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Between a "Ball and Chain" and a "Half-Full Glass": Work–Family Balance Experiences of Fathers to Children With Disabilities

Einav Segev, Limor Gadot, and Maayan Fine
School of Social Work, Sapir College

Parents of children with disabilities often struggle to balance work, caregiving for their child, and family responsibilities. Previous studies have not sufficiently focused on fathers' experiences in balancing work with their family commitments. Informed by boundary theory, this study examines how fathers experience the integration of work and family and the coping strategies they use to enable this balance. The research was conducted using a qualitative phenomenological approach. Semistructured interviews were held with 12 fathers of young children with neurodevelopmental disorders. The fathers reported challenges that hindered their ability to integrate and balance work and family life. Alongside these difficulties, they emphasized positive elements and acceptance of their fatherhood while describing cognitions and behaviors that helped them cope with the challenges of work–family balance. The findings highlight the vulnerability of fathers of children with disabilities in the workplace and the significant challenges they face in balancing work and family life. This highlights their need for support and, more broadly, the need for changes in policy and legislation related to the employment of fathers of children with disabilities.

Public Policy Relevance Statement

Drawing on the experiences of fathers to children with neurodevelopmental disorders related to balancing work and family commitments, this study reveals coping strategies fathers use at work to meet the challenges they face when navigating between work and caring for their children. The study concludes with an urgent need for policy changes regarding fathers, recognizing their essential contribution to their child's development and acknowledging their role as caregivers in the workplace. Such recognition would ease the complex balancing act between their role as providers and their critical involvement in caring for their child and family.

Work–family balance (WFB) refers to individuals' perception of harmony between their work and family roles (Allen et al., 2014). Achieving WFB involves managing these diverse demands to integrate professional and family responsibilities. The integration of work and family poses significant challenges for any parent, particularly parents of children with disabilities (Balachandran & Bhuvaneswari, 2024; Malka & Fine, 2025; Parchomiuk, 2022).

The exceptional difficulty of parents of children with disabilities in attaining WFB is due to emotional struggles to accept their child's condition. These parents also contend with social stigma, partial access to services, inadequate service provision, bureaucratic processes, and financial difficulties—all leading to an expansion of their parental role (e.g., Adugna et al., 2020; Duma et al., 2021; Hasan & Muda, 2021; Malka & Fine, 2025; Niedbalski, 2023). Prevailing sentiments among them include a sense of lost time, difficulty accessing services, a feeling of being at war, and emotional turmoil (e.g., Malka & Fine, 2025; McCafferty & McCutcheon, 2021; Park, 2020). The price of work–family imbalance may be high: Employed individuals raising a child with a disability are 48% more likely to lose wages (Earle & Heymann, 2012).

Most studies on parents of children with disabilities concentrate on mothers (Bogossian et al., 2019; Lien et al., 2021; Marsh et al., 2020), largely because they are still the main caregivers, given societal expectations regarding the father's provider role (Lien et al., 2021; Schippers et al., 2020). Consequently, professionals often turn to mothers more, leaving fathers feeling marginalized (Potter, 2017) and leading to the perception that their concerns are less legitimate (Ives, 2014).

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Einav Segev https://orcid.org/0000-0002-0715-1616
Limor Gadot https://orcid.org/0000-0002-2803-0792

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Correspondence concerning this article should be addressed to Einav Segev, School of Social Work, Sapir College, Sha'ar HaNegev, D. N. Hof Ashkelon 79165, Israel. Email: einavs@mail.sapir.ac.il

Thus, the options available to fathers seeking to play a key caregiving role are influenced by the broader sociocultural context, which is often less accommodating of family disability experiences (Lien et al., 2021). In particular, Israeli society, which is both traditional and family-oriented, perceives fathers as providers and protectors (Sher-Censor, 2015). These perceptions heighten fathers' sense of responsibility toward their child with disability while at the same time, as mentioned, exposing them to criticism and even ridicule for being less "manly." Given the gradual shift, in Israel as well, away from traditional hegemonic masculinity (Offer & Kaplan, 2021), many Israeli men navigate a "hybrid masculinity" (Bridges & Pascoe, 2014) that involves a selective and nuanced integration of traditional and more contemporary masculine ideals.

Accordingly, in Israel and other Western countries, despite mothers' increasing integration in the labor market and fathers' greater involvement in their children's lives, there is a lack of research on how fathers' needs as caregivers (Marsh et al., 2020). Still, recently there has been a growing interest in the involvement of fathers of children with disabilities in parenting (e.g., Bogossian et al., 2019; Bragiel & Kaniok, 2011). The existing research has focused on fathers' involvement within the family, with studies finding that it reduces symptoms of depression and stress among mothers.

Several studies have examined couple relationships. For example, a study on fathers of children with intellectual disabilities found that the relationship between parents and sharing behaviors influenced fathers' involvement in caring for the child (Sato & Araki, 2022). However, these fathers were also found to be at higher risk of lower psychological and physical health (Seymour et al., 2017) and of higher levels of stress, depression, anxiety, grief, guilt, and isolation (Dardas & Ahmad, 2015). Furthermore, the father's mental and physical condition is important for improving treatment compliance with the child, together with other key factors such as behavioral issues, illness perception, treatment side effects, and weakness in the therapeutic relationship (Pompili et al., 2013).

Nevertheless, relatively little attention has been devoted to the mental health of fathers compared to mothers (Dunn et al., 2019). Fathers face greater challenges in forming emotional closeness with their children and tend to apply cognitive strategies focused on problem solving to cope with challenges, while mothers utilize more social support and emotional strategies (Boyd et al., 2019). In particular, the positive experiences of fathers of children with disabilities have been neglected. We do know that fathers of children with autism experience closeness, affection, and enjoyment of their child's accomplishments (Potter, 2017). We also know that some fathers of children with disabilities have adopted the ability to live in the moment and have a changed perspective on life (Schippers et al., 2020) and that they value their parenting role and their relationships with their child (Potter, 2017).

More directly relevant to our purposes is the lack of studies addressing how fathers of children with disabilities achieve WFB. Paid employment continues to be associated with masculine identity (Berdahl & Moon, 2013). The ideal worker is one who works hard and keeps the domains of work and personal life separate (Coltrane et al., 2013). It has been found that employers value fathers who make an effort to achieve a balance between work and family (Hodges & Budig, 2010).

An international study found that parents of children with disabilities faced demands for responsibility at home, with implications in the workplace. It was also found that supervisor support mitigated the relationship between parental involvement and the severity of the disability (Stefanidis & Strogilos, 2020). A study conducted in India found that parents of children with neurodevelopmental disorders (NDDs), who were the primary caregivers for their child, felt emotionally and physically exhausted, which affected their work, family life, and caregiving (Balachandran & Bhuvaneswari, 2024). It was also found that parents of children with NDDs worked and earned less, often in jobs they did not enjoy or in positions without responsibility, risking the family's financial security and their ability to cope with the high costs (Einam & Cuskelly, 2002).

