

PROFESSIONAL IMAGE MAINTENANCE: HOW WOMEN NAVIGATE PREGNANCY IN THE WORKPLACE

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Women now constitute a significant portion of the workforce, making the effects of pregnancy on professional image (others' perceptions of competence and character at work) more salient. While opinions regarding how pregnant women should manage others' impressions and the consequences of doing so abound (Noveck, 2012) research to substantiate or disconfirm these opinions has lagged. In this paper, we present three studies that develop and test a model of social identity-based impression management (SIM) techniques used by pregnant workers. In Study 1 ($n = 35$), we utilized qualitative methods to identify the motives and strategies used by pregnant women to manage their professional images. In the second study, we collected two samples ($n = 199$ and $n = 133$) to develop and validate two scales based on the motives and strategies identified in Study 1. In Study 3 ($n = 200$), we employed a time-lagged design to examine how SIM motives and strategies affect important workplace outcomes: perceived discrimination, burnout, and returning to one's job after maternity leave. Our findings demonstrate both positive and negative outcomes of the motives and strategies women use to manage their images at work when pregnant.

Professional image is the aggregate of others' perceptions of an individual's competence and character in the workplace (Roberts, 2005). Because of the implications for achieving social approval, power, and career success, employees invest considerable time and energy into constructing their professional images (Baumeister, 1982; Ibarra, 1999; Roberts, 2005). Although research on professional image construction has historically focused on the personal attributes that influence an indi-

vidual's professional image, such as dress, nonverbal cues, and verbal cues, more recently, Roberts (2005) has called attention to the role played by social identities.

Social identities are the "various meanings attached to a person by self and others" (Ibarra, 1999: 766). An individual possesses multiple social identities—for example, as a woman, a mother, and an African American. Unfortunately, as a good deal of extant research on discrimination demonstrates, some social identities are devalued in various contexts, including the workplace (e.g., Button, 2001; Crocker, Major, & Steele, 1998). As a result, social identities can negatively affect professional image. Women, for example, are often stereotyped as emotional and nurturing, characteristics believed to be incompatible with effective leadership (e.g., Koenig, Eagly, Mitchell, & Ristikari, 2011; Nelson & Quick, 1985). As a group, African Americans have

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faced negative stereotypes concerning their work ethic and intelligence; again, characteristics that can influence perceptions of competence and character (Drake, 1987). Because people are aware of these stereotypes and their potential impact on their professional images (Roberts, 2005; Steele & Aronson, 1995), they often engage in social identity-based impression management (SIM). This is the process of strategically influencing others' perceptions of one's social identity in order to construct a desired professional image (Roberts, 2005). Understanding SIM is important, not only for implications concerning stigmatization and discrimination, but also because extant theory suggests that engaging in SIM can have implications at the intrapersonal, interpersonal, and organizational levels (Roberts, 2005).

The current understanding of SIM assumes stable categorizations of a person's social identity. As such, SIM motives and strategies focus on reducing the salience of one's devalued identity (decategorization) or highlighting the value of one's differences (positive distinctiveness). Of course, many social identity categorizations, such as race and gender, are stable. In these cases, this assumption is quite appropriate. However, throughout an employee's tenure at an organization, major life events, such as marriage, divorce, pregnancy, or illness, may provoke new social identity categorizations. If these new identities are devalued, then associated stereotypes may serve as threats to that individual's professional image. Recognizing potential threats, employees may try to maintain, preserve, or restore their professional images rather than highlight the value of their changing identity. In other words, individuals who enter new and potentially devalued social identity categorizations may fear losing their status at work. These individuals may begin to focus their efforts on *maintaining their previous professional image* rather than, as is the case with more stable identities, *constructing it*.

It is important to note that SIM strategies can be differentiated from identity management strategies (Button, 2004; Clair, Beatty, & MacLean, 2005; Goffman, 1963). Although some conceptual overlap exists, in that both involve social identities, identity management relates to concealable aspects of identity. It centers on decisions to "display or not to display; to tell or not to tell; to let on or not to let on; to lie or not to lie; and, in each case, to whom, how, when, and where" (Goffman, 1963: 42). Disclosure decisions are a central feature of the identity management literature (Clair et al., 2005). Although overlap exists, managing others' perceptions

is the focus of SIM (Roberts, 2005). Specifically, for SIM, the focus is on managing one's social identity so as to construct (or maintain) a viable professional image (Roberts, 2005).

To understand the influence of changing social identities on professional image, we established and tested a framework for the espoused SIM motives and behaviors of pregnant women in the workplace. We felt this was a particularly apt context, for three primary reasons. First, although pregnancy can be a wonderful time in women's lives, existing research suggests that pregnancy is not always viewed positively in work settings (Gatrell, 2013; Halpert, Wilson, & Hickman, 1993; Morgan, Walker, Hebl, & King, 2013). Although others may show excitement about a woman's pregnancy, it is unlikely that this excitement will have a positive influence on her professional image (e.g., Hebl, King, Glick, Singletary, & Kazama, 2007). Supervisors, coworkers, and subordinates may hold stereotypes that negatively affect the professional image of the pregnant woman. In particular, studies show that pregnant workers often receive negative reactions from others, as well as lower performance appraisals and lost promotions (Borrill & Kidd, 1994; Glass & Riley, 1998; Hebl et al., 2007; Houston & Marks, 2003; Morgan et al., 2013). Overall, this research strongly suggests that women who become pregnant may recognize the potential for their new social identity categorization to negatively influence their professional image. This recognition may compel them to engage in SIM behaviors aimed at influencing others' perceptions of their competence and character.

Second, culturally meaningful and visible social identities are more likely to threaten a professional image. This is because they serve as the primary basis of categorization and remain salient across situations (Moreland & Levine, 1989; Stangor, Lynch, Duan, & Glas, 1992). Because pregnancy becomes visible and can be viewed as culturally relevant, associated stereotypes may be more likely to influence a pregnant woman's professional image than a new social identity, such as divorce, that is not as evident in or relevant to the workplace. Pregnancy's visibility and salience are likely to increase a woman's awareness of potential stigmatization, making her perhaps more likely to engage in SIM.

Third, although in recent years the pregnant worker has received research attention (e.g., Hebl et al., 2007; Jones, King, Gilrane, McCausland, Cor-

tina, & Grimm, in press; King & Botsford, 2009; Ladge, Clair, & Greenberg, 2012; Morgan et al., 2013), little is known about how women maintain their professional image when they become pregnant. Instead, much of this research has focused on pregnancy as a stigma (e.g., Morgan et al., 2013), internal identity issues associated with becoming pregnant (e.g., Ladge et al., 2012), and identity management (e.g., Jones & King, 2014; Jones et al., in press). This research has yielded valuable insights. For example, we know that discrimination against pregnant women continues to exist (e.g., Hebl et al., 2007; Morgan et al., 2013), and that how and when women disclose their pregnancies has important implications for health and well-being (e.g., Jones et al., in press). However, many questions remain. Pregnancy, in its early stages, is concealable. But, unlike other invisible stigmas where disclosure may never occur, pregnant women will have to reveal their condition eventually or others will discover it. How do women manage their changing identity, beyond choices they make about disclosure? Moreover, what impact do SIM behaviors have on outcomes at work?

In this paper, we identify and describe women's SIM motives and the strategies they use to affect professional image in response to a changing social identity. We present three studies investigating four samples of women managing pregnancy at work. Study 1 was a qualitative, grounded theory study. Following recommendations by Glaser and Strauss (1968) and Strauss and Corbin (1998), we did not have a priori hypotheses; instead, this exploratory research question guided us: *How does pregnancy affect working women's professional experiences?* Our qualitative analysis yielded several interesting themes. Most markedly, we found that women actively managed their professional images while they were pregnant. We identified SIM motives (i.e., concerns) and strategies (i.e., behaviors) women used to manage the impact of their new and potentially devalued social identity on their professional image. In the second study, using two separate samples, we developed and validated two scales based on the motives and strategies identified in Study 1. In the third study, using a time-lagged design, we investigated how SIM motives and strategies employed by pregnant women affected three important workplace outcomes: burnout, perceived discrimination, and turnover.

Building on Roberts' (2005) theory detailing professional image construction, we propose new motives and strategies appropriate for changing social

identities. The mixed method design we chose is the most appropriate when building on prior theory to propose new constructs and investigate their impact on established constructs (i.e., expanding intermediate theory; Edmondson & McManus, 2007). We assert that identifying these SIM motives and strategies, as well as their relationship to workplace outcomes, contributes both theoretically and practically to the literature in a number of important ways. First, our qualitative study broadens theories detailing SIM and professional image construction by introducing self-regulation of behavior as a means of explaining how individuals react when faced with new professional image threats (Carver & Scheier, 1998; Roberts, 2005). According to Roberts (2005), individuals who manage stable identities may emphasize their differences in an effort to show their advantages. Individuals with new social identity categorizations are not likely to do so. Instead, identity change may bring a desire to maintain previous images. Although we investigate this phenomenon in pregnant women, we believe this research can inform studies on other changing social identities. Research in sociology, for example, suggests that individuals diagnosed with illnesses often try to hold on to their previous image (Charmaz, 1994, 1995). Because the ways in which people manage changing identities at work might be different from how individuals manage other (more stable) social identities, we believe it an important topic to investigate.

Second, by developing and validating two scales based on the Study 1 results, we set the stage to understand outcomes associated with SIM used by pregnant women. The majority of the work investigating professional image construction is theoretical. While that work predicts both positive and negative effects of motives and strategies on intrapersonal, relational, and organizational outcomes (Roberts, 2005), these relationships remain largely untested. Given that roughly 1.5 million women working in U.S. corporations become pregnant each year (U.S. Census Bureau, 2010), a clearer understanding of these relationships may be particularly useful for both women and the organizations that employ them. In Study 3, following theory on professional image construction, we chose one intrapersonal outcome (burnout), one relationship outcome (perceived discrimination), and one organizational outcome (return to one's job) for investigation. These outcomes have clear practical significance. For women, perceived discrimination and burnout lead to reduced satisfaction and commit-

ment as well as health problems (Cox, Kuk, & Leiter, 1993; Kessler, Mickelson, & Williams, 1999; Moore, 2000; Sanchez & Brock, 1996; Singh, Goolsby, & Rhoads, 1994). For organizations, such outcomes are notable because of their impact on lawsuits (due to perceived discrimination), decreased productivity (due to burnout), and the costs associated with turnover (Fried, 2000; James & Wooten, 2006; Wright & Bonett, 1997). Finally, our research contributes insights into *why* women attempt to maintain their professional images during pregnancy. Practically, in order to promote the retention of pregnant women and reduce negative intrapersonal and interpersonal consequences, we must understand the reasons why women engage in these specific behaviors.

What follows is, first, an explanation of the theoretical foundations of our research. We used several substantive theories to provide direction for the qualitative study (Study 1) (Glaser & Strauss, 1968; Suddaby, 2006) and to serve as a background for the hypotheses developed in Study 3. Next, we describe each of the studies and provide a general discussion detailing the contributions of all three.

THEORETICAL FOUNDATIONS

Professional Image Construction, SIM, and Self-Regulation of Behavior

Recent research has highlighted the importance of social identities in the construction of professional images in the workplace (Roberts, 2005). This work explicates a process by which employees observe how their social identities affect others' perceptions of their competence and character in the workplace. It also addresses when employees are motivated to and engage in SIM. Professional image construction unfolds with an assessment of an individual's desired professional image (how they would like to be perceived at work) and their perceived professional image (how they think others perceive them at work). Discrepancies between one's desired and perceived image can take two forms: (1) *legitimacy threats*—beliefs that one is not currently viewed as having a desired social identity, or (2) *devaluation threats*—beliefs that attributes of one's social identity are denigrated within a particular context (Ely & Roberts, 2008; Roberts, 2005). Legitimacy threats drive individuals to embody valued attributes at work in order to gain legitimacy. Toward this aim, individuals either as-

similate a favorable social identity or highlight the positive attributes of their own social identity (Roberts, 2005). Devaluation threats result in a desire to distance oneself from a denigrated identity and avoid subsequent devaluation. To do this, individuals engage in decategorization by reducing the salience of negatively regarded aspects of their social identity or by hiding their identity altogether (Roberts, 2005).

Professional image construction has its roots in long-existing theories of self-regulation. These theories specify that, when individuals encounter an image threat, their motivation and ensuing actions can be reduced to two primary tendencies: approach and avoidance (Carver & Scheier, 1998; Gray, 1982; James, 1890). Approach-related motives drive behavior toward positive stimuli (images, events, possibilities), and are aimed at reducing the discrepancy between one's current state and the state one would like to portray. These motives and behaviors focus on rewards and positive outcomes, and relate to positive feelings and well-being (Dickson & MacLeod, 2004; Gray, 1982).

