CAES 1000 Core University English (Semester 1 2022/2023)
Speaking Test Topic (Tutorial Discussion)

To what extent should breastfeeding be supported in the workplace? What are ways in which the demands of breastfeeding accommodation and work performance (i.e. meeting deadlines, quality of work, etc.) and culture (e.g. fairness) be met?

Before you come to the test, you should:

1. read widely to establish your **stance** on the speaking test topic given to you;
2. read the **common reading source** for your speaking test topic (on the next page onwards);
3. search for sources and choose **TWO reading texts** to refer to in your discussion to support your stance (**video source is NOT allowed**);
4. use **English academic materials.** You are **NOT supposed to cite/quote any non-English materials** in this assignment. CAES1000 is an English language course.
5. make notes on the **Tutorial Discussion Notesheet** of ideas / data cited from your **three written sources** that support your stance (these notes should be **no more than HALF an A4 page**);
6. **type** (NOT hand-write) the ideas / data on the Tutorial Discussion Notesheet. However, you **may** highlight and hand-write brief notes on the common reading;
7. no electronic Notesheet (e.g., iPad, smartphone) is allowed during the test;
8. upload the Notesheet to **Turnitin on the Central Course Moodle within 24 hours after the end of your test** to check for student-to-student plagiarism (**ONLY for the REAL test, NOT the Mock Test)**;
9. follow the **CUE Citation and Referencing Style Guide** when you write your reference list in the Notesheet;
10. **not hand-write** any additional notes on the Tutorial Discussion Notesheet. However, you will be allowed to write on this sheet **during** the test.

Preparing for the test:

You are strongly recommended to visit the **Discussion Moodle** "**CUE_DISCUSSION_1 Good Practice for Tutorial Discussion [2022]**" and read the following three documents in the *Speaking Assessment section* on the *Central Course Moodle* to better prepare for the Speaking Test.

- **Speaking Test Assessment Criteria** (to understand what you are being assessed on);
- **Preparation Tips for the Speaking Test PowerPoint slides** (to know more about the preparation tips for the test);
- **Good Example of a Completed Notesheet** (to check that you have formatted the Tutorial Discussion Notesheet correctly).

On the day of the test, please remember to:

- arrive at the classroom **at least 10 minutes before** the start of your test;
- bring (1) *Student ID card*, (2) *a copy of the **common** reading (NOT the reading sources searched by you)*, (3) *TWO hard copies of the Tutorial Discussion Notesheet* (one copy for you, one copy for the assessor); (4) *pen/pencil for writing.*

** It should take you no more than **five hours** to prepare for the speaking test.*

** Any information you use from academic sources, during the test, must be understandable to the average CAES1000 students. For example, **do not use complicated scientific or legal sources**, unless you feel you are able to explain them clearly to your audience.*

** You will not be allowed into the test if you are late. A re-examination will only be allowed with a **medical certificate**.*

** If you are sick and you are unable to sit for the Speaking Test, **please contact your teacher as soon as possible and hand in the medical proof to the General Office, Centre for Applied English Studies (6/F, Room 6.60, Run Run Shaw Tower) no more than one week after the test.***

The impact of coworker support and stigma on breastfeeding after returning to work

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Journal of Applied Communication Research, 46:4, 491-508, DOI: 10.1080/00909882.2018.1498981

Abstract

This study assessed the impact of coworker support on lactating mothers' breastfeeding self-efficacy after maternity leave. A cross-sectional survey of 1000 working adults assessed effects of perception of fairness, coworkers' support for breastfeeding colleagues, and ick response on willingness to help mothers needing breaks to pump breastmilk at work. The study also examined how coworker support affected mothers' self-efficacy to continue breastfeeding. One out of four coworkers showed moderate to strong stigma, saw breaks to pump breastmilk as unfair, and showed less intention to help new mothers. These results suggest that while the majority of coworkers are generally supportive, lactating women are likely to encounter disapproving coworkers who may discourage them from continuing to breastfeed. The data showed that the majority of organizations included in this study have only passively fostered mother-friendly workplaces and could do more to encourage employees to be supportive of lactating colleagues.

Introduction

Around 57% of mothers with young children in the U.S. are working mothers (Rojjanasrirat, Wambach, Sousa, & Gajewski, 2010). While several previous studies have examined coworker perception of accommodation of lactating mothers in the workplace, to this point, these studies have not systematically investigated multiple reasons underlying coworker opposition and coworker psychological barriers to implementing workplace mother-friendly policies (Johnson & Salpini, 2017; Johnson, Kirk, & Muzik, 2015; Lee, 2018; Slusser, Lange, Dickson, Hawkes, & Cohen, 2004). Breastfeeding leads to a variety of health benefits for both mother and child (Binns, Lee, & Low, 2016). Despite demonstrated health benefits of continuing to breastfeed exclusively through the sixth month (Binns et al., 2016), research has shown that returning to work is associated with diminished breastfeeding duration (Bai, Fong, & Tarrant, 2015; Mirkovic, Perrine, Scanlon, & Grummer-Strawn, 2014). Numerous studies demonstrate that workplace support in the form of an accommodative break

