

Relationship Between Gender Role Orientation,
Role Strain, and Level of Well-Being
in Multiple Role Nursing Students

by

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Abstract

The purpose of this research study was to explore the outcomes of multiple role involvement for women actively enrolled in a formal program of nursing education. The relationship between gender role orientation and level of role strain was explored to learn if there was a correlation between these two variables and a woman's level of well-being. The expansion and scarcity hypotheses were utilized in guiding this research and the adapted job strain model utilizing gender role orientation as the variable of control was also explored. A convenience sample consisting of 49 Associate Degree nursing students from a Delaware community college was selected for this study. Subjects were administered a 4-section questionnaire which included a biographical data sheet, the Bem Sex Role Inventory (BSRI: Bem, 1981), the Center for Epidemiologic Studies Depression Scale (CBS-D: Radloff, 1977) and the Lengacher Role Strain Inventory (LRSI: Lengacher, 1993).

The results indicated that role strain is not related to level of well being. However data indicated that there was a relationship between lower levels of well being and increased role strain. Contrary to predictions, results also indicated that gender role orientation was not related to level of well being or role strain. The job strain model was not supported in this study when gender role orientation was the selected variable of choice for level of control.

Finally, the scarcity hypothesis and expansion hypothesis were not supported in this study. However, data indicated that a trend was present for women occupying more roles to have a greater level of well being than women occupying fewer roles as evidenced by lower CES-D scores.

The outcome of multiple role involvement in women remains a complicated issue. Future research should be designed and directed towards studying the interactive effect of level of demands and level of control. Research should focus on validating the findings of this study. Because the expansion and scarcity hypotheses do not account for the internal and external factors effecting women's role strain and well being, models depicting directional relationships between levels of demands and levels of control such as gender role orientation should be utilized and or developed to guide future research studies.

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Chapter I

Introduction

The ability to manage the multiple demands of employment, marriage, and parenthood has become a way of life for many American women. Women of today are engaged in both professional and familial roles which require combining career obligations and family responsibilities. Time required by women in their professional roles conflicts with time needed in the family role (Campaniello, 1988).

The family role of caregiver has predominately been associated with the female sex role (Campaniello, 1988). The need to fulfill or enact the feminine sex role behaviors along with professional behaviors can lead to feelings of guilt and anxiety. When the addition of a major role transition occurs, such as returning to school, the conditions for role conflict and strain are great (Campaniello, 1988).

A major concern for nursing students is the increasing demands of many roles expected of the student. The average female nursing student is faced with many role expectations in addition to the academic pressures of a nursing program (Lengacher, 1993). Campaniello (1988) suggests that it is important for women returning to school to know..." more about the process of role change and whether it creates role conflict or enhances well-being so that they will be able to

make more effective choices about the roles they decide to include in their lives" (pg. 136).

Nursing students returning to school are challenged with meeting the many demands of their multiple roles. The addition of the academic pressures of a nursing program can be very stressful. The degree of role strain and level of well-being experienced among multiple role nursing students is not known. Lengacher (1993) states that there is a growing concern for nurses returning to school who are involved in multiple roles. The effect of these multiple roles should be explored in order to assist students in their transition toward meeting their career goals. Action strategies and interventions can be employed so that students can meet their career goals and prevent problems related to role strain. If students are assessed to have high role strain, coping strategies can be initiated to prevent emotional and physical problems.

Nursing education has traditionally trained young women in programs closely allied to hospitals with the last twenty-five years concentrating education towards higher levels of education and away from hospitals (Seidl & Sauter, 1990). With this change of learning also came a change in the type of student entering the nursing profession. Students of today, with varied backgrounds, may be described as traditional and nontraditional students. The nontraditional student is typically older than 25, married

with a family, and actively working, either full-time or part-time (Seidl and Sauter, 1990). When working with these groups of students, counselors' skills will be increasingly necessary as they relate to the adult student who is juggling the multiple roles of parent, spouse, and worker (Seidl and Sauter, 1990).

Role strain and role conflict have repeatedly been reported to be the outcome of multiple roles. The concept of role strain and role conflict as a result of multiple role involvement is also known as the "scarcity" hypothesis. The scarcity hypothesis (Marks, 1977) put forth by Goode (1960) is based on the principle that human energy is limited. The hypothesis assumes that our social system naturally makes overly demanding role expectations. Because human energy is limited, the role obligations cannot be met, thereby creating impaired well-being and conflict.

In contrast to this view is the "expansion hypothesis" (Marks 1977), which suggests increased self esteem, status, and privileges are the result of multiple role involvement. The benefits of multiple role involvement are emphasized rather than the disadvantages. The expansion and scarcity frameworks are concerned primarily with number of roles rather than with specific role types and characteristics.

The positive or negative outcomes of multiple role involvement are affected by other variables that are not accounted for in the scarcity and expansion hypotheses

(Piechowski, 1992). The concept level of control, addresses those variables which affect women's mental health. The level of control concept involves the perceptions and attributions of the woman about the environment and herself. Examples of such variables include coping styles and gender role orientation. Women's mental health is greatly influenced by the control a woman can or will exert in response to the demands of the environment (Piechowski, 1992).

Research is needed to help in understanding some of the following questions: Does the addition of a student role cause positive or negative effects in multiple role women? Are there certain behaviors women can learn about themselves that might aid in decreasing the possible negative effects? Do students enrolled in a nursing program become more susceptible to role strain due to the traditional female orientation of the profession? Findings from this research might assist in answering these questions. Such information would be useful for multiple women returning to school so effective decisions can be made about their multiple role involvement. The purpose of this study is to learn the positive or negative outcomes of multiple role women and to assess if there is a correlation between level of control and multiple role involvement.

Chapter II

Review of the Literature

Introduction

Research regarding women's mental health has had a dual focus. One focus of research has concentrated on examining the positive or negative effects of external environmental variables such as total number of roles and spouse participation. The other focus of research has concentrated on the possible negative or positive effects of internal variables such as gender role orientation and coping styles. The internal and external variables will be discussed in the review of the literature.

In order to gain a clearer understanding of the complicated issues related to the mental health outcomes of multiple role women, the research will be divided into four categories. The first category will define role strain and will present literature regarding role accumulation and the relationship to role strain and perceived well-being. The second category will discuss the external variables which affect the outcomes of multiple role involvement. The third category will discuss literature regarding the relationship of internal variables, more specifically gender role orientation, to the outcomes of multiple role involvement. The fourth and final category will discuss literature that investigates the interrelatedness of internal and external variables on the outcomes of multiple role involvement.

Specific studies involving multiple role nursing students will also be included.

Role Strain

In reviewing literature regarding multiple role women it is important to briefly discuss the theories from which research has evolved. Role theory, or more specifically role strain, as developed by Goode (1960), states that role strain is inevitable and therefore a normal outcome of multiple role involvement. The problem that an individual faces in role strain... "is how to allocate his energies and skills so as to reduce role strain to some bearable proportions" (Goode, 1960 p. 485). Goode (1960) also suggests that there is always some person who cannot conform or adjust to multiple roles by lack of resources such as human energy.

Siebert (1974) disputed the role strain theory developed by Goode and stated that..."the benefits of role accumulation tend to outweigh any stress to which it might give rise, thereby yielding net gratification" (Siebert, 1974 p. 567). Siebert suggested a role accumulation theory be developed to address the four types of rewards derived from multiple role involvement. The specific rewards include: role privileges, overall status security, resources for status enhancement and role performance, and enrichment of the personality and ego gratification (Siebert, 1974 p. 567).