Individual factors that influenced WFB among parents of children with disabilities included the child's age, number of children, availability for caregiving, relationship status, and the type and severity of the disability. Organizational factors included support from supervisors at the workplace, workplace policies, and organizational culture. Overall, work affected the fathers' caregiving role, and the child's disability influenced work (Brown & Clark, 2017). Fathers reported reductions in salary and fewer opportunities for career advancement (Carpenter & Towers, 2008). Fathers of children with developmental disabilities in Japan received very little support from their workplace (Ishida et al., 2022). However, one study found that fathers who took on caregiving roles and responsibilities for their child with an intellectual disability viewed it as a rewarding and challenging role (Cheuk & Lashewicz, 2016). Finally, a Canadian study found that the responsibilities of fathers of children with autism required striking a delicate balance between providing for their family and caring for their children with autism (Lien et al., 2021).

Given that the life experienced and perceptions of fathers of children with disabilities remain underrepresented (Schippers et al., 2020), the aim of the current research is to examine the subjective experiences of fathers of children with NDDs and how they integrate work and family. NDDs are conditions that emerge during early childhood. Based on the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (Edition, 2013), this category includes disorders such as intellectual disability, attention-deficit/hyperactivity disorder, autistic spectrum disorder, communication disorders, specific learning disorders, and motor disorders (in the present study, the disabilities were varied, but all were in NDDs category).

Previous research on this issue has been scarce and predominantly focused on mothers rather than fathers. There is lack in qualitative studies that apply work–family conflict theory in the context of fathers of children with disabilities (Lien et al., 2021). In particular, there is a lack of research examining the subjective experiences of fathers who raise a child with NDD while integrating into the workforce. The present study examines how fathers of children with NDD perceive the challenges and their coping mechanisms in integrating work and family.

Theoretical Framework: Boundary Theory

Boundary theory offers a valuable framework for understanding WFB, especially in contexts where the lines between work and family life are blurred. Proposed by Ashworth et al. (2019), this theory defines three types of boundaries: the physical, which determines the location where activities occur; the temporal, which refers to the time when activities take place; and the psychology, which focuses on the behaviors and emotions related to the roles typical of the work and family domains, for example. Boundary theory examines how individuals create, maintain, and change boundaries between different areas of their lives, especially work and family or private life. These boundaries become blurred when raising a child with disability. According to boundary theory, this blurring requires organizations and employees to reconstruct the relationship between work and family. This can be achieved through workplace flexibility while emphasizing the need for equal opportunities in accessing such flexibility. Organizations should recognize the flexibility needs of different employee groups. Additionally, there is a need to reduce the stigma surrounding work–family flexibility, as it significantly impacts on employees' health and well-being (Clark, 2000; Kossek & Lautsch, 2018).

According to boundary theory, three main factors contribute to conflict between domains: the nature of the boundaries, role identity, and organizational climate (Clark, 2000; Kossek & Lautsch, 2018). Additionally, the coping patterns used by individuals can contribute to or reduce conflicts. Coping ranges on a continuum from integration to segmentation (Ashworth et al., 2019). Segmentation refers to maintaining each domain separate in cognitive, physical, and behavioral terms. Integration includes the blending and merging of different aspects of work and home, such as working during family time or vice versa.

Despite the importance of boundary issues in research on working fathers of children with disabilities, to our knowledge, this theory has not been employed to examine how fathers of children with disabilities cope with WFB. In what follows, we apply boundary theory as a conceptual framework through which to explore how fathers of children with NDDs construct the integration of work and family and, particularly, their coping strategies.

Method

The research was conducted using qualitative methodology in the phenomenological tradition, aiming to understand the participants' lived experience and the importance they attach to it (Josselson & Lieblich, 2003). Phenomenology is the expression of the structure of experience. Accordingly, the outcome of a phenomenological study is a clarification of the components and basic structures that represent and determine the essence of the experience under study (Husserl, 2001). Thus, we apply this approach to understand the perspectives of fathers of children with disabilities on how they integrate work and family.

Participants

The sample consisted of 12 Israeli fathers aged 30–51 ($M = 41.25$), who had children with NDDs aged 1.5–13.5 ($M = 6.2$ years; see Table 1). At the time of interview, all participants were heterosexual and married for 7–19 years. All were Jewish: 10 secular and two religious. Eleven had higher education. Ten were employed and two were self-employed; some also worked from home. Six defined themselves as the primary caregivers for the child with disability, and six shared this responsibility with their partner, whom they identified as the primary caregiver. All participants belonged to the upper middle class and lived in cities.

To recruit participants, an ad was placed in a rehabilitation center, where support groups for parents of children with disabilities were held. Additionally, the social workers in the rehabilitation center shared the study's details with fathers through community WhatsApp groups. The research assistant then reached out to those fathers and scheduled interviews based on their availability.

Data Collection

Data collection involved semistructured interviews—a flexible and powerful tool to capture people's voices and the ways they make meaning of their experiences (Rabionet, 2011). The interviews were based on a guide that included questions about the participants' experiences of blending work and family responsibilities. At the beginning of each, the participants were asked to openly share their experiences as fathers of a child with disability and talk about how they blended work with family. The interview guide included questions such as "Describe your experience blending work with family"; "What does being a father of child with disability mean to you?"; "Describe a significant experience in your workplace that was related to your fatherhood to your child with disability"; "What are your carrier dreams and aspirations?"

Table 1
Participant Demographics

No.	Age	Age of child with disability; type of disability	Years of marriage	Occupation and employment status	Religiosity	Education years
F1	51	4.5; MW	12	Engineer[a]	Secular	16
F2	44	13.5; ASD	19	Logistician	Religious	16
F3	51	6; ASD	12	Construction	Secular	14
F4	48	5; ASD	14	Engineer[a]	Secular	15
F5	42	6; ID	10	Agronomist[a]	Secular	16
F6	33	1.5; DS	10	Rabbi[a]	Religious	20
F7	38	5; Rett	9	Technician[a]	Secular	16
F8	36	4; ASD	5	Economist[b]	Secular	16
F9	50	13.5; ASD	4 (second time)	Author[c]	Secular	25
F10	30	5; CP	7	Organizational consultant[a]	Secular	17
F11	34	8; ASD	10	Engineer[a]	Secular	16
F12	38	2.5; BD	7	Economist[c]	Secular	19

Note. MW = Mowat–Wilson syndrome; ASD = autistic syndrome disorder; ID = intellectual disability; DS = Down syndrome; BD = brain damage; Rett = Rett syndrome; CP = cerebral palsy.
[a] Working out of home; [b] Not employed; [c] Working from home.

The interviews were conducted by a woman. Although the interviewees did not explicitly address her gender, research on qualitative interviews with men has shown that male participants tend to present themselves differently depending on whether the interviewer is male or female. Studies have found that men tend to be more reflective and reserved when interviewed by a woman (Sallee & Harris, 2011).

All interviews were conducted via Zoom by a research assistant and lasted 1–3 hours. They were recorded after each interviewee signed a consent form and verbally confirmed their consent to participate. All interviews were transcribed professionally.