Higgins (1997, 2000) further differentiated approach-related motivations into gain-focused and non-loss-focused motives. Gain-focused motives involve approaching a goal with a "gain" in mind, whereas non-loss-focused motives involve approaching a goal to protect the status quo. He stated that, although both "involve motivation to approach or attain a new task goal, they differ in their orientations toward how to successfully attain the goal" (Higgins, Friedman, Harlow, Idson, Ayduk, & Taylor, 2001: 21). Motivational foci can be influenced by context and ultimately affect how and why individuals will strive for, or approach, desired outcomes (e.g., Wallace & Chen, 2006). These motivational foci may explain fundamental differences between legitimacy threats felt by individuals with stable social identities and those felt by individuals with changing identities. When individuals with stable identities feel legitimacy threats and engage in positive distinctiveness, an approach-related SIM, they do so from a gain perspective. Potentially stigmatized individuals want to earn or gain others' positive perceptions of their competence and character. In contrast, those with changing identities may try to maintain their legitimacy or the current perceptions others have of them—a non-loss focus. The distinction is important, because gain-focused motives and non-loss-

focused motives can influence outcomes differently (e.g., Brockner & Higgins, 2001; Wallace & Chen, 2006).

In contrast to approach motives, avoidance motives drive behavior away from negative stimuli (Elliot, 2006). Avoidance-related strategies or behaviors amplify the distance between one's current state and negative attributions; they focus on avoiding punishment and aversive experiences and are linked to negative feelings and evaluations (Dickson & MacLeod, 2004; Elliot & Sheldon, 1998). Concerning professional image, devaluation threats underlie avoidance-related SIM motives (fear of and a desire to avoid devaluation) and avoidance-related SIM behaviors (reducing the salience of one's denigrated social identity or hiding it altogether). Taken together, these theories of self-regulation suggest that an evaluation of cues related to the salience and value of the attributes and/or stereotypes associated with a social identity drive an individual's professional image construction. During this assessment process, people begin to understand possible discrepancies between the desired professional image and their perceived professional image. They appreciate that the positive and negative attributes of their social identities may underlie these discrepancies. When they perceive that attributes of their social identities are devalued in a given context, individuals will react to these threats by engaging in approach-related and/or avoidance-related behaviors.

When social identity categorizations change based on new roles or major life events, the changes can certainly affect one's professional image (Burke & Cast, 1997; Ibarra, 1999; Kiecolt, 1994). In such cases, legitimacy threats may lead to a desire to preserve the legitimacy enjoyed before the new social identity categorization. Ensuing SIM behaviors may focus on maintaining rather than constructing an image. Thus, the SIM strategies used to manage new social identity categorizations may differ from those previously identified in the existing literature.

STUDY 1

In Study 1, we used grounded theory methodology to explore how pregnancy influenced women's experiences at work. In the present paper, we begin by describing the data collection and analyses, below.

Study 1 Method

The second author conducted two rounds of in-depth, open-ended interviews among 35 participants. In phase one, she interviewed 18 women in the Northeastern United States. (This phase included two unstructured pilot interviews that served to develop the initial interview guide.) Participants were sampled broadly through a combination of "snowball" and "convenience" techniques (Miles & Huberman, 1994) by disseminating fliers in obstetrics and gynaecology offices, staffing an information booth at a new parents' fair, and asking members of a large MOMS Club to identify friends and family members meeting the sample criteria and interested in participating. Because we were utilizing grounded theory methodology to reveal focal concepts, sampling broadly at this stage was appropriate (Strauss & Corbin, 1998).

Once conceptual categories began to emerge, sampling became more selective as we sought sources who could provide information on particular concepts (Glaser & Strauss, 1968). The goal was to obtain as much variation in the sample as possible in order to discover the conditions under which conceptual categories might vary (Strauss & Corbin, 1998). In phase two, 17 new participants were interviewed. Participants were located through email using a network of industrial-organizational psychology students and faculty affiliated with a Mid-Atlantic university. Sampling and data collection ceased when a given category was "theoretically saturated"—that is, when no new data regarding a category were found, and the category's properties, dimensions, and relationships were well-developed (Strauss & Corbin, 1998).

With a few exceptions, we restricted the sample of interview participants to women who had either given birth to their first child within the last year or were currently in the second or third trimester of pregnancy with their first child, and worked full-time during the pregnancy. We selected the interviewees to encompass a wide range of jobs, including managerial positions as well as lower-status positions in both female- and male-dominated organizations: 9 participants (26%) held relatively lower-status jobs; 18 participants (51%) held permanent professional or managerial jobs, such as a lawyer, engineer, and CPA; while 8 participants (23%) held positions of mid-level status (e.g., business analyst, graphic designer). The majority of participants were Caucasian (32, or 91%); one was African American, one Puerto Rican, and one In-

dian (9%). The second author conducted all but one of the interviews in person. (The remaining participant was interviewed by phone.) The typical interview lasted about an hour and a half, and, with the participant's permission, was tape-recorded and later transcribed.

The interviewer began by asking general questions about the pregnancy and the participant's job. Participants were asked to "tell a story" about their experience of being pregnant at work. Specific questions guided the storytelling process, such as how the pregnancy affected day-to-day life at work, when and how the women revealed it, how others reacted to the news, how participants felt about work during the pregnancy, how they believed pregnancy affected others' perceptions of them, and how pregnancy had affected their own view of themselves as employees. In the phase two interviews, many of the original questions were asked. Participants were also asked additional questions about how they felt about others' interest in and responses to the pregnancy, how they wanted others to view them at work, and what, if anything, they did to ensure that others viewed them in the way they would like to be perceived.

Study 1 Data Analysis

We conducted data analysis in four stages. The first stage involved open coding of the two preliminary and first five phase one interviews. With these first interviews, we used microanalysis, or detailed line-by-line coding, to identify key concepts (Strauss & Corbin, 1998). Next, we grouped these concepts into abstract codes. Several interesting themes began to emerge in this early phase of research, including women's concerns with the increased attention colleagues gave to the pregnancy and their private lives in general, beliefs that their own perceptions of their competence remained unchanged, and concerns about changes in their professional image, or others' perceptions of their competence. In the final step of stage one, the codes that emerged in these interviews were used to analyze the remaining interviews.

To improve reliability, a trained research assistant used the final coding scheme to code the full set of 18 phase one interviews, divided into meaningful units, in stage two of the analysis. Each unit or passage could be assigned up to three codes, and almost all units were assigned multiple codes. We assessed agreement between the assistant's and the second author's coding by (a) determining the max-

imum number of codes assigned to each unit (if the research assistant assigned three codes to a passage but second author gave it only two, the maximum number was determined to be three), (b) adding the maximum numbers for all units to determine the total number of codes, and (c) counting the number of codes on which both parties agreed. Discrepancies were resolved through discussion between the raters, and, in most cases, resulted in additional codes being assigned to passages. The final step involved sorting units by major code categories. We did this to begin detailed analyses aimed at identifying properties and dimensions of key categories, including professional image concerns, public nature of pregnancy, and others. Importantly, this step revealed additional issues for exploration in the phase two interviews.

In stage three, we divided all phase two interviews into meaningful units and coded them using the phase one coding scheme, making only minor revisions. Next, we sorted and printed coded passages from all 35 interviews for those coding categories that were emerging as central and noteworthy. In this stage, the main objective was to further elaborate properties and dimensions of these key categories and identify relationships among categories. One major theme—concerns regarding professional image—kept emerging. Thus, we searched for individual motivation, strategies to manage impressions, and consequences of that category (Strauss & Corbin, 1998).

Finally, in stage four, we delved more deeply into the data and the relevant literature in a continuing effort to expand the developing model. A review of literature on SIM and professional image construction (i.e., Roberts, 2005) as well as self-regulation of behavior (e.g., Carver & Scheier, 1998) yielded significant new insights into themes identified earlier in the data. During this stage, we also assessed whether and how stage of pregnancy influenced SIM.

Study 1 Results and Discussion

Although we did not begin Study 1 with any a priori hypotheses, familiarity with the literature on identity transitions led us to believe that the monumental change of becoming pregnant would drive women's concerns regarding work (Ladge et al., 2012). We discovered, instead, that most women claimed that their perceptions of themselves had not changed substantially during pregnancy—rather, their perceived professional image or their

perceptions of how others viewed and reacted to them did. They tended to paint a portrait of themselves as the eye in the center of a storm—an island of relative “normality” in the midst of their bosses’, coworkers’, and clients’ changing perceptions. As one participant noted, “I think it’s more people change how they view you [rather] than [changes in] how you view yourself. That’s the big thing I’ve noticed. Often, I was different to them, but I’m the same. You know?”

We found that, as a result, many women perceived their pregnancies as a potential threat to their professional images, and, at times, even to their very jobs. Many women expressed a determination to counter these perceptions: “Maybe I pushed myself a little too hard sometimes as far as trying to get things done for them. I didn’t want them to think I couldn’t do the job because of this thing happening in my life.” Concerns about professional image emerged fairly early in the data collection as one of the central themes, as it was reported by 80% of participants (28 out of 35). These 28 women described using six specific SIM strategies to manage their professional image. These six strategies generalized to two higher-order categories representing approach and avoidance tendencies. We termed the approach-related behaviors *image maintenance*, as the focus of these behaviors was maintaining or preserving the women’s professional images. We found the women actively attempted to manage others’ perceptions of and reactions to their pregnancies to ensure that they could preserve their professional images. In most cases, their goal was to be viewed as “the same”—that is, as committed, competent, professional, or reliable as they ever were. The second category resembled the *decategorization* behaviors (those aimed at avoiding categorization through de-emphasizing or reducing the salience of one’s social identity) discussed in previous literature (Roberts, 2005). Thus, we named it accordingly.

Image maintenance. Several behaviors centered on the goal of maintaining a valued professional image. Although the actual behaviors differed slightly, all were approach oriented and directed at accomplishing a common goal: to maintain their professional images. The most common of these strategies involved participants’ *maintaining the same pace of work*, including the hours and level of output they managed before pregnancy. For example, one participant stated, “I’ve tried consciously to keep up with my work . . . And I show them that just because I’m pregnant doesn’t mean that the

quality of my output changes” (see Table 1 for representative quotes for all facets). Over 60% of women (17 out of 28) who described efforts to manage their professional image cited maintaining their pace as one of their strategies. For those with relatively easy, problem-free pregnancies, this was not especially difficult. Others, however, had to make a more deliberate effort to maintain their workload and hours while coping with the physical discomfort that often accompanies pregnancy, such as nausea, fatigue, or back pain.

The second most common image maintenance strategy was to *not ask supervisors or coworkers for special accommodations*. Half of the participants (14 out of 28) who described engaging in SIM used this strategy. The majority of these behaviors were proactive. The women minimized the amount of time they had to miss work for doctor’s appointments, accepted assignments (such as travel) that they felt were difficult, refused to ask others for help or declined help that was offered, and generally avoided the appearance of needing special accommodation. In a couple of cases, women even failed to follow their doctors’ orders to reduce their time at work. By not asking for special treatment, these women communicated to others and to themselves that they were not different; that they were the same employees they had always been.

Sometimes participants felt they had to demonstrate exceptional performance and commitment to maintain their professional image in the eyes of their supervisors or coworkers. About 15% (4 out of 28) of women reported trying to *go the extra mile* to preserve their professional image. Women discussed working harder to appear as dedicated as always. For example, one participant said, “So I started busting my butt at work . . . because if my boss thought that I wasn’t going to be as driven, then maybe I wasn’t the right person for the position.”

Further, 15% of interviewees (4 out of 28) chose to *ask for shorter maternity leaves* than they were entitled to take. For example, a lawyer had planned to take 16 weeks off after delivery, but when her doctor ordered partial bed rest late in her pregnancy, she felt she was no longer “someone that people could count on. I felt—not good about that.” Consequently, she informed her employer she would return six weeks earlier than anticipated. These women planned leaves that were consistent with their pre-pregnancy professional images. Planning a relatively short leave enabled pregnant

TABLE 1
Representative Quotes

Illustrative Quotes from Interviews

SIMP Strategies & Motives^a

Maintaining Her Pace

You want to let people know that you're still working. You're not just like this pitiful little thing. You're fine and you can still do it . . . I mean you're still the same person!
I put a lot of pressure on myself and I still worked just as hard as I did before I got pregnant. I guess I felt pretty good about myself with the fact that I could still work and I was pregnant—I could work until the week before she was born. I guess I felt pretty good about myself that I was strong enough to do both, be very pregnant and get up and work an 8-hour day, or maybe even a 9- or 10-hour day, or go in on a Saturday.
I've tried consciously to keep up with my work . . . And I show them that just because I'm pregnant doesn't mean that the quality of my output changes.

Not Requesting Accommodations

I definitely made sure that—it was so tempting to call in sick so many times—but I always made sure that I was actually at work, and not using pregnancy as an excuse. I guess. I probably could have taken a few more sick days than I did, but I didn't want them to start thinking, "Oh, see—she can't handle it." So there were definitely some days where I dragged myself into the office when I would have been much happier staying in bed all day long.
Well, like, we'd have a closing every month, and I'd offer to go in on a Saturday to help them out with putting the closing package together. One of the guys would say, "You don't have to if you don't want to. I'm not trying to push you." Normally, if I wasn't pregnant, they would never have said that, but I would go ahead and say, "I don't mind. I'll come in. It's no big deal." Going downstairs, if one of the supervisors worked downstairs and needed something brought over to this desk or something: "Oh, you don't have to do it. I know the stairs are real difficult to climb and go up and down," but I'd say, "No, no, no. I'll do it." I didn't want them to think I couldn't do it. I didn't want them to think poorly of me.