Marks (1977) developed two theories regarding the energy demands of multiple role involvement and subsequent role strain. The scarcity hypothesis suggests that human energy is limited therefore role strain and negative outcomes occur as a result of multiple role involvement. The expansion hypothesis was developed to provide... " an energy-creation theory of multiple role involvement since empirical literature only partially supported the scarcity approach view that multiple roles inevitably create strain" (Marks, 1977, p. 921). Marks concludes that human activity not only utilizes energy but can also produce energy.

Role Accumulation

Thoits (1983) provided one of the earliest and most cited research studies regarding the positive effects of multiple role involvement in men and women. The study was guided by utilizing the "identity accumulation hypothesis" which states...the more identities possessed by an actor, the less psychological distress he/she should exhibit" (Thoits, 1983 p. 174). The study sample consisted of 1095 adult men and women who were selected randomly from a community mental health center in metropolitan New Haven. The study identified the number of roles each respondent held and then assessed the level of psychological distress of each respondent by utilizing the Macmillan Psychological Distress Scale. Results of the study indicated that individuals who possessed numerous identities reported

significantly less psychological distress (Thoits, 1983). The study's findings suggested that multiple role involvement does not necessarily result in role strain or conflict.

The most noted or cited research dealing with women's multiple roles was performed by Baruch & Barnett (1985). They examined women's involvement in multiple roles in relation to psychological well-being. Their study focused on the relationship of role strain (overload and conflict) on three different aspects of women's multiple roles. These aspects included the sum of roles occupied, the specific roles of spouse, mother, and employee, and the quality of the woman's experience within each role. Psychological well being was measured by the Rosenberg Self Esteem Scale (1985), the depression subscale of the Hopkins Symptom Checklist (1974), and a pleasure scale consisting of the three measures of happiness, satisfaction, and optimism. Role quality was measured by scales specifically designed by the researchers to assess the equality between the positive and negative attributes women perceived in their roles. The research study was guided by the expansion and scarcity hypotheses.

The sample consisted of 238 Caucasian women between the ages of 35 and 55. The researchers described the sample as a disproportionate random sample due to the inability to locate the desired number of married, childless, nonemployed

women. The data for their study were from a larger study and were drawn from the voting lists of a community in the Boston area. The results of the study indicated that the scarcity and expansion hypotheses are not adequate in explaining women's experiences in their social roles in relation to well-being.

The results of this study indicated that the roles of worker, mother, and spouse can cause women to experience both gratifying and dissatisfying situations. The degree of benefits versus the degree of costs in any particular role will have a positive influence on well-being. Finally, results indicated... "that the qualitative rather than the quantitative aspects of women's experience within multiple roles needs to be understood when looking at psychological well-being" (p. 583).

Pietromonaco, Manis, & Frohardt-Lane (1986) also studied the relationship between having multiple social roles and psychological well-being. Their sample consisted of 500 employed women who took part in a larger study at the Center for Continuing Education at the University of Michigan in June 1981. All respondents had a graduate degree or professional degree. Participants were asked about the number and type of social roles, their perceptions of life stresses and pleasure, and the degree of satisfaction with their career, partners and children.

Work, partner, parental, student, and volunteer roles were studied.

The results indicated that self-esteem was markedly higher for women who held more social roles. Women who were working but who did not hold any of the social roles showed the lowest self-esteem. In contrast, women who worked, had a partner and one or more children, were students, and engaged in at least one volunteer activity, reported the most positive feelings about themselves. The findings suggest that for employed women, having multiple roles may be psychologically beneficial. Women who held more roles did not report greater life stress and had a slight tendency to list more life events as pleasurable.

The limitation of this study was that the majority of the sample were highly educated and career-oriented middle-class women. The extent to which these findings apply to women with less education and income, to women who are not career-oriented, and to women who are not employed outside the home needs to be investigated.

Gerson (1985) was interested in learning the consequences of multiple roles for women returning to school. The study focused on two distinct groups of students and housewives. All women were midlife with the one group returning to school and the other group being primarily housewives. Questionnaires were given to both groups of respondents. The tools utilized in the

questionnaire involved the measurement of demographic data, the positive and negative outcomes of multiple role involvement, self-esteem, and finally feminist ideology was measured by using the Mason and Bumpass Scale. Results of the study indicated that multiple roles were correlated to role strain but were also correlated to positive outcomes as well. Results also indicated that the students experienced significantly greater benefits as well as negative outcomes of multiple roles. Feminist ideology varied directly with gratification for both students and housewives. The researchers emphasized the need to look at all variables that may influence role adaptability.

Froberg, Gjerdingen, and Preston (1986) conducted a thorough review of the literature and concluded that empirical evidence existed supporting the expansion hypothesis. Their review of the literature concluded that women who occupied more roles were healthier and more satisfied with their lives than women who occupied fewer roles. The most important finding of their literature review concluded that there were numerous other variables associated with women's adaptability and well being in regards to multiple role involvement. These researchers recommended that research stray away from the total sum of roles and focus on the specific role combinations, patterns, and characteristics. Their review of the literature also

indicated that future research should consider individual differences in the way people perceive their roles.

Waldron and Jacobs (1989) analyzed longitudinal data for a national sample of middle aged women. The purpose of their study was to learn and assess the health outcomes of multiple role involvement. Their study included longitudinal data on a group of women occupying the roles of worker, spouse, and parent. The data were obtained from the National Longitudinal Surveys of Labor Market Experience and included the interval of 1977-1982. Health scale scores were calculated for 1977 and 1982 from 22 interview questions concerning health that were asked in both years. Results of the study concluded that women who held more roles had significantly better health trends. However, the effects of multiple role involvement were not consistently beneficial to all women. There was a significant difference between black and white women's response to multiple role involvement. Results indicated that employment had beneficial effects on health for unmarried white women; marriage had beneficial effects for white women who were not working; and parental status did not affect health for white women. For black women, employment had beneficial effects on health for mothers; having children at home had negative effects on women who were not employed; and marital status did not affect health. The study concluded that for all

women, employment did not have significant negative health outcomes.

Tiedje, Wortman, Downey, Emmons, Biernat, and Lang (1990) examined how women who combine the roles of mother, spouse, and professional perceive their multiple roles. Their study examined the relationship between women's perceived role-related conflict and women's role satisfaction and mental health. Tiedje et al (1990) stated their research was necessary due to the fact that most research studies regarding multiple role women studied only mental- health consequences of the number and type of roles that a person held. They believed their research to be important to support the findings of recent research indicating... "that attitudes, internalized beliefs, and cognitive representation of roles have a moderating effect in predicting differences in reactions to stress and stress outcomes beliefs" (Tiedje et al, 1990 p. 64).

The study examined alternative models of how women combine perceptions of role conflict and role enhancement. The role perception continuum model and the role perception typology model were explored. The data were gathered on a random sample of 158 married women college professors and middle-level managers. The respondents were assessed according to the following measures: objective sources of stress, perceived stress, coping strategies, coping resources, (such as personality factors, social support, and

behavioral predispositions), role functioning, and mental and physical health. Specific scales included the 13-item depression subscale of the SCL-90-R, nine items from the Bradburn's Affect Balance Scale, 6 item scale based on the Pearlin and Schooler's scale of measurement for role strain and satisfaction, six items from the Weismann and Bothwell Social Adjustment Scale and finally, the life orientation test.

Results of their study indicated that women showed considerable variability in their perceptions of role related conflict and enhancement. The results did not support the scarcity hypothesis which states role conflict is inevitable as a result of multiple role involvement. The results also did not support the expansion hypothesis which suggests that enhancement will result as the outcome of multiple role involvement. Most importantly the results of the study supported the typology rather than the continuum model. Women experiencing high enhancement and low conflict scored highest on measures of mental health and role satisfaction. Women who were experiencing low enhancement and high conflict scored the lowest in mental health outcomes and role satisfaction.