Data Analysis

Data analysis followed the thematic approach (Braun & Clarke, 2006). Accordingly, the data were analyzed in six stages. In the first, the first author familiarized herself with the data by reading the interviews multiple times to gain a deep understanding and wrote her notes in a journal. In the second stage, each interview was coded by the first and second author and was individually analyzed using an inductive thematic coding method following a grounded theory approach (Creswell, 2003). The aim was to identify recurring themes across different interviews. At this stage, codes such as financial difficulties, sacrificing career advancement, and challenges with working hours were identified. In the third stage, the codes were grouped into themes: exhaustion, career costs, and finding meaning in caring for the child. After reaching agreement by comparing their analyses, the first and second author constructed the themes into a cohesive file based on the analysis of all interviews. Next, the quality of themes was assessed in meetings with a colleague specializing in qualitative research, and discussions were held until consensus was reached. In the fifth stage, three themes related to challenges and three related to coping strategies were identified. This stage also benefited from feedback from a colleague. Finally, the findings chapter was written, the themes were further refined, and representative quotations were selected and interpreted.

Trustworthiness

The authors used various methods to ensure rigor. Before data collection, the understanding of the participants' experiences was expanded through informal conversations with the first author. To ensure reliability, the first author attended to the accurate and detailed description of the life experiences of all participants and collected information about their life contexts (Cypress, 2017). This was done using a dedicated questionnaire completed before the interview (see Table 1).

Additionally, the first and second authors consulted with a colleague specializing in qualitative research (peer review), which helped avoid biases. Furthermore, after the findings were written, they were presented to the third author, a social worker who works with parents with disabilities, and she confirmed them. The research assistant documented the interviews and her notes on nonverbal communication, and the various stages of data analysis were documented. Finally, the first author maintained a journal to document all research stages.

Ethics

The research was approved by the ethics committee of the researchers' institution (Confirmation No. 1982021). Privacy and confidentiality were strictly maintained, with any identifying information removed. Pseudonyms were assigned to all participants. At the beginning of each interview, participants were provided with a detailed explanation of the research. Prior to signing consent forms, they were also informed of their right to withdraw from the study or terminate the interview.

Results

The results revealed a complex picture. The fathers reported multiple challenges in trying to achieve WFB, including financial strain due to the need to allocate significant time to caring for their child. Alongside these difficulties, the fathers also described cognitive and behavioral coping strategies, emphasizing positive elements such as finding meaning in their lives, optimism, and acceptance of their unique fatherhood (see Figure 1 for the themes and subthemes).

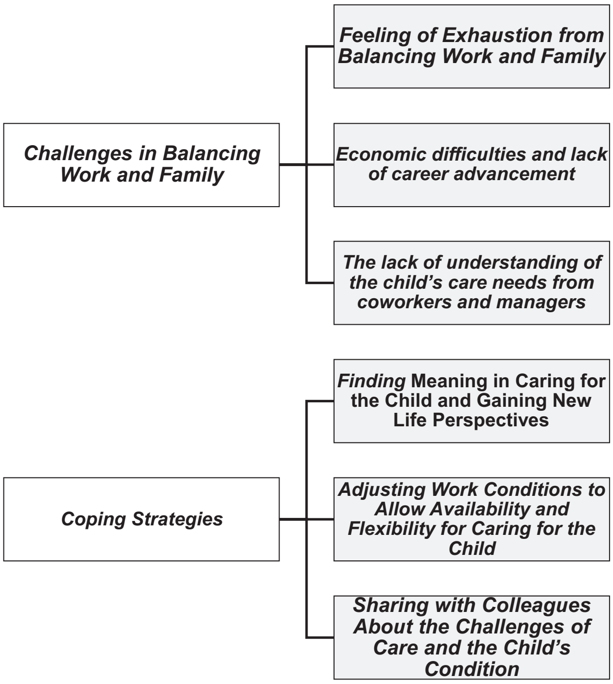
Challenges in Balancing Work and Family

"A Constant Seesaw": Exhaustion. A recurring theme in all interviews was the feeling of being exhausted by the effort to balance work with family commitments. As F11 described, "It's hard to balance work with caring for the child. … It's exhausting at times. Sometimes you're right on the verge of physical collapse. It's a mental thing, a physical thing, something that requires a lot of strength."

The fathers' efforts to balance work with raising a child with a disability and attempting to integrate these domains into their daily experience involved daily dilemmas. As F1 shared,

Figure 1

Themes and Subthemes: Challenges and Coping Strategies



> On the one hand, I like my job very much. Work allows me to dive into a space that completely disconnects me from all the routine stuff. But on the other hand, I'm ambivalent, because family is very important to me, especially in recent years with my child, who cannot be removed from the equation.

Striking the right balance between work and caring for the child's needs is difficult and burdensome, as F4 described:

> No matter how much I love my child, I have this cartoon in my mind where a prisoner is shackled to a chain, and at the end of the chain is a heavy iron ball. That's how it feels to both work and care for her.

Another key challenge that emerged as a source of exhaustion was the permeable boundaries between work and family. Care involved contacting professionals, driving to appointments and treatments, and spending hours on physical assistance and supervision of the child. These often had to be managed at the expense of work time or even during work hours:

> And then, of course, we looked for treatments: speech therapy, occupational therapy, behavioral evaluations. It was crazy. The problem is that there are no free time slots, and if you want an appointment, it's at 12 p.m. or 1 p.m., and that clashed with work a lot. We tried to juggle it, but it didn't really work out. (F2)

> The pressure between work and home is really, really big. It's like a constant seesaw. … It's always present, and it creates a lot of stress and tension by itself. On the one hand, I want to be productive and do well at work, and on the other, I want to be present and involved at home as much as needed and as much as I want to be.

The fathers described how their family and caregiving responsibilities constantly intruded into their work domain. F5 noted: "I have to manage all the treatments remotely, still busy with work, and take care of everything during work." And F4 shared:

> I got a message that my son was lying in a puddle of urine, and they told me, "Listen, there's a meeting on a case only you understand." I told them, "Give me a minute or two," but I was sitting in the meeting thinking, "My child needs me right now, and what matters now isn't my work."

"I Could Not Reach the Position I Wanted": Career and Financial Costs. A reduction in work hours, changing jobs or roles to allow time to care for the child with disabilities, and long periods of unemployment or temporary work from home were described by all participants. Whereas work and income were urgently needed due to the high costs of providing for the child's needs, working took up much of the time required for the child's care. As F11 described it, "Most parents can't handle the financial strain if they don't go to work, but when you work, it does make things harder, and it disrupts your entire day."

The fathers described a significant impact on their career advancement: "I wanted to continue working in my field to grow a bit, to achieve more. … But that didn't work out" (F11). F2 described the reasons for giving up career advancement and self-fulfillment at work:

> It's difficult. It requires the employer and the job to be flexible, and that came with the price of my self-fulfillment. I gave up my career—I had a managerial role, a high salary, and all the benefits, and I gave it up because we needed to take care of things.

