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WORK-LIFE AND HEALTH EXPERIENCES OF COMPUTER SCIENCE FACULTY PARENTS OF CHILDREN WITH DEVELOPMENTAL DISABILITIES DURING COVID-19

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Abstract

Prior to the COVID-19 pandemic, parents of children with developmental disabilities (PCDD) had been shown to experience more stress than parents of children without developmental disabilities (non-PCDD). COVID-19 may have exacerbated difficulties for PCDD. To compare differences in COVID-19 experiences between PCDD and non-PCDD, 202 parents working as computer science (CS) faculty reported their experiences of mental health symptoms, physical health symptoms, work-life conflict levels as experienced during the pandemic, and any changes in their childcare responsibilities because of COVID-19. Participants completed surveys on their experiences during Fall 2020 and Spring 2021, the first academic year after the start of COVID-19. Results showed that CS faculty PCDD experienced more mental health symptoms and higher levels of work-life conflict than did non-PCDD, which may have implications in the care that PCDD are able to provide to their children.

During the COVID-19 global pandemic, many aspects of American life—including financial and socioemotional aspects—were disrupted for parents and families (Iovino et al., 2021). Experiences varied for these individuals in many ways. While some individuals lost their jobs and livelihoods during the crisis, others transitioned to remote work with relative ease (Hibel et al., 2021; Kantamneni, 2020); however, “essential workers” risked their lives to provide valuable services to the public—such as staffing grocery stores and nurses’ offices (Hibel et al., 2021; Kantamneni, 2020). For civilians, experiences of the COVID-19 pandemic varied from deadly to merely uncomfortable. Additionally, the pandemic shed light on the disparity between individuals who were able to afford to stay home and individuals who were forced to stay home but could not afford to.

Although there was a wide-range of experiences in occupational changes, many parents faced similar experiences regarding their children. Many parents lost access to childcare when childcare facilities and schools shut down (Kalluri et al., 2021). With no warning, many parents found themselves scrambling to find childcare.
while trying to balance work and other life experiences. Alternatively, if parents were able to work at home, they scrambled to keep their children entertained while taking important meetings or teaching classes. Some parents took on new roles as home “teachers” or “tutors” in an attempt to keep their children caught up and invested in school (Aishworiya & Kang, 2021).

For parents of children with developmental disabilities (PCDD)—a term that encompasses disorders such as attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder (ASD), and intellectual disability—COVID-19 may have introduced a significantly increased amount of strain to their lives in comparison to the lives of parents without developmental disabilities (non-PCDD; Aishworiya & Kang, 2021). Children with developmental disabilities often require consistent services—such as therapy—to help them thrive in the educational environment and beyond (Aishworiya & Kang, 2021). These children also benefit from resources such as behavior plans and classrooms that are matched to their educational abilities.

In 2020, at the beginning of COVID-19, PCDD lost access to a substantial amount of in-person resources. A survey was conducted with more than 800 caregivers of children with developmental disabilities, in which participants responded to surveys asking about the accessibility of resources for their children; 30% of the study’s participants reported that they had lost access to all previously used in-person resources, and 74% reported losing at least one valuable resource (Jeste et al., 2020). This loss of community support may be particularly challenging for PCDD, as PCDD are typically not trained to provide professional services to their children and their children may not understand the change of authority from teacher to parent when parents try to intervene on their own (Aishworiya & Kang, 2021). Cheng et al. (2022) suggested that having to provide “home interventions” might be putting extra pressure on PCDD after COVID-19, especially when those interventions are unsuccessful. In general, PCDD reported that they felt a sense of “helplessness” when thinking about the long-term effect that COVID-19 might have on the development of their children after losing beneficial in-person resources (Neece et al., 2020).

The purpose of this study is to analyze the effects of COVID-19 on life experiences of PCDD and non-PCDD in a computer science (CS) faculty sample. PCDD and non-PCDD subgroups were chosen from the larger group of CS faculty. CS faculty were chosen as the target demographic as part of a larger study to examine work and life outcomes of CS faculty. CS is a male-dominated STEM field, and women in CS have been shown to struggle in the field for many reasons (Diekman et al., 2019). Namely, women in CS have fewer mentors that they may identify with, as most CS faculty are male (Diekman et al., 2019). Additionally, women in CS tend to feel less belonging because they notice a lack of representation in the field. The larger aim of the project was therefore to examine life and work responsibilities that women in CS face in comparison to men in CS.
PCDD and non-PCDD were selected from the CS faculty sample to investigate if challenges differed between groups. Specifically, the aim of the study was to measure and compare PCDD and non-PCDD in terms of their mental health symptoms, physical health symptoms, and levels of work-life conflict (WLC) as experienced during the pandemic, as well as to compare changes in childcare responsibilities because of the pandemic. All of these factors may influence a parent’s ability to provide consistent parenting to their children. Knowing that consistency and support are valuable assets to children and especially to children with developmental disabilities for their educational attainment and prosocial growth, it is likely that the impacts of the COVID-19 pandemic may have particularly detrimental effects on parents and may subsequently negatively affect their children.