Going the Extra Mile

It's made me work really hard there, to try to let them know, "Hey, she can get this done, and it will be taken care of, and she does great work." Instead of their focusing on my pregnancy and, "Oh, she'll have to leave, and will she come back, and she only has so much time left."
So I started busting my butt at work. And I started working that much harder . . . so I felt I took on even more. I was working that much harder because I felt like I had to for everyone to feel comfortable with the fact that I'm pregnant, I'm having a baby . . . Because if [my boss] thought that I wasn't going to be as driven, then maybe I wasn't the right person for the position.

Shortening Leave

I think in my third trimester they must have asked me what I wanted to do, and I told them I'd be back in ten weeks. I guess it was funny that I wasn't taking twelve, but I think part of that was I wanted to show them I was still serious about work.
[Because of complications,] I was not someone that people could count on. I felt not good about that. So I decided to take only a two and a half-month leave instead of a four-month leave.

Passing

I didn't meet with people. I didn't have to travel after the end of October, so I didn't have to meet with people. There were some people who wanted to meet with me in Connecticut, and, unless I absolutely had to meet with them, I really wouldn't meet with them. I'd talk to them on the phone.
I didn't want to tell them. You know, at a small firm, you think about if you're pregnant, you don't want to be let go . . . That's why I didn't want to tell them—my fear of their hiring someone to replace me.

Downplaying

I try not to bring up my pregnancy constantly in conversations, especially over the phone. I mean, some of my colleagues, we eat lunch then go on a walk and talk about personal life. That's different. But I mean with my boss, I never bring it up on my own.
It probably comes back to the fact that I don't want to focus too much on it, or—I don't know, it's a stereotype that, once women are pregnant or have babies, that's all they want to talk about, so maybe I'm overreacting the other way, trying to quickly steer conversations away from it lest it too often be the topic of conversation.
Although I am very excited about this and I like talking to other women about their experiences, I want to be seen as professional, and I have this perception that as I become rounder, I'm going to become "cuter," and cuter is not professional. So [I have] a little mixed emotion about other people I work with noticing [that I'm pregnant].

TABLE 1
(continued)

SIMP Strategies & Motives^a	Illustrative Quotes from Interviews
To prove she was the same	<p>I didn't want them to think that I didn't want to work. I wanted them to think that I could work my butt off like I always have, and get through the busy season. I traveled for clients during my second trimester. I didn't want people to think I couldn't do it, so I did it. But that's the one thing I've seen with my friends and myself, is that you feel you have to prove yourself. OK, I may be pregnant but let me prove myself; prove that I'm a good employee . . . I'd already proved myself—that's what I forgot.</p> <p>So I think they see that I still have the dedication and the work ethic and that I'm putting in the time to make sure the work is done properly. I'm consciously doing those things because I want them to know that I'm not just [someone who doesn't] care about work anymore.</p>
To convey a professional image	<p>I want to be seen as professional, and I have this perception that, as I become rounder, I'm going to become "cuter," and cuter is not professional. So a little mixed emotion about other people I work with noticing [I'm pregnant].</p> <p>[I was conscious of how I dressed] because I didn't want people to think, "Oh my God! She's pregnant and she's just looking a mess! We have clients coming here, you know!"</p> <p>I think your physical appearance gives a certain perception at work. You want to look professional to be viewed as a professional.</p>
To avoid negative career consequences	<p>It was really hard to let them know [that I was pregnant], because I was afraid that all of a sudden there'd be an excuse for why I didn't need to be there.</p> <p>. . . that was part of why I was a little anxious about telling them because I was kind of worried they might think, "Oh, she's probably not planning to come back so we could let her go."</p> <p>I am also being treated like crap at work and I am also in the medical field. I had to tell my boss when I was 4 weeks pregnant, because I was spotting and needed some help. They wanted me to go out on disability right then, which we cannot afford!! They've consistently treated me terribly since then, leaving me to work by myself often and putting me in unneeded stressful situations, only because they refuse to get me help!! I am 30 weeks right now and going out (28 working days and counting) a month early on my maternity leave, because I also cannot handle the stress, and we don't really have the money either. I don't understand how they get away with it and why they even want to. IT'S THE MEDICAL FIELD and they treat you like you have this terrible disease and they want to just get rid of you!!</p>
To convince others she would not quit	<p>And I was kind of like, "What are they going to say?" Because I felt like I hadn't been there long enough to be pregnant, and I was nervous that they would think all the things, you know, "She's going to be going. Let's not spend anymore time with her."</p> <p>And then she said, "Maybe you'll decide to stay home and maybe you won't. That's OK. Whatever you choose to do, this is what is most important for you and your family." And I said, "No, no. I'm definitely coming back." And she said, "No, you might not. You'll have to decide." She kept saying I might not. I kept saying, "No, I will." In the back of her head, she thought I wasn't coming back. I was a little bit worried at they might think, "Oh, that means she's going to leave."</p>

^a SIMp = social identity-based impression management during pregnancy.

employees to demonstrate their professional dedication and reliability.

Decategorization. Two additionally reported strategies resembled the decategorization tactics discussed in previous research on professional image construction (Roberts, 2005). These strategies involved avoiding negative outcomes by hiding the pregnancy or dodging the issue. Most of the women interviewed chose to keep news of their pregnancies private during part of or for the entire first trimester, due to the risk of miscarriage. However, approximately one third (36%, 10 out of 28) of the women attempted to hide their pregnancies after this time frame for more strategic purposes, a strategy we refer to as *passing* as non-pregnant. These women engaged in active approaches to concealing pregnancy, making the condition less obvious with creative clothing, hiding, lying about their physical symptoms such as nausea, or refusing to acknowledge the pregnancy when asked about it. The women who passed believed it would reduce potential negative stereotyping. For example, one participant said, “I didn’t want to tell them. You know, at a small firm, you think about if you’re pregnant, you don’t want to be let go . . . That’s why I didn’t want to tell them—my fear of their hiring someone to replace me.” Another strategy that 18% of interviewees (5 out of 28) reported using was to avoid drawing attention to their condition, a strategy we refer to as *downplaying* the pregnancy. Downplaying did not involve passing as non-pregnant, but reflected a woman’s efforts to minimize attention drawn to the pregnancy. By doing so, she helped ensure that others did not associate her so readily with a pregnant and perhaps stigmatized identity. As one woman said:

It probably comes back to the fact that I don’t want to focus too much on it, or—I don’t know, it’s a stereotype that, once women are pregnant or have babies, that’s all they want to talk about, so maybe I’m overreacting the other way, trying to quickly steer conversations away from it lest it too often be the topic of conversation.

Techniques women used to downplay their pregnancy included deflecting questions about it, not bringing it up in conversation, and choosing clothes that minimized the appearance of their bellies. We did not find these impression management strategies differed across organizational levels. Women in lower-level jobs did not seem to use one particular strategy more often than women in higher-level jobs and vice

versa. In sum, 80% of the women interviewed spoke of engaging in behaviors aimed at SIM.

Stated Motives for SIM Strategies

To understand why pregnant employees managed their professional images, we identified the specific motives participants gave for their behavior. We thought identifying these motives was important because pregnant women, and perhaps individuals with other types of new social identity categorization, may employ additional and/or different motives for SIM than those used to manage more stable identities. Similar to the literature on professional image, the women’s stated motives seemed to address two primary threats: legitimacy and devaluation. However, unlike the extant literature, the legitimacy threats seemed to center on the fear of losing the legitimacy they enjoyed before pregnancy. They spoke of wanting to maintain professionalism and of a desire for others to see them as the “same” as before pregnancy. We termed these motives *legitimacy preservation*, to highlight their uniqueness from legitimacy motives found elsewhere in the literature (Ely & Roberts, 2008).

Legitimacy preservation. Two motives reflected a desire to reduce legitimacy threats. Approximately 60% (17 out of 28) of participants who engaged in SIM strategies described wanting to demonstrate to others that their professional images should be unchanged by pregnancy. Their SIM motives involved *proving that she was the same* or as competent and capable as before she became pregnant. Similarly, 25% of interviewees (7 out of 28) noted that they engaged in SIM behaviors because they wanted to *maintain professionalism*. In all of these cases, “professionalism” was an important element of their identities as employees, and, in this respect, these two motives overlap. The two motives were differentiated, however, because of the way in which some women specifically singled out professionalism as a key goal of their strategies. They expressed concern that pregnancy (the large belly, the frumpy clothes, and the swollen feet) would change others’ views of them. They were concerned that others would begin to view them as unprofessional, and their behaviors were calculated to ensure they achieved their desired image. These motives reflected women’s desire to maintain perceptions of their competence and character. They can be considered approach related and non-loss in orientation.

Devaluation reduction. The descriptions contained in the various statements and stories, such

as being viewed as “delicate,” “irresponsible,” “cute,” “slacking off,” and not “serious about work,” strongly resemble what researchers (e.g., Gueutal & Taylor, 1991; Halpert et al., 1993) have identified as common stereotypes of pregnant women. These stereotypes threatened the women’s statuses at work—suggesting that pregnant women could not or would not meet the standards expected of employees in their organizations. Clearly, such stereotypes influenced their perceived professional images and were at odds with the content of the women’s own desired professional images. In addition, the participants’ awareness of these stereotypes led to concerns that supervisors, coworkers, or others might discriminate against them based on those expectations. The final two motives women gave for SIM conveyed their desires to reduce this image discrepancy and to avoid or reduce devaluation. Approximately 20% (6 out of 28) of participants described engaging in SIM *to avoid negative career consequences*, such as being fired, demoted, or otherwise discriminated against. For example, one respondent said, “It was really hard to let them know [that I was pregnant], because I was afraid that all of a sudden there’d be an excuse for why I didn’t need to be there.” Further, 25% (7 out of 28) engaged in SIM strategies *to convince others that she would not quit*—because, if people thought she was going to leave, they might deny her training and development opportunities, take away her assignments, or demote her. The women who cited these motives hoped to reduce these threats by managing how others perceived them.

In sum, we found that, when participants perceived threats to their professional images, they were motivated to and would subsequently engage in SIM in an attempt to maintain legitimacy and reduce potential devaluation caused by pregnancy-related stereotypes (Roberts, 2005). Our Study 1 findings suggest that a salient issue for pregnant women is how best to manage their professional images when facing the possibility of others’ changing perceptions. Many participants believed that colleagues at work might hold certain stereotyped expectations of them—expectations that, as pregnant women, they could not, would not, or should not perform up to the standards demanded by their organizations. These participants regarded pregnancy as a threat to their desired professional images.

Women responded by exhibiting a range of motives and behaviors that we term “professional image maintenance,” or motives and strategies en-

acted to manage, preserve, restore, and maintain their pre-pregnancy professional image. These motives and strategies appear to reflect basic human strivings known to regulate behavior. Namely, legitimacy preservation motives and image maintenance behaviors are approach oriented, reflecting a desire to maintain perceptions of competence. On the other hand, devaluation reduction motives and decategorization behaviors reflect a desire to move away from stereotypes associated with pregnancy. In this way, they are avoidance-related motives and strategies.

Stages of Pregnancy

It is notable that women in different stages of pregnancy did not report differences in the motives they experienced or the strategies they used (except with passing, which we discuss below). We structured questions so that the women discussed their experiences as they unfolded. Newly pregnant employees, knowing that they would eventually have to disclose their pregnancies, immediately felt threats to their legitimacy and devaluation concerns. As one participant stated, “I really was just focused on doing a great job so when I did let them know or they figured it out, I would already have proved myself there.” Much like individuals with more stable identities, their condition drove motives and behaviors regardless of whether or not others in the workplace were immediately aware of their new identity. For example, one participant stated about the beginning of her pregnancy, “Well, I was worried, I mean, the normal stuff. I just didn’t want to tell people.” Further, these concerns, in general, did not seem to dissipate later in the pregnancy. As one participant late in her pregnancy stated:

Even now, I’m still at work through lunch, I’ll eat at my desk. I’ll work late. In the summer, we go to a four-day workweek, but there have been many Fridays when I’ve been in working if I have work to do. So I think they see that I still have the dedication and the work ethic and that I’m putting in the time to make sure that the work is done properly. I’m consciously doing those things because I want them to know that I’m not just [someone who doesn’t] care about work anymore.

One exception was passing, which diminished throughout the pregnancy. During the first trimester, most women chose to pass, while only 10 did so in the second or third term.

Number of Pregnancies

In this study, we were not able to determine differences in motives experienced and strategies used based on number of previous pregnancies. On the one hand, it might be imagined that a subsequent pregnancy may reduce concerns associated with one's professional image. Once a woman has navigated pregnancy in the workplace once, future occurrences may be easier. On the other hand, for some, concerns associated with image may remain or may exacerbate, as having more than one child may signify higher family orientation and lower career orientation. In Study 2, we will explore these differences.