Some fathers described how they gave up their careers, while their partners became the main breadwinners because their jobs were more stable or offered higher pay:

> My wife and I concluded that we couldn't both work outside the home, so it had to be either me or her. Since she's been in her job for many years and has a steady salary, we decided she would keep working, and I would stay to take care of the kids, especially the child with special needs. (F10)

Periods when working fathers had to stay home severely impacted the family financially. For example, F8 said: "There was a time when I wasn't working at all, and we ended up in deep debt."

The fathers described how, beyond the financial toll, achieving WFB also involved a mental strain:

> My career stalled. There's always that small part of you with ambitions, you know, wanting to try new things. But I also understand that right now it's about responsibility, and that responsibility means I'm giving that up. Anyway, my mental state is already shaken, and the outcome is that it also destabilizes my career. (F12)

"You Feel Like Your World Has Collapsed": Lack of Understanding by Supervisors and Coworkers. One of the most prominent challenges raised by the participants was the lack of understanding of the child's care needs. Although the fathers mentioned that their special situation was "officially" acknowledged, they described how, in reality, managers and colleagues did not accommodate them:

> So, I told them, and as far as work was concerned, they said they understood and would try to help in any way needed. In practice, I didn't feel that they did anything exceptional. … I had considered working with a certain team in the company, and they put the brakes on that idea. (F1)

> When I take on a new role, I first have to analyze and understand who the managers are in the new position, how they will cooperate, how they will handle the situation. Many managers won't handle it well. (F6)

The fathers faced situations where coworkers asked them to cover for or help them, something they couldn't agree to due to the care needs of their child—a fact that was often misunderstood. As F5 noted, "People at work sometimes don't know what I'm dealing with at home and they say, 'Well, that's just an excuse, he's avoiding me, what kind of friend is that?'"

Finally, the participants described how their workplace denied them rights that would have helped them balance work with family, such as the ability to work from home or reduced hours. As F4 shared,

> I told them at work that my child was diagnosed and asked for certain social benefits, and they started saying they'd look into it, as if I was the first state employee with a child with autism. Then they approved one day of working from home, but for the first month, they didn't pay me for that day. I worked, and they took it out of my vacation time.

Coping Strategies

"Healing From the Race of Life": Finding Meaning in Caring for the Child. A central cognitive coping mechanism many fathers employed to deal with the sacrifices they had to make at work was finding meaning in raising a child with disabilities and experiencing a sense of personal growth, particularly by gaining new life perspectives. Many said they became more optimistic, sensitive, and engaged in community activities. F12, for example, described how the birth of his child positively changed his life, giving him the sense of purpose he had been missing:

> I always asked myself what my purpose was, because I was searching for meaning. So, I suppose if this had happened to me 3–4 years ago. I might have easily fallen into depression over the whole situation. But today, no. … I feel at peace with it. It's been good for me.

Fathers described how their investment in a child with disability was more rewarding than the career rewards they had given up: "I will achieve my goal. In the end, my daughter will get what she needs, and that's better than any job promotion I could get" (F4).

F2 shared how dealing with work challenges in light of his family situation helped him discover himself and his capabilities:

> I used to be someone who lived without ambitions. I lived on autopilot. I … liked to please others, and I didn't have a sense of self. But I discovered that I'm also a person, that I have needs, and that what I do is important, and what I say is important. It was a journey.

Finally, several participants reported a change in life perspectives: "I learned to truly distinguish between what's important and what's trivial, and to take lightly the things that used to upset me in the past" (F10). Others went further and spoke about how spirituality or religion helped them cope with giving up their careers and fully committing to their child's care. F12 explained:

> Part of it was also that I started believing. … I'm not religious, but spiritual. And that shuffled the deck and changed a lot in my life, especially regarding my career. But in the end, as cliché as it sounds, everything is for the best. It made me a much more relaxed person. For me, this shift to focusing on my child's care was my healing from the race of life.

"Do Not Mess With Me": Adjusting Work Conditions to Allow for Childcare. In this coping strategy, fathers initially employed a cognitive approach of prioritizing their family responsibilities—not out of a lack of choice, but through active decision making, seeing the real and meaningful work as caring for the child. For example, F10, who transitioned to part-time and occasional work to care for his son, said:

> There are advantages to it. First of all, I get to be with my son and take care of him. … And it helps me in the sense that, in the end, I have time for the other kids, something we couldn't have done if we were both working long hours outside the house.

This conscious choice led to various work-related decisions:

> Following the diagnosis when the child was two, I … left a job that demanded a lot from me in order to care for and advance my child. Today, I work in a job that doesn't fully utilize my abilities, but it gives me a lot of time and freedom to focus on other things related to my child. (F2)

F12, who works from home, described the advantages of his arrangement: "it fit together like a puzzle. … I'm a full-time dad, because my job allows me to do that. I also have more desire to always be with him. I don't have to juggle too much between work and family." Indeed, many fathers opted to work from home or take jobs close to home.

Additionally, those who worked outside the home chose roles that enabled them to prioritize their child and family. For instance, F6, who worked in a job that required frequent role changes, shared:

> One of the challenges in managing a career like mine is that every year or two, you change positions. But once I was in a place that suited me, it allowed the balance of work and family. … I realized I needed to be close to home. I needed a role where I could say, Okay, my daughter isn't feeling well, she's not going to preschool today, and I'll stay with her, and I can now do that without any issue.

Another behavioral strategy stemming from the decision to place family first was maintaining strict boundaries regarding work hours:

> It's important for me to have a job that allows me to come home early. I choose generally salaried roles that don't require me to be in the office all the time. (F5)

> Once, I won an outstanding employee award, and the ceremony was at 8 p.m. Now, everyone knows that I leave at four or five, no matter what. I set that boundary. It got me embroiled in some organizational politics, but I taught them a lesson: don't mess with me. (F6)

"People Do Not Really Know What I Am Going Through": Sharing the Challenges of Care With Colleagues. One strategy that fathers mentioned as helping them deal with the lack of understanding at work was sharing the child's condition and the difficulties involved in caring for them. Most participants stated that they initially disliked sharing, viewing it as a form of self-pity, but they came to realize that this was an effective strategy to help balance work and family. At times, they resorted to any means necessary to gain understanding and flexibility:

> I'm not one to complain, but sometimes you have to. You have to say, Gee, you don't realize what kind of night I had. Now, I don't want to share that with my supervisor, but the next time I need help, he won't empathize with me, and I need him to. Often, when they asked me to stay at work a little longer, I had to put on a bit of an act—No way, it's not going to happen. I had to play games. … The show must go on, and to keep caring for my child, I need support and empathy. (F5)

> When he was born, I told my wife, Along with him, we got an excuse. People—friends, work—understand you much better when you can't attend events or respond to every request. It's all about how you present it. (F7)

F3 explained why this strategy was important:

> When someone at work sees me on the phone all day and asks, What's going on? I take them aside and explain the situation. Then … they understand. … It doesn't feel great. If I didn't sleep all night, for example, I'm less ashamed to share that. It's important that everything is clear and understood. People don't really know what I'm going through.