External Variables and Role Strain

Gray, Lovejoy, Piortrkowski, & Bond (1990) were interested in learning the relationship of husband supportiveness and women's well being. Their study utilized

data from a previous longitudinal study that dealt with multiple role women before and after pregnancy. Their sample consisted of 490 women who were married and working full-time before and after their pregnancies. The husbands were also employed full-time. Two aspects of women's psychological well-being, perceived stress and coping and life satisfaction, were assessed. Stress and coping were measured by adapting six items from the Perceived Stress Scale. Well-being was measured by having respondents answer the question: "All things considered, how satisfied are you with your life these days"? Respondents were allowed to answer the question on a five-point Likert scale ranging from very satisfied to very unsatisfied. Husband's supportiveness was also assessed by utilizing six separate indices which assessed husbands' support to wife's employment and family responsibilities. The results of the study indicated that a substantial relationship was found between the degree of perceived supportiveness of the husband and the woman's well being. Gray et al (1990) concluded ..." a host of individual factors account for the ability to cope with stress and the life satisfaction of full-time employed women with children. Nonetheless husband's psychological support is most strongly associated with positive mental health outcomes" (p. 339).

Scarr, Phillips, and McCartney (1989) performed a literature review regarding the topic of maternal employment

and its effects on the family. Their review suggests that marriage and parenthood can be great sources of happiness and satisfaction; however, these roles can also elicit extreme stress. Despite the large number of women employed in the work force, they still continue to take on most of the familial responsibilities such as housework and child care. Scarr et al (1989) state that it is not surprising to learn that women feel stressed by all these responsibilities. These researchers conclude that it is not the extra roles that create stress but rather it is the "circumstances of the family, the attitudes and expectations of fathers and mothers, and the distribution of time available" (p. 1402) that have the most influential effect on the outcomes of women's mental health. Scarr et al (1989) also reported that mothers have the greatest workload of anyone else in the working environment due to the fact that family responsibilities to household and children are not equally shared by fathers.

Repetti, Matthews, and Waldron (1989) reviewed empirical evidence concerning the effects of paid employment on women's mental and physical health. Their review of the research literature indicates that employment does not affect all women in the same way and that the "...net effect of employment on women's mental health is not negative, on the average" (p. 1399). Their reviewed literature indicates that employment appears to have beneficial effects on health

for some subgroups of women, such as the unmarried women or women who are married that have favorable attitudes toward employment. The researchers state that their conclusions should be taken with caution due to the fact that the majority of studies examined were based on only a few longitudinal studies with the vast majority of studies being retrospective, concurrent, and cross sectional studies of mental health. Repetti et al (1989) suggest that future research should focus on longitudinal studies in order to fully learn the effects of employment on women's mental and physical health. They suggested that well-designed longitudinal studies are needed to study the effects of employment on women's mental health.

Internal Variables: Level of Control

The amount of decision making abilities and individual control over the stresses and demands of the environment is determined by a number of different factors. These may include such things as the environment itself, any perceived emotions and attributions of the woman about the environment and herself, and the woman's personal resources and preferences (Piechowski, 1992). Gender role orientation is one variable which is frequently associated with perceived emotions. When examining level of control variables such as gender role orientation, it is important to understand Bem's (1981) concept of androgyny.

According to Bem (1974), androgyny is defined as having high degrees of both feminine and masculine characteristics (Bem, 1974). Gender roles are defined as the prescribed behaviors, attitudes, and traits socially defined as appropriate for one's gender. The accumulation of multiple roles and social change requires a need for flexibility to meet the demands of an ever changing society. The androgyny perspective implies that behavioral flexibility results from the ability to engage in traditionally masculine or feminine behaviors. Various studies by Bem (1974, 1975, 1979) conclude". . .that an androgynous gender orientation facilitates situationally flexible behavior and fosters more fully integrated human beings than traditional gender roles" (Ballard-Reich & Etton, 1992). Researchers who support this perspective hypothesize that androgyny is the healthiest and most productive orientation. Individuals exhibiting these androgynous behaviors will have an enhanced psychological well-being (Ballard-Reich & Elton, 1992). McBride (1989) states that "depression is likely when women and men remain influenced by the norms and values that define traditional gender relations at the same time that they are acting out alternatives to the old-role ideology" (1989, p.45).

Gender role orientation has been associated with psychological well-being. Long (1989) observed that high levels of psychological adjustment and low levels of

distress or decreased well-being have a strong relationship to the masculine gender-role orientation. In her study, Long examined the gender role orientation, coping strategies, self-efficacy, and stress in male and female dominated occupations. Respondents in the study consisted of 281 working women from both traditional and nontraditional female occupations. Gender role orientation was measured by the Bem Sex Role Inventory. Coping strategies were measured by the Ways of Coping Checklist. Well-being was measured by utilizing the Trait Anxiety Inventory and finally role strain was measured by utilizing the Personal Strain Questionnaire. Results of the study supported the hypothesis that gender role orientation is related to differences in occupational strain and coping. Masculine typed women regardless of the occupation, reported lower levels of strain, trait anxiety, and work impairment than androgynous, feminine, or undifferentiated. These same women experienced greater frequency of problem-focused and preventive coping, and higher levels of personal efficacy.

Levo and Biggs (1989) hypothesized that a woman's "cognitive appraisal" of the multiple role status greatly influences her choices in dealing with the stressful situation. Cognitive appraisal includes internal variables such as gender role orientation and coping styles. Their study consisted of 76 women subjects who were college

educated, married, employed outside the home, and who had children living at home.

The respondents were administered a questionnaire which contained the BSRI and the Paragraph Completion Method. The respondents were asked to read a short situational story and to visualize themselves in the particular situation. The respondents were then asked to describe the level of stressfulness they perceived in the situation, to describe their perception of available resources in dealing with the situation, and to finally describe the coping strategy they would have utilized in coping with that situation. Results of the study concluded that androgynous women reported more confidence in their ability to cope with stressful home and career demands than did feminine women. Levo and Biggs conclude..." A woman's sex-role beliefs and her cognitive appraisal of her resources for coping with stressful home/career demands appear to be significant cognitive variables that influence her level of effective coping" (Levo and Biggs, p. 54). Results of the study also indicated that women who perceived themselves as having more resources to cope with multiple demands tended to select more effective coping strategies.

Gender-role orientation has also been associated with levels of depression. Oliver & Toner (1990) explored the relationship between gender role orientation and depressive symptoms. Their study consisted of 459 undergraduate male

and female psychology students. The respondents were asked to complete the Beck Depression Scale , the Short Form Bem Sex-Role Inventory, and the Marlowe - Crowne Social Desirability Scale. Results of the study indicated that there were significant differences between the feminine typed subjects and the masculine typed subjects. The feminine typed female subjects experienced significantly greater depressive symptoms than masculine typed female students.

Thorton and Leo (1992) were interested in examining if there was an interactive influence of multiple role involvement and gender role typing on the outcome of women's mental health and health risk behaviors. They hypothesized that androgyny contributed to the women's successful adaptation in coping with multiple roles. They also hypothesized that the androgyny typed sex-role aided in protection against health risk behaviors and mental health problems. Anxiety, depression, and substance abuse were the three variables being measured for interactive effect. One hundred and sixty middle class undergraduate women whose ages varied from 18 to 51 completed 5 questionnaires. The Personal Attribute Questionnaire (PAQ) was utilized to identify respondents as masculine, feminine, androgynous, and undifferentiated. The Self-Roles Inventory (SRI) was utilized to assess the importance of multiple roles and to assess for "superwoman" ideals in respondents. The Beck

Depression Inventory (BDI) was a 21 item scale assessing affective, cognitive, and behavioral or motivational symptoms of depression. The Clinical Anxiety Scale (CAS) was a 25 item scale that assessed the degree of clinical anxiety. Finally the Substance Abuse Scale (SAS) was utilized to assess the abuse of other substances besides alcohol. Depression, anxiety, and substance abuse scores were analyzed.