To distinguish between SIM motives and behaviors used during pregnancy and those used with other social identities, from here on, we will use the term "social identity-based impression management during pregnancy" (SIMp).

STUDY 2

The purpose of Study 2 was to establish and validate a scale for the SIMp motives and strategies identified in Study 1. We sought to develop a scale and confirm the factor structure of these behaviors. Toward this aim, we conducted content validity analyses of these items (Hinkin & Tracey, 1999). Next, we administered the scale to two samples of pregnant women. We used the first sample to delete items using exploratory factor analysis (EFA). Using Sample 2, we replicated the EFA findings and confirmed the dimensionality of the scales using confirmatory factor analyses (CFA). We also assessed convergent and discriminant validity, and conducted means and covariance structure (MACS) analyses to investigate how stages of pregnancy and number of pregnancies influenced responses.

Study 2 Method

Item generation. To develop the strategies and motives scales, we first generated 41 items to represent the SIMp strategies for pregnant women and 26 items to represent SIMp motives (see Tables 2 and 3). Our goal was to retain the strongest distinct, non-repetitive items for each motive and strategy (Boyle, 1991). Next, we assessed these items in two samples of undergraduate students taking management courses at a large Southeastern university (strategies scale, $n = 361$; motives scale, $n = 393$).

Our goal was to gauge the face validity of the initial scales by asking students to indicate the extent to which each item represented the construct definition developed in Study 1. College students are thought to have sufficient intellectual ability to rate the correspondence between items and definitions of theoretical constructs. They also typically lack the biases that experts in the field may have (Hinkin & Tracey, 1999). We assessed content validity using Hinkin and Tracey's (1999) analysis of variance technique, as this approach eliminates subjective judgment for item retention, providing a more conservative means of distinguishing practical significance from statistical significance (Runkel & MacGrath, 1972). We used Duncan's multiple range test to detect significant differences between the items and the construct definitions at the $p < .05$ level. Our content validity analysis suggested the removal of 11 items from the strategies scale and 12 items from the motives scale due to non-significance or low means (suggesting that, on average, respondents did not find the item represented the construct definition well). Based on concerns about repetitiveness of items outlined by Boyle (1991), another five items from the strategies scale and two items from the motives scale were removed because they were repetitive or awkwardly worded (see Table 2 for specific items). Because four of the five items we generated for downplaying overlapped with passing items, we added three new items for this category. We felt these items were better distinguished from passing items because they focused on reducing the salience of the pregnancy rather than hiding it. To empirically assess this assertion, we conducted an additional content validity analysis comparing passing and the new downplaying items and definitions. The sample consisted of 67 undergraduate students from a large Southeastern university. Results supported the use of the new items (see Table 2). Ultimately, we retained 28 items for the strategies scale and 12 items for the motives scale for further analyses. We evaluated these 40 using EFA.

EFA: Sample and procedure. Participants were 264 working pregnant women whom we recruited using several pregnancy blogs, such as Baby Center. We posted an online survey link on various blogs with a short explanation of the survey. After obtaining consent to the study, we asked participants if they were currently pregnant. If we did not receive an affirmative response, the survey immediately ended. The survey then asked eligible participants

TABLE 2
SIMP Strategies

SIMP Strategies	Content Validity						E1	E2
	MP	NA	GE	SL	P	DP	1	1
Maintaining Her Pace								
I do the same amount of work as I did before the pregnancy.	4.14	3.15	2.99	1.99	2.96	3.01	.64	.64
I continue to carry out all the tasks assigned to me at work.	4.22	3.40	3.47	2.12	3.08	3.12	.73	.74
I have not let my work slip.	4.15	3.25	3.46	2.11	3.07	3.12	.86	.85
I keep up with my responsibilities at work.	4.32	3.36	3.34	2.14	3.03	3.02	.87	.88
I manage to keep up with the same amount of work as before becoming pregnant.	4.17	3.25	3.29	2.17	3.00	3.10	b	
I work as hard as I did before I was pregnant.	4.23	3.30	3.38	1.95	3.07	3.15	b	
I work the same number of hours as before I was pregnant.	4.09	3.37	3.19	2.24	3.12	3.18	b	
I have not changed the amount of work-related tasks that I take responsibility for.	3.97	3.36	3.21	2.13	2.94	3.09	b	
I have chosen not to delegate any of my job responsibilities, even when given the option.	3.65	3.47	3.68	2.04	2.51	3.02	a	
							2	2
Not Requesting Accommodations								
I do not request special treatment due to the pregnancy.	3.17	4.14	2.96	2.40	3.29	3.60	.82	.78
I try not to ask for assistance in tasks that required physical exertion at work.	3.01	3.77	3.03	1.95	3.04	3.31	.64	.65
I try not to ask for accommodation due to my pregnancy.	3.30	4.23	3.12	2.30	3.22	3.56	.80	.85
I have not requested tasks that require less physical exertion.	3.02	3.65	3.09	1.96	2.95	3.10	b	
I have disregarded doctor's orders to avoid asking for special consideration.	2.38	3.27	2.93	2.35	2.94	3.00	a	
I schedule doctor's appointments and other pregnancy-related activities around my work.	3.59	3.63	3.05	2.50	3.45	3.32	a	
I have not asked for time off for doctor's appointments.	3.52	3.68	3.43	2.50	2.85	3.27	a	
							3	3
Going the Extra Mile								
I try to do better work than I did before I became pregnant.	3.04	2.63	4.14	1.81	2.58	2.73	.85	.83
I try to work harder in my job since I became pregnant.	3.03	2.57	4.14	1.86	2.55	2.52	.96	.98
I have taken on more responsibility at work.	2.83	2.30	4.23	1.86	2.28	1.74	.67	.62
I try to get more done at work.	3.10	2.46	4.25	1.99	2.45	2.45	.76	.73
I have taken on tasks that I didn't do before I was pregnant.	2.57	2.33	4.06	1.79	2.33	2.45	.51	c
I volunteer for more duties than are required.	2.81	2.19	4.14	1.79	2.32	2.42	.47	c
I am more likely to help others with heavy workloads.	2.64	2.27	3.95	1.73	2.19	2.19	.51	c
I am more likely to listen to coworkers' problems and worries.	2.16	1.96	3.06	1.74	2.08	1.69	c	
I am more likely to go out of my way to help new employees.	2.56	2.14	3.85	1.73	2.11	2.11	c	
							4	4
Shortening Maternity Leave								
I will take a shorter maternity leave than was offered.	2.88	2.84	3.42	4.18	2.51	2.88	.87	.88
I will not take the full maternity leave offered.	2.71	2.98	3.22	4.20	2.61	2.83	.94	.94
I will come back to work before my maternity leave is over.	2.89	2.86	3.31	4.21	2.97	2.69	.85	.84
							5	5
Passing								
I try to hide my physical signs of pregnancy.	2.18	2.14	2.16	1.79	4.29	3.67	.71	.48
I try to hide my physical symptoms of pregnancy (i.e., morning sickness, increased bathroom visits, etc.).	3.80	2.41	2.24	1.80	4.24	3.80	.62	.87
I avoid meeting with people in person to hide my pregnancy.	1.87	1.89	1.84	1.73	4.11	3.10	.60	.56
I hide my belly.	1.94	1.94	1.87	1.67	4.26	3.53	1.04	c
I choose to have virtual meetings instead of meeting in person in order to hide my pregnancy.	1.94	2.05	1.90	1.73	3.96	2.98	c	
I avoid telling colleagues about my pregnancy.	2.30	2.30	2.13	1.77	4.02	3.90	a	
							6	6
Downplaying the Pregnancy								
I do not volunteer details about my pregnancy at work.	2.38	2.22	2.15	1.78	3.68	3.74	a	
I do not discuss baby names at work.	2.49	2.08	2.08	1.79	3.58	3.54	a	
I do not discuss anything regarding planning for the baby at work.	2.38	2.21	2.11	1.81	3.88	3.79	a	
I never volunteer information about my pregnancy or baby planning.	2.36	2.13	2.07	1.80	3.80	3.73	a	
I try to change the subject to something not related if people at work bring up the pregnancy.	2.13	2.00	2.04	1.69	3.51	3.54	a	
I discourage talk about my pregnancy at work.	2.50	2.36	2.16	1.77	3.72	3.84	a	
I downplay my pregnancy at work.					2.08	4.52	.63	.64
I only talk about my pregnancy when asked by someone else.	2.61	2.34	2.19	1.84	3.03	3.38	.68	.73
My coworkers know I am pregnant but I discourage talk about my pregnancy at work.					1.85	4.60	.66	.64
I don't talk about my pregnancy or babies very much at work.					2.24	4.27	.78	.72

Note: Final scale items shown in bold. Reasons for an item's removal: a = not significant/low means, b = repetitive or awkward, c = correlated below .40 or factor loadings. E1 = first EFA, E2 = second EFA; EFA factor numbers are noted above each dimension's EFA results.

TABLE 3
SIMp Motives

"I engage in the behaviors I indicated above because . . ."	Content Validity					EFA
	Same	Image	Quit	Fire	Self	1
To prove to others she was the same						1
I want others to know I am the same person.	4.09	2.94	2.85	3.11	2.62	.80
I want others to know that who I am at work is the same as before the pregnancy.	4.30	3.07	3.01	3.15	2.68	.84
I want others to know that I am as capable as before I was pregnant.	4.21	3.15	3.17	3.02	2.79	.85
I think that people I work with might view me as less capable because of the pregnancy.	3.40	2.88	3.08	2.76	2.44	a
I worry coworkers will devalue my ability to contribute due to the pregnancy.	3.16	2.93	3.07	2.82	2.40	a
I think others will think I cannot complete my job duties because of the pregnancy.	3.17	2.85	3.09	3.09	2.41	a
I want to avoid others attributing my faults to pregnancy.	3.18	2.82	3.03	2.66	2.44	a
To convey a professional image						2
I want to be seen as a professional.	3.33	4.44	2.99	2.88	3.33	.75
I don't want coworkers to think of me as unprofessional because of my pregnancy.	3.28	4.24	2.99	1.79	2.52	.71
I want people to take me seriously as a professional.	3.11	4.40	3.00	2.89	3.22	.91
I want my coworkers to view me as the picture of professionalism.	3.00	4.26	2.88	2.78	3.20	b
I want my supervisor to think of me as a professional.	3.17	4.42	3.40	2.90	3.20	b
I want to show that I am capable of maintaining a positive work ethic.	3.20	3.32	3.20	2.87	3.36	a
I want to show that pregnant workers are still serious workers.	3.72	3.75	3.13	3.24	3.08	a
I want to convey my serious attitude about work.	2.93	3.56	3.15	3.24	3.63	a
I want my image to be a positive reflection of the company.	2.71	3.61	2.75	2.55	3.56	a
To avoid being fired/demoted						3
I worry I might be fired, demoted or past up for a promotion due to my pregnancy.	2.75	2.55	4.18	2.50	2.37	.58
I worry about the negative career consequences as a result of my pregnancy.	2.55	2.48	3.70	2.51	2.34	.64
I worry about losing the income and benefits associated with my job.	2.41	2.20	4.00	2.44	2.22	.64
I worry the pregnancy will not help me progress in my career.	2.54	2.51	3.13	2.39	2.42	a
I worry the pregnancy will be a huge hurdle to climb in my career.	2.45	2.40	3.15	2.32	2.35	a
To convince others she would not quit						3
I worry that coworkers will think I plan to quit.	2.51	2.37	3.06	4.01	2.23	.91
I worry that coworkers think I would like to stay home with the baby after s/he is born.	2.51	2.34	2.88	3.77	2.18	.92
I want others at work to know I am not going anywhere.	3.23	2.76	3.48	4.20	2.89	.47
I want to show my loyalty to the company.	2.79	2.93	3.22	3.48	3.51	a
I want to prove to others that I am committed to my job.	3.55	3.23	3.30	3.91	3.79	a

Note: Final scale items shown in bold. Reasons for an item's removal: a = not significant/low means, b = repetitive or awkward, c = correlated below .40 or factor loadings. EFA factor numbers are noted above each dimension's EFA results.

to provide demographics and to respond to the SIMp strategy and motive items. All items were assessed using a five-point Likert scale, from 1 (*strongly disagree*) to 5 (*strongly agree*). Listwise deletion of missing data yielded a final sample of 199 pregnant workers.

The women in the final sample were, on average, 31.4 (*SD* = 4.03) years old and represented a variety of races (< 1% American Indian, 7% Hispanic, 4% Asian, 84% Caucasian, 2% African American, and 3% other). On average, they were 26 weeks pregnant (*SD* = 9.66). Most had no children (57%, no children; 33%, one child; 8%, two children; and 2% had three or more children) and were experiencing their first pregnancy while at their current

organization (64%, first pregnancy; 29%, second pregnancy; 4%, third pregnancy; 3%, more than three pregnancies). Their average tenure with their current organization was 3.86 years (*SD* = 2.77) and they worked, on average, 40.06 hours a week (*SD* = 8.73). The types of jobs the participants held varied significantly (18% service/sales/maintenance, 8% clerical/administrative support, 12% technical, 30% managerial, 19% education, 6% medical, and 7% other) and most were in non-management positions (70% non-management position and 30% supervisory).