Discussion

The study's results show that the fathers reported challenges that hindered their ability to integrate and balance work and family life. Alongside these difficulties, they emphasized positive elements and acceptance of their fatherhood while describing cognitions and behaviors that helped them cope with the challenges of work–family balance. While some described the struggle to balance work and home life as "a ball and chain" or "God's hard test," others framed it in more positive terms, calling it a "half-full glass" or "discovering myself anew." In fact, in every interview, alongside the difficulties, fathers highlighted the benefits and advantages of WFB, particularly as it served their child's needs.

The participants suggested specific strategies for coping in their attempts to define the boundaries around the family system while still maintaining their place in the labor market. These may be interpreted through the lens of boundary theory (Ashworth et al., 2019), suggesting that for the participants, fathers of children with NDDs, the caring for the child is perceived by the fathers as a job in itself, and a top priority at that. These findings align with the literature. Stoner and Stoner (2016), for example, found that the main focus in the lives of parents of children with disabilities is on the child, with work playing a secondary role.

As a result, while family boundaries are rigid—meaning that during family commitments, fathers do not engage in their paid work responsibilities but focus solely on child-related commitments—work boundaries are permeable, with family matters spilling over into the physical, temporal, and psychological boundaries of work (Ashworth et al., 2019).

In terms of physical boundaries, there is no clear distinction between parenting duties and work. Fathers, even while physically present at the workplace, are required to perform parental duties from there. This extends the parenting role, as found in previous studies (e.g., Malka & Fine, 2025). Regarding temporal boundaries, child and family-related activities also occur during work hours, such as communicating with various professionals, rights take-up, and managing household responsibilities. Psychologically, as mentioned, the fathers prioritize the child and family over paid work, which is seen more as a means of subsistence.

The findings show that the fathers struggled to establish a boundary between work and family. As a result, some fathers were forced to resign, work part-time in lower level positions, or change jobs. This is consistent with studies finding that parents of children with disabilities work fewer hours, are less educated, and earn less (Crettenden et al., 2014).

The participants also noted that their children were still relatively young, and they wished to help them develop as much as possible and close developmental gaps. As a result, their private lives intruded into the workplace, physically and temporally, and took precedence over work psychologically. This finding is consistent with the observation that work plays a secondary role for fathers of children with disabilities, leading them to low-paying jobs (Carpenter & Towers, 2008).

Three key challenges identified in this study point to a clear connection between three factors contributing to work–family conflict: the nature of boundaries, role identity, and organizational climate (Clark, 2000; Kossek & Lautsch, 2018). First, the nature of the boundaries is highly challenging for fathers, who must navigate between the gender norm that still views them as the family breadwinner and the numerous family obligations. The findings indicate that the participants struggle to strike a balance between the two domains, and the blurred boundaries result in physical and mental exhaustion (for similar findings, see Balachandran & Bhuvaneswari, 2024).

The second challenge—difficulty in career advancement and earnings—relates to role identity. It appears that the workplace primarily serves as a source of income to cover the substantial expenses associated with caring for and advancing the child with a disability and supporting the family's needs. This shows that the parental role identity is expanding to include not only childcare but also advocacy; combined, these take up most of the parents' time, at the expense of other roles such as breadwinning (Malka & Fine, 2025).

The third challenge reflects difficulties in the organizational climate. It was found that colleagues and supervisors did not understand these fathers' situation. This is especially important given the significance of workplace support for parents of children with disabilities and the critical role the organization plays in that regard (Brown & Clark, 2017).

According to Ashworth et al. (2019), the management of life domains such as work and family oscillates between segmentation and integration. The fathers in this study are positioned at the far end of the spectrum of domain integration, with family intruding into the work domain, but not vice versa. The coping strategies identified in this study demonstrate that fathers' difficulty in maintaining a clear separation between work and family necessitates cognitive, physical, and behavioral efforts to balance their need and desire to care for and advance the child without neglecting work needs and may be associated with increased psychosocial issues, especially during difficult periods such as the COVID-19 years, which enhanced the vulnerability of people with disabilities to stressful situations (Ambrosetti et al., 2021). These strategies help fathers integrate family responsibilities into the work domain, enabling them to handle family matters while at the workplace, during work hours, and prioritize their commitments to their family and child with disabilities (Balachandran & Bhuvaneswari, 2024; Brown & Clark, 2017).

Furthermore, these coping strategies align with the argument that contemporary men construct fatherhood as a "network of responsibilities" and navigate between family, work, and community obligations through problem solving (Lien et al., 2021). The first coping strategy, finding meaning in caring for a child with disabilities, strengthens the father's role identity, placing it above the employee role by viewing childcare as a meaningful and primary task in life. Fathers reframe their perspective, reducing the importance of their career and viewing childcare as essential work.

This strategy also helps fathers resolve the cognitive dissonance between their past career ambitions and the current situation. Therefore, recognition of this fatherhood role within the workplace is essential, particularly avoiding the perception of fathers' roles as secondary. Research has shown that paternal involvement in the family is influenced by cultural recognition of the father role and gender roles (Allport et al., 2018; Doucet, 2013). Additionally, fathers of children with disabilities report feeling powerless in fulfilling the traditional male role of providing for and protecting their family, yet they develop close emotional bonds with their children and form new identities, balancing the challenges of caring for a child with disabilities.

The second strategy, adjusting work conditions to allow availability and flexibility for caring for the child, involves managing the ambiguous nature of boundaries, requiring fathers to juggle multiple family and work commitments. As a result, they tend to choose workplaces with flexible hours, set boundaries on workplace demands, select roles that allow flexibility, change jobs or roles to be closer to home, or even opt for part-time or home-based work, allowing them more time to focus on their child and family. This finding addresses the need to examine how parents of children with disabilities cope with the conflict between work and caregiving for their child (Earle & Heymann, 2012).

The third strategy helps fathers to influence the organizational climate, albeit minimally, by sharing their challenges with colleagues, such as sleep deprivation or their child's treatments. This fosters a greater understanding from the organization, managers, and coworkers of the needs and difficulties stemming from caring for a child with disabilities, leading to tangible support such as understanding absences and limited availability at work.

The coping strategies identified in this study build upon previous coping strategies found among fathers of children with disabilities, which focused primarily on addressing the child's needs, setting aside their own, and seeking information to improve the child's condition. This includes participating in programs for fathers and connecting with other fathers. This indicates that fathers of children with disabilities hold both challenging and positive perspectives simultaneously (Cheuk & Lashewicz, 2016). The present study expands the discourse by demonstrating that fathers also hold both challenging and positive perspectives regarding work–family integration.

The findings of this study have gender–cultural significance. First, they illustrate the expansion of traditional gender roles. The more traditional the gender roles in a society, the harder it is to navigate between work and family roles (Ashworth et al., 2019). However, half of the fathers in the study were primary caregivers, and all were fully involved in meeting the needs of the child and family, including household chores, caring for other children, and primarily focusing on the development of the child with disabilities. This led to frequent role switching between work and family during work hours.

