

Acculturation Stress, Work-Family Conflict and Mental Health of Ghanaian Immigrants in the United States

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ABSTRACT

This study examined the impact of acculturation stress and work-family conflict on the mental health of Ghanaian immigrants in the United States (US). One hundred participants were recruited from two US states to investigate the relationship between acculturation stress, work-family conflict, and mental health among this population. Drawing from the concepts of sociocultural theory, I proposed three hypotheses: (1) High acculturation stress will lead to high work-family conflict, (2) High work-family conflict will result in poor mental health and (3) Work-family conflict will mediate the relationship between acculturation stress and mental health. The results fully supported the first hypothesis and partially supported the second and third. High acculturation stress led to high work-family conflict. Although high work-family conflict resulted in poor mental health, strong family or other support mediated work-family conflict and mental health. Participants who reported poor mental health also reported lacking family or other support and those who reported strong family support also reported good mental health even with high work-family conflict. The latter group expected their mental health to remain good or improve overtime. I draw on these findings to conclude that Ghanaian immigrants in the US experience significant acculturation stress and work-family conflict leading to poor mental health if they lack good family. These findings have implications for healthcare practitioners who see members of this population.

Keywords

Acculturation stress, Work-family conflict, Ghanaian immigrants in the US, Mental health, Family support.

Introduction

The United States is the main destination for migrants with over fifty million international migrants in 2020. In 2019, over two million immigrants from the continent of Africa were living in the US [1,2]. Nearly 10% of this comprises immigrants from the small sub-Saharan country of Ghana. As of 2019, Ghanaian immigrants were the 3rd largest African immigrant population in the US trailing Nigeria and Ethiopia respectively [3]. Unlike immigrants from war-torn African countries, Ghanaians are unlikely to immigrate as refugees or asylum seekers, largely due to the nation's significant political stability. Ghanaians immigrate to the U.S. for educational enhancement and for occupational opportunities [4]. They are a voluntary immigrant population who immigrate to the US on varying visa types including H1B work visas, F-1 Student visas

and B1 Business visa [5,6].

As newcomers arrive in the US, they go through an acculturation process. While acculturation is a larger and complex process involving a newcomer's exchange of social norms, cultural traditions, and values, it usually begins with settling down in the destination country and getting acquainted with the new culture including familiarizing with the language of the host nation [7]. Acculturation by itself can be a complex and difficult process. Settlement processes and acculturation challenges in a foreign country can generate significant stress and impact an immigrant potentially affecting different areas of their lives including their mental health. Berry [8], describes acculturation stress as the mental or emotional strain resulting from the demands of the dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members. This emotional strain is more so compounded if the newcomer has simultaneous family and paid

work obligations. The combination of acculturation demands, work obligations, and family responsibilities may result in the perfect recipe for a mental health crisis and/or breakdown. While Ghanaian immigrants are rapidly growing in the US, attention has not been paid to the health status and needs of this population [9]. Particularly, the mental health of this population has received scant attention. Acculturation researchers have largely focused on populations including South Asians (e.g., Gu, 2009) [10], Latinos (e.g., Dhokarh et al., 2011) [11], Hispanics (e.g., Caetano et al., 2009) [12], and Europeans (e.g., Kislev, 2017) [13]. Much of the existing literature on African populations have focused on physical health including birth outcomes, mortality rates, and obesity [9]. Studies on mental health have largely focused on pre-migration trauma, stigma, and health literacy [10]. To date, no study has been done to assess the impact of acculturation stress and work-family conflict on the mental health of Africans, particularly Ghanaian immigrants, who often emigrate in family status with young dependents and for work purposes. The purpose of this study is to examine the impact of acculturation stress and work-family conflict on the mental health of Ghanaian immigrants.

