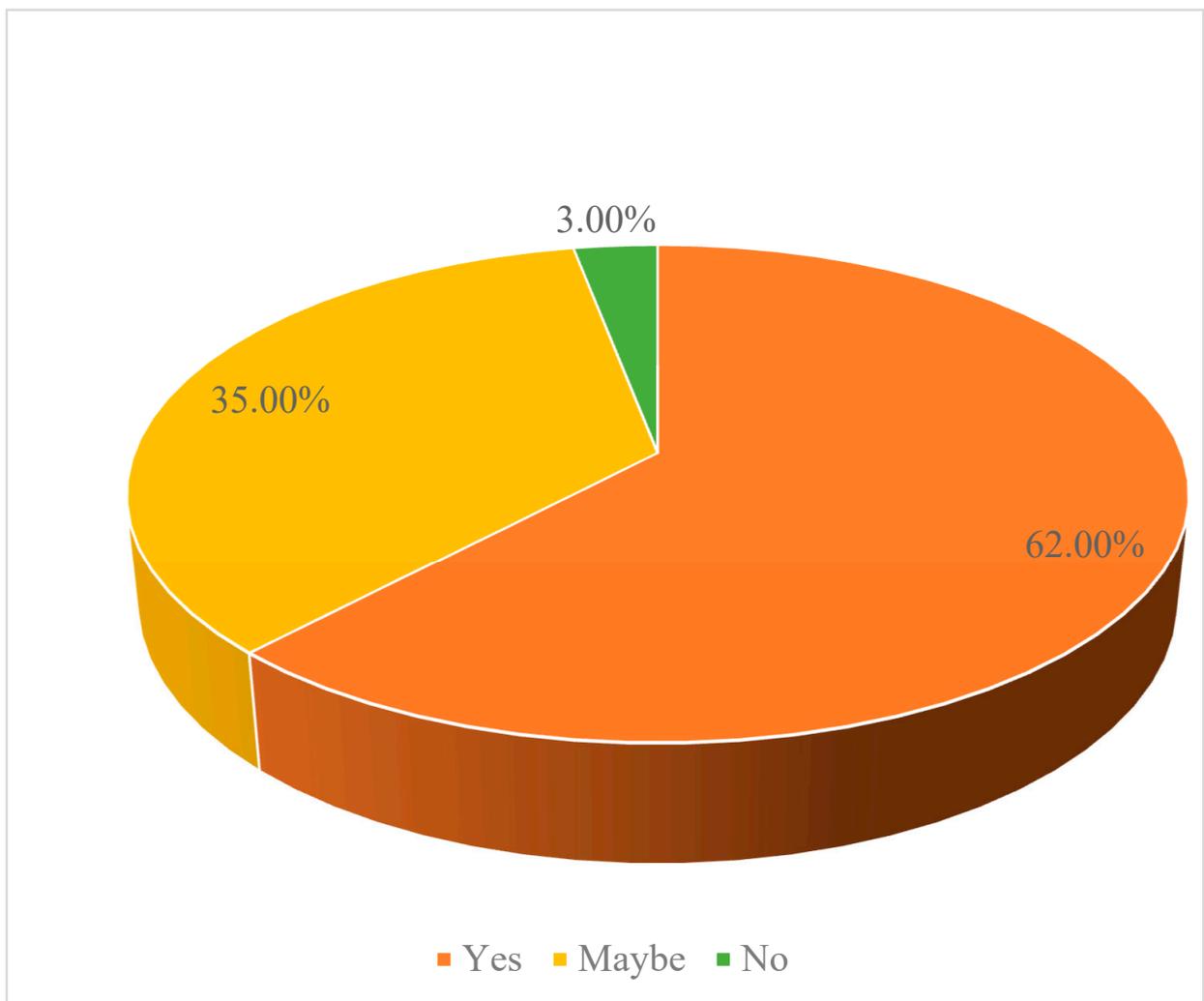


Figure 2. If your company offered a paid maternity leave policy and you received benefits from the policy, do you believe you would have more motivation to “go above and beyond” in your job performance?