Fathers' involvement in their families is crucial for promoting equality between mothers and fathers and has been shown to reduce stress and depression in mothers (Sato & Araki, 2022). Cultural factors may also explain why the study's participants prioritized family needs and tended to reduce their work hours, especially to allow more time with their children, as these choices reflected the highly familial nature of Israeli society (Steier, 2010).

However, this challenge is compounded by the fact that alongside family life, work is also highly valued in Israeli Jewish society (Steier, 2010), with many employees required to work long hours to retain their job. A recent Organisation for Economic Co-operation and Development (2015) report indicates that the number of working hours in Israel is higher than the average among member states. Moreover, the difficulty in achieving WFB is partly due to Israel's lack of investment in promoting it, with few workplaces offering family–friendly policies (Milbauer, 2010).

Overall, the findings indicate that the fathers prioritize their child's needs over work. This may be particularly challenging in Jewish-Israeli society, where dominant perceptions still emphasize traditional roles of masculinity and fatherhood (Offer & Kaplan, 2021). Fathers described relinquishing career aspirations, changing jobs, transitioning to remote work, or even choosing to stay home as primary caregivers. In response, participants encountered criticism from colleagues, managers, the extended family, and friends. This conduct as found in the present study contrasts with literature suggesting that fathers of children with disabilities, such as autism, tend to adhere to traditional breadwinner roles (e.g., Lien et al., 2021).

Limitations and Future Directions

Despite its contribution, the present study has several limitations. First, the sample is small. Future studies should include a larger sample that includes fathers of children with additional disabilities, as well as with different workplaces and professions. Second, the study was based on a convenience sample, which did not represent major cultural groups in Israeli society such as Arabs and Orthodox Jews. Third, the perceptions of the research participants may have been shaped by their socioeconomic status and education level. For example, the coping strategies and challenges faced by fathers of children with disabilities with lower education or socioeconomic status may differ. It is recommended that future studies examine fathers of children with disabilities with lower education and economic status or from diverse cultural backgrounds. Fourth, the various disabilities are not fully represented in this sample. Our recommendation for future research is to conduct an in-depth comparison between fathers of children with different disabilities. Finally, the present study focused on fathers of young children to reflect the challenges of WFB during the early years of raising a child with a disability. It is recommended that future studies examine fathers of older children to explore long-term challenges and coping strategies. Future research may also examine, in addition to fathers, the attitudes of workplace colleagues and supervisors, as well as policymakers, to deepen the understanding of the necessary adjustments that can support the workplace inclusion of fathers of children with disabilities.

Implications for Policy and Practice

The findings indicate that it is essential to reform social policy, particularly regarding the workplace, in order to help fathers exercise their right to voice in the workplace while balancing tasks and responsibilities related to caring for a child with a disability. This shift means recognizing that these fathers are entitled to receive a comprehensive range of services at the family, community, workplace, and especially policy and legislative levels.

At the family level, we propose supporting the retention of fathers of children with disabilities in the workforce by providing holistic psychosocial support for the entire family. This support should include guidance from an occupational social worker familiar with labor rights and the job market, as well as financial, pension, and tax advisors. These resources will enable families to plan their professional and financial future. Relatedly, access to mental health and social support services for fathers should be expanded.

At the employer and workplace level, programs should be developed to raise employers' awareness of the needs and rights of fathers of children with disabilities. The current findings highlight the importance of a supportive and inclusive workplace, which enhances employees' sense of belonging and professional identity, ultimately contributing to a better WFB. An inclusive workplace provides employees with support and understanding from their employer, flexible work arrangements, and even the option of a shortened workday with full pay, allowing the father to accompany a child to treatments scheduled in standard working hours (Wright et al., 2016). Finally, research has found that an inclusive organizational culture—such as peer support or scheduling workplace events during working hours instead of in the late afternoon or evening—also contributes to improved work–family balance (Stewart, 2013).

The findings also highlight the critical need for policy changes to address the challenges faced by fathers of children with disabilities, particularly those who are not public sector employees. Workplace policies should enable fathers to navigate their family and work responsibilities more easily, with less reliance on unique coping strategies. Regulatory and legislative adjustments in the labor sector should be considered, such as increasing the number of vacation days, granting paid leave for child-related medical treatments, offering flexible work hours, enabling remote work, and providing access to employment assistance programs specifically designed for fathers of children with disabilities (Chou et al., 2012).

The study indicates that current policies are insufficient and perpetuate disparities between fathers of children with and without disabilities. Therefore, it is essential to assess the effectiveness of existing laws and consider expanding the rights and support available to working parents of children with disabilities, particularly within the public sector. These expansions should be legally mandated so that parents receive their entitled rights without having to undergo workplace committee evaluations. By changing the policy, many fathers will be able to avoid dropping out of or frequently changing their workplace. Their career advancement and work productivity will improve.

Additionally, investing in fathers of children with disabilities in the workplace will enable a more equitable gender division of caregiving responsibilities. Moreover, the family income will increase, benefiting the entire family. This will contribute to the inclusion of this population as part of the social commitment toward them. Fathers have the right not to be victims of social policies. They deserve the opportunity to voice their experiences and contribute to policy development and changes in the workplace, particularly regarding care and services for families of children with disabilities, incorporating their knowledge and experiences (e.g., Malka & Fine, 2025; Resch et al., 2010).

Conclusions

This study examined the WFB experiences of fathers of children with disabilities. It highlighted the coping strategies employed by fathers to remain in the workforce while managing the responsibilities related to their child and family. The findings showed that fathers struggled to balance these domains, with significant negative impact on their earning capacity and career advancement. The research findings indicate the challenges fathers of children with disabilities face in integrating into the workforce and highlight that workplaces do not sufficiently adapt to the needs of these employees. This often results in fathers giving up their careers or adopting various strategies to maintain the necessary income, especially given the extensive needs of a child with disabilities.

The study found that despite the difficulties and challenges, fathers choose to focus on the positive aspects and develop coping strategies such as finding meaning in caring for their child, adapting to challenging work conditions to accommodate their child's needs, and sharing their struggles with colleagues.