Children with Developmental Disabilities, and Parents’ Health Mental Health Symptoms

Preliminary evidence has found that PCDD may be experiencing increased mental health difficulties in comparison to their non-PCDD counterparts as a result of the stress of COVID-19. For example, Chafouleas and Iovino (2021) conducted a study with non-PCDD and with PCDD with children who have moderate to severe presentations of ASD and ADHD. The researchers had participants complete measures assessing their perception of caregiver burden and psychological distress during April 2020. Specifically, the Depression Anxiety and Stress Scale was used to assess symptoms of distress and stress. After having participants complete the scale and another measure assessing perception of caregiver burden, researchers had participants complete all measures again after 6 months. On measures assessing both caregiver burden and psychological distress, PCDD scored higher than their non-PCDD counterparts, although stress levels were found to be fairly stable among both groups of participants after the 6 month follow-up survey (Diekman et al., 2019).

Additionally, Kalb et al. (2021) conducted a study in which researchers collected survey data from parents with children with ASD through the Simon Foundation Powering Autism Research Project and from parents without children with ASD through the Pew Research Center’s American Trends Panel. Both groups of parents were asked to complete a survey about their psychological symptoms during COVID-19. This measure was created from items taken from the Center for Epidemiological Studies Depression Scale, among other measures. Participants were asked about differing symptoms of psychological distress, such as feeling nervous and depressed, and about their experience of somatic symptoms. Researchers found that a greater percentage of caregivers with children with ASD experienced symptoms of anxiety, depression, loneliness, and distress than did their non-PCDD counterparts. Additionally, a greater number of PCDD (25%) than non-PCDD (9%) reported experiencing somatic, physical symptoms of “hyperarousal” during COVID-19 presenting itself in ways such as “nausea, pounding heart, excessive sweating.”
Physical Health Symptoms

Research on somatic, physical health symptoms of PCDD during COVID-19 has not been well established in the literature, but before COVID-19, existing literature suggested that PCDD experienced more physical health symptoms. In 2014, Cantwell et al. had participants complete a series of measures including the Physical Symptom Inventory (PSI) to analyze differences in physical health symptoms between PCDD and non-PCDD. Researchers found that PCDD differed from non-PCDD in that they experienced worse physical health symptoms overall—specifically, sleep problems, headaches, gastrointestinal issues, and respiratory infections. Non-PCDD also self-rated their health as better than PCDD did. Current research supports that parents raising children with disabilities of all kinds consistently experience more somatic symptoms than do parents who do not have children with some sort of disability (Jing et al., 2022; Park, 2020).

Work-Life Conflict

Additional challenges that parents have faced during COVID-19 include trouble balancing work-life responsibilities. The literature around working PCDD particularly suggests that WLC may be increased for these individuals. Neece et al. (2020) interviewed PCDD in California and Oregon by phone, asking a variety of questions. During the interview, participants were asked about their COVID-19 experiences and any challenges that they were experiencing as a result of COVID-19. PCDD reported that balancing work and home responsibilities was one of their biggest challenges. Other PCDD expressed concerns over financial difficulties (i.e., losing a job) and conflict within the family structure that was exacerbated as a result of extra time spent at home during COVID-19. Cheng et al. (2022) found that PCDD who were working full-time jobs were also more likely to report feeling more overwhelmed than were PCDD who were working less than full-time. These types of issues may also be increased by the length of COVID-19 protocols and shutdowns; researchers found that as COVID-19 continued, the positive outlook of PCDD decreased because of the increases of childcare responsibilities at home and their experience of inability to balance work and home responsibilities. Whether PCDD experience more or less WLC than their non-PCDD counterparts has not been well established in the literature, however.