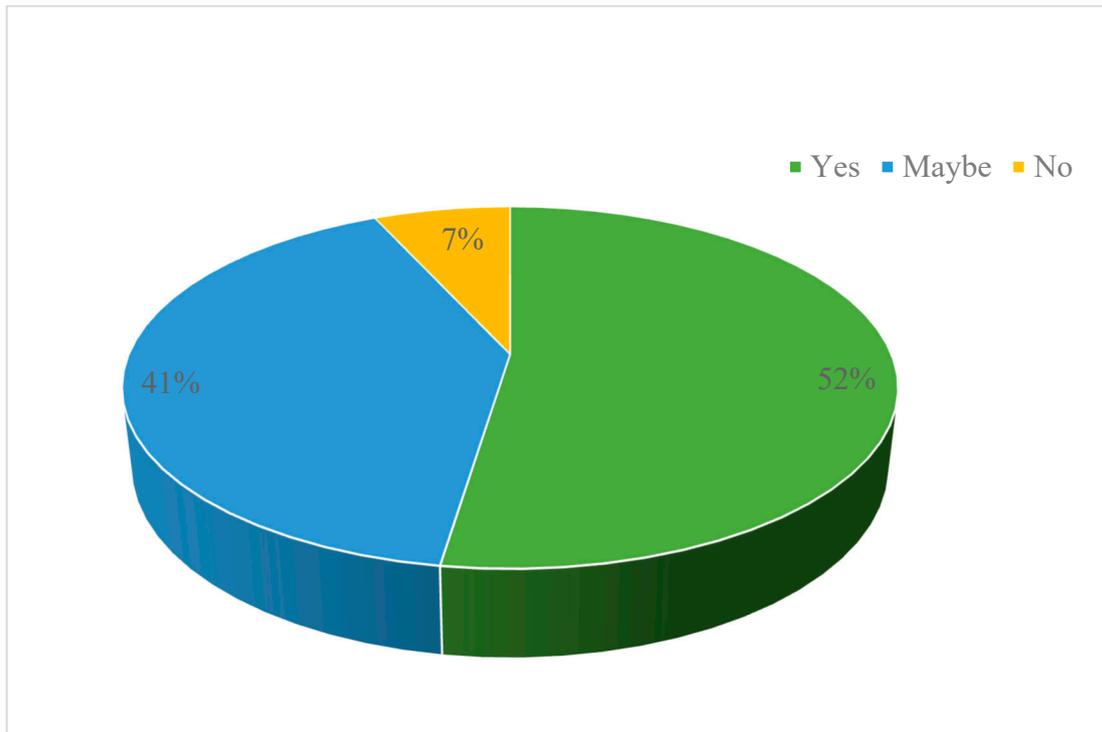


Figure 3. If your company offered a paid maternity leave policy but you did not have an opportunity to receive the benefits from the policy, do you believe you would have more motivation to “go above and beyond” in your job performance?

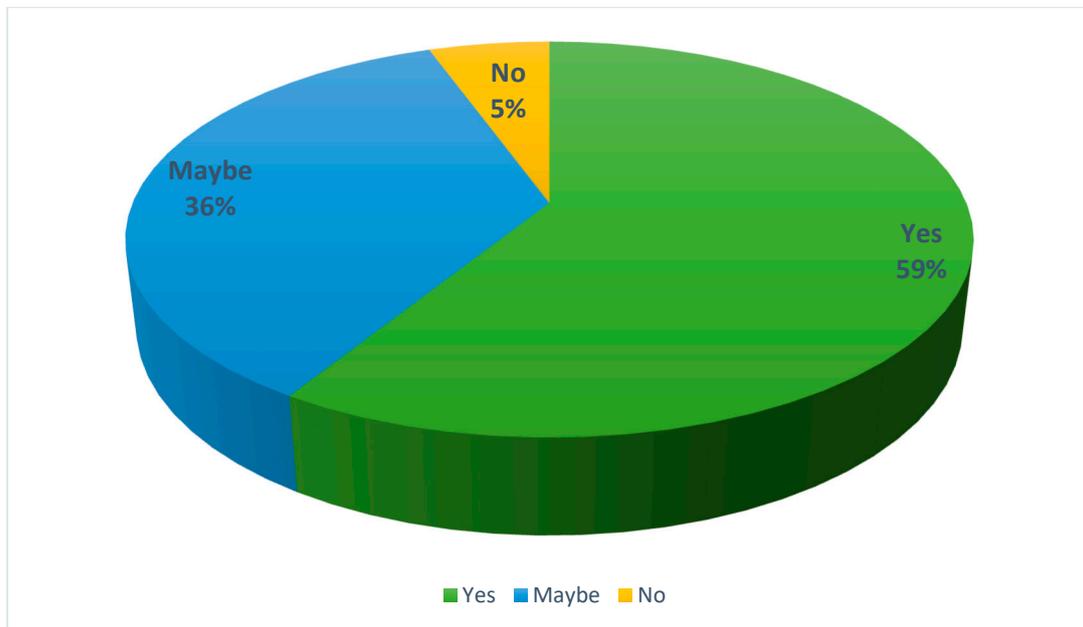


Figure 4. If your company offered a paid maternity leave policy and you believed you would benefit from it in the future, do you believe you would have more motivation to “go above and beyond” in your job performance?