policy for pumping breastmilk and a family-friendly organizational climate contributes to the duration of breastfeeding for women returning to work after maternity leave (Atabay et al., 2014; Chow, Fulmer, & Olson, 2011; Seijts, 2002, 2004; Seijts & Yip, 2008; Tsai, 2014). In the best-case scenario, even when workplaces are family friendly offering lactation support and services, there are often many additional hurdles for a new mother in continuing to breastfeed after returning to work (Bolton, Chow, Benton, & Olson, 2009; Brodribb, 2015; Hilliard, 2015).

The current study conducted a cross-sectional national survey with 1000 working adults investigating factors hypothesized to contribute to coworker support or resentment for accommodating breastfeeding mothers returning to work who need break time to pump breastmilk during the workday. Specifically, the study examined how perception of fairness of giving privileges to a certain group, coworker support, and the 'ick' factor toward pumping breastmilk at work influenced stigma about pumping breastmilk at work, which in turn leads to lack of behavioral intention to help colleagues who are new mothers.

The impact of coworker stigma on working lactating mothers

Stigma occurs when someone receives disapproval for some condition or behavioral choice (Goffman, 1963). Meisenbach (2010) extended the work of Smith (2007) by developing a framework for the discursive management of stigma communication focusing on types of stigma management strategies which result in identity negotiation. In this study, we define workplace stigma as behavior showing devaluation of the contribution of a coworker, expressing verbal and nonverbal disapproval toward them, or ostracizing them from social contact. Stigma directed toward breastfeeding women takes the form of coworkers labeling them as unprofessional, standing in the way of team productivity, and even selfish for wanting to continue to breastfeed. As a result, coworkers may resent breastfeeding women taking multiple breaks to pump breastmilk during the workday. It is likely that coworkers will have to do extra work to make up for the woman on break. A large body of research has established the negative impact of stigma on the duration of breastfeeding (Acker, 2009; Spitzmueller et al., 2016; Van Alphen, Dijker, Bos, Van den Borne, & Curfs, 2012). Smith (2007) describes the pervasive impact of stigma acting like an accelerant in spreading disapproval of others by means of negative verbal and nonverbal messages. All it may take is a subtle look of contempt from a colleague when a woman needs to take a break to pump breastmilk or for colleagues getting coffee to complain about the fairness of special privilege given to this woman. For many women, it is a challenge to continue to breastfeed after returning to work even within a friendly and supportive working environment. Colleagues who stigmatize them, who make it clear that they will not help, and disapprove of pumping breaks provide poignant discouragement for women already challenged to continue breastfeeding. Some colleagues may believe that pumping breastmilk at work even though it is done in privacy is unprofessional (Suyes, Abrahams, & Labbok, 2008).

This lack of support and negative response has been shown to contribute to early termination of breastfeeding (Anderson et al., 2015; Baker, Sanghvi, Hajeebhoy, Martin, & Lapping, 2013; Balkam, Cadwell, & Fein, 2011).

Workplace factors facilitating pumping breastmilk

Haviland and colleagues (2015) identified three factors of concern for lactating mothers returning to work: lack of availability of a private space to pump breastmilk, supervisor and coworker concern about reduced worktime and interrupted productivity of the lactating mother, and coworker discomfort and resentment about pumping breastmilk in the workplace. While taking breaks to pump breastmilk is a right under law for lactating mothers (the 1993 Family Medical Leave Act and the 2010 Patient Protection and Affordable Care Act), this can be disruptive to the work environment (Kozhimannil, Jou, Gjerdingen, & McGovern, 2016; Nguyen & Hawkins, 2013). Coworkers may have to take on more work to compensate for the missing team member to complete a project on time. This could result in resentment and perception of unfairness. All of these factors of inconvenience and potential disruption to team efforts serve as barriers to the continuation of breastfeeding. Along these lines of the importance of space and time for pumping breastmilk, Johnson and Salpini (2017) interviewed 22 breastfeeding mothers who recently returned to their positions at a university. Three factors emerged as important elements in the breastfeeding experience – job demands, job resources, and breastfeeding demands.