Overall, both feminine gender typed and undifferentiated women indicated more depressive symptoms than either masculine typed or androgynous women. There were not significant differences due to multiple roles, nor was there any interaction effect. There was a significant difference regarding heightened levels of anxiety and the respondent's gender typing. Feminine typed and undifferentiated women expressed greater clinical anxiety than either masculine typed or androgynous women. There was no effect of multiple roles, nor any interaction effect.

Meaning in life is a concept which has been utilized extensively by psychologists and psychiatrists. It has been defined as ... "the cognizance of order, coherence, and purpose in one's existence, the pursuit and attainment of worthwhile goals, and an accompanying sense of fulfillment" (Reker & Wong, 1988). A person's sense of meaning is believed to be generally stable, undergoing gradual transformations across the life-span in conjunction with

changing belief and value systems" (Zika & Chamberlain, 1992, p.133). Meaning in life is highly correlated with psychological well-being. Well-being is measured by a variety of variables with a common one being that of depression.

The relationship between multiple roles and depression is a complex issue (McBride, 1989). Depression can be expected when women and men are engaged in nontraditional roles while adhering to nontraditional belief systems. Depression is frequently the variable of choice in measuring the mental health outcomes or level of well being (Piechowski, 1992). Depression is considered both as a mood and as a diagnosable syndrome.

Nursing Students and Internal and External Interrelatedness

Students enrolled in nursing school must integrate their educational role into home and employment responsibilities. Multiple role students are of interest because of the caring nature of the nursing profession. In order to care for or help others, nursing students must have a sense of positive well-being about themselves. "Nurses have to work emotionally on themselves in order to appear to care, irrespective of how they personally feel about themselves, individual patients, their conditions and circumstances" (Cooper and Palmer, 1993, p. 24). Few studies address role strain in nursing students. Research is needed in learning the outcomes of role strain in nursing

students when considering the number of multiple role women enrolled in nursing schools (Lengacher, 1993). The internal and external factors should be explored (Piechowski, 1992).

In examining multiple roles and gender typing on the effects of well being, Campaniello (1988) wanted to assess professional multiple role women returning to a formal program of education. Campaniello was interested in assessing how gender-role orientation and multiple roles affected perceptions of role conflict and level of well being in multiple role women who were in major role transition. Campaniello believed that women would be able to make better choices in their lives if they could learn how role change would affect their already multiple role lives. More importantly the women would be able to make more effective choices about the roles they decide to include in their lives. The Bem Sex Role Inventory and the CES-D depression scale were administered to one hundred and fifty-five female nursing students. These students were registered nurses returning to school to obtain their baccalaureate degree. Campaniello oriented all subjects to the instruments and assured them that anonymity would be maintained. A biographical data sheet was also included with the instruments. The biographical sheet enabled the subjects to be grouped into three demographic categories according to employment status, marital status, and motherhood.

The biographical data sheet also assessed for the degree of conflict the women experienced since returning to their formal program of education. The degree of conflict experienced in separate roles of mother, spouse, student, and employee was also addressed on the biographical data sheet. The following questions were to be answered by performing the study; (1) Do multiple roles increase perceived role conflict? (2) Is sex role concept related to perceived role conflict and level of well-being? and (3) Do increases in perceived role conflict result in decreased well-being? The results of this study indicated that multiple role involvement does not significantly affect perceived role conflict.

Results indicated that differences in sex-role concept did not affect role conflict. However the ratio of feminine/undifferentiated typed women to masculine/androgynous women was 2:1. Also, data indicated androgynous/masculine women experienced significantly greater well-being than the feminine typed students. Results also suggested that moderate to strong levels of conflict produced decreases in levels of well-being.

Steenbarger and Greenberg (1990) wanted to study the link between sex roles, stress, and distress among multiple role women who had high demands on their time from being enrolled in an educational program. Students of nursing were selected to meet this criteria. These students were

all registered nurses who were returning to school to achieve their baccalaureate nursing degree. The sample consisted of 105 registered nursing students enrolled in their first year of a baccalaureate nursing program. Ages of the students ranged from 19 to 55 with a mean age of 28.55. The purpose of the study was described to the students as a study to learn more about the personality of nursing students. Participation was voluntary and all respondents were made aware that confidentiality would be maintained. Participants were administered the Bem Sex Role Inventory and the DeRogatis Stress Profile, which assessed for depression, hostility, domestic stress, and vocational stress. A demographic questionnaire was also included with the instruments. The subjects were asked their age, marital status, number of dependent children, part-time/full-time enrollment status, and number of hours worked per week outside of school.

The following hypotheses were presented: (1) Masculine sex-roles would be associated with lower self reported depression, (2) Feminine sex-roles would be associated with lower levels of hostility, and (3) Feminine sex-roles would predict lower levels of domestic and vocational stress.

Results supported the three proposed hypotheses. Masculine sex role traits were found to correlate with lower levels of depression whereas the feminine traits tended to be associated with lower levels of hostility. Vocational

adjustment was found to be higher for students exhibiting greater feminine traits. One could also conclude from the data that of the four sex role orientation groups assessed, androgynous nurses exhibited significantly lower levels of depression and vocational stress than those nurses who were classified as undifferentiated.

A model of Predicted Relationship of Role Demands and Control to Mental Health Outcomes in Multiple-Role Women

The model used in the present study was one postulated to be effective in studying the mental health outcomes of multiple role women. The "job strain model" (Karasek, 1977) used specifically to study the outcomes of work related variables in men, will be utilized on women and will be adapted to include variables of individual responses and perceptions (Piechowski 1992). The "job strain model", suggests that negative mental outcomes or strain results from the interaction of demands and control in the work setting. Simply stated, there is not one single aspect of the work environment that can predict strain. Rather, negative outcomes or strain are related to the combined effects of the particular job demands and the individual ability to choose or control the environment. The model predicts that negative outcomes such as hypertension, cardiovascular changes and coronary disease, as well as psychological problems occur in male subjects when the job demands are high and the level of control is low.

Karasek (1977) hypothesizes that job demands and the level of control should be highly correlated. For example, an individual experiencing high job demands will experience positive mental and physical outcomes when the level of control or their decision making abilities are high. The same correlation would be true for the individual experiencing a low level of job demand and low level of control. Negative mental or physical effects will only occur when the role demands are high and the level of control is low (Karasek, 1977).

After performing an extensive review of the literature, Piechowski (1992) hypothesizes that an "extrapolated" interpretation of the job strain model would be applicable for researchers studying the outcomes of women's multiple role involvement. Piechowski suggests utilizing Karasek's model but substituting the variable, number of roles, in place of the variable job demands. Piechowski also suggests expanding the definition, "features of the environment," to include individual responses and perceptions. By incorporating these changes ... " the model would predict that negative outcomes would result from the interaction of a stressful, demanding environment with the individual's inability, due to internal or external inhibitions, to act on the environment with agency or control" (Piechowski, 1992 pg. 133) (Figure I). Specifically, this model predicts that negative mental health outcomes such as depression will be

experienced among multiple role women when the level of demands or roles are high and the individual's level of control, whether being internal or external environmental factors, is low.

Role strain and level of control such as gender-role orientation have become strong variables in the prediction of women's mental health outcomes (Piechowski 1992). However, little attention has been given to the possible interaction effect between role demands and gender role orientation. Piechowski states..." as research into the mental health effects of multiple roles is fine tuned, making such distinctions between the demands and stresses and the level of control over those demands may prove important. Research directed toward defining the composition and structure of demands and control would be a logical next step" (Piechowski, 1992, p. 137).