Ghanaian Migration and Acculturation

Migration has been occurring around the world for centuries. Diasporas can be forced or chosen, often pursued because of economic (increased career opportunities), social (following family who have gone before), political (escaping war), or environmental (in response to natural disasters) reasons. Migrants experience a multitude of challenges such as immigration difficulties, high cost of living, loss of social connectedness, and lack of familial support. Diasporas, whether forced or chosen, have residential outcomes in host nations and present social well-being concerns. While Ghanaian immigrants constitute a minute share of the US population, they are one of the fastest growing immigrant groups according to Migration Policy. Ghanaians often migrate to North America and Europe for various reasons including academic advancement and better occupational opportunities.

When individuals emigrate from their native countries to a new country, acclimatizing to the new culture is imperative and connected a successful settlement of the immigrant [14]. Acculturation is a process that involves the development of relationships with the new culture while also maintaining one's original culture [15]. The role and significance of acculturation on an immigrant's mental health are important research inquiries [16]. All immigrants experience some levels of stress during the process settling and acculturating into the new culture [14]. These stressors may be more intense, pervasive, and even lifelong for one immigrant than for another [17,18]. This experience is not different from that of Ghanaian immigrants in the US. When Ghanaians immigrate to the US, they have very high expectations of their destination country. Clark indicates that Ghanaian immigrants' expectations about the US includes obtaining the "American Dream." While this dream can be achieved, it takes work, commitment, persistence and is preceded by the settlement or acculturation process. Like most immigrants, when a Ghanaian arrives in the US, they need to study the new culture, people, and study the processes in the US. This can

take several months to years depending on the unique situation of the immigrant. Although majority of Ghanaians speak English as the official instructional language in Ghana, some still experience linguistic barriers during the acculturation period. There is also the cultural differences which take time to muster.

Culturally, Ghana and the US differ. While the US practices individualism focusing more on autonomy, personal achievements, and independence, Ghana is a collectivist cultured nation that believes in dependence on the larger society, self-sacrifice and prioritizes others over self. The experience of the contrast in these cultures upon arrival creates a culture shock for newly arriving Ghanaian immigrants. A decision to emigrate from a collectivist country, where resources are shared and citizens depend on one another for support, to individualist cultured US where people are self-reliant and self-focused requires preparation to combat the isolation this cultural contrast creates. Such isolation has potential to induce mental health stress for this population. Acculturation stress affects the health of individuals during the acculturation period [19]. Particularly, in collectivist cultured nations, there is heavy reliance on extended family support and on the larger community. In a typical Ghanaian society, families depend on one another for support with dependent care, daily chores, and family routines. Everyone is everybody's responsibility. However, Ghanaian immigrants have to make significant life changes to accommodate the demands of individualism when they arrive in the US and must adapt quickly to self-reliance. For this population this means learning to depend on oneself in the shortest possible time. Fox and colleagues [19] assert that this initial experience induces high stress often characterized by rapid or shallow breathing, fainting, and dizziness. For the immigrant who has paid work and dependent care responsibilities and have relied mostly on family support in their native Ghana, this experience can quickly get daunting and induce significant stress during this acculturation period.

Work-Family Conflict

In most Western countries, including the US, families and parents raising children manage two major life roles simultaneously: participating in paid work while raising their children [20]. Work-family conflict arises when individuals' work demands collide with those within the family domains and, when work obligations exceed people's available resources. While employment participation offers several benefits including life enrichment and satisfaction, career development, financial freedom, among other benefits, it also creates conflicts with family life during the process of trying to juggle these role demands [21], which, for a population that has solely practiced collectivism, can be intensified by the lack of family support they are accustomed to depending on in their native country [20]. The combination of acculturation stress and work-family conflict takes a heavy toll and poses different forms of challenges to different immigrant groups including [22] including Ghanaian immigrants. The following section briefly describes the Sociocultural theory and how it fits into this study.

The Sociocultural Theory

The sociocultural theory developed by Vygotsky [23] highlights the

important contributions society and culture make to an individual's development and progress [24]. Sociocultural theory stresses the interaction between individuals and the culture in which they live. Vygotsky places culture at the core of this theory and explains that interactions and process of people's culture make them who they are [25]. In other words, separating from one's culture means dissociating themselves from what they know to make them who they are [24,25]. Because immigrants from Ghana are accustomed to collectivism and depend largely on extended family support and their larger community, a cultural conflict arises when this population arrives in the US and experiences the host country's individualistic culture. Cultural changes in identity can be stressful and result in problems with self-esteem and mental health [26]. This major cultural difference requires major adjustments that affect the new immigrant in different ways [26]. Post-migration stresses include this form of culture shock and conflict which leads to mental health stress induced from cultural confusion. This cultural confusion effect may be immediate or gradual and may take different forms [24].