Computer Science Faculty

This research paper attempts to corroborate existing literature by measuring the psychological symptoms of PCDD and non-PCDD, but it also serves as an extension of the current literature by extending research to examine somatic, physical symptoms, along with WLC and changes in childcare responsibility due to
the pandemic. In addition, the present study examines these differences between PCDD and non-PCDD within a CS faculty sample.

The “ideal STEM worker” is expected to forfeit personal relationships in favor of working long hours, prioritizing work, and producing successful research (Ecklund & Lincoln, 2016). Many CS faculty are encouraged to meet the standards of the “ideal STEM worker.” Because CS faculty are expected to achieve on such an extreme level and in many cases may have to forfeit other important parts of their lives to prioritize work, these standards may make it even harder for them to provide consistent care to their children even without the addition of new challenges and difficulties caused by COVID-19.

CS faculty were also chosen as the principal demographic of interest because the computer science field is projected to grow rapidly in the next couple of years. Additionally, this field is particularly inequitable (U.S. Bureau of Labor Statistics, n.d.). According to Computer Science.org, women annually account for only about 18% of all computer science bachelor’s degrees, meaning that on average, men receive most of the training and degrees needed to excel in the CS field. Subsequently, men are typically offered the high-paying opportunities that are available in the field (Computer Science, 2022); thus, the larger aim of the research was to examine barriers that women face in the CS field to inform practices to add women in the gaps.

Present Study

The present study examines life dimensions of CS faculty as a result of COVID-19. Specifically, this study examines levels of mental health, physical health, and WLC, as well as increases in childcare responsibilities, because of the pandemic. This study seeks to corroborate the current literature on increased levels of mental health symptoms of PCDD as well as extend the literature by comparing PCDD and non-PCDD on physical health symptoms, WLC, and increases in childcare. It is hypothesized that CS faculty PCDD experienced more perceived stress, somatic symptoms, and WLC than did non-PCDD during COVID-19. Additionally, it is hypothesized that PCDD had increased childcare responsibilities because of the pandemic than did non-PCDD. Data collected from CS faculty from Fall 2020 and Spring 2021 are used to test these hypotheses.

Method

Participants

Participants were part of a larger study designed to examine the work-life experiences of CS faculty from universities and colleges across the United States during Fall 2020–Spring 2021. For the present study, using data collected from the
larger study, the only participants included were the 201 CS faculty who reported they had at least one child under the age of 18 living at home at least 4 days per week. Within this sample of participants, 53.2% (n = 107) were women and 44.8% (n = 90) were men. When asked about current marital status or whether they were living with a partner, 92% (n = 185) of participants reported being married, 0.1% (n = 2) reported currently living with a romantic partner, and 7% (n = 14) responded that they were single. Occupational positions held by participants in order of highest to lowest percentage were associate professor (30.85%, n = 62), full professor (20.40%, n = 50), assistant professor (20.40%, n = 41), non-tenure line (15.92%, n = 32), and other (7.96%, n = 16).

Based on self-report of caregiver status, participants were split into two groups: PCDD and non-PCDD. Participants were not asked to disclose which developmental disability or disabilities their children had.

Procedures

To recruit CS faculty, e-mails were sent to the department heads of all universities in the United States with messages posted online and were dispensed by those department heads to other CS faculty. Recruitment information detailing the study was also posted to various CS-related websites that may be of interest to CS faculty members (e.g., Association of Computing Machinery Special Interest Group in Computer Science Education listserv). Lastly, because there are so few women in computer science, e-mails alerting them to the study were sent to the university e-mail addresses of every woman-identifying CS faculty member around the United States with e-mail information posted on the Internet. This allowed us to gain the sample size needed to contrast the experiences of women and men in the CS field. To control for stress of finals week and the beginning of the semester, data were not collected during the first two and final two weeks of the fall and spring semesters.

Before participation, participants read through a digitally provided informed consent. Data were collected through Qualtrics, an online survey software, and all data were anonymous. Participants answered demographic items and completed surveys. Survey measures contained questions on work and life experiences, including WLC, perceived stress, physical health symptoms, and changes in childcare responsibilities due to COVID. After completion of the survey, participants were directed to another survey for a chance to submit their name and e-mail address to be entered into a drawing for the chance to win one of fifteen $50 gift cards. Names and e-mails were stored separately from survey responses to ensure anonymity.
Measures

Developmental Disability

Participants were asked to indicate by answering yes or no whether any of the children living in their homes had one or more developmental disabilities, physical health problems, or long-term serious mental health problems.