Figure 1

Predicted relationships of role demands and control
to mental health outcomes in multiple-role women.

| | | Role Demands | |
|---------|------|------------------------------------|------------------------------------|
| | | Low | High |
| Control | High | Positive Mental Health Outcomes | Positive Mental Health Outcomes |
| | Low | Positive Mental Health Outcomes | Negative Mental Health Outcomes |

From: Piechowski, L.D. (1992). Mental health and women's multiple roles. The Journal of Contemporary Human Services.

Summary

Research regarding the mental health of multiple role women indicates that both external and internal variables can be predictive of positive or negative outcomes. External factors such as husband supportiveness and internal variables such as gender role orientation have been explored. Future research regarding the interaction effect between gender role orientation and level of well being is important when trying to understand the mental health outcomes of multiple role women. This research is also important for women considering the possibility of furthering their education by enrolling in a formal program of education. Research regarding the interaction of internal and external variables is important for individual and family counseling with multiple role women. Research that investigates the models of interaction variables would suggest "it is not the stress per se that needs to be reduced, but it is the overall framework of demand vs. control that needs to be taken into consideration" (Piechowski , 1992 pg. 138). Specific family therapy interventions would include the assessment of family delegation as well as individual counseling in regards to increasing positive behavior and utilization of proactive coping strategies.

Few studies combine the effects of multiple role involvement and gender type orientation in women returning

to an educational setting. The purpose of this research is to study the effect of multiple roles on female students enrolled in an ADN nursing program. Level of control, or more specifically gender role orientation, and multiple roles will be assessed to determine how they effect perceptions of role strain and level of well-being. If schools or nursing were able to identify the students experiencing role conflict and or role strain, nursing educators could assist those students in their transition towards achieving their career goals. Coping strategies could be taught or initiated to prevent emotional and physical problems. Faculty could learn or adapt teaching strategies to facilitate learning in students experiencing role strain. Also, if students were able to identify behaviors that would predispose them to negative mental well-being, appropriate choices regarding their future could be made.

Chapter III

Methodology

The purpose of this study was to assess the relationship between gender role orientation, role strain, and level of well-being in multiple role nursing students. The gathered data would either support or not support the expansion hypothesis and or scarcity hypothesis. The second purpose of this study was to learn if the job strain model could be utilized in studying the outcomes of women involved in multiple roles. Finally, the third purpose of this research study was to assess if gender role orientation had a significant influence on the level of well being and role strain in multiple role students. Specific objectives were to:

1. Identify those nursing students experiencing role strain and identify those students not experiencing role strain.
2. Assess the level of well being in students experiencing role strain and those students not experiencing role strain and to assess if the level of well-being between the two groups of students differed.
3. Assess if gender role orientation is correlated to perceived role strain.
 - (a) Determine if multiple role women who exhibit feminine or undifferentiated gender role behaviors

experience greater role strain than multiple role women who exhibit masculine or androgynous gender orientation?

4. Assess if gender role orientation is correlated to perceived level of well being.

(A) Determine if multiple role women who exhibit feminine or undifferentiated gender role behaviors experience lower levels of well-being than multiple role women who exhibit masculine or androgynous gender orientation?

5. Determine if the expanded Job Strain Model can be utilized in studying the outcomes of multiple role women.

Study Hypotheses

The following hypotheses were developed based on previous literature review regarding women and multiple role involvement:

H1: Women who occupy multiple roles experience greater well-being than women who occupy fewer roles.

H2: Women who occupy multiple roles experience greater role strain than women who occupy fewer roles.

H3: Women with masculine/androgynous orientation experience greater well-being and lower role strain than women who are feminine/undifferentiated.

Study Design

This research used a descriptive correlational, non-experimental, cross sectional design. A biographical data sheet and three assessment questionnaires were utilized for

data collection. Cross sectional studies are the design of choice for..."describing the status of phenomena or for describing relationships among phenomena at a fixed point in time" (Polit & Hungler, 1991 , p. 243). The design also included correlational research which allows the researcher to ...explore the interrelationships among variables of interest without any active intervention on the part of the researcher" (Polit & Hungler, 1991, p. 642). The research was interested in explaining phenomena and inferring causal relationships.

Study Variables

The independent variables for this study were: multiple role status, employment status, marital status, number of children, gender-role orientation, and combined family income. The dependent variables were role strain and level of well being. Data collection regarding the independent variables involved the use of the biographical data sheet and the BSRI. Data collection regarding the dependent variables involved the utilization of the LRSI and the CES-D depression scale. Independent and dependent variables were operationally defined as follows:

(1) role strain: Role strain was measured using the Lengacher Role Strain Inventory. Scores on this 100 question Likert type scale can range from 0 to 500 with 0 indicating no strain and 500 indicating the greatest level of strain. Respondents who score 250 or more on the

Lengacher Role Strain Inventory were identified as experiencing role strain.

(2) well-being: Level of well being was measured using the CES-D Scale. Scores on this 20 question Likert type scale can range from 0 to 60 with 60 indicating the most symptomatology of depression and 0 indicating the least. Individual scores were obtained for each respondent.

(3) multiple roles: The respondent was classified as a multiple role woman when the roles of mother, student, spouse, and employee were occupied as indicated by the respondent on the biographical data sheet. Respondents were classified as occupying 2,3,or 4 roles.

(4) employment: Any student working outside the home either in a full or part time status as indicated by the respondent on the biographical data sheet.

(5) children: the number of children reported by the respondent in the biographical data sheet.

(6) gender role orientation: Gender role orientation was measured by utilizing the BSRI short form which is a 30 question likert type scale that measures gender role orientation in subjects. Respondents were classified as feminine/undifferentiated gender type orientation or masculine/androgynous gender type orientation after completing the BSRI.

(7) combined family income: Respondents were classified into the following income categories after

responding to the biographical data sheet: Less than \$15,000; \$15,000 to \$25,000; \$25,001 to \$35,000; \$35,001 to \$45,000; \$45,001 to \$55,000; over \$55,000.

(8) Age: Respondents were classified into the following age categories after completing the biographical data sheet: 18 to 25, 26 to 35, 36 to 45, and over 40.

Instrumentation

The instrument utilized for this research study included four sections with quantitative and qualitative properties. The first section contained the biographical data sheet which consisted of the demographic questions. This section asked respondents to fill in the appropriate blocks which best represented their employment, marital, age, number of children, and individual and combined family income statuses. The second section contained the CES-D scale. The CES-D scale is a short 20 item self-report Likert-type scale designed to measure depressive symptomatology in the general population. The scale was designed for use in general population surveys and to be easily administered by lay interviewers as well as be acceptable to the respondent (Radloff, 1977). The scale was also designed to be used in studies which examined the relationships between depression and other variables across population subgroups. The items of the scale were selected from a collection of items from previously validated depression scales. The major components of the scale also

consist of depressive symptomatology which were identified from the clinical literature and factor analytic studies (Radloff, 1977). These components included: depressed mood, feelings of guilt and worthlessness, feelings of helplessness and hopelessness, psychomotor retardation, loss of appetite, and sleep disturbance. The scale consists of 20 items which ask the respondent "how often this past week did you...". The respondent then selects how often he or she felt like that particular symptom. The "how often" was measured in the following degrees: Rarely or none of the time (less than 1 day), some or little of the time (1 to 2 days), occasionally or a moderate amount of time (3 - 4 days), or most or all of the time (5 - 7 days). The test has been administered to the general public as well as patient populations. The reliability of this scale has been confirmed by using methods of internal consistency. Chronbachs alpha was .85 in the general population and was .90 in the patient population or sample (Radloff, 1977).