Methods

Data Collection

This study ($n=100$) recruited one hundred Ghanaian immigrants from two US states to complete paper and electronic questionnaires designed for this study. Recruitment was through snowball sampling technique. Institutional Review Board (IRB) protocols and consent procedures were properly followed to physically distribute paper questionnaires and email/text a web link to same to the recruited participants who met the selection criteria. The study flyer was posted on social media and was emailed/texted to identified potential participants who expressed interest in the study. Interested participants were then screened by the participation criteria of: 18yrs or older, a native Ghanaian currently residing in the US, with at least one caregiving responsibility, have at least a part-time job working 20 hours or more, and not without US permanent residency. 23% screened participants responded to electronic questionnaires and 77% responded to paper questionnaires.

Sample Characteristics

The total 100 participants comprised 43% males and 56% females. Participants' age ranged between 18 and 68 years. 79% identified as Christians and 21% did not disclose their religion. 99% of the respondents identified one tribe and did not identify with any other tribe. Of the 99%, 52% identified as Fanti; 7% identified as Ga; 12% identified as Ewe; 21% identified as Ashanti and 7% identified as Nzema. Of the total, 97% declared their educational level. 12% were post-graduates; 31% were college graduates; 33%

had completed some college, technical or trade school; and 21% were high school graduates. 43% reported their annual family income, ranging between \$2,300 and \$206,000. 47% reported being single (never married); 42% identified as married; 4% were divorced and 1%, widowed. 70% worked full time and 26% were unemployed. 4% did not declare their employment status. Of the total, 20% arrived in the US on F-1 study visa; 1% on H1B work visa; 68% entered the US on a family-based visa and 4% as visitors. No respondent reported coming to the U.S. as a refugee. 4% did not declare their visa category.

Survey Questionnaires

Each of the participants responded to a set of either paper or electric survey questionnaires. The paper surveys were physically handed to participants and the electronic questionnaires were housed on Qualtrics. The link to the survey was emailed or texted to the participants to complete the surveys. Each of the participants also completed a set of demographic questions. To measure the different variables more effectively, the survey questionnaires were divided into four main parts using a 5-point likert scale. Part one contained questions about the participant's immigration experience. Part two asked questions about work and family. Part 3 questions focused on participants' mental health, and the final part asked questions about the social, physical, and emotional support.

Analysis and Results

This study sought to examine the impact of acculturation stress and work-family conflict on the mental health of Ghanaian immigrants in the US. One hundred participants responded to paper and electronic questionnaires. Hierarchical regression and principal component analyses were conducted to test the relationship between the variables which were acculturation stress, work-family conflict, and mental health. Family or other support was also analyzed as a mediator for work-family conflict and mental health. I run hierarchical regression analyses to first understand the reactions of all the variables together and then I run principal component analyses to understand the effects of each of the independent variables on the dependent variable. Principal component analyses identified 3 factors with Eigen values of 3.3 or higher accounting for 48% of the cumulative variance. I began with the second hypothesis measuring the impact of work-family conflict on mental health. To test this, I conducted hierarchical multiple regression controlling for the factors, age, marital status, and gender. Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, multicollinearity, and homoscedasticity.