5. Conclusions

5.1. Discussion of Study Findings

Our research objective was to understand the underlying effects of various maternity leave support policies on the quiet quitting behaviors and mental health conditions of

working mothers across industries. Furthermore, we examined working mothers' overall career experiences (e.g., peer workers' quiet quitting influence and supervisors' support for childcare) to gain insights into effective resources that can be provided to support a positive work experience for working mothers. To enrich the findings, we also examined the race and age differences that could affect working mothers' quiet quitting behaviors. To achieve the study goals, we conducted multiple ANOVAs on panel data (310 valid responses) provided by a national survey company. The study results indicated that working mothers who took maternity leave were less likely to adopt quiet quitting behaviors when they returned to work after childbirth and showed better mental health at work compared to their peers who did not take maternity leave. Mothers who received maternity leave benefits also had more positive mental health outcomes and lower rates of rehospitalization and infant mortality [54]. Mothers who were not provided maternity leave were more likely to participate in quiet quitting behaviors due to the challenges they may have faced of postpartum illness while trying to work at the same time. Our findings show that the top reasons why working mothers did not take maternity leave included financial instability and fears over loss of employment. Many new mothers who did not take maternity leave did so because the leave offered was unpaid, and they could not afford to live without their wages [55]. Paid leave, such as sick days and PTO, could be used; however, most parents choose not to, as they worry that they will not have the ability to use that time if their children fall ill [56].

Paid maternity leave was not found to have a significant effect on quiet quitting behaviors and the mental health of working mothers across industries, failing to support Hypothesis 2 which predicted that working mothers who took paid maternity leave were less likely to adopt quiet quitting behaviors in the workplace compared to their peers who took non-paid maternity leave and Hypothesis 5 which predicted that mothers who take paid maternity leave show better emotional well-being than their peers who take non-paid maternity leave. Rather, our results show a significant difference in the emotional well-being of mothers who took maternity leave (paid or unpaid) and those who did not take any leave. The reasons behind the insignificant result of hypotheses 2 may include: (1) paid maternity leave may not address the underlying structural and cultural barriers that working mothers face in the workplace. Even with paid maternity leave, working mothers may still encounter discrimination, inflexible work arrangements, and a lack of support for balancing work and family responsibilities, which can lead to quiet quitting behaviors. (2) Paid maternity leave may not address the financial and career consequences that working mothers face when they take time off for caregiving responsibilities. Even with paid maternity leave, working mothers may still face a gender pay gap, a lack of opportunities for career advancement, and a stigma against working mothers, which can discourage them from returning to work or pursuing career goals. The reasons behind the insignificant result of Hypothesis 5 may include: (1) paid maternity leave may not address the mental and emotional challenges that working mothers face when they return to work after giving birth. The transition back to work can be stressful, as working mothers must balance the demands of work and family responsibilities, while also coping with sleep deprivation, postpartum depression, and other mental and emotional health issues. (2) Paid maternity leave may not address the societal and cultural factors that contribute to the emotional wellbeing of working mothers. These factors may include gender inequality, a lack of affordable childcare, and a culture that prioritizes work over family and caregiving responsibilities. However, the duration of maternity leave was found to be a significant factor impacting working mothers' quiet quitting behaviors and mental health conditions. Fewer than 12 weeks of leave, paid or unpaid, was correlated with higher rates of depression in new mothers [37]. At 11 weeks postpartum, the benefits of paid maternity leave are not yet evident, suggesting that longer paid leaves are needed to manifest the beneficial effects associated with paid maternity leave [56]. The average length of leave (paid or unpaid) among new mothers in Perry-Jenkins et al.'s (2016) sample was 11.4 weeks, with only 15% paid partially or in full [49]. Additionally, the average length of paid maternity

leave among women who received it was 3.3 weeks [55]. On average, most mothers took 10 weeks of total maternity leave, taking into account both paid leave and unpaid leave; 17% took more than 12 weeks; 43% took 5 to 8 weeks; and 12% took 4 weeks or less [55]. These findings provided a basis for Hypotheses 3 and 6 as mothers who took longer maternity leave would have better mental health outcomes than those that do not and may be less likely to participate in quiet quitting behaviors if they are not suffering from burnout. However, Hypothesis 3 was rejected, and Hypothesis 6 was only partially supported as our study found that mothers who took 8–12 weeks of maternity leave showed better mental health outcomes than their peers who took leaves longer than 12 weeks, suggesting that there may be an ideal length of maternity leave to promote better mental health in new mothers. Possible assumptions for explaining the insignificant results may include that taking longer maternity leave may result in financial and career-related stressors, which can negatively impact emotional wellbeing. For example, longer absences from work may lead to lower earnings or missed opportunities for career advancement, which can cause stress and anxiety for working mothers. Additionally, returning to work after a longer maternity leave may also be challenging for some working mothers, which may pose negative impacts on working mothers' emotional wellbeing and work performances.