Perceived Stress

Additionally, participants were asked to report their mental health difficulties within the past month of data collection by completing 14 items on the Perceived Stress Scale (Cohen et al., 1983). Participants rated how often they felt emotions such as feeling unable to control the important things in their life on a scale of 0–3 (0 = never, 3 = fairly often). The Cronbach’s alpha was equal to .621. Scores were obtained by reverse-coding seven positive items and then summing all rankings on the 14 total items; higher scores indicated higher perceived stress.

Physical Health Symptoms

PCDD and non-PCDD were asked to report on physical health symptomology within the past 30 days of data collection. Participants completed the PSI (Spector & Jex, 1998) and were asked to report their experience of symptoms of a variety of physical health problems (e.g., upset stomach or nausea) on a scale of 1–3 (1 = they had had no experience; 2 = they had experienced the symptom but hadn’t seen a doctor; 3 = they had experienced the symptom and had seen a doctor for it). Items were recoded so all symptoms (whether or not the participant had seen a doctor) were coded as a 1 and summed, so total scores reflect the total number of symptoms experienced over the past 30 days.

Work-Life Conflict

PCDD and non-PCDD were asked to report their experiences with WLC by completing the Work-Family Conflict Scale (Netemeyer et al., 1996). Participants rated their agreement with five items using a 5-point numerical rating scale (1 = strongly disagree, 5 = strongly agree) including items such as “your job produces strain that makes it difficult to fulfill your family or personal duties.” The five items were found to be internally consistent (Cronbach’s alpha = .918). Item scores were averaged together to create an overall WLC score, with higher scores indicating higher levels of conflict.
Changes in Childcare Due to COVID

PCDD and non-PCDD also completed one item to assess changes in childcare responsibilities because of COVID-19 (Yildirim & Eslen-Ziya, 2020). Participants were asked to report on a scale of 1–5 (1 = Significantly less time, 3 = Same amount of time, 5 = Significantly more time) the time spent on changes in childcare responsibilities compared to prior to the COVID-19 outbreak. For the purposes of this study, the numerical rating scale of the original item was edited to include a wider range of responses.

Results

Descriptive Statistics

Preliminary analyses indicated that a total of 32 participants (16%) reported having a child with a developmental disability living at home and that 170 participants (84%) reported having a child without a developmental disability living at home. Descriptive statistics for study variables for PCDD and non-PCDD respondents can be seen in Table 1.

Table 1. Descriptive Statistics for PCDD and Non-PCDD

<table>
<thead>
<tr>
<th>Variable</th>
<th>PCDD</th>
<th>non-PCDD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>M</td>
</tr>
<tr>
<td>Perceived stress</td>
<td>27</td>
<td>22.85</td>
</tr>
<tr>
<td>Physical health</td>
<td>27</td>
<td>5.78</td>
</tr>
<tr>
<td>WLC</td>
<td>31</td>
<td>4.08</td>
</tr>
<tr>
<td>Increases in childcare</td>
<td>28</td>
<td>4.18</td>
</tr>
<tr>
<td>responsibilities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A crosstabs analysis was performed to examine the number of men and women who had a child at home with or without a disability. A majority of cisgender women included in the sample did not have a child with a disability at home (n = 89, 83.2%), although a small portion did have a child with a disability at home (n = 18, 16.8%). A majority of cisgender males included in the sample did not have a child with a disability at home (n = 77, 84.6%), although a small portion did (n = 14, 15.4%). In a small proportion of participants who identified as nonbinary, transgender male, and transgender female, no participants had a child with a disability at home (n = 4,
100%). The Pearson’s chi-square test was not significant, indicating that having a child with a disability at home did not differ by gender, $\chi^2(4, n = 202) = .844, p = .932$.

Mental Health Symptoms

An independent sample $t$-test was conducted to study differences in perceived stress between PCDD and non-PCDD during COVID-19. Levene’s test of equality of variances was not significant, indicating that the sample variances were equal. Results revealed that, as hypothesized, PCDD ($m = 22.85$) reported experiencing a significantly greater amount of perceived stress than did non-PCDD ($m = 19.51$), $t(170) = –2.67, p = .008, d = .56$.