Hierarchical Regression

Model Summary ^c									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.405 ^a	.164	.124	10.61579	.164	4.176	3	64	.009
2	.413 ^b	.170	.118	10.65749	.007	.500	1	63	.482

a. Predictors: (Constant), Age, Gender, MS
b. Predictors: (Constant), Age, Gender, MS, Acculturation Stress
c. Dependent Variable: Work-Family Conflict

The control factors, gender, marital status, and age, entered in block 1, explained 8.8% of the total variance in health. Acculturation stress in addition to gender, marital status and age explained 10.6% of the mental health variance when entered in block 2. The overall variance explained after adding work-family conflict was 29.8%, $F(5, 60) = 5.08, p < .005$. The three control factors explained an additional 19% of the total variance in mental health after controlling for age, gender and marital status, R square change = .19, $F \text{ change}(1, 60) = 16.39, p = < .001$. In the final model, the three control factors were non-significant. However, work-family conflict was statistically significant, with a higher beta ($\beta = .48, p = < .001$) with mental health.

The same analysis was conducted to determine the impact of acculturation stress on work-family conflict. The same control variables, marital status, age, and gender when entered in the initial step explained 12.4%. Acculturation stress, in addition to the three control variables explained 11.8% $F(4, 64) = 3.23, p < .005$. The three control measures explained an additional .7% of the variance in work-family conflict, R square change = .007, $F(1, 63) = .500, p > .005$. In the final model, acculturation stress was non-significant with work-family conflict. Age was, however, significantly associated with work conflict with the highest beta ($\beta = .043, p < .005$). A final test of mediation analyses indicated that work-family conflict alone is a weak mediator of acculturation stress and mental health.

Mediation Analyses

Model Summary ^b					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.471 ^a	.222	.210	5.63341	1.889
a. Predictors: (Constant), Work-Family Conflict					
b. Dependent Variable: Mental Health					

Discussion

The purpose of this study was to examine the impact of acculturation stress and work-family conflict on the mental health of Ghanaian immigrants in the US. Results from this study is consistent with acculturation literature and the sociocultural theory. Immigration literature on acculturation indicates that during the settlement period, when newcomers to a new country are settling down and getting acquainted with their new environment and culture, they undergo some amount of acculturation stress. Although not all stress is bad, depending on the immigrant's preparation and expectation about the new residence, acculturation stress is often significantly impactful to the immigrant. The level of stress experienced during the acculturation period depends on several factors including availability of physical and emotional support, newness to the new culture, travel and life expectations about the destination country, stress coping mechanisms, and individual resilience abilities. This experience can be further compounded by paid work associated stress in the form of work-family conflict. For this study, participants had to have a paid job working at least part-time i.e., approximately 20 hours per week and have at least one caregiving responsibility during the same period they were

settling down after arriving in the US.

Results from this study indicate that Ghanaian immigrants depend on physical and emotional support, preferably from family members although in the absence family support, they fall on other available support to safely navigate the challenges experienced during the acculturation period. As hypothesized, high acculturation stress led to high work-family conflict. Respondents with high acculturation stress and strong family or other support self-reported good mental health even with high work-family conflict and these respondents did not expect a deterioration in their mental health. Respondents who self-reported poor mental health also reported lacking physical and emotional support both at home and at their workplace. These respondents also expressed concerns about their mental health potentially getting worse overtime. After eliminating the effects of the respondents' age, gender and marital status, this study found that high acculturation stress leads to high work-family conflict.

Consistent with acculturation literature, availability of physical and emotional support makes a big difference when navigating acculturation related challenges. This is additionally supported by the sociocultural theory's concepts of social and cultural interdependence. Immigrants from different cultures find it easier to seek and receive assistance from people who are familiar with the immigrant's culture. For example, respondents with minor children self-reported feeling anxious when their family members went away. These respondents also only requested and/or received child-care assistance from non-family member or others who were familiar with the immigrant's culture and were hesitant to seek or receive assistance from others the immigrant perceived as foreign to their native culture. Analyzing family or other support as a mediator, acculturation stress still led to work-family conflict but not as impactful on respondents' mental health as it does without family or other support as a mediator. Furthermore, age was found significantly associated with work-family conflict. This indicates that while high family support mediates acculturation stress and work-family conflict, the older the immigrant, the more impactful acculturation stress on their mental health.