Keywords: fathers to children with disability, work–family balance, coping strategies, challenges, boundary theory

References

Adugna, M. B., Nabbouh, F., Shehata, S., & Ghahari, S. (2020). Barriers and facilitators to healthcare access for children with disabilities in low and middle income sub-Saharan African countries: A scoping review. *BMC Health Services Research*, *20*(1), Article 15. https://doi.org/10.1186/s12913-019-4822-6

Allen, T. D., Lapierre, L. M., Spector, P. E., Poelmans, S. A. Y., O'Driscoll, M., Sanchez, J. I., Cooper, C. L., Walvoord, A. G., Antoniou, A.-S., Brough, P., Geurts, S., Kinnunen, U., Pagon, M., Shima, S., & Woo, J.-M. (2014). The link between national paid leave policy and work–family conflict among married working parents. *Applied Psychology*, *63*(1), 5–28. https://doi.org/10.1111/apps.12004

Allport, B. S., Johnson, S., Aqil, A., Labrique, A. B., Nelson, T., Kc, A., Carabas, Y., & Marcell, A. V. (2018). Promoting father involvement for child and family health. *Academic Pediatrics*, *18*(7), 746–753. https://doi.org/10.1016/j.acap.2018.03.011

Ambrosetti, J., Macheret, L., Folliet, A., Wullschleger, A., Amerio, A., Aguglia, A., Serafini, G., Prada, P., Kaiser, S., Bondolfi, G., Sarasin, F., & Costanza, A. (2021). Psychiatric emergency admissions during and after COVID-19 lockdown: Short-term impact and long-term implications on mental health. *BMC Psychiatry*, *21*(1), Article 465. https://doi.org/10.1186/s12888-021-03469-8

Ashworth, M., Palikara, O., & Van Herwegen, J. (2019). Comparing parental stress of children with neurodevelopmental disorders: The case of Williams syndrome, Down syndrome and autism spectrum disorders. *Journal of Applied Research in Intellectual Disabilities*, *32*(5), 1047–1057. https://doi.org/10.1111/jar.12594

Balachandran, K. P., & Bhuvaneswari, M. (2024). Expressed emotion in families of children with neurodevelopmental disorders: A mixed-method approach. *Annals of Neurosciences*, *31*(2), 105–114. https://doi.org/10.1177/09727531231181014

Berdahl, J., & Moon, S. (2013). Workplaces mistreatment of middle class workers based on sex, parenthood and caregiving. *Journal of Social Issues*, *69*(2), 341–366. https://doi.org/10.1111/josi.12018

Bogossian, A., King, G., Lach, L. M., Currie, M., Nicholas, D., McNeill, T., & Saini, M. (2019). (Unpacking) father involvement in the context of childhood neurodisability research: A scoping review. *Disability and Rehabilitation*, *41*(1), 110–124. https://doi.org/10.1080/09638288.2017.1370497

Boyd, M. J., Iacono, T., & McDonald, R. (2019). The perceptions of fathers about parenting a child with developmental disability: A scoping review. *Journal of Policy and Practice in Intellectual Disabilities*, *16*(4), 312–324. https://doi.org/10.1111/jppi.12287

Bragiel, J., & Kaniok, P. E. (2011). Fathers' marital satisfaction and their involvement with their child with disabilities. *European Journal of Special Needs Education*, *26*(3), 395–404. https://doi.org/10.1080/08856257.2011.595174

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Bridges, T., & Pascoe, C. J. (2014). Hybrid masculinities: New directions in the sociology of men and masculinities. *Sociology Compass*, *8*(3), 246–258. https://doi.org/10.1111/soc4.12134

Brown, T. J., & Clark, C. (2017). Employed parents of children with disabilities and work family life balance: A literature review. *Child & Youth Care Forum*, *46*(6), 857–876. https://doi.org/10.1007/s10566-017-9407-0

Carpenter, B., & Towers, C. (2008). Recognising fathers: The needs of fathers of children with disabilities. *Support for Learning*, *23*(3), 118–125. https://doi.org/10.1111/j.1467-9604.2008.00382.x

Cheuk, S., & Lashewicz, B. (2016). How are they doing? Listening as fathers of children with autism spectrum disorder compare themselves to fathers of children who are typically developing. *Autism: An International Journal of Research and Practise*, *20*(3), 343–352. https://doi.org/10.1177/1362361315584464

Chou, Y. C., Fu, L. Y., Pu, C. Y., & Chang, H. H. (2012). Difficulties of care-work reconciliation: Employed and nonemployed mothers of children with intellectual disability. *Journal of Intellectual & Developmental Disability*, *37*(3), 260–268. https://doi.org/10.3109/13668250.2012.704984

Clark, S. C. (2000). Work/family border theory: A new theory of work/family balance. *Human Relations*, *53*(6), 747–770. https://doi.org/10.1177/0018726700536001

Coltrane, S., Miller, E., DeHaan, T., & Stewart, L. (2013). Fathers and the flexibility stigma. *Journal of Social Issues*, *69*(2), 279–302. https://doi.org/10.1111/josi.12015

Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Sage Publications.

Crettenden, A., Wright, A., & Skinner, N. (2014). Mothers caring for children and young people with developmental disabilities: Intent to work, patterns of participation in paid employment and the experience of workplace flexibility. *Community, Work & Family*, *17*(3), 244–267. https://doi.org/10.1080/13668803.2014.923816

Cypress, B. S. (2017). Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimensions of Critical Care Nursing*, *36*(4), 253–263. https://doi.org/10.1097/DCC.0000000000000253

Dardas, L. A., & Ahmad, M. M. (2015). For fathers raising children with autism, do coping strategies mediate or moderate the relationship between parenting stress and quality of life? *Research in Developmental Disabilities*, *36C*, 620–629. https://doi.org/10.1016/j.ridd.2014.10.047

Doucet, A. (2013). Gender roles and fathering. In N. Cabrera & C. Tamis-Le Monda (Eds.), *Handbook of father involvement: Multidisciplinary perspectives* (2nd ed., pp. 297–319). Routledge.

Duma, V. V., Tshabalala, N., & Mji, G. (2021). The Black hole of dealing with a disability diagnosis: Views of South African rural parents. *African Journal of Disability*, *10*, Article 951. https://doi.org/10.4102/ajod.v10i0.951

Dunn, K., Kinnear, D., Jahoda, A., & McConnachie, A. (2019). Mental health and well-being of fathers of children with intellectual disabilities: Systematic review and meta-analysis. *BJPsych Open*, *5*(6), Article e96. https://doi.org/10.1192/bjo.2019.75

Earle, A., & Heymann, J. (2012). The cost of caregiving: Wage loss among caregivers of elderly and disabled adults and children with special needs. *Community, Work & Family*, *15*(3), 357–375. https://doi.org/10.1080/13668803.2012.674408

Edition, F. (2013). Diagnostic and statistical manual of mental disorders. *American Psychiatric Association*, *21*(21), 591–643. https://seragpsych.com/wordpress/wp-content/uploads/2019/02/DSM5Update_October2018.pdf

Einam, M., & Cuskelly, M. (2002). Paid employment of mothers and fathers of an adult child with multiple disabilities. *Journal of Intellectual Disability Research*, *46*(2), 158–167. https://doi.org/10.1046/j.1365-2788.2002.00383.x

Hasan, H., & Muda, S. M. (2021). Economic burden and parenting stress managing special healthcare needs children during COVID-19 pandemic. *International Journal of Care Scholars*, *4*(Suppl. 1), 1–3. https://doi.org/10.31436/ijcs.v4iSupp1.194

Hodges, M., & Budig, M. (2010). Who gets the daddy bonus? Organizational hegemonic masculinity and the impact of fatherhood on earnings. *Gender & Society*, *24*(6), 717–745. https://doi.org/10.1177/0891243210386729

Husserl, E. (2001). *Logical investigations*. Routledge.