A family-friendly workplace policy including support for lactating mothers is the first step in organizational climate change. This can only be achieved when all stakeholders from management to coworkers cooperate to create a breastfeeding friendly work environment (Cascio, Haider, & Nielsen, 2015; Geyer, Haan, & Wrohlich, 2015; Haider, Chang, Bolton, Gold, & Olson, 2014). There is a substantial body of research on the buffering effects of coworker support contributing to the reduction of work stressors. Starting with the early work of Ducharme and Martin (2000), numerous studies have examined the connection between perceived coworker support and workplace health. Coworker support is defined as the perception of help and acceptance that an employee gets from colleagues working in the same organization and at the same level (Miller, 2016). Coworker support provides resiliency when someone is faced with job demands, has been shown to reduce emotional exhaustion and work burnout, and often results in more positive work–life balance (Baeriswyl, Krause, Elfering, & Berset, 2017; Jantzer, Anderson, & Kuehl, 2017; Smith et al., 2008; Thoits, 2011). Organizations can move beyond compliance with the law to support and accommodation of lactating working mothers (Mirkovic et al., 2014: Seijts & Yip, 2008). Suyes and colleagues (2008) found that previous experience of working with a colleague who took breaks to pump breastmilk was the best predictor of positive attitudes toward lactating mothers in the workplace.

While perceptions of organizational justice and distributive fairness have been studied

extensively (Colella, Paetzold, & Belliveau, 2004; Dover, Major, Kunstman, & Sawyer, 2015; Greenberg, 2011), this study is situated in Colella and colleagues' (2004) model of perception of the distributive fairness for accommodating coworkers with special needs and coworker perception of resource allocation inequity. The model provides identification of factors used to understand coworkers' perception of fairness and equity in situations where only some people receive special accommodations. In a recently conducted systematic review, Wagner and Cameron (2016) found that new mothers' decision to return to work was affected by their perceptions of coworkers' support. Coworkers, who believed that they are treated unfairly, are likely to feel resentful. While resentment may be directed toward management and the workplace, coworkers may also resent people who receive what they perceive as unfair privilege (Collins & Mossholder, 2014; Dover et al., 2015: Tripp & Bies, 2009).

'Ick' responses to pumping breastmilk at work

While this study mainly examines behaviors and factors related to the workplace, it also examines the personal trait of 'ick' response. The 'ick' factor was first identified as a disgust response to the thought of organ donation (Morgan, 2004; O'Carroll, Foster, McGeechan, Sandford, & Ferguson, 2011). Some people experience disgust and embarrassment when they think of bodily functions of another person (Goldenberg, Pyszczynski, Greenberg, & Solomon, 2000). The 'ick' factor extended to breastfeeding or pumping breastmilk at work describes personal disgust that some people experience when they think about these behaviors (Johnston-Robledo, Wares, Fricker, & Pasek, 2007). Many people react to pumping breastmilk or breastfeeding and think that these behaviors are 'icky,' 'gross,' and 'repulsive' (Barbas & Kelleher, 2004). There is a growing body of behavioral evidence showing that some people react negatively to breastfeeding in public or pumping breastmilk at work (Acker, 2009). Moreover, many scholars argue that ick reaction is an antecedent for stigmatization (Cahill & Eggleston, 1995).

This project examines how coworkers' perception of fairness, willingness to give support to breastfeeding colleagues, and the ick factor contribute to their stigmatization of breastfeeding women, and whether stigmatization serves as an underlying mechanism for coworkers' reluctance to help breastfeeding colleagues.

H1: Perception of unfairness in allocation of break time will result in less coworker intention to help lactating colleagues.

H2: More coworker support for breastfeeding will result in greater intention to help female colleagues who need to take time to pump breastmilk during the workday.

H3: The Ick response to pumping breastmilk at work is likely to result in (a) more stigma for lactating colleagues, (b) lower perception of fairness for break time, and (c) less support for lactating coworkers.

H4: Stigma of breastfeeding is likely to result in less intention to help lactating colleagues.

RQ1: How do perception of fairness, degree of coworkers' support, and stigma affect female colleagues' self-efficacy to pumping breastmilk at work?

RQ2: Are there gender differences in male and female coworker perception of fairness, ick response, stigma, and support for lactating colleagues?

Method

Design, participants, and procedures

This is a cross-sectional online survey of working adults' attitudes and behaviors toward lactating female colleagues in the workplace, approved by the Institutional Review Board at Michigan State University. Qualtrics Research Suite™ is a customized research platform used in this study to recruit a representative national sample.[1] Inclusion criteria for participation in this study were participants must be employed males and females between the ages of 18 and 62 who work outside of the home. We specified recruitment of an equal number of males and females. We also asked that participants be representative of the socioeconomic spectrum and from a variety of race/ethnic groups. The thousand participants were drawn from a national sample that met these criteria. If participants failed to fulfill either or both of the two requirements, their participation was terminated. For participants who met the two screening criteria but did not complete the survey, their responses were not recorded nor were they compensated. Participants received monetary compensation for their time spent in completing the survey.