Reliability of the CES-D

The CES-D has demonstrated high reliability in repeated studies (Radloff, 1977). In determining the original reliability of the scale, coefficient alphas on four separate groups of subjects was performed. Three of the groups, identified as group 1, 2, or 3, were considered to be representative of the general population with the fourth group consisting of clinically depressed patients. The non

clinical groups demonstrated coefficient alphas of .85, .85 and .84 respectively and the patient group alpha was .90. Split halves method results of the four groups resulted in alphas of .77 .76 .77 for groups 1, 2, 3, respectively and .85 for the patient group.

In order to determine the reliability of the CES-D for this research study, Cronbachs alpha was performed and an alpha coefficient of .7165 was obtained (Table 1). This indicates a moderately high coefficient alpha for this study.

Validity of the CES-D

The Validity of the CES-D is well documented in the literature (Radloff, 1977). The development of the tool was based on symptoms of depression as seen in clinical cases even though the tool was not developed for clinical diagnoses or purposes. For this reason... "the scale should discriminate strongly between patient and general population groups, be sensitive to levels of severity of depressive symptomatology, reflect improvements after psychiatric treatment, and should correlate well with other scales designed to measure depression" (Radloff, 1977, p. 293). Testing of the CES-D by researchers show the tool to have..." excellent concurrent validity by clinical and self-report criteria and substantial evidence of construct validity" (Radloff, 1977, p. 293).

Table 1Reliability Coefficients of the Study Instruments

| <u>Tool</u> | <u>Items</u> | <u>ALPHA</u> |
|-------------|--------------|--------------|
| LRSI | 100 | .9524 |
| CES-D | 20 | .7165 |
| BSRI | 30 | .8711 |
| MASCULINE | 10 | .8810 |
| FEMININE | 10 | .8562 |

The third section of the research instrument was the BSRI. The BSRI measures masculinity and femininity as two independent dimensions. Bem states..." the BSRI has two features that distinguish it from most masculinity-femininity scales. Most important, the BSRI treats femininity and masculinity as two independent dimensions rather than as two ends of a single dimension, thereby enabling a person to indicate whether she or he is high on both dimensions ('androgynous'), low on both dimensions ('undifferentiated'), or high on one dimension and low on the other (either 'feminine' or 'masculine')" (Bem, 1981 p. 4). The inventory characterizes a person as masculine, feminine, undifferentiated or androgynous as a function of masculine and feminine personality characteristics. The short form inventory contains 30 personality characteristics. Ten of the characteristics describe socially desirable personality characteristics for women; 10 describe socially desirable characteristics for men; and 10 are neutral characteristics. Respondents are asked to rate each of the 30 items indicating how well the characteristics describe them on a scale from 1 to 7 with 1 indicating never or almost never true and 7 indicating always true to almost always true (Bem, 1981).

Reliability of the BSRI

To ascertain the reliability of the tool after its development, reliability tests of the BSRI were performed on

two samples of subjects, both consisting of undergraduate students in Introductory Psychology at Stanford University. The first sample included 279 females and 444 males who filled out the BSRI in 1973 and the second group included 340 females and 476 males who completed the BSRI in 1978. The internal consistency was computed by performing coefficient alpha separately for females and males in both samples. BSRI short form Coefficient alphas for females for the Femininity score in 1973 were .84 and in 1978 were .84. Coefficient alphas for males for the femininity score in 1973 were .87 and in 1978 was .87. Coefficient alphas for females for the masculinity score in 1973 was .84 and was .86 in 1978.

For this present research the alpha coefficient for the entire BSRI scale was .8711. (Table 1) The coefficient alphas for the Masculinity scores were .8810 and the coefficient alphas for the femininity scores were .8562. This demonstrates that the BSRI continues to be a reliable tool for measuring gender role orientation.

Validity of the BSRI

The BSRI is well researched and demonstrated to be valid by a series of studies on instrumental and expressive functioning (Bem, 1975). The data obtained from these studies conclude that only the androgynous typed subjects consistently exhibited high levels of behavior in both the Masculine and Feminine orientations. Data also concluded

that the nonandrogynous subjects frequently exhibited low behaviors in one or two other gender orientations. The validity of the BSRI is also supported by 24 studies that "establish conceptually relevant behavioral correlates" (Bem, 1981, p. 16). All of these studies are listed in summary form in the Bem Sex Role Professional Manual (Bem, 1981).

The fourth and final section of this research instrument included the LRSI. In this study the LRSI is used to assess the characteristic of role strain in female nursing students who have multiple roles (being in school, having a family, and being employed). The LRSI consists of a 100-item Likert-type scale instrument. There are 10 subject areas related to role strain that are incorporated into the inventory questions. The following areas of homemaker, support of husband or significant other, school, time pressures, economic pressures, personal health, children, career, community activities, and recreational activities are all included in the instrument. The subject areas were derived from an extensive review of the literature and were evaluated by a panel of six experts in nursing and test construction (Lengacher, 1993). A five-point Likert-type scale of from (1) strongly disagree to (5) strongly agree, is used for the response categories and allowed for attitude intensity. The items are coded so that the higher the response number, the higher the role strain

experienced by the person or respondent. Fifty items are designed as negative items and fifty items are designed as positive items that are related to role strain. The possible range of points could vary from 0 to 500, 0 indicating absolutely no role strain and 500 indicating complete role strain. Lengacher (1993) states that the limitations of the inventory involve the sheer number of items and that for future research on the instrument... "refinement of items related to the length of the inventory should be a major consideration" (p. 76). The LRSI meets a definite need for assessment of women's role strain, particularly related to women who are returning to school, who are employed, and who have a family (Lengacher, 1993).

Reliability of the LRSI

Lengacher (1993) developed the LRSI to measure role strain in multiple role nursing students. This 100 item Likert-type scale measuring ten separate concepts of role strain has been demonstrated to be a reliable tool for measuring role strain. In determining the reliability of the scale, Lengacher administered the scale to six different groups of students and performed alpha coefficients on the tools administered to the six different groups. The specific groups were as follows: Pilot-Female RN-to-BSN students; Group 1-Female RN-to-BSN students; Group 2 - Female ADN students; Group 3 - Female ADN students; Group 4 - Female community college students; Group 5 - Male

community college students. The following alpha coefficients were obtained: Pilot group alpha .94, Group 1 alpha .95, Group 2 alpha .95, Group 3 alpha .93, group 4 alpha .95 and Group 5 alpha .87. The alpha coefficients varied from .87 to .95 in the six samples. In summary, the internal consistency of the instrument was evaluated to be high in these groups as demonstrated by high coefficient alphas.

For this present research the reliability of the LRSI for this study was tested by performing Chronbach's alpha with a high alpha of .9524 (Table 1). This is consistent with the findings of Lengacher (1993) that the instrument is highly reliable.

Validity of the LRSI

Validity of the LRSI is well-documented throughout the literature and the 10 main concepts included in the scale all represent current scientific beliefs regarding factors influencing role strain in multiple role women. A panel of six expert judges was also involved in the development of the tool. Contrasted groups approach was utilized by Lengacher in determining construct validity. Construct validity (contrast groups) examination revealed convincing evidence that construct validity existed. Mean scores of female nursing students and male and female nonnursing student groups were utilized in testing for construct

validity with significant differences obtained of $p < .05$, .01, .0001, and .0000.

Study Population and Sample

A population is defined as, "the entire set of individuals (or objects) having some common characteristic(s)" (Polit & Hungler, 1991, p. 651). The population utilized for this research involved students who were actively enrolled in a formal ADN program of nursing education. The sample consisted of 49 second year students enrolled in the ADN nursing program at a local community college in Delaware. The sample population was a nonprobability convenience sample of nursing students. In order to reach all of the second year nursing students, two class periods of students were selected for administration. One class met in the day program with the second class meeting in the evening program. The only criteria for inclusion in the study was that the respondent had to be a second year student.