As recommended by Hinkin (1998), before we conducted the EFAs, we investigated correlations between items. Three of the SIMp strategies items

were correlated below .40 with other scale items, resulting in their removal (see Table 2 for specific items). Next, we conducted two separate sets of EFAs, one for each of the scales (see Tables 2 and 3). We used maximum likelihood estimation with oblimin rotation and did not specify the number of factors. Analyses of the remaining 25 strategy items resulted in six factors that explained 69% of the variance. Each factor represented the appropriate *a priori* dimensions; however, we subsequently removed four items due to their factor loadings. The final survey consisted of 21 items and explained 73% of the variance. Eigenvalues for the six factors were 4.30, 3.76, 2.55, 2.23, 1.54, and 1.04.

An EFA of the 12-item motives scale resulted in three factors that accounted for 76% of the variance. Items representing two factors thought to be distinct *a priori*, to convince others she would not quit and to avoid negative career consequences, loaded on the same factor. Eigenvalues for the three factors were 4.96, 2.98, and 1.13. Because theory developed in Study 1 suggested that these lower-order factors would load on a common higher-order factor, shared variance between these constructs was expected and further analyses were necessary to test the multidimensionality of the constructs. Further, continuing to follow Hinkin's (1998) guidelines for scale development, we needed to establish both convergent and discriminant validity as well as replicate the EFA findings. To this aim, we collected additional data.

CFA, convergent and discriminant validity: Sample and procedure. Again using blogs, we recruited 173 working pregnant women. After listwise deletion, the final sample was 133 women. They were, on average, 29.4 ($SD = 8.70$) years old and represented a variety of races (< 1% American Indian, 8% Hispanic, 2% Asian, 84% Caucasian, 4% African American, and 2% other). They were, on average, 20 weeks pregnant ($SD = 9.1$). Most had no children (57%, no children; 34%, one child; 5%, two children; and 3% had three or more children) and were experiencing their first pregnancy while at their current organization (62%, first pregnancy; 25%, second pregnancy; 6%, third pregnancy; 5%, more than 3 pregnancies). Their average tenure with their current organization was 4.42 years ($SD = 3.10$) and they worked, on average, 39.27 hours a week ($SD = 11.72$). They also held a wide range of jobs (15% service/sales/maintenance, 8% clerical/administrative support, 8% technical, 18% managerial, 13% education, 17% medical, and 22% other) and were predominantly

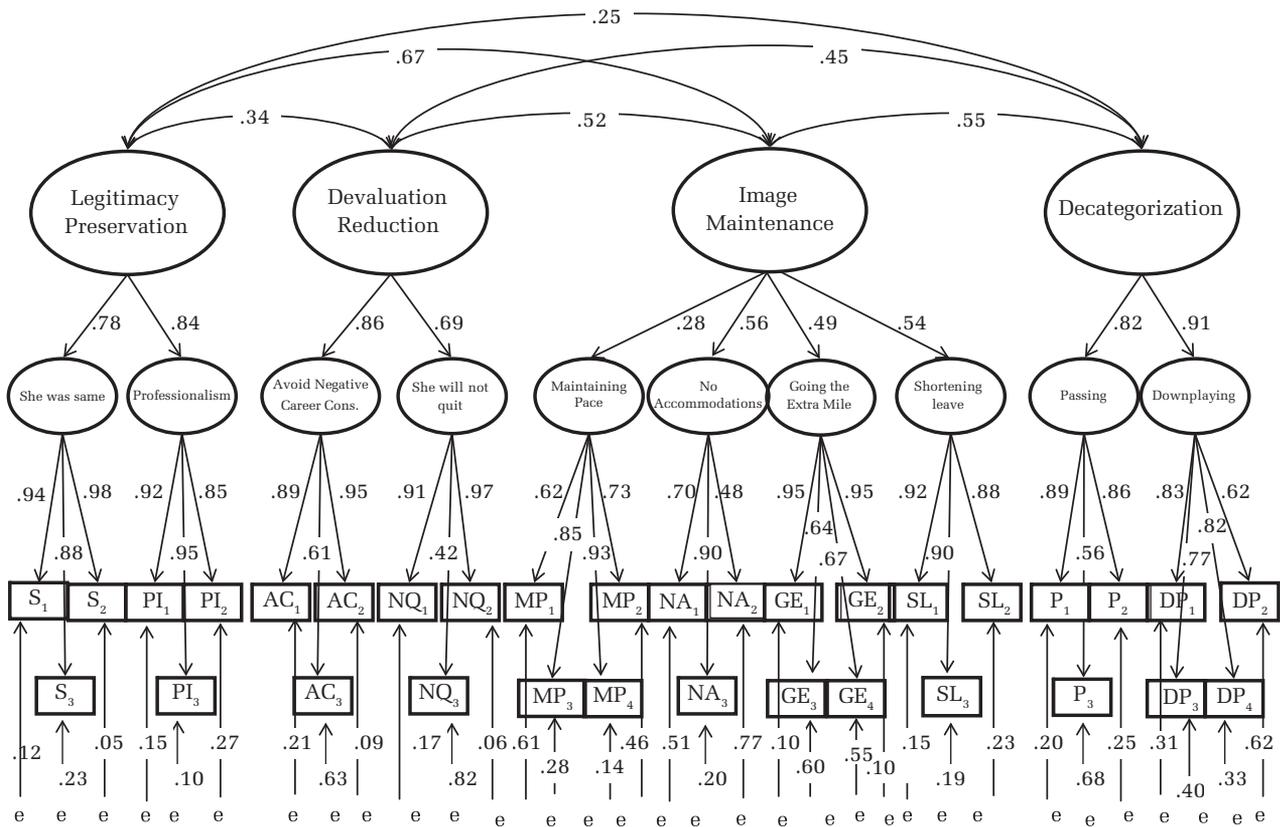
in non-management positions (64% non-management position and 35% supervisory). We investigated the multidimensionality of the SIMp scales by assessing two CFA models in Mplus 6.11: one in which the devaluation threat construct was composed of the two lower-order variables (to convince others she would not quit and to avoid negative career consequences) and one in which all items loaded directly on the latent variable devaluation threat. Because these models were not nested (and chi-square difference tests were inappropriate), we assessed which had the lower Akaike information criterion (AIC) score (Burnham & Anderson, 1998). The results supported the multidimensional model (devaluation threat as multidimensional: AIC = 9648.46; $\chi^2 = 687.17$, $df = 479$, CFI = .93, RMSEA = .06, SRMR = .091; cf. devaluation threat as unidimensional: AIC = 9779.67; $\chi^2 = 822.38$, $df = 481$, CFI = .89, RMSEA = .07, SRMR = .096).

This CFA replicated the EFA findings in that each of the SIMp motives and strategies loaded highly on its intended facet. The factor loading for SIMp motives ranged from .42 to .98, with an average of .85, while the factor loadings for SIMp strategies ranged from .48 to .95, with an average of .78. Each of the first-order facets loaded strongly on the higher-order factors. All factor loadings were statistically significant ($p < .01$). Both the lower-order and the higher-order factors displayed strong reliabilities. For specific factor loadings, see Figure 1. Bivariate correlations, reliability estimates, and descriptive statistics are provided in Table 4.

We used the CFA and identified the following constructs that relate conceptually to the SIMp motives and strategies.

Organizational citizenship motives and behaviors. Both legitimacy preservation motives and image maintenance strategies should correlate with organizational citizenship behaviors (OCBs) related to conscientiousness, as they are all approach related in nature and involve how others view the individual at work. We used a modified version of Podsakoff, MacKenzie, Moorman, and Fetter's (1990) five-item Likert-type scale to assess OCB conscientiousness. Further, the OCB literature suggests the importance of examining motives for OCBs (e.g., Rioux & Penner, 2001). Impression management motives should positively relate to both motives as well as to the approach strategy, image maintenance. Using Rioux and Penner's (2001) scale, participants were asked to rate how important (1 = *not at all important* to 6 = *very*

FIGURE 1
Confirmatory Factor Analysis from Study 2



important) each motive would be in their decision to engage in an OCB.

Identity management strategies. SIMp strategies should correlate with identity management strategies (Button, 2001; Jones et al., in press) because social identity is at the core of both strategies. We administered Jones et al.’s (in press) modification of Button’s (2001) identity management scale to assess concealing (the extent to which the pregnant woman hid her pregnancy over the past week), revealing (the extent to which the pregnant woman actively informed others of her pregnancy over the past week), and signaling (the extent to which the pregnant woman dropped hints or provided clues about her pregnancy over the past week). We asked participants to rate the extent to which they engaged in identity management behaviors (1 = *never*, 5 = *always*). Because concealing behaviors may indicate an underlying concern about one’s professional image, they should relate positively to SIMp motives and strategies. High levels of revealing represent frequently mentioning the pregnancy and indicating to others that one is

pregnant. These behaviors may indicate a lack of concern about the influence of pregnancy on one’s professional image, and, thus, should relate negatively to SIMp motives and strategies. Individuals engage in signaling to determine to whom and when they should pass or reveal. This type of behavior should not be highly related to SIMp motives or strategies as it does not relate directly to maintaining perceptions of competence and character.

Self-verification striving. Self-verification striving is an individual difference defined as the extent to which people seek to promote the survival of their self-concepts when encountering new situations (Cable & Kay, 2012). Self-verification striving should positively relate to the legitimacy preservation motive (proving that she was the same), since both constructs capture a desire to hold on to a self-conception. Further, self-verification striving should be negatively related to decategorization strategies, since such strategies do not provide an opportunity for individuals to self-verify. Participants completed the self-verification striving scale.

TABLE 4
Descriptive Statistics, Reliabilities, and Correlations from Convergent and Discriminant Validity Data

	α	Mean	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
1. Legitimacy preservation	.93	4.10	.66																					
2. She was same	.95	3.99	.74	.91																				
3. Professional image	.93	4.20	.72	.91	.66																			
4. Devaluation reduction	.86	2.83	.96	.28	.24	.27																		
5. Avoid negative career consequences	.84	2.71	1.16	.24	.22	.21	.91																	
6. Not quit	.79	2.95	.99	.26	.20	.28	.88	.61																
7. Image maintenance	.83	3.29	.57	.44	.38	.42	.35	.27	.36															
8. Maintaining pace	.85	4.25	.68	.27	.22	.28	.11	.01	.20	.57														
9. Not requesting accommodations	.70	3.74	.83	.28	.24	.27	.23	.22	.19	.70	.39													
10. Going the extra mile	.88	2.85	.82	.39	.32	.39	.30	.27	.26	.60	.13	.24												
11. Shortening leave	.93	2.30	1.12	.23	.24	.19	.25	.18	.28	.73	.17	.28	.23											
12. Decategorization	.87	2.30	.81	.18	.10	.24	.36	.36	.28	.33	.00	.32	.09	.38										
13. Passing	.79	1.99	.84	.13	.05	.19	.30	.28	.26	.33	.04	.28	.11	.35	.90									
14. Downplaying	.84	2.62	.95	.19	.12	.23	.34	.36	.25	.28	-.03	.29	.06	.33	.92	.65								
15. Concealing	.92	1.67	.82	.26	.22	.24	.33	.34	.24	.40	.04	.34	.21	.38	.61	.60	.52							
16. Revealing	.90	3.32	.93	-.23	-.21	-.20	-.41	-.44	-.29	-.32	-.06	-.30	-.01	-.39	-.48	-.43	-.45	-.53						
17. Signaling	.70	1.97	.86	.17	.18	.12	-.03	-.07	.02	.12	-.07	.05	.23	.07	.06	.02	.08	.08	.12					
18. OCB C ^a	.92	3.96	.66	.31	.27	.30	-.01	-.02	.00	.46	.44	.31	.25	.26	.05	.09	.01	.10	-.06	.11				
19. OCB mot. IM ^b	.90	3.80	.94	.27	.26	.24	.27	.21	.28	.29	.13	.10	.42	.14	.02	.09	-.04	.04	.05	.23	.16			
20. Self-verification striving	.87	5.52	.85	.17	.19	.11	-.12	-.18	-.01	.08	.13	-.05	.11	.04	-.23	-.24	-.19	-.11	.15	.06	.17	.06		
21. Respect for nature	3.54	.81	.05	.06	.06	.02	.06	.08	.01	-.03	-.11	.01	.11	-.09	-.03	-.08	.01	.02	.06	.15	-.01	-.04	-.03	

Note: $n = 133$.

^aOCB C = organizational citizenship behavior conscientiousness component.

^bOCB mot. IM = organizational citizenship behavior motive impression management.

$p < .05 = .17$

$p < .01 = .23$

The response scale ranged from 1 (*strongly disagree*) to 7 (*strongly agree*). To assess discriminant validity, we asked participants how important respect for nature is to them. Correlational analysis provided general support for convergent and discriminant validity. See Table 4 for correlations, means, standard deviations, and reliabilities.