Qualtrics assembled a representative sample for this study with participants proportionately drawn from every state (except Alaska, Hawaii, Idaho, and the Dakotas) to reflect the percentage of the U.S. population by state (e.g., more participants from California, Texas, Florida, and New York and fewer from Utah, Montana, and Vermont). There were an equal number of males and females. All participants were drawn from different job situations and organizations. The overall mean age of participants was 33.99 years of age (S.D. = 10.30) with males averaging 34.73 and females averaging 33.25 years of age. The race/ethnic distribution of participants reflected the national distribution of race and ethnicity with 69% Caucasian participants and 31% race/ethnic minorities. Fifty percent of the sample was married, 42% was single, 7% divorced, and 1% widowed or unspecified. Most participants had high school education. Twenty-five percent of the sample reported some college education and around 9% had a graduate degree of some kind. Fifty-seven percent of males reported that they had children compared to 66% of female participants. Almost 46% of males said that their children were breastfed compared to 54% of women. Two hundred and seventy-nine participants said that they were aware of at least one woman in their workplace who was breastfeeding at the time of

participating in the study, 527 participants said that no woman was currently breastfeeding, and the remaining 194 said that they did not know. The majority of participants had been in their current job for at least three years. Roughly half earned less than $50,000 per year, about 23% earned $50,000 to $75,000, 12.5% earned $76,000 to $99,000, and only 6% earned more than $100,000 per year. Participants were employed in 1000 different organizations all over the U.S.. About half of the participants worked in organizations with 100 or fewer employees. Only 10% of participants worked in organizations with 500 or more employees. Most participants reported that there were relatively more men in their workplace compared to women. The immediate workgroup averaged around 20 people though there was a lot of variation in this size. The most frequent category of employment was in sales for both men and women.

One hundred and sixty-eight female participants who were breastfeeding at the point of participating in the survey answered additional questions assessing their maternity leave, the frequency of pumping breastmilk, and their self-efficacy of pumping breastmilk at work. On average, these participants had 52.83 days of maternity leave (SD = 47.99), and the median was 30 days. Nine women did not work at the point of giving birth but resumed working outside of home at a later point. One hundred and sixteen participants said that they continued to receive salary during maternity leave, and the rest did not receive salary. Sixty-eight participants said that they pumped breastmilk 2–3 times a day, followed by 29 participants pumping breastmilk four times a day, 21 participants pumping five times a day, and 10 participants pumping six times a day. Eighteen participants only pumped breastmilk once a day at work, and 16 participants did not pump breastmilk at all at work.

Measures

Most focal measures employed in this study (i.e., job satisfaction, coworker's support, ick factor, coworkers' stigma, behavioral intention to help, and breastfeeding self-efficacy) were 7-point Likert-scales (1 = strongly disagree and 7 = strongly agree). Perception of fairness at work was measured by a scale consisting of six scenarios of offering help to lactating employees at work, and participants rated the extent to which each scenario was considered as fair (1 = not fair at all, and 7 = very fair). LISREL CFA analysis confirmed the validity of each of these measures. Table 1 presents mean scores, scale validity indicators, and reliability for all scales. Items with factor loadings lower than .30 were dropped, and a composite score was computed for each scale after scale validity was established (Hoyle, 2000).

Independent variables

Breastfeeding accommodation in the workplace

Twelve questions measured accommodation including whether the workplace provides educational information about breastfeeding (Balkam et al., 2011). Additional items included the degree of job flexibility, workplace characteristics for

women, benefits

Table 1. Descriptive statistics, reliabilities, and scale validities of focal variables.

Measure	M	SD	α	χ^2	RMSEA	CFI	GFI
1. Perception of fairness	5.81	1.23	.88	87.29	.11	.97	.96
2. Importance of coworkers' support	5.33	1.31	.88	27.87	.11	.99	.99
3. Ick response to pumping breastmilk	2.38	1.63	.96	27.56	.11	.99	.99
4. Stigma	2.65	1.54	.95	127.95	.09	.98	.97
5. Behavioral intent to help nursing employees	5.41	1.34	.89	65.49	.09	.99	.98
6. Self-efficacy of pumping breastmilk at work	5.04	1.49	.88	–	–	–	–

Note: Validity of self-efficacy of pumping breastmilk at work was not assessable because the scale was just identified.

provided, facilities and ease of pumping breastmilk at work, length of maternity leave, whether maternity leave was paid or unpaid, the number of colleagues who are breastfeeding, and whether there was paid/unpaid paternity leave.

Job satisfaction

A 5-item scale adapted from Eisenberg, Fasolo, and Davis-LaMastro (1990) was employed to measure job satisfaction. Some sample items included: (a) This organization really cares about my well-being; (b) I take pride in my accomplishments at work; and (c) I am very satisfied with my job. Since scores for job satisfaction were high and no variance was shown across participants, this variable was not included in any subsequent analyses.

Perception of fairness of accommodating nursing employees

Six items adapted from a work fairness measure (Sun, Chow, Chiu, & Pan, 2013) assessed the fairness of unequal distribution of break time to accommodate lactating women's need to pump breast milk. Sample items for work fairness included: (a) How fair to you is it when a coworker gets special privileges to pump breastmilk; and (b) How fair to you is the decision to accommodate nursing mothers in your workplace?