Ishida, S., Okuno, H., Igarashi, H., & Takahashi, H. (2022). Insufficient social support for fathers of children with developmental disorders. *Humanities and Social Sciences Communications*, *9*(1), Article 14. https://doi.org/10.1057/s41599-021-01024-0

Ives, J. (2014). Men, maternity and moral residue: Negotiating the moral demands of the transition to first time fatherhood. *Sociology of Health and Illness*, *36*(7), 1003–1019. https://doi.org/10.1111/1467-9566.12138

Josselson, R., & Lieblich, A. (2003). Narrative research and humanism. In K. J. Schneider, F. T. James, & J. Fraser Pierson (Eds.), *The handbook of humanistic psychology* (pp. 275–289). Sage Publications.

Kossek, E. E., & Lautsch, B. A. (2018). Work–life flexibility for whom? Occupational status and work–life inequality in upper, middle, and lower level jobs. *Academy of Management Annals*, *12*(1), 5–36. https://doi.org/10.5465/annals.2016.0059

Lien, K., Lashewicz, B., Mitchell, J., & Boettcher, N. (2021). Blending traditional and nurturing fathering: Fathers of children with autism managing work and family. *Family Relations*, *70*(1), 264–281. https://doi.org/10.1111/fare.12472

Malka, M., & Fine, M. (2025). The lived experience of parents of children with disabilities as service users: A transformative learning theory perspective. *American Journal of Orthopsychiatry*, *95*(3), 260–273. https://doi.org/10.1037/ort0000783

Marsh, L., Brown, M., & McCann, E. (2020). The views and experiences of fathers of children with intellectual disabilities: A systematic review of the international evidence. *Journal of Policy and Practice in Intellectual Disabilities*, *17*(1), 79–90. https://doi.org/10.1111/jppi.12328

McCafferty, P., & McCutcheon, J. (2021). Parenting a child with autism: Considering the stresses, supports and implications for social work practice. *Child Care in Practice*, *27*(4), 389–405. https://doi.org/10.1080/13575279.2020.1765145

Milbauer, V. (2010). Part-time work from home. In V. Milbauer & L. Kulik (Eds.), *Working families in Israel* (pp. 143–164). College of Management.

Niedbalski, J. (2023). (Extra) ordinary parenting: Parents of children with disabilities in the context of disability stigma and pride. *Journal of Intellectual Disabilities*, *27*(3), 648–670. https://doi.org/10.1177/17446295221100037

Organisation for Economic Co-operation and Development. (2015). *Measuring and assessing well-being in Israel*. https://www.oecd.org/en/publications/measuring-and-assessing-well-being-in-israel_9789264246034-en.html

Offer, S., & Kaplan, D. (2021). The "new father" between ideals and practices: New masculinity ideology, gender role attitudes, and fathers' involvement in childcare. *Social Problems*, *68*(4), 986–1009. https://doi.org/10.1093/socpro/spab015

Parchomiuk, M. (2022). Work–family balance and satisfaction with roles in parents of disabled children. *Community, Work & Family*, *25*(3), 353–373. https://doi.org/10.1080/13668803.2020.1764499

Park, S. (2020). Beyond patient-centred care: A conceptual framework of co-production mechanisms with vulnerable groups in health and social service settings. *Public Management Review*, *22*(3), 452–474. https://doi.org/10.1080/14719037.2019.1601241

Pompili, M., Venturini, P., Palermo, M., Stefani, H., Seretti, M. E., Lamis, D. A., Serafini, G., Amore, M., & Girardi, P. (2013). Mood disorders medications: Predictors of nonadherence—Review of the current literature. *Expert Review of Neurotherapeutics*, *13*(7), 809–825. https://doi.org/10.1586/14737175.2013.811976

Potter, C. A. (2017). Father involvement in the care, play, and education of children with autism. *Journal of Intellectual and Developmental Disability*, *42*(4), 375–384. https://doi.org/10.3109/13668250.2016.1245851

Rabionet, S. E. (2011). How I learned to design and conduct semi-structured interviews: An ongoing and continuous journey. *Qualitative Report*, *16*(2), 563–566. https://doi.org/10.46743/2160-3715/2011.1070

Resch, J. A., Mireles, G., Benz, M. R., Grenwelge, C., Peterson, R., & Zhang, D. (2010). Giving parents a voice: A qualitative study of the challenges experienced by parents of children with disabilities. *Rehabilitation Psychology*, *55*(2), 139–150. https://doi.org/10.1037/a0019473

Sallee, M. W., & Harris, F., III. (2011). Gender performance in qualitative studies of masculinities. *Qualitative Research*, *11*(4), 409–429. https://doi.org/10.1177/1468794111404322

Sato, N., & Araki, A. (2022). Fathers' involvement in rearing children with profound intellectual and multiple disabilities. *Journal of Family Nursing*, *28*(1), 57–68. https://doi.org/10.1177/10748407211037345

Schippers, A., Berkelaar, M., Bakker, M., & Van Hove, G. (2020). The experiences of Dutch fathers on fathering children with disabilities: 'Hey, that is a father and his daughter, that is it'. *Journal of Intellectual Disability Research*, *64*(6), 442–454. https://doi.org/10.1111/jir.12711

Seymour, M., Giallo, R., & Wood, C. E. (2017). The psychological and physical health of fathers of children with autism spectrum disorder compared to fathers of children with long-term disabilities and fathers of children without disabilities. *Research in Developmental Disabilities*, *69*, 8–17. https://doi.org/10.1016/j.ridd.2017.07.018

Sher-Censor, E. (2015). The challenges of Israeli adolescent girls: Gender differences in observed autonomy and relatedness in adolescent-mother interactions. *Sex Roles: A Journal of Research*, *72*(3–4), 150–162. https://doi.org/10.1007/s11199-015-0445-5

Stefanidis, A., Strogilos, V., & Kyriakidou, N. (2020). Work engagement of employees who are parents of children with disabilities: Empirical evidence from Singapore and the United Kingdom. *International Journal of Human Resource Management*, *33*(10), 1943–1975. https://doi.org/10.1080/09585192.2020.1800783

Steier, H. (2010). The end of the one-breadwinner era. In V. Milbauer & L. Kulik (Eds.), *Working families in Israel* (pp. 17–46). College of Management (Hebrew).

Stewart, L. M. (2013). Family care responsibilities and employment: Exploring the impact of type of family care on work–family and family–work conflict. *Journal of Family Issues*, *34*(1), 113–138. https://doi.org/10.1177/0192513X12437708

Stoner, J. B., & Stoner, C. R. (2016). Career disruption: The impact of transitioning from a full-time career professional to the primary caregiver of a child with autism spectrum disorder. *Focus on Autism and Other Developmental Disabilities*, *31*(2), 104–114. https://doi.org/10.1177/1088357614528798

Wright, A., Crettenden, A., & Skinner, N. (2016). Dads care too! Participation in paid employment and experiences of workplace flexibility for Australian fathers caring for children and young adults with disabilities. *Community, Work and Family*, *19*(3), 340–361. https://doi.org/10.1080/13668803.2015.1052041