MACS analyses. In order to support Study 1 findings indicating the consistency of SIMp motives and strategies during different stages of pregnancy, and using Mplus 6.11, we ran mean and covariance structure (MACS) analyses to investigate the latent mean differences for each of the lower- and higher-order constructs across trimesters (Ployhart & Oswald, 2004; Vandenberg & Lance, 2000). MACS analysis assesses between-group differences in SIMp responses and has several advantages over more traditional approaches (e.g., analysis of variance (ANOVA)), including accounting for measurement error and assessing variances–covariances and latent means simultaneously (see Ployhart & Oswald, 2004, for a review). We combined the EFA and CFA data to ensure a large enough sample of women in each trimester to produce meaningful results (listwise deletion of combined sample: first, $n = 61$; second, $n = 141$; third, $n = 128$). Establishing measurement invariance is a prerequisite to MACS analysis (Ployhart & Oswald, 2004). To this aim, we assessed the pattern of the factor loadings among women in different trimesters (configural invariance) and the differences in the magnitude of the factor loadings for both first-order and second-order constructs (metric invariance). Fit statistics reflected adequate fit, indicating that both forms of invariance were supported (first-order configural, $\chi^2 = 2059.75$, $df = 1416$, CFI = .91, RMSEA = .06, SRMR = .08; first-order metric, $\chi^2 = 2133.34$, $df = 1462$, CFI = .91, RMSEA = .065, SRMR = .086; second-order metric, $\chi^2 = 2315.87$, $df = 1561$, CFI = .90, RMSEA = .066, SRMR = .10). Next, we investigated the latent mean differences for each of the lower- and higher-order constructs. Results were consistent with Study 1 and suggested a significant and negative latent mean difference ($-.61$, $p < .01$) between passing reported by women in their second trimester compared to those in their first. It appears women in their second trimester hid their pregnancy less. We found no other significant latent mean differences in either the lower- or higher-order variables, suggesting consistency for the motives and other behaviors. Notably, significant changes in passing did not result in significant

changes in decategorization, largely because down-playing did not vary as sharply across trimesters.

We ran a MACS analysis to assess possible mean differences in SIMp between women experiencing their first pregnancy ($n = 145$) and those who had been pregnant before ($n = 190$, again using listwise deletion for the variables being analyzed). Results showed adequate fit to the data, suggesting measurement invariance (first-order configural, $\chi^2 = 1373.94$, $df = 933$, CFI = .94, RMSEA = .05, SRMR = .06; first-order metric, $\chi^2 = 1417.50$, $df = 956$, CFI = .93, RMSEA = .054, SRMR = .07; second-order metric, $\chi^2 = 1539.66$, $df = 1020$, CFI = .93, RMSEA = .055, SRMR = .088). Results indicated no significant latent mean differences. These findings suggest that, whether women are experiencing their first pregnancy or a subsequent pregnancy, they interpret SIMp measures similarly. They do not vary in how much they report experiencing these motives or using these strategies.

Study 2 Results and Discussion

The results of Study 2 confirmed the factor structure of the newly developed scale. The results of the convergent validity study suggested that SIM strategies are related to but distinct from identity management strategies and other similar constructs. Finally, this study provided further empirical evidence that SIM strategies do not vary substantially based on trimester of pregnancy or the number of pregnancies a woman experiences.

STUDY 3

Having developed and validated two new measures, with Study 3, we sought to expand our contribution in two ways. First, incorporating theory on self-regulation of behavior (Carver & Scheier, 1998), we looked to support the linkages between approach-related SIMp motives and strategies and avoidance-related SIMp motives and strategies. Second, again building on the theory of self-regulation of behavior (Carver & Scheier, 1998) and extant literature on professional image construction (Roberts, 2005), we investigated the impact of these motives and behaviors on three workplace outcomes: (1) perceived discrimination, (2) burn-out, and (3) returning to one's job. Despite the existence of theoretical models incorporating SIM (Roberts, 2005), the influence of these strategies on relevant outcomes remains largely untested.

We chose these outcomes for both theoretical and practical reasons. Roberts' (2005) theory detailing professional image construction suggests that SIM will affect intrapsychic, interpersonal, and organizational outcomes. Burnout, an intrapsychic outcome, has an insidious impact on both employees and organizations. It is negatively related to job performance (Wright & Bonett, 1997), commitment, job satisfaction (Moore, 2000; Singh et al., 1994), and health (Shirom, Westman, Shamai, & Carel, 1997). Perceived discrimination, an interpersonal outcome, reduces job satisfaction and commitment for the targeted individual over and above other workplace stressors (Sanchez & Brock, 1996). It can also be costly for organizations, reducing job performance (Goldman, Gutek, Stein, & Lewis, 2006) and increasing the likelihood of lawsuits (James & Wooten, 2006). Even if an organization does not lose a lawsuit, attorney costs and negative publicity can be damaging. Returning to one's job has a clear organizational impact. When companies lose workers, they bear the costs of recruiting, selecting, and training, as well as the substantial hidden costs of lost productivity (Fried, 2000; Schwartz, 1989).

SIMp Motives and Strategies

As mentioned above, research has indicated that, when individuals encounter image threats, their responses fall into one of two broad sets of tendencies: approach related or avoidance related. These motives and behaviors represent the desire for others to see them as legitimate (approach) and the desire for others not to devalue them (avoidance). Legitimacy preservation involves concerns by pregnant women that others will not view them as the same, that they will not keep their existing image. These concerns drive pregnant women to engage proactively in behaviors to retain their positive perceptions. These approach-related behaviors include conscious efforts to perform as well as or better than they did before the pregnancy. We hypothesize that the desire to preserve their legitimacy will drive image maintenance behaviors.

Hypothesis 1. Legitimacy preservation positively relates to image maintenance.

On the other hand, when pregnant women fear devaluation, they are worried about negative career consequences and assumptions concerning their commitment to the organization due to their pregnancy. These concerns will drive pregnant women to disassociate themselves from their pregnant

identities (Petriglieri, 2011; Roberts, 2005). Women who feel these concerns do not want the pregnancy to be salient, hoping that, as a result, it will not negatively affect them. Women who experience devaluation concerns will engage in decategorization by hiding their pregnancies and/or downplaying them whenever possible. We hypothesize the following:

Hypothesis 2. Devaluation reduction positively relates to decategorization.

Consequences of SIMp Motives and Strategies

In addition to investigating the relationship between the motives and strategies, we tested the indirect effects of the SIMp motives on important outcomes. As mentioned above, Roberts' (2005) theory detailing professional image construction suggests that SIM will affect intrapsychic, interpersonal, and organizational outcomes. We chose burnout, perceived discrimination, and returning to one's job because each represents one of these theoretically derived categories and because each has clear practical implications.

Burnout. Burnout is a negative affective state caused by recurring distress (Shirom & Melamed, 2006), and is conceptualized as a depletion of an individual's energetic coping resources. Burnt-out employees are emotionally exhausted, physically fatigued, and cognitively weary (Shirom & Melamed, 2006). As individuals work toward approach goals, they begin to feel more positive and energetic, reducing distress (Carver & Scheier, 1998). As such, approach-related impression management can give employees an emotional lift and reduce cognitive and physical fatigue (Goffman, 1959). For example, a woman from Study 1 indicated, "I guess I kind of felt good about myself with the fact that I could still work and I was pregnant." On the other hand, devaluation concerns cause anxiety and distress. Engaging in avoidance strategies is not likely to reduce the distress caused by devaluation reduction motives because, at their core, avoidance strategies focus on the negative. This focus will cause distress, even when effective (Elliot & Sheldon, 1997, 1998). Avoidance strategies are limited because, in their most effective form, they can only lead to the absence of a negative outcome. Women who are successful at passing or downplaying their pregnancies have not necessarily projected positive attributes; rather, they have disassociated themselves from potentially

negative ones. These behaviors do not reduce the fear associated with devaluation threats, as individuals do not make progress toward avoidance. Instead, decategorization requires vigilance (Carver & Scheier, 1998), as, at any point, one may slip up and reveal or discuss the pregnancy (Clair et al., 2005; Ragins, 2008). Additionally, decategorization can feel inauthentic, which increases cognitive load and dissonance (Baumeister, 1989). Decategorization driven by devaluation reduction is likely to increase feelings of exhaustion at work, or burnout, while image maintenance driven by legitimacy preservation will reduce burnout.

Perceived discrimination. Perhaps the most desired outcome of SIMp behaviors for working women during pregnancy is to reduce discrimination. Perceived discrimination relates to the perception that selective and differential treatment is occurring due to one's social identity (Mirage, 1994). Regardless of the strategy taken (to maintain their image or to avoid comparison with a devalued identity), women engaged in SIMp strategies attempt to deal with an image threat and to prevent differential treatment (Petriglieri, 2011). Driven by the desire to preserve their legitimacy, women who engage in approach-related SIMp strategies are likely to be more successful at reducing negative interpersonal outcomes than those who do not engage in these strategies. This includes perceived discrimination. Carver and Scheier (1998) suggest that this is because approach-related behaviors involve choosing a goal (e.g., to embody the characteristics of a valued employee) and actively working toward it. Approach-related tendencies include the desire to attain particular ends, to be seen in a specific way, and, as such, are generally regarded as more effective. In contrast, devaluation concerns are likely to cause anxiety and general psychological distress for the pregnant worker. These are commonly recognized consequences of stigmatization and stereotype threat in general (Blaine, Crocker, & Major, 1995). Studies on stereotype threat indicate that individuals' anxiety over others' negative expectations can ultimately impair performance on "stereotype-relevant tasks"—in effect, creating a self-fulfilling prophecy (Steele & Aronson, 1995). Worries concerning devaluation will drive avoidance-related tendencies, which are inauthentic. The suppression of individual characteristics can make one appear antisocial (e.g., Woods, 1993), and inauthenticity and antisocial behavior reduce relationship quality and increase conflict (Chrobot-Mason, Button, & DiClementi, 2001; Polzer, Milton, &

Swann, 2002). Despite the agents' desire to reduce devaluation, we predict that these behaviors will be ineffectual and will increase the perception of discrimination.

Return to one's job. The decision to return to one's job is an approach behavior. By their very nature, approach-related strategies should increase future approach-related behaviors, such as returning to work, whereas avoidance strategies should reduce these behaviors (e.g., Carver & Scheier, 1998). By improving interpersonal interactions and reducing distress, legitimacy preservation and image maintenance should increase the likelihood that new mothers will return to their jobs. In contrast, increased distress and inauthenticity caused by devaluation reduction and decategorization should reduce the likelihood that women who engage in avoidance-related SIM will return to their jobs after their babies are born.

Hypothesis 3. Through image maintenance, legitimacy preservation is negatively and indirectly related to perceived discrimination (Hypothesis 3a) and burnout (Hypothesis 3b), and positively and indirectly related to returning to work after birth (Hypothesis 3c).

Hypothesis 4. Through decategorization, devaluation reduction is positively and indirectly related to perceived discrimination (Hypothesis 4a) and burnout (Hypothesis 4b), and negatively and indirectly related to returning to work after birth (Hypothesis 4c).

Study 3 Method

Study 3 participants were also recruited using pregnancy blogs. These women did not overlap with the Study 1 or Study 2 participants. As in Study 2, we asked participants if they were pregnant. If we did not receive an affirmative response, the survey immediately ended. In order to collect time-lagged data, we asked participants to provide their email addresses (if they were interested in participating in a follow-up survey). We also asked participants to reveal if they had told their supervisors about the pregnancy, to share their due dates, and to disclose how many weeks pregnant they were. In total, 587 women who were to have their babies within the timeframe of the study completed the initial survey.

We emailed Time 2 survey links to these participants one week past their babies' due dates. We sent the second surveys at this time to increase the

accuracy of the data regarding whether or not the women were returning to work. We sent Time 2 surveys to women who had already told their supervisors about their pregnancies at the time of the first survey. We chose to limit Time 2 participants in this way because stereotypes associated with social identity are less likely to threaten professional image when there is a lack of awareness of the potentially devalued social identity. Of the initial 587, 281 women completed Time 2 surveys.

We eliminated participants who had already returned to work when they took Survey 2 ($n = 14$), women who were more than 38 weeks pregnant when they completed Survey 1 ($n = 22$), and respondents who did not take the two surveys at least 21 days apart ($n = 2$). We chose to remove these participants because we felt it was important for substantial time to have passed between survey completions to allow for the effects of SIMp motives and strategies on the outcome variables. Women who had already returned to work might confuse their present feelings about work with those they felt before returning. Ultimately, listwise deletion of missing data resulted in a final sample of 200 pregnant workers, a Time 2 survey response rate of 34%. We also ran a series of ANOVAs comparing motives and strategies among our final sample and those who dropped out. Results suggested no significant mean differences between the samples (legitimacy preservation, $F = 1.62$, *ns*; threat reduction, $F = 2.19$, *ns*; image maintenance, $F = .01$, *ns*; decategorization, $F = 3.32$, *ns*).