Importance of coworker support

Four items adapted from Bai et al. (2015) measured the importance of coworker support for lactating mothers in the workplace. Sample items for coworker support included: (a) I think the workplace should support the needs of breastfeeding women; and (b) The work environment should accommodate the needs of breastfeeding women.

The ick response to pumping breastmilk at work

A 7-item scale was adapted from O'Carroll, Shepherd, Hayes, and Ferguson (2016) to measure the ick factor related to pumping breast milk at work. Sample items included: (a) I feel uncomfortable when I know that a coworker is pumping breastmilk at my workplace; and (b) It is gross to think about pumping breastmilk.

Dependent variables

Stigma

A 7-item scale was adapted from a previously validated scale (Spitzmueller et al., 2016) to measure stigma of breastfeeding. Sample items included: (a) It is unprofessional for a woman to pump breastmilk at work; and (b) Breastfeeding is a private behavior and therefore should not be brought to work.

Behavioral intention to help a nursing coworker

Four items developed by the authors measured behavioral intention to help a lactating colleague. Sample items included (a) I intend to do what I can to help a coworker who is a new nursing mother to do her job; (b) I intend to fill in for a coworker who is on break to pump breastmilk; and (c) I would try my best to encourage my coworker to continue breastfeeding.

Self-efficacy of pumping breastmilk at work[2]

A 6-item scale was adapted from the breastfeeding efficacy scale developed by Dennis and Faux (1999) to measure self-efficacy to pump breastmilk at work. Since breastfeeding at work usually takes the form of pumping breast milk, the authors modified three items to make them suitable for this context. Sample items included: (a) I think that pumping breastmilk at work is easy to do; and (b) I will be able to pump breastmilk at work without a problem. Only mothers who needed to pump breastmilk at work answered these items. Three items (i.e. 'I am committed to breastfeeding in spite of any difficulty,' 'If I feel my job is at risk, I will not be able to continue to breastfeed,' and 'If my coworkers show resentment, I will not be able to continue breastfeeding') were dropped from calculation of the composite score due to low factor loadings, which resulted in a just-identified 3-item scale not eligible for scale validation testing.

Results

Preliminary analyses – description of workplace breastmilk pumping accommodation

Overall, many participants believed that their workplace was supportive of women (n = 761), 204 participants were neutral in terms of the extent to which their workplace was supportive of women, and 35 participants said that their workplace was unsupportive. Fifty-six percent of participants said that their workplace provided

maternity leave, and the remaining 44% said they did not know. Most participants had unpaid maternity leave (49.5%). Only 22.8% of women received paid maternity leave. In spite of the law requiring a private space to pump breastmilk, less than one-third of participants said that their workplace provided a mothering room. Only 15.7% of participants said that their workplace provided in-house childcare. Paid paternity leave for fathers was provided by only 23.2% of workplaces, and 68% of the participants' workplaces provided flexible job scheduling. Table 2 summarizes the details for workplace accommodation for pumping breastmilk during the workday.

Determination of covariates

Prior to testing hypotheses, a series of preliminary analyses were conducted to determine covariates. Independent sample t-tests, ANOVAs, and bi-variate correlations examined

Table 2. Mother-friendly workplace characteristics.

Description of mother-friendly facility	% YES	% NO	I DON'T KNOW
At least 12 weeks of maternity leave	60		
Paid maternity leave is available	50	23	28%
Currently breastfeeding women at my workplace	28	53	19%
Easy for women to work here	50	14	36%
Is there a Mothering Room available	28	59	12%
High speed breast pump on loan to mothers	9	73	18%
Company pays your health insurance	69	24	7.0%
New mothers get information for breastfeeding	25	47	28%
There is in-house childcare	16	74	10%
Is there paternity leave for fathers?	23	52	25%
Is the paternity leave paid?	28	46	26%
Is there flexible job scheduling?	68	25	7.0%

whether demographic variables (i.e. gender, age, education, ethnicity, etc.) and accommodation for lactating women affected dependent variables. Higher income was positively associated with more support, r = .116, 95% CI [.06, .18]; higher age was associated with less ick and stigma, r = −.139 and r = −.114, 95% CI [−.21, −.08] and 95% CI [−.17, −.05], respectively. More education was associated with greater fairness and behavioral intention to help breastfeeding coworkers, r = .104 and r = .151, 95% CI [.04, .16] and 95% CI [.19, .27], respectively. Higher education also correlated with less stigma and ick response compared to lower levels of education, r = −.111, and r = −.099, 95% CI [−.17, −.05] and 95% CI [−.16, −.04], respectively.

Participants with children showed more fairness and intention to help breastfeeding coworkers, $F(1, 998) = 18.95$, $p < .001$, adj. $R^2 = .018$ and $F(1, 998) = 39.86$, $p < .001$, adj. $R^2 = .037$, respectively. Having children was also associated with lower stigma and ick, $F(1, 998) = 14.46$, $p < .001$, adj. $R^2 = .018$ and $F(1, 998) = 8.01$, $p < .001$, adj. $R^2 = .007$, respectively. Marital status did not affect any of the dependent variables.