Moreover, peer workers' quiet quitting behaviors and supervisors' support for childcare (e.g., flexible work schedules) were found to significantly improve working mothers' quiet quitting tendencies at work. Fewer depressive symptoms and less anxiety in new mothers was correlated with scheduling benefits provided by "family-friendly" managers once they returned to work [49]. The implementation of "family-friendly" policies has been shown to decrease chronic stress and improve mental health among working parents, while those who did not have access to benefits showed increased emotional distress [50]. There also exists significant differences in age and race in working mothers' quiet quitting behaviors at work. Black and Asian working mothers showed less tendency to quiet quit compared to their White counterparts. Younger generations in the workplaces showed a greater likelihood of adopting quiet quitting behaviors than older generations when they were faced with the challenges of balancing work and family tasks.

5.2. Implications for Theory and Practice

This research contributes to the under-researched area of the effects of maternity leave on quiet quitting in the workplace. Additionally, the study findings provide valuable suggestions for employers who struggle with labor shortages and prevalent quiet quitting problems in their organizations and sectors. This study also has practical implications for policymakers aiming to promote the mental health of the working population and create a sustainable and healthy workforce. Our findings suggest that mothers who do not have access to maternity leave will be more likely to exhibit quiet quitting behaviors in the workplace and suffer from worse mental health than mothers who do take maternity leave or are provided childcare benefits at work. Mothers working at companies that do not provide maternity leave or benefits are more likely to resign or begin participating in quiet quitting behaviors. Since quiet quitting is a trend that emphasizes prioritizing oneself and not their work, mothers who feel underappreciated and unsupported at work are more likely to quiet quit than those who do not. This idea is supported by the social exchange theory proposed by Bau in 1964 which states that employees who receive benefits from their workplace are more likely to approach their work with a positive attitude, and if this is the case, employees who have negative or stressful working conditions will have negative attitudes in regards to their work [57]. Given that quiet quitting is a fairly new trend brought on by younger workers feeling burnt out at their place of employment, our study provides valuable information that suggests a potential relationship between social exchange theory and quiet quitting behaviors. Furthermore, the social influence theory implies that an individual's quiet quitting behaviors may influence other employees to quiet quit as well. Social influence theory proposes an explanation as to how an individual is influenced by others in their social network to follow the normal behaviors in that

community. Normative influence, one of the two types of influences mentioned in the social influence theory is defined as “the influence to conform to the expectations of another person to group.” [58]. This supports Hypothesis 7 which predicted that working mothers who are exposed to quiet quitting behaviors within their workplace may feel as if they should do so as well.

While the FMLA offers job protection during the 12 weeks of paid or unpaid maternity leave, many working mothers who return to their positions after childbirth are viewed differently by their employers and will not be offered career advancement opportunities. Employers who offer job advancement opportunities and are clear about their expectations for working mothers may be able to decrease the job dissatisfaction that leads to quiet quitting behaviors. Further studies should investigate the impact maternity leave has on career advancement opportunities and job dissatisfaction, which are both factors that lead to quiet quitting, as well as peer influence between working mothers at the same job. If one working mother decides to quiet quit, will her coworker, who is also a working mother, be more likely to quiet quit than another coworker in general?

6. Limitations

While the findings of this study present theoretical contributions, it is important to consider several limitations. The sample size was not incredibly large (310 people), and when asking participants to disclose their ethnicities, we neglected to put “Non-White Hispanic” as one of the options. This may have deterred Hispanic mothers from completing the survey. It is important to identify minorities when investigating a topic such as maternity leave, as ethnic minorities are more likely to work low-income jobs and thus have less access to maternity leave. We must also consider that quiet quitting is a new trend brought about by employee burnout during the pandemic, and as life continues to go back to normal and labor shortages are relieved, many employees who had to work overtime and take over projects to compensate for the lack of additional workers may be less likely to suffer from burnout and less likely to quiet quit. It would have been beneficial to add an additional question asking mothers which types of childcare benefits would be most helpful for them, and if their company offered these types of benefits, would they be more likely to continue going above and beyond at their jobs. There is still a lack of research on quiet quitting in general, as the trend became popular only over the past year. These limitations kept us from confirming our theories about coworker/peer interactions and how they could influence working mothers to engage in quiet quitting, as we had to rely mostly on news articles on quiet quitting and a few academic papers. It may also have been beneficial to ask mothers to disclose if they had a PMI during or after their pregnancy, such as postpartum depression or PTSD, and if they believed an extended maternity leave would have helped them handle the challenges of this illness or not, as our study focused mainly on burnout and mental health in general. Lastly, due to the observational data acquired in the study, the findings only present the correlational relationships in the model, rather than causal effects. It is suggested for future scholars to test the causal effects in the conceptual model to provide more in-depth investigations.

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Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: Data are not available due to privacy and ethical restrictions.

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