In the final sample, participants were, on average, 29.9 ($SD = 4.28$) years old and represented a variety of races (5% Hispanic, 2% Asian, 91% Caucasian, 1% African American, and 2% other). On average, the women were 32.40 weeks pregnant ($SD = 3.74$, min. = 22 weeks, max. = 38 weeks). Most had no children (49%, no children; 38%, one child; 10%, two children; and 4% had three or more children) and were experiencing their first pregnancy while at their current organization (63%, first pregnancy; 27%, second pregnancy; 9%, third pregnancy; 2%, more than three pregnancies). The types of jobs the participants held varied significantly (16% service, sales, and maintenance; 5% clerical/administrative support; 8% technical; 24% managerial; 21% education; 13% medical; 4% legal; and 9% other) and most were in non-management positions (68% non-management positions and 32% supervisory). Their average tenure with their current organization was 3.99 years ($SD = 3.13$) and they worked, on average, 39.85 hours a

week ($SD = 10.55$). The sample was representative of the United States, in that 47 worked in the West, 49 in the Midwest, 48 in the South, and 42 in the Northeast (8 respondents did not indicate where they worked, 3 responded that they lived in Canada, and 3 outside North America). They completed the second survey very soon after their babies were born (mean = 18.73 days, $SD = 15.49$) and took the two surveys about two months apart (mean = 65.58 days, $SD = 28.56$).

Study 3 Measures

SIMp motives and strategies. The scales developed in Study 2 were used. We included the SIMp motives and strategies in both Time 1 and Time 2 surveys. On the second survey (taken, on average, 18 days postpartum), we asked participants to indicate their level of agreement with the motive and strategy items nearing the end of pregnancies. Although there may be limitations involved with asking respondents to record their memories of motives and behaviors at the end of their pregnancy, we believe that this concern can be mitigated. First, research on behavioral memory suggests that individuals remember more accurately when they are given timing cues ("near the end of your pregnancy") and when events occur around major personal or public events (having a baby) (Bradburn, Rips, & Shevell, 1987). Second, because these women had not yet returned to work, their memories should not be confounded with new motives and behaviors occurring at work. Finally, to our knowledge, there is no empirical evidence that suggests these types of memory issues would increase the likelihood of agreement between items on Survey 1 (which was taken, on average, 65 days before) and items on Survey 2. We calculated inter-rater correlation coefficients (ICC(2)s). Results supported high levels of agreement between Time 1 and Time 2 motive and strategies (legitimacy preservation = .53; devaluation reduction = .64; image maintenance = .68; decategorization = .62).

Late pregnancy perceived discrimination. The Time 2 survey contained a slightly modified eight-item scale from Sanchez and Brock's (1996) adaptation of Mena, Padilla, and Maldonado's (1987) perceived discrimination scale. Women indicated the discrimination they experienced nearing the end of their pregnancies at work despite engaging in SIMp strategies. Items were measured using a five-point Likert-type scale.

Late pregnancy burnout. We used the Shirom–Melamed Burnout Measure (SMBM) (Shirom & Melamed, 2006) to measure burnout. We asked women to indicate the burnout they experienced at work near the end of their pregnancy. The response scale ranged from *never or almost never* (1) to *always or almost always* (7).

Return to one's job. We asked women if they would return to their current jobs. Responses included “yes,” “no,” and “I don't know.” They were also asked if they were going back to work for the same company. This construct was collapsed into a dichotomous variable in which “1” represented returning to the job they held while pregnant ($n = 168$) and “0” represented either not returning to work ($n = 15$), changing companies ($n = 8$), or being unsure ($n = 9$).

Controls. Because *tenure* and *pregnancies during one's tenure* (including current) might affect how women view their pregnancies, the threat pregnancy imposes on their professional images, and, subsequently, their reactions, we controlled for the effects of both constructs on all outcome variables. Additionally, although we restricted the sample to individuals who were, at most, 38 weeks pregnant when they completed the first survey, we thought it possible that the number of weeks pregnant at the time of the first survey might influence the effect of the use of each strategy on the various outcomes. For each participant, we controlled for the *number of weeks pregnant* when the first survey was completed. *Pregnancy risk* recorded at Time 1 was another control variable we included, as this might affect what women are able to do at work. We measured pregnancy risk using one item, “According to my doctor, my pregnancy is considered . . .,” measured on a five-point scale from 1 (*low risk, normal*) to 5 (*extremely high risk*). We also controlled for *spouse/significant other working status* collected at Time 2. We recognized that, despite the women's feelings about returning to work, families need income and this variable may influence SIM and the outcomes. For this item, we used a categorical variable where “1” represents that the participant's relationship partner works full time and “0” signifies that he or she does not.

We asked women to indicate the *percentage of men* as compared to women in their workplace. The presence of similar others has been discussed as being an important construct in disclosure research (Ragins, 2008). Gender makeup of the organization may influence the motives and behaviors of

the pregnant women. Thus, we included the percentage of men in the organization as a control. Although our study focuses on pregnant women's perceived professional image rather than self-image, it is possible that self-image will affect these relationships. As part of the Time 1 survey, we asked women to indicate if they felt *their pregnancy affected their own perceptions of their work image*, using a three-item scale. The items, “Since becoming pregnant, I feel like a different person at work,” “Being pregnant is a large part of who I am at work,” and “I often identify myself as pregnant at work,” represent a change in self-image at work. In addition, we controlled for the effects of burnout recorded at Time 1. We, again, used the SMBM (Shirom & Melamed, 2006), but, in this case, we asked participants to indicate the amount of burnout they had experienced in the last 30 days at work. We feel that controlling for Time 1 burnout allowed for a more robust test of the impact of SIM strategies on late-stage burnout, perceived discrimination, and returning to work. Finally, because personality may impact these variables, we controlled for *self-verification striving*. As in Study 2, we used Cable and Kay's (2012) eight-item scale.

Study 3 Results and Discussion

In Table 5, we provide bivariate correlations, reliability estimates, and descriptive statistics. We utilized path analysis in Mplus 6.11 so that the multi-item scales were treated as single indicators of each construct. Many of the commonly used fit statistics are not available when using the maximum likelihood estimator (as is necessary with categorical outcomes). To provide a more robust test of the fit, we tested two models: one for the continuous outcomes and one for the categorical outcome.

For the hypothesized model with continuous outcomes, the fit was not acceptable ($\chi^2 = 57.89$; $df = 9$; CFI = .79; RMSEA = .17; SRMR = .04). We followed the approach recommended by Anderson and Gerbing (1988) and tested the hypothesized model against theoretically derived alternative models. First, we tested two models in which the SIM motives directly predicted the outcomes. The behaviors women use to deal with image threats may not affect burnout and perceived discrimination but, instead, their motives drive these outcomes. In Alternative Model 1, we included the direct effects of legitimacy preservation on the

TABLE 5
Descriptive Statistics, Reliabilities, and Correlations Between Study 3 Variables

	α	Mean	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Legitimacy preservation (t1)	.88	4.22	.54															
2. Devaluation reduction (t1)	.86	2.73	.99	.00														
3. Image maintenance (t1)	.78	3.18	.52	.43	.09													
4. Decategorization (t1)	.79	2.55	.71	.07	.33	.22												
5. Perceived discrimination (t2)	.89	2.24	.83	-.18	.46	-.14	.13											
6. Burnout (t2)	.95	3.60	1.20	-.12	.32	-.18	.12	.37										
7. Return to job (t2)		.84	.37	.07	.03	.23	.03	-.01	-.08									
8. Tenure (t1)		3.99	3.13	.03	-.13	-.07	-.06	-.05	-.09	-.07								
9. # of pregnancies at org (t1)		1.53	.86	.08	-.03	-.07	.02	-.04	.00	.03	.47							
10. # of weeks pregnant (t1)		32.41	3.74	-.01	.07	.02	.08	.13	.00	.07	.07	-.03						
11. Pregnancy risk (t1)		1.64	1.05	-.17	.07	-.07	.08	.14	.21	.02	.10	.16	.02					
12. Burnout (t1)	.94	3.32	1.16	-.15	.29	-.04	.22	.24	.56	.08	-.15	-.05	.14	.15				
13. Self-image at work (t1)	.79	2.71	.96	-.17	.15	-.25	.00	.21	.36	.12	-.05	.12	.09	.16	.37			
14. Spouse work full-time (t2)		.85	.36	.13	.05	.07	.08	.03	-.04	.07	.01	.09	-.02	.06	-.13	-.09		
15. % of men in workplace (t1)		43.43	21.66	-.06	.09	.02	.02	.04	-.01	.11	.10	.05	.00	.13	-.01	-.11	-.03	
16. Self-verification striving	.81	5.51	.79	.15	-.10	.18	-.09	-.12	-.09	-.03	-.13	.07	-.20	-.03	-.05	.07	-.07	-.05

Note: $n = 200$. t1 = Time 1 variable; t2 = Time 2 variable.

$p < .05 = .14$

$p < .01 = .19$

outcomes burnout and perceived discrimination. The fit did not significantly improve ($\chi^2 = 55.15$; $df = 7$; $\Delta\chi^2 = 2.74$; CFI = .79; RMSEA = .19; SRMR = .04). In Alternative Model 2, we included the direct effects of devaluation reduction on the outcomes. Results indicated a significant chi-square change and a better fit to the data ($\chi^2 = 15.92$; $df = 7$; $\Delta\chi^2 = 41.97^{**}$; CFI = .96; RMSEA = .08; SRMR = .02).

Theories of self-regulation suggest that approach-related motives predict approach-related behaviors and avoidance-related motives predict avoidance-related behaviors. However, because of its focus on avoidance, devaluation reduction may reduce image maintenance (approach) behaviors. The same could be true for image preservation. Accordingly, in Alternative Model 3, we included the direct effects of both of the motives on both of the strategies. Although we found a significant chi-square change ($\chi^2 = 11.25$; $df = 5$; $\Delta\chi^2 = 4.67$; CFI = .97; RMSEA = .08; SRMR = .02), legitimacy preservation was not significantly related to decategorization ($\gamma = .09$, *ns*), nor was devaluation reduction significantly related to image maintenance ($\gamma = .12$, *ns*). Chi-square difference tests supported Alternative Model 2.

As can be seen in Table 6 and Figure 2, Alternative Model 2 showed that legitimacy preservation was positively related to image maintenance ($\gamma = .39$, $p < .01$), and devaluation reduction was positively related to decategorization ($\gamma = .28$, $p < .01$), supporting Hypotheses 1 and 2. The indirect effects

of legitimacy preservation through image maintenance were negative and significant for both perceived discrimination (indirect effect = $-.10$, $p < .05$; supporting Hypothesis 3a) and burnout (indirect effect = $-.12$, $p < .05$; supporting Hypothesis 3b). Our results did not support Hypotheses 4a and 4b, which predicted significant indirect effects of devaluation reduction on perceived discrimination (indirect effect = $.00$, *ns*; Hypothesis 4a) and burnout (indirect effect = $-.01$, *ns*; Hypothesis 4b) through decategorization. Instead, devaluation reduction was directly related to both perceived discrimination and burnout ($\beta = .44$, $p < .01$; $\beta = .19$, $p < .01$, respectively).

Next, we tested the indirect effects of the SIM motives on the dichotomous outcome variable, return to one's job, through each of the SIM strategies. When using path analysis, the beta coefficients representing the effects of the independent variables (motives) on the mediator (strategies) will not change between models; however, the standard errors of the coefficients changed slightly but no changes in significance were observed. Results indicated a significant and positive indirect effect of legitimacy preservation on return to one's job through image maintenance (indirect effect = $.50$, $p < .05$; supporting Hypothesis 3c); however, the indirect effects of devaluation reduction on return to one's job through decategorization were not significant (indirect effect = $-.00$, *ns*; Hypothesis 4c not supported). Neither legitimacy preservation nor de-

TABLE 6
Relationships between Motives, Strategies, and Outcomes in Study 3

	Image preservation		Decategorization		Perceived discrimination		Burnout		Return to one's job	
Tenure (t1)	-.04	(-.55)	-.05	(-.68)	.02	(.29)	-.00	(-.05)	.29*	(2.33)
# of pregnancies at org (t1)	-.07	(-1.00)	.07	(.89)	-.07	(-.97)	-.02	(-.32)	-.14	(-1.27)
# of weeks pregnant (t1)	.07	(1.11)	.05	(.68)	.08	(1.36)	-.08	(-1.39)	-.19	(-1.71)
Pregnancy risk (t1)	.03	(.44)	.05	(.69)	.08	(1.31)	.11	(1.91)	-.00	(-.03)
Burnout (t1)	.09	(1.25)	.17*	(2.32)	.06	(.89)	.45**	(7.63)	-.03	(-.30)
Self-image at work (t1)	-.22**	(-3.26)	-.12	(-1.70)	.08	(1.10)	.12*	(1.90)	-.04	(-.38)
Spouse work full-time (t2)	.03	(.44)	.07	(.97)	.03	(.52)	.03	(.49)	-.18	(-1.66)
% of men work with	.03	(.44)	-.02	(-.35)	.00	(.02)	-.02	(-.39)	.13	(1.18)
Self-verification striving	.16**	(2.51)	-.04	(-.53)						
Legitimacy preservation (t1)	.39**	(6.39)							-.03	(-.24)
Devaluation reduction (t1)			.28**	(4.19)	.44**	(7.13)	.18**	(3.12)	.05	(.42)
Image maintenance (t1)					-.16*	(-2.55)	-.14*	(-2.43)	.33**	(3.07)
Decategorization (t1)					-.00	(-.03)	-.01	(-.24)	-.01	(-0.05)
R ²	0.27**		0.15**		0.28**		0.40**		0.25**	

Note: *n* = 200. t1 = Time 1 variable; t2 = Time 2 variable. Robust standard errors from continuous model are in parentheses. Significance was consistent in both the continuous and the dichotomous models.