Hypotheses testing

Given that perception of fairness, coworker support, and stigmatization correlated with one another, H1, H2, and H4 were tested in one hierarchical linear regression in order to assess each predictor's unique effect. Pre-determined covariates (e.g., age, income, having children or not, workplace characteristics) were either dummy coded for categorical variables or mean-centered for continuous variables (block 1), perception of fairness, coworkers' support, and stigmatization were centered at their means (block 2), and a hierarchical linear regression was conducted with the intention to help breastfeeding colleagues as the criterion variable. Results showed the entire model was significant, $F(9, 947) = 145.20$, $p < .001$, adj. $R^2 = .56$. After the effects of covariates were controlled for, perception of fairness, coworker support, and stigmatization accounted for a significant amount of variance in behavioral intention to help breastfeeding coworkers (Δadj. $R^2 = .47$, $p < .001$). More specifically, perception of fairness ($\beta = .24$, $t = 8.75$, 95% CI [.19, .31]) and coworkers' support of breastfeeding employees ($\beta = .53$, $t = 19.73$, 95% [.50, .61]) were positively associated with participants' behavioral intention to help breastfeeding coworkers. Stigma was negatively associated with participants' behavioral intention to help breastfeeding coworkers, $\beta = -.06$, $t = -2.29$, 95% CI [−.11, −.02]. Hence, the data were consistent with H1, H2, and H4.

H3 predicted that the ick response would be positively associated with stigma, and negatively associated with perceptions of fairness and coworker support. Three sets of hierarchical linear regressions were conducted with stigma, perception of fairness, and degree of coworker support entered as the dependent variable, and the ick response as the predictor, controlling for the effects of covariates identified above. The results showed that the ick response was negatively related to perception of fairness, $\beta = -.32$, $t = -13.59$, 95% CI [−.36, −.27] (more ick – less fairness) and degree of coworker support, $\beta = -.33$, $t = -10.88$, 95% CI [−.34, −.25] (more ick – less support). The ick response was positively related to the stigma of breastfeeding employees, $\beta = .82$, $t = 43.92$, 95% CI [.76, .82] (more ick responses to pumping breast milk at work led to more stigma). Hence, the data were consistent with H3.

RQ1 asked how stigma, perception of fairness, and degree of coworker support affected self-efficacy to continue to breastfeed. A hierarchical linear regression was conducted with mean-centered stigma, perceptions of fairness, and degree of coworker support entered as the predictors (Block 2), controlling for the effect of covariates (Block 1). The results showed that for currently breastfeeding participants (n = 168),

perceptions of fairness (β = .30, t = 3.75, 95% CI [.20, .67]) and degree of coworker's support (β = .24, t = 3.16, 95% CI [.10, .46]) were positively associated with women's self-efficacy to continue pumping breastmilk at work. Interestingly, stigma was also positively associated with women's breastfeeding self-efficacy, β = .37, t = 4.68, 95% CI [.16, .41].

Stigma was an important variable in this study. Although the entire sample did not express much stigma about women who pump breastmilk at work (i.e., low mean score of stigma), we examined participants who scored above the midpoint of the stigma scale. When we selected the 227 out of 1000 cases of participants, showing scores for stigma at the midpoint of the scale or higher, a different picture emerged. One-way ANOVA showed that participants with stigma scores higher than the scale midpoint showed high ick response ($F(1, 998) = 939.55$, $p < .001$, $\eta^2 = .48$), greater perception of unfairness ($F(1, 998) = 162.81$, $p < .001$, $\eta^2 = .14$), and less intention to help new mothers ($F(1, 998) = 115.18$, $p < .001$, $\eta^2 = .10$). Two out of three of these unsupportive coworkers were males. They revealed stigma toward women who need to pump breastmilk at work and agreed that taking extra break time to pump breastmilk was unfair to them.

RQ2 asked whether male and female coworkers behaved differently with respect to lactating colleagues. As shown in Table 3, compared to female coworkers, males showed more stigma to lactating colleagues, more ick response, lower perception of the fairness of additional break time for pumping breastmilk, and less support.

As shown in Figure 2, a structural equation model test using AMOS indicated a good model fit, $\chi^2 (15) = 131.82$, $p < .001$, CFI = .98, RMSEA = .09. Perception of fairness and coworker support positively related to behavioral intention to help mothers, whereas stigma negatively related to intention to help. Moreover, the ick factor was strongly associated with stigma. This suggests that stigma mediates the relationships between ick response, unfairness, and coworkers' lack of support (indicated by negative values) and behavioral intention to help.