Physical Health Symptoms

To examine differences in psychosomatic symptoms in PCDD and non-PCDD during COVID-19, an independent sample $t$-test was conducted. Levene’s test of equality of variances was not significant, indicating that the sample variances were equal. Results revealed no significant differences in the experience of psychosomatic symptoms between PCDD ($m = 5.78$) and non-PCDD ($m = 4.66$), $t(172) = –1.48, p = .140, d = –.31$. The results therefore failed to support the hypothesis.

Work-Life Conflict

An independent sample $t$-test was conducted to examine differences in WLC between PCDD and non-PCDD during COVID-19. Levene’s test of equality of variances was not significant, indicating that the sample variances were equal. As hypothesized, results revealed a significant difference in WLC score between PCDD ($m = 4.08$) and non-PCDD ($m = 3.76$), $t(196) = –2.00, p = .047, d = –.39$. PCDD, on average, experienced more WLC than did their non-PCDD counterparts.

Childcare Responsibility Increases due to COVID-19

An independent sample $t$-test was conducted to examine differences in increases of childcare responsibilities among PCDD and non-PCDD. Levene’s test of equality of variances was not significant, indicating that the sample variances were equal. Results revealed no significant difference between PCDD ($m = 4.18$) and non-PCDD ($m = 4.05$) in increases in childcare responsibilities, $t(175) = –.65, p = .514, d = –.14$. The results therefore failed to support the hypothesis.

Follow-Up Analyses

Follow-up analyses were conducted to see if gender interacted with PCDD status to predict outcomes of COVID-19. During COVID-19, working women were
handling more childcare responsibilities in comparison to working men (Zamarro & Prados, 2021), a phenomenon that was also consistent in literature prior to the pandemic (Del Boca et al., 2020; Peterson & Gerson, 1992). Factorial ANOVAs were conducted with gender (man, woman) and child disability status as predictors of each outcome variable (mental health, physical health, work-life conflict, changes in childcare responsibilities due to the pandemic).

Results indicate that gender and child disability did not significantly interact to predict mental health symptoms, physical health symptoms, WLC, or childcare responsibility increases; however, there was a significant main effect of child disability status on perceived stress \(F(1, 165) = 6.485, p = .012\), with PCDD reporting more perceived stress than did non-PCDD. There was also a main effect of gender for WLC \(F(1, 190) = 9.684, p = .002\), with women reporting more WLC than did men. Results of follow-up analyses are available upon request.

Discussion

This research investigated whether the experiences of PCDD and non-PCDD within a CS faculty sample were different in terms of mental health symptoms, physical health symptoms, WLC, and increases in childcare responsibility due to COVID-19. As hypothesized, PCDD experienced more WLC and mental health symptoms than did their non-PCDD counterparts. It was also hypothesized that PCDD would experience more changes in childcare responsibilities and physical health symptomology than would non-PCDD, but, contrary to these hypotheses, there were no significant differences between groups in changes in childcare responsibilities or physical health experiences.

Current findings on higher WLC and increased mental health symptoms being experienced by CS faculty PCDD during COVID-19 are consistent with existing literature on other groups of PCDD. Some PCDD have reported experiencing a loss of occupation, while others, especially those working full-time, have reported experiencing extra difficulties balancing work responsibilities with responsibilities at home (Neece et al., 2020). For CS faculty, who are expected to work particularly rigorous hours and to prioritize their work over all else, COVID-19 may have presented additional challenges in the form of WLC.

In terms of mental health symptoms, previous research has established the increase in stress levels in PCDD by investigating and finding increased feelings of loneliness, burden, and distress in samples of PCDD compared to non-PCDD (Chafouleas & Iovino, 2021). In general, participants may have been experiencing an elevated level of stress to a degree that had never been observed in previous data because of the context surrounding data collection. When collection began, the nationwide quarantine had just gone into effect and vaccinations were not readily available to a majority of people. PCDD and non-PCDD therefore may have
experienced additional stresses that might not have been so prevalent at a different stage in the pandemic.

Current findings on physical symptom experiences during COVID-19 contest the limited existing literature, however. Kalb et al. (2021) found that PCDD reported experiencing more hyperarousal symptoms than did their non-PCDD counterparts; however, current findings reveal no significant differences between groups. This discrepancy could be explained by the different demographics between samples; Kalb et al. (2021) included participants from the general population who had varying levels of educational attainment (from a level of less than high school to having earned a graduate degree) and, as a result, a likelihood of lower socioeconomic status of participants. In contrast, our sample contained CS faculty participants who were, by majority, high in socioeconomic status. This elevated status may have allowed them to access significant resources—such as hiring tutors for their children—more easily than other groups of PCDD could have during COVID-19. Additionally, around 50% of PCDD included in the study conducted by Kalb et al. (2021) indicated that they had a history of a mental health condition that could have made the sample more likely to experience symptoms of hyperarousal. Mental health history of participants was not a demographic variable collected within the present sample.