This study also partially supported the second hypothesis that high work-family conflict will result in poor mental health. When there is conflict between family and work responsibilities there is high potential for generated stress potentially affecting an individual's mental health. Work-family conflict results from instances like rigid work-schedules, long work hours, work modality (such as remote vs on-sight), commute distance to workplace, etc. New-comers to a destination country who are still navigation the acculturation process along with care-giving and other family responsibilities may easily get overwhelmed by the clash of these family and work responsibilities. However, when there is some support available to the immigrant, this toll although may be present, may not be as overwhelming for the immigrant. Although work-family conflict led to poor mental health for respondents who lacked family or other support, respondents who reported having strong family support reported having good mental health and these respondents expected their mental health to remain good or get better overtime.

<i>Model Summary^d</i>									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.297 ^a	.088	.044	6.19510	.088	2.005	3	62	.122
2	.325 ^b	.106	.047	6.18654	.017	1.172	1	61	.283
3	.545 ^c	.298	.239	5.52826	.192	16.392	1	60	.000

a. Predictors: (Constant), Age, Gender, MS
b. Predictors: (Constant), Age, Gender, MS, Acculturation Stress
c. Predictors: (Constant), Age, Gender, MS, Acculturation Stress, Work-Family Conflict
d. Dependent Variable: Mental Health

Thus, the second hypothesis is only fully supported by this study if the immigrant lacks physical and emotional support.

Similarly, for the third hypothesis, results from this study show that work-family conflict alone is not a strong mediator of acculturation stress and mental health for this population as hypothesized. This finding could be explained by several factors including attributed to the work field or specific type of paid work the immigrants does. For example, health professions like nursing often present variable, inflexible work schedules with mandatory weekend scheduling while administrative or clerical jobs present more structured work schedules. For new immigrants with school-aged children who have no childcare coverage during weekends, a nursing profession, for instance, may generate some stress leading to poor mental health. This finding makes absolute sense and points to some consistency in acculturation literature. More studies are needed to support these findings.

Limitations

This study used a sample size of one hundred. Demographics of participants sampled did not reflect all the subcultures and tribes in Ghana. With over one hundred subcultures within the Ghanaian society, major or minor sub-cultural differences may render the findings from this study not generalizable to all Ghanaian immigrants who may have different tribal cultures. Also, since different professional fields and types of jobs have different levels of expectations, sampling participants within different professional fields may have swayed the study's results. Lastly, participants in this study did not all have care-giving responsibilities. For example, respondents with adolescent dependents have less care-giving responsibilities than do their counterparts with younger or school-aged children. Responses from these participants may not equally be reflected in the final results.

Future Research Direction

More studies are needed to fully examine the impact of acculturation stress and work-family conflict on the mental health of Ghanaian immigrants. I recommend recruitment of a larger sample reflecting all the sub-cultures of Ghana to further examine the relationship of acculturation stress and work-family conflict on the mental health of Ghanaian immigrants. With obvious and subtle subcultural differences among Ghanaians, this future study may yield different results. A future study may also sample participants from the same type of paid work or professional field to measure work-related stress levels more accurately.

Conclusion

This study aimed to investigate the relationship between acculturation stress, work-family conflict, and the mental health of a growing immigrant population in the U.S. I hypothesized that high acculturation stress will lead to high work-family conflict, and this conflict, if high, will in turn lead to poor mental health and that work-family conflict will mediate the relationship between acculturation stress and mental health. As hypothesized for this immigrant population, high acculturation stress leads to high work-family conflict. High work-family conflict impacts the mental health of this population if they lack strong family or other support. With some physical and/or emotional family or other support (such as support from work colleagues or supervisors), work-family conflict does not have a significant effect on this population's mental health. Participants who reported having a strong family support reported good mental health and expect their mental health to remain stable. The reverse was the case for participants who reported having no family or other support. During the period of acculturation, working immigrants, especially those with young or elderly dependents, need all the support they can get to settle in the host country. A pre-migration educational program may be needed to prepare this immigrant population prior to immigrating. Such educational program may include realistic expectations of the US and a back-up plan and or other options if expectations don't go as planned. The pre-migration educational program may be designed to include effective stress copy mechanisms can be used if needed.

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