Discussion and implications

Several previous studies have revealed that lactating women often report experiencing barriers to breastfeeding when they return to work (Atabay et al., 2014; Spitzmueller et al., 2016). This study examined how coworker perceptions of fairness, support, ick response, and stigma contributed to intention to help a breastfeeding colleague. In addition, this

Table 3. Comparison of male and female coworkers for criterion variables.

	Male coworkers		Female coworkers			
	M	SD	M	SD	t	p

Stigma	3.07	1.60	2.23	1.40	8.87	<.001
Ick responses	2.80	1.70	1.95	1.40	8.60	<.001
Fairness	5.60	1.30	6.01	1.10	5.18	<.001
Behavioral intention to support	5.01	1.30	5.65	1.20	7.75	<.001

research also tested how employed women's perceptions of coworker reaction to pumping breastmilk at work affected mothers' breastfeeding self-efficacy. The results showed that perception of fairness and support for breastfeeding had a direct and significant impact on coworker behavioral intention to help a nursing colleague. Perceptions of fairness and degree of coworker support were positively associated with lactating participants' self-efficacy to continue pumping breastmilk at work. A subset of 227 participants who revealed moderate to high stigma and ick response also showed the greater perception of unfairness for giving break time to pump breastmilk and less willingness to help nursing colleagues. Two out of three participants who stigmatized women who pump breastmilk at work were males. Women in this context showed less breastfeeding self efficacy. The structural equation model supported the mediating role of stigma in unwillingness to help a nursing colleague. This study shows that coworker support contributes to breastfeeding self-efficacy.

Coworker stigma against lactating mothers occurs through often subtle verbal and nonverbal communication. Pumping breastmilk at work is seen by some coworkers as unprofessional. Women needing multiple breaks are seen as underproductive. A backlog of unfinished projects may develop when coworkers are resentful and do not help colleagues needing multiple unpredictable breaks during the workday to pump breastmilk. The colleague understands the communication of disapproval and stigma from disgruntled coworkers. Coworkers need to be willing to step up to help breastfeeding colleagues; otherwise, the mother may give up on breastfeeding. The challenge of organizations is to get resentful coworkers onboard to assist this effort.

While three out of four coworkers showed willingness to help and support colleagues who needed to take breaks to pump breastmilk during the workday, one out of four colleagues showed resentment and lack of support. Research on the impact of such incivility and negative social contagion of rudeness in the workplace provides corollary evidence that resentful coworkers are likely to discourage their colleagues reducing job satisfaction, organizational commitment resulting in psychological distress, burnout, and increased turnover (Foulk, Woolum, & Erez, 2016; Schilpzand, DePater, & Erez, 2016; Tripp & Bies, 2009). In this case, women showed decreased breastfeeding self-efficacy. Incivility and rudeness effects should be explored in future studies of coworkers and lactating women in the workplace.

Implications for theory

Smith (2007) described the diffusion of peril associated with conditions such as the

spread of contagious deadly disease or destructive behavior choices that threaten a social group. Meisenbach (2010) described strategies for discursive management of stigma communication and identity negotiation. This study showed that one in four coworkers harbored stigma against their lactating colleagues associated with fairness and professionalism. Coworkers, even if they disapprove of a lactating woman in the workplace, know enough not to say anything as accommodation for a private space to pump breastmilk is required by law. So often, workplace stigma is unexpressed and subtle in how it is 'communicated.' This absence of approval and support by some coworkers is correctly interpreted by lactating women as an expression of disapproval. There may be little that a woman can do to manage stigma that is not openly expressed. So, what is the source of stigma toward this health-giving behavior?

This study shows that some situations result in 'symbolic peril' rather than immediate, personal peril. Lactation poses symbolic peril both for professionalism and the fair distribution of rewards such as break time in the workplace. The idea of symbolic peril extends the discussion of peril that was initiated by Smith (2007). Some women who need to pump breastmilk internalize their coworkers' stigma that their behavior is unfair and unprofessional or they disagree with this unspoken stigma. Several processes that are used to convey and disseminate stigma have been previously identified such as rumor, negative counter-argument, and narratives. This study suggests that unobtrusive control or concertive control such as implicit and unspoken premises, social rules, and expectations are other ways to communicate stigma about unacceptable behaviors in the workplace (see Barker, 1993; Bisel, Ford, & Keyton, 2007; Tompkins & Cheney, 1985; Wright & Barker, 2000). Unobtrusive/concertive control in the workplace has continued to generate scholarly interest in organizational research, but this is the first suggestion that this concept can be used to promote stigma in the name of reinforcing organizational professionalism and fairness. This is a new way to understand stigma as a symbolic peril that merits further investigation.