Data Collection

Data collection occurred at the community college during two separate classes. Because the researcher was an employed instructor at the college, the instrument was administered by the director of the nursing program. The research project was approved by Salisbury State University Human Subjects committee and the researcher was given verbal approval by the chair of the Department of Nursing to

proceed with the study as planned. The instruments were handed out to the students at the very beginning of class with a cover letter explaining the nature and purpose of the project. The cover letter informed the students that their participation was strictly voluntary and that confidentiality would be maintained. The students' consent to participate in the project was their completion of the questionnaires. The first class of students to be administered the instrument attended the day program and the second class of students attended the evening program. There were 30 students from the day program and there were 19 students from the evening program for a total sample of 49. Both test administrations occurred at the end of the semester. The shortest time of completion was 12 minutes with the longest amount of completion 15 minutes. There were two students, both from the day program, who did not participate.

Assumptions and Limitations

The assumptions of this research project are:

1. The outcome of multiple role involvement is a complicated and complex concept.
2. Respondents will answer the questions honestly and accurately.

Limitations of this research project are:

1. Data were obtained cross-sectionally
2. The study was confined to a convenience sample.
3. There were several instruments with numerous questions.

Chapter IV

Data Analysis

This chapter will present an analysis of the statistical results of this research study. The basic purpose of this study was to learn about the positive or negative consequences of multiple roles among nursing students and the relationship between role strain, level of well being, and gender role orientation. Data were collected at a local community college utilizing a four section instrument which included a biographical data sheet, the CES-D depression scale, the BSRI, and the LRSI. Descriptive and parametric statistics will be presented and discussed. The demographic descriptive statistics will be presented first, followed by a discussion of the reliability and validity of the tools utilized in this study. Secondly, statistical analyses addressing the proposed research questions and hypotheses will be presented and discussed.

Sample Characteristics

The convenience sample for this study consisted of 49 Associate Degree nursing students actively enrolled in an Associate Degree Nursing Program. In an effort to reach all students in the second year ADN program, two separate data collections were performed. The two classes selected involved one class in the evening program and one class in the day program.

Demographic Characteristics of the Study Population

The demographic data reveal a variation in demographic characteristics (Table 2). Of the 49 participants in the study, 18 or 36.7% of the participants were between the ages of 18 and 25, with 43 or 87.8% falling between the ages of 18 to 45. Of the students in this sample, 47 or 95.9% were employed with 28 or 57.1% working part-time and 19 or 38.8% working full-time. Only 2 or 4.1% of the students in the sample were not working at all. Of the students that were working, 25 or 50% of the sample stated that they worked over 24 hours per week. All subjects were females.

Twenty-five or 51% of the students in the sample were married. Eleven or 22.4% of students were single and 11 or 22.4 were divorced/separated. The vast majority of the sample were mothers 75.5%, with 49.0% having more than one child. Demographic data also indicated that 9 students occupied 2 roles, 20 students occupied 3 roles, and 20 students occupied 4 roles.

The individual incomes of the sample ranged from less than \$15,000 annually to between \$45,001 and \$55,000 annually. Of students in the sample, 71.4% of students in the sample had incomes of \$25,000 or less. The combined family incomes of the sample ranged from less than \$15,000 annually to levels over \$55,000 per year. Combined incomes of \$45,000 or less per year were found in 71.4% of the sample.

Table 2

Demographic Characteristics of the Study PopulationFrequency and Percentile

| <u>Multiple Roles</u> | <u>Frequency</u> | <u>(Percent)</u> |
|---------------------------|------------------|------------------|
| 2 | 9 | 18.4 |
| 3 | 20 | 40.8 |
| 4 | 20 | 40.8 |
| Age | | |
| 18 to 25 | 18 | 36.7 |
| 26 to 35 | 12 | 24.5 |
| 36 to 45 | 13 | 26.5 |
| 46 and over | 6 | 12.2 |
| Marital Status | | |
| Single | 11 | 22.4 |
| Married | 25 | 51.0 |
| Divorced/Separated | 11 | 22.4 |
| Other | 2 | 4.1 |
| Number of Children | | |
| 0 | 12 | 24.5 |
| 1 | 13 | 26.5 |
| 2 | 17 | 34.7 |
| 3 | 7 | 14.3 |

Table 2 (continued)

| <u>Employment Status</u> | <u>Frequency</u> | <u>(Percent)</u> |
|--------------------------|------------------|------------------|
| Full-time | 19 | 38.8 |
| Part-time | 28 | 57.1 |
| Not Working | 2 | 4.4 |
| <u>BSRI</u> | <u>Frequency</u> | <u>(Percent)</u> |
| Androgynous | 23 | 46.9 |
| Masculine | 5 | 10.3 |
| Feminine | 10 | 20.4 |
| Undifferentiated | 11 | 22.4 |
| <u>LRSI</u> | | |
| low strain | 19 | 38.8 |
| high role strain | 30 | 61.2 |
| <u>Gender</u> | | |
| Males | 0 | 0 |
| Females | 49 | 100.0 |

Roughly one-third of the sample (38.8%) exhibited little or no role strain as determined by the LRSI, since their scores were less than 250. The mean LRSI score for all women in the sample was 262.78, with a maximum score of 358 and a minimum score of 163.

The CES-D scores of the sample ranged from a minimum of 8 to a maximum of 45. The mean CES-D score for the sample was 17.1. When the sample was divided into multiple role groups, the mean CES-D scores were 18.11, 17.85, and 16.65%, for 2, 3 and 4 role women respectively.

The sample population consisted of the following gender orientations: 20.41% (n=10) were Undifferentiated, 46.94% (n=23) were Androgynous, 10.20% (n=5) were Masculine and 22.45% (n=11) for a total of 11 subjects were Feminine typed.

Research Objectives

Students Experiencing Role Strain

The first objective of this research project was to identify those nursing students who were or were not experiencing role strain (Table 3). The Lengacher Role Strain Inventory was designed to measure the role strain experienced by multiple role nursing students. Scores of 250 and above indicate more than "average" role strain, while scores below 250 indicate little or no role strain exists. The mean LRSI score for the sample was 262.78 with a maximum score of 358 and a minimum score of 163.

Table 3

Role Strain as measured by the LRSI

| <u>Scale</u> | <u>#</u> | <u>%</u> |
|--------------|----------|----------|
| <250 | 19 | 38.8 |
| ≥250 | 30 | 61.2 |

$$\bar{X} = 262.8$$

Approximately 61.2% of the total sample was experiencing role strain.

Level of Well-Being in Students Experiencing Role Strain

The second objective of this research study was to assess if the level of well being in students experiencing role strain differed from those students not experiencing role strain. The level of well-being was assessed by the respondents' scores on the CES-D. The mean CES-D score for the entire sample was 17.41. Subjects were divided into two role strain groups utilizing the LRSI scores. Students experiencing role strain, as evidenced by LRSI scores greater than 250, and students not experiencing role strain, as evidenced by LRSI scores of less than 250, were grouped together. To assess if there were any significant mean differences in CES-D scores between the two groups a t-test was performed (Table 4). Data indicate that there were no significant mean differences between the two groups. It can be concluded that within this study population there were no significant differences in level of well being between students experiencing role strain and those students not experiencing role strain. However, a p value of .10 is suggestive of a trend toward a difference and although not significant at the .05 level, it is of interest and should be noted. Mean scores on the CES-D were higher for those subjects experiencing role strain.