* *p* < .05

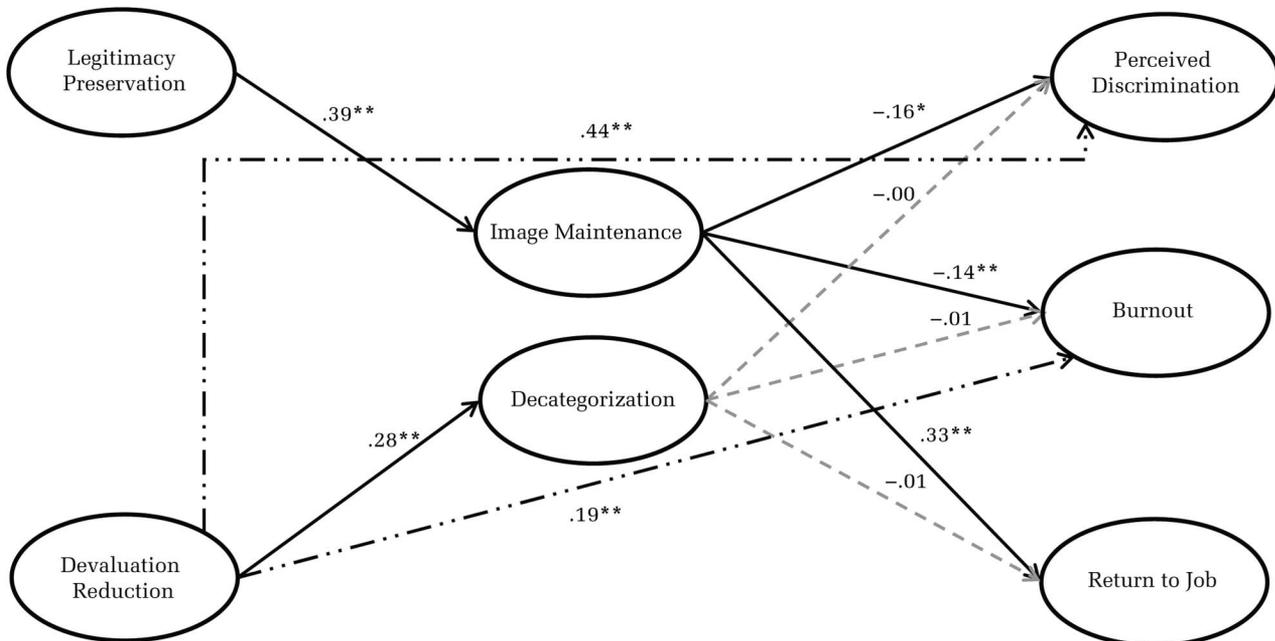
** *p* < .01

valuation reduction were directly related to return to one's job ($\beta = -.12, ns$; $\beta = .11, ns$, respectively).

Our findings supported the majority of our hypotheses (Hypothesis 1, Hypothesis 2, Hypotheses 3a–c), providing credence to the notion that

approach-related motives predict approach-related behaviors and that avoidance-related motives predict avoidance-related behaviors. Importantly, our findings support the positive consequences of approach-related self-regulation and the ineffectual nature of avoidance-related behaviors.

FIGURE 2
Final Model from Study 3



Note: Dotted arrows = direct effects. Dashed arrows = non-significant effects.

GENERAL DISCUSSION

The present studies broaden our understanding of how women cope with being pregnant at work, and, more generally, how professional images are maintained when social identities change. Our results suggested differences between the SIM strategies used by pregnant workers and theory outlining those used to manage race or gender. We propose that these differences exist because the approach-related SIM strategies used to manage stable identities are gain focused while approach-related SIMp strategies are non-loss focused. Unlike previous conceptualizations of SIM, the dominant strategies used by pregnant workers involved image maintenance. This distinction is important not only for research on pregnant working women, but because SIMp may generalize to other new social identity categorizations. Individuals diagnosed with an illness, for example, often hope their new identity does not result in differential treatment (Charmaz, 1995).

We integrate self-regulatory theory to explain how SIMp motives and strategies relate to workplace outcomes. The decategorization strategies in our studies resemble those described by Roberts (2005). Some strategies used by pregnant workers are examples of more general, universal tactics employed by individuals to cope with potentially devalued social identities. Given the relative paucity of empirical research on SIM, these findings are significant—and made even more interesting by the lack of relationship between the decategorization strategies and the outcomes in our study. The good news for women who engage in avoidance strategies is that, counter to our hypotheses, decategorization did not worsen negative workplace outcomes. The bad news is that it also did not improve these outcomes. Engaging in decategorization did little to counter the negative impact of devaluation concerns.

Carver and Scheier (1998) describe why decategorization might be ineffectual. They liken avoidance strategies to holes in a dike. Even if those “holes” are found, decategorization does not alleviate uncertainty about where and when the next hole will appear. Thus, because it is an avoidance strategy, decategorization is ineffectual; it does not reduce devaluation concerns. Women who felt motivated to reduce devaluation threats were more likely to experience burnout and perceive discrimination, despite their attempts to minimize the salience of their perceived devalued identities. Burn-

out relates to a host of negative outcomes, including a decline in health, diminished job satisfaction and commitment, and reduced performance (Shirom et al., 1997; Wright & Bonett, 1997). Perceived discrimination not only reduces positive intrapersonal outcomes such as health, job satisfaction, and commitment, it can also be costly for organizations by increasing the occurrence of lawsuits (James & Wooten, 2006; Sanchez & Brock, 1996). Reducing pregnant women’s fear of devaluation appears to be critical for the pregnant woman and the organization for which she works. These results also contribute to theories of self-regulation by suggesting that avoidance motives may be stronger drivers of work outcomes than avoidance behaviors.

Image maintenance behaviors, driven by an approach-related desire to maintain legitimacy, reduced perceptions of discrimination, lessened burnout, and increased the likelihood of returning to one’s job. While these results are important because of the positive outcomes associated with SIMp, they also refute many of the stereotypes associated with pregnant workers. In all four samples, pregnant women desired to be valued and to be seen as the same people they were before pregnancy. In some cases, they worked harder in order to maintain that image. The stereotype that pregnant women are not serious or committed workers did not apply to the women in our studies. As is clear from the quotes in Study 1 and the quantitative results in Study 3, the more women engaged in image maintenance behaviors, the better they felt. Ultimately, they perceived less discrimination and less burnout at work. They were also more likely to plan to return to their jobs after their babies were born.

Recent research investigating the experiences of pregnant working women has demonstrated that the transitional nature of pregnancy can leave women feeling anxious about both their internal identity and the stability of their professional images (Ladge et al., 2012). And perhaps for good reason—discrimination against pregnant women in the workforce still occurs (Morgan et al., 2013). Concerns related to stigmatization and discrimination are influenced by and reflected in daily interactions with coworkers, and, in response to these and other organizational cues, women must continually decide when, to whom, and how often they should conceal or reveal their pregnancies at work. Decisions women make in this regard influence

health, burnout, and intentions to return to work (Jones et al., in press).

The current studies complement this growing body of research. In addition to concealing, signaling, and revealing their pregnant identity to avoid stigmatization and cope with identity change, pregnant women may work as hard or harder, shorten their leave, and not request accommodations in order to maintain the perceptions of competence and character that they associate with their pre-pregnancy professional image. Importantly, by integrating these related research areas, a more complete picture of the experiences of the pregnant working woman emerges. The feedback a pregnant woman receives from identity management behaviors, for example, may inform the image maintenance motives and tactics she will employ. Another example involves hiding the pregnancy (i.e., concealing or passing), which can be used to manage both identity and image. Previous research has found supportive environments and supportive supervisors reduce concealing behavior (Jones et al., in press). Our findings may explain why. Working in a supportive environment with a supportive supervisor may diminish fears that one's pregnancy will be stigmatized, and thus, decrease the avoidance behaviors associated with them.

Limitations and Future Research

Although our paper has many strengths, including a robust mixed-method design, it is not without limitations. First, the data collected in this study came from the same source, and, thus, the possibility of common method bias exists. We reduced the likelihood of this bias by collecting the outcomes in a separate, time-lagged survey (e.g., Podsakoff, MacKenzie, Lee, & Podsakoff, 2003). We also ran a regression analysis using Mplus 6.11 where the Time 1 motives and control variables predicted Time 2 strategies, and found that Time 1 legitimacy preservation motives positively and significantly predicted Time 2 image maintenance strategies ($\beta = .45, p < .01$). Likewise, Time 1 devaluation reduction motives significantly and positively predicted Time 2 decategorization ($\beta = .24, p < .01$). Second, although, on average, our respondents completed Survey 2 more than two months after they completed Survey 1, it is possible that the time lag between data points was not sufficient to observe meaningful differences in some of the SIMp constructs. Future research should measure intention to leave the workforce at the early stages of the

pregnancy to better explain the turnover implications of SIMp strategies. Third, we could not definitively establish causality. The qualitative data suggested causal ordering, and previous research has indicated that motives precede behaviors (i.e., Bolino, 1999). In addition, our surveys asked participants why they engaged in SIMp behaviors, specifically establishing causality. Because the second survey was completed postpartum, some of the participants could have been experiencing postpartum depression, which might influence their responses. However, one marker of postpartum depression is an inability to function in everyday life (American Psychological Association, 2014). Individuals experiencing severe postpartum depression may have been less likely to complete Survey 2, and, thus, would not be in our final sample.

Our theoretical model has potential for greater specification. Future research should further examine the influence of individual-level traits in addition to self-verification striving. Highly conscientious individuals, for instance, might be particularly likely to react to stereotype threats using image maintenance to disprove others' negative expectations. Subconscious drivers of these strategies may also exist. The women in the qualitative study reported not feeling their own identity had changed. Perhaps these feelings related to an internal desire to be the same, or as a means of exerting some control in a time when even their bodies were outside of their control. Future research should investigate these possibilities. Additional mediators between SIMp behaviors and the outcomes may also exist and should be investigated. Although we found few differences in the SIMp constructs based on trimester of pregnancy or number of pregnancies, future research should continue to investigate these issues with robust within-person designs.

We feel this study takes a crucial step in understanding how individuals manage their professional images in the face of a new social identity categorization; however, future research should investigate the generalizability of these findings. First, the vast majority of women in our sample worked within the United States. Because stereotypes of pregnant workers may differ in different countries, future studies should investigate their impact on professional image internationally. Second, future research should investigate the generalizability across other new social identities, both those that encompass a permanent change (such as

chronic illness) and those that are temporary (such as pregnancy or curable illnesses).

Integrating regulatory focus theory (Higgins, 1997, 2000), we suggest that motives used for stable SIM may be gain focused while SIMp motives are non-loss focused. Future studies should investigate the outcomes of these differences in more detail as they have had important implications in previous research (e.g., Brockner & Higgins, 2001). As noted by Ragins and Cornwell (2001) in their article investigating perceptions of sexual orientation discrimination, individuals' perceptions of any situation become their reality and can affect work attitudes and behaviors. We argue that the perception of mistreatment or perceptions of potential for mistreatment are sufficient to affect SIMp. Future research should investigate the accuracy of these perceptions by understanding actual changes in professional image. Future studies could also assess the degree to which pregnant women's perceptions change over the course of the pregnancy. We found evidence for consistent experience of the motives and use of the strategies, suggesting stability in their perceptions; however, future research should address this directly.

A better understanding of the impact of these motives and behaviors on a wider variety of outcomes, including health and work-family outcomes is needed. Potential trade-offs may exist. Women who devote a considerable time to the successful management of their professional images may do so at the expense of their personal lives. In addition, going the extra mile may have adverse health outcomes for the pregnant woman or the baby. In Study 1, a few interviewees wondered if they had pushed themselves too hard in their efforts to "prove themselves" to supervisors and others. One respondent was put on bed rest for hypertension, and another, who had a high-risk pregnancy, chose not to follow her doctor's orders to reduce her hours at work. A finer-grained approach, investigating the unique impact of each SIMp facet, may be informative

CONCLUSION

These studies add to our understanding of pregnant women's experiences within the workplace. We found that women were concerned about how pregnancy would alter their professional images as committed and capable employees. They spoke passionately of the importance they placed on maintaining their images, doing a good job, and

being dependable and "professional." Women who engaged in approach-related strategies reaped positive outcomes at work in terms of reduced perceived discrimination and burnout. Organizations also benefited because these behaviors increased the likelihood of women returning to work. On the other hand, when pregnant women worried about being devalued at work, they experienced higher levels of burnout and perceived more discrimination. It appears the key question for employers and organizations should not be whether women's priorities will shift during pregnancy, but how best to respond to women's concerns about others' changing views.

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