Implications for practice

This raises the question of what organizations can do to create mother-friendly workplaces as part of organizational citizenship normative behavior (Masterson, Lewis, Goldman, & Taylor, 2000). Coworker support and willingness to help a new mother returning to work clearly provide a buffering effect for mothers even if they face other coworkers who show resentment. Johnson and Salpini (2017) concluded that mothers' control over time and space at work contributed to the duration of breastfeeding. Organizations can provide more flexible work options for women with young children (Johnson & Salpini, 2017; Waite & Christakis, 2015). Beutell and O'Hare (2018) argue that work schedule flexibility including flexible scheduling, job sharing, location of work, and availability of in-house childcare contributes to the enhancement of work–family balance.

Although more than half of the organizations in this study provided maternity leave,

only 28% had a mothering room. Without access to a private, comfortable room to pump breastmilk, women are likely to terminate breastfeeding (Bai et al., 2015).

Women need encouragement and support from their employers, supervisors, and coworkers to continue to pump breastmilk during the workday (Hilliard, 2015; Tsai, 2014). Employers can encourage employees who cover for nursing mothers needing breaks to pump breastmilk by offering coworker release time or bonuses for extra work. Family-friendly workplaces enhance employee recruitment and retention (Bai et al., 2015).

In a recent study, Bourdage and colleagues (2018) found that the construct of equity sensitivity (a continuum extending from benevolence to the opposite anchoring point of personal entitledness) predicts organizational citizenship and workplace deviance. What can organizations do to manage employee variance in justice perceptions based on equity sensitivity? Organizations with a range of equity sensitivity in employees can promote identification and commitment through company policies in their employee handbook which embrace and promote inclusiveness of employee contributions. For a manager when dealing with employees who react to maternal break policies as unfair, Bourdage and colleagues (2018) advocate 'it may be particularly important to frame the benefits (of supporting this coworker) for this individual. Entitled individuals respond more negatively to "unfairness" in certain areas, specifically tangible, extrinsic outcomes such as pay and benefits' (p. 150).

A family-friendly workplace policy including support for lactating mothers is the first step in organizational climate change. This can be achieved when all stakeholders from management to coworkers cooperate to create a breastfeeding friendly work environment (Anderson et al., 2015). The extent of stakeholding may be explained by Job Embeddedness Theory (Mitchell, Holtom, Lee, Sablynski, & Erez, 2001), which examines the impact of human and social capital on factors connecting people to their jobs. Organizations can move beyond minimal compliance with the law to support and accommodation (Mirkovic et al., 2014).

Limitations

This research has a few limitations. First of all, this study did not measure emotional response of coworkers to pumping breastmilk at work. It is possible that measuring discrete emotional response would have been insightful for understanding the behavior of coworkers who showed stigma toward lactating mothers. Second, longitudinal research ought to be conducted examining how support for nursing colleagues changes over time and how this affects nursing women's self-efficacy of pumping breastmilk at work. Tracking factors affecting working mothers experience over time would provide a more insightful perspective from which to evaluate the impact of coworker support on the duration of breastfeeding. Third, due to the concern for participant fatigue, this study did not measure other sources of support for

lactating women outside of the workplace, such as from their significant other, parents, friends, and online, which might also contribute to the duration of breastfeeding. Future study is needed to conduct a comprehensive examination of factors that influence working nursing women's duration of breastfeeding.

Conclusions

Based on a cross-sectional national sample, this study investigated coworker attitudes toward breastfeeding mothers returning to work who need multiple breaks to pump breastmilk during the workday. The proposed model showed support for predictions on intention to help a colleague needing to take breaks to pump breastmilk. It was discouraging to learn that only 28% of organizations in this study provided mothering rooms for lactating mothers in the workplace. Three out of four coworkers expressed some degree of willingness to carry the work of breastfeeding mothers during pumping breaks. We were both surprised and encouraged by this outcome. The problem is the one person out of four coworkers expressed an attitude that these breaks were unfair to them, and these participants showed some level of unwillingness to help their lactating colleagues. In a small company of 100 people, this means a woman who needs a break to pump breastmilk is likely to encounter 25 unsupportive people. Encountering coworkers who believe pumping breastmilk at work is unfair to them and unprofessional disrupts the attempt to create a mother-friendly climate in most organizations, poses a substantial hurdle for new mothers who are struggling to balance work/family demands, and is likely to sabotage the duration of breastfeeding. Finally, it 'takes a village' to help working mothers to continue to breastfeed after returning to work. Altruistic, benevolent coworkers are the 'villagers' who assist fellow employees in their ability to balance work and family life demands.

Notes

1. While many researchers are familiar with the Qualtrics platform for online surveys, QualtricsResearch Suite™ is a for-profit international marketing and research company that compiles online representative or customized panels for public opinion and academic research (www. qualtrics.com/research-core/).
2. The original breastfeeding efficacy scale consisted of 24 items, including three sub-factors – technique, intrapersonal factors, and support. Since it was beyond the scope of this research to include all 24 items, the authors chose 6 of them and modified them to fit the context of pumping breastmilk at work.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

The authors thank the Science and Society @ State S3 small grant program at Michigan State University which provided funding support for this project.

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