Between groups, there were no significant differences in changes in childcare responsibilities because of COVID-19. This may suggest that gender roles could be a factor. For all women in the sample, regardless of PCDD or non-PCDD status, childcare responsibilities may have been higher before COVID-19 because of female gender roles; therefore, there may not have been any significant changes for women. Similarly, because of gender roles for men, the men in the sample may have had lower levels of childcare responsibilities before the pandemic and experienced no significant changes as a result of the pandemic. Similar levels of changes in childcare responsibilities among women and men therefore seem to be consistent with the results found in follow-up analyses.

Another factor that may influence changes in childcare responsibilities because of COVID-19 may be related to the traditional American family structure. In the traditional American family structure, the highest-earning individual is deemed the breadwinner of the family. As CS faculty, all participants of this study are considered high-earning individuals. Typically, the top earner is expected to perform fewer caregiving responsibilities within the home. CS faculty therefore may have had lower childcare responsibilities before COVID-19 and their status may have not been threatened by the pandemic.

If there had been an item about increases in childcare responsibilities that included a question asking about increased responsibilities of parents in providing types of supportive care—such as holding home interventions—PCDD and non-
PCDD may have reported different experiences, which may have influenced WLC average scores between groups.

Limitations

The present study was limited in measurement and sample. One item was used to ask participants if they had a child who lived at home with them for 4 or more days per week and who had a developmental disability, physical health problem, or long-term serious mental health problem. If parents responded yes to this question, they were automatically placed in the PCDD group. The study did not include a follow-up item asking participants to report the child’s particular diagnosis or an item verifying whether their child’s problem(s) had been diagnosed through clinical evaluation. Although many developmental disabilities are concurrent, experiences may vary for parents with children with differing diagnoses. For instance a child with ADHD may be more likely to need assistance sitting still and sustaining attention on virtual assignments, whereas a child with an intellectual disability may need tutoring assistance. Different types of developmental disabilities can present different types of challenges for the children and the parents, which is not something that was examined in this study.

Even if this study had included a set of additional items asking about the particular diagnoses and clinical status of those diagnoses for the children of PCDD, the sample size was too small for distinguishing between the types of developmental disabilities represented within the children of the PCDD in the sample. Additionally, the item included PCDD in the sample as long as they had a child in the home for at least 4 days of the week, but experiences for PCDD who have children in the home 7 days per week may be different than those for PCDD who have their children in the home for less time. In particular, future studies could address this limitation by specifically asking about diagnosed developmental disabilities within the household. If respondents indicate that they have a child with a developmental disability in their household, a few follow-up items should clarify some details about the family. One item should ask about the number of children within the home who have a diagnosed developmental disability; another should ask about the frequency of diagnosis of each child with a diagnosed developmental disability in the household. Children with comorbid disorders may present with different symptoms and may therefore require different types of care. These extra clarifying details may help us gain a clearer image of the challenges that COVID-19 has worsened within these families and how experiences between PCDD may differ drastically because of these additional factors.

An additional limitation regarding sample size was that analyses could not be conducted for factors such as race, ethnicity, socioeconomic status, and family structure within PCDD because the sample size of PCDD was so small. It is likely that
different subgroups of PCDD may have differing COVID-19 experiences. Future studies should address these limitations by including a larger, more diverse, sample of participants so different subgroups of PCDD can be analyzed for their COVID-19 experiences.

Application

This study is important because it examines the worsening health and circumstances of parents in a high-stress field. Consistent positive care from parents is ideal for the health and well-being of their children. Factors that may affect the type of care that parents show, such as experiencing a large amount of strain at work, may therefore have consequences for children. It is likely that even before COVID-19, parents with PCDD faced difficulties that were different from those faced by non-PCDD; however, the challenges faced by PCDD were likely exacerbated by transitions to remote work and resource loss. This study demonstrates that significant parts of the population have found themselves in worsening situations during COVID-19. Relevant support systems and treatment should be offered to PCDD to address some of the stress and distress experienced as a result of challenges becoming increasingly difficult to manage during the pandemic.
References