Table 4

Comparison of mean score of students experiencing role strain and students not experiencing role strain on the CES-D

| <u>LRSI Score</u> | <u>Number of Cases</u> | <u>Mean</u> | <u>df</u> | <u>t</u> | <u>p</u> |
|-------------------|------------------------|-------------|-----------|----------|----------|
| <250 | 19 | 15.73 | 47 | -.1.66 | .100 |
| ≥250 | 30 | 18.40 | | | |

Relationship of Gender Role Orientation and Level of Role Strain

The third objective of this research study was to assess if gender role orientation was correlated to perceived role strain experienced by multiple role students. To address this question, subjects were divided into two groups depending on their gender role orientation. Students were classified as Masculine, Feminine, Androgynous, or Undifferentiated according to their BSRI scores. The subjects were then divided into two groups consisting of Feminine and Undifferentiated gender typed subjects in one group and masculine androgynous gender typed subjects in the second group. The level of role strain for each group was then assessed by performing a t-test to assess for mean differences in levels of role strain between the two groups (Table 5). The mean level of role strain for the Feminine/Undifferentiated group was 267.14 and the mean level of role strain for the Masculine/Androgynous group was 259.50. Data analysis concludes that there were no significant mean differences in levels of role strain between the two groups at the .05 level of significance. The third research hypothesis of this study therefore is not supported. Data indicate there are no significant differences in level of role strain between those multiple role students gender typed Female/Undifferentiated and those students gender typed Masculine/Androgynous.

Table 5

Comparison of Mean Score of Feminine/Undifferentiated gender typed subjects and Masculine/Androgynous subjects on the LRSI.

| <u>Score</u> | <u>Number of Cases</u> | <u>Mean</u> | <u>df</u> | <u>t</u> | <u>p</u> |
|--------------|------------------------|-------------|-----------|----------|----------|
| MASC/ANDR | 28 | 259.50 | 47 | -.61 | .543 |
| FEM/UNDIF | 21 | 267.14 | | | |

Relationship of Gender Role Orientation and Level of Well-Being

The fourth objective of this research study was to assess if gender role orientation was correlated to perceived level of well being of multiple role nursing students. To address this question, the subjects were divided into the previously mentioned gender orientation groupings by utilizing the BSRI short form scores. The groups were then assessed for significant differences in level of well being by performing a t-test on the CES-D scores for each group (Table 6). The mean CES-D score for the Feminine Undifferentiated group was 16.23 and the mean CES-D score for the Masculine Androgynous group was 18.28. Data indicates that there were no significant mean differences in CES-D scores between the two groups. The third hypothesis, that women with Masculine/Androgynous orientation experience greater well being than women who are gender typed Feminine/Undifferentiated, is therefore not supported at the .05 level of significance.

Application of the Job Strain Model

The fifth objective of this research project was to determine if the expanded Job Strain Model could be utilized to study the outcomes of women involved in multiple roles. This objective will be addressed fully in chapter five.

Table 6

Comparison of Mean Score of Feminine/Undifferentiated
Subjects and Masculine/Androgynous Subjects on the CBS-D

| <u>Score</u> | <u>Number of Cases</u> | <u>Mean</u> | <u>df</u> | <u>t</u> | <u>p</u> |
|--------------|------------------------|-------------|-----------|----------|----------|
| MASC/ANDR | 28 | 18.28 | 47 | 1.17 | .250 |
| FEM/UNDIFF | 21 | 16.23 | | | |

Expansion Hypothesis

The first research hypothesis of this research study, women who occupy multiple roles experience greater well-being than women occupying fewer roles, was developed to explore the "Expansion Hypothesis" which suggests that women engaged in multiple roles experience greater well-being than women engaged in fewer roles. To explore this question a one-way Anova was performed (Table 7). Students were classified into groups of women occupying 2, 3, or 4 roles according to their responses on the demographic data sheet. Results of this grouping indicated that 9 students were engaged in two roles, 20 students were engaged in 3 roles, being for each group was then assessed by examining the CES-D scores. Analysis of variance results indicated that there were no significant differences between the mean scores of the three groups at the .05 level of significance. However, means were in a predicted direction even if not significant. Again this is an important finding when considering the small sample size of this study. Data indicates the hypothesis is therefore not supported.

Scarcity Hypothesis

The second research hypothesis of this research project, that women who occupy multiple roles experience greater role strain than women who occupy fewer roles, was developed to explore the "Scarcity Hypothesis" which suggests that role strain is an inevitable result of

Table 7

Analysis of Variance of Mean Score of Students Occupying 2,
3, and 4 roles on the CES-D

| <u>Score</u> | <u>Number of Cases</u> | <u>Mean</u> | <u>df</u> | <u>f</u> | <u>p</u> |
|--------------|------------------------|-------------|-----------|----------|----------|
| 2 | 9 | 18.11 | 2 | .209 | .812 |
| 3 | 20 | 17.85 | | | |
| 4 | 20 | 16.65 | | | |

multiple role involvement. The sample was again divided into groups of subjects occupying 2, 3, and 4 roles as previously mentioned. A one-way analysis of variance was performed (Table 8) and data indicate that there were significant mean differences in level of role strain within the three groups. The mean LRSI score for women with only two roles (single and student) was 240.78. The mean LRSI score for women with 3 roles was 280.95 and the mean score for women with 4 roles was lower at 254.50. Newman Keuls Test indicated that significant differences were between groups two and three and groups three and four. This finding is consistent with the recent literature regarding multiple role women which suggests it is not the sheer number of roles which cause women to experience role strain but other internal and external factors. The second hypothesis is therefore not supported at the .05 level of significance.

Table 8

Analysis of Variance of Mean Score of Students occupying 2,
3, and 4 roles on the LRSI

| <u>Score</u> | <u>Number of Cases</u> | <u>Mean</u> | <u>df</u> | <u>f</u> | <u>p</u> |
|--------------|------------------------|-------------|-----------|----------|----------|
| 2 | 9 | 240.78 | 2 | 3.72 | .032 |
| 3 | 20 | 280.95 | | | |
| 4 | 20 | 254.50 | | | |

Chapter V

Discussion

The purpose of this study was to assess the relationship between gender role orientation, role strain, and level of well-being in multiple role nursing students. A convenience sample of 49 ADN students from a local Delaware community college was administered a 4 section instrument which included a biographical data sheet, the BSRI short form, the CES-D depression scale, and the LRSI scale. Data analysis utilizing descriptive and parametric statistics was performed. This chapter will present a discussion of the research findings and conclusions of this study. Implications for nursing education, as well as recommendations for future research will be discussed.

What is the level of role strain within the population?

The first objective of this research project was to identify those students experiencing role strain. The number of students in the sample population experiencing role strain as evidenced by LRSI scores 250 and above was 30 which represented 61.2% of the population. The highest experienced level of role strain was 358 and the lowest experienced level of role strain was 163. The mean LRSI for the entire population was 262.78. Since it is not known just how many students experience role strain in the general population, (as measured by the LRSI), these results cannot be compared to the national average or general findings.

In comparing data results to the Lengacher test group mean LRSI scores, this study's findings are comparable as evidenced by Lengacher mean scores of 273.13, 253.52, 267.12, 277.61, 246.03, and 247.15. What can be stated is that over half of this study population was experiencing role strain. How this role strain influenced particular outcomes will be addressed in the following research objective discussions.

Is role strain related to perceived level of well-being?

The second objective of this research project was to assess if the level of well being in students experiencing role strain differed from those students not experiencing role strain. Results indicated that the level of well-being between students experiencing role strain and those students not experiencing role strain was not significantly different. It is important to note that a .10 level of significance was obtained. Data therefore suggest that women experiencing role strain may experience a decreased level of well-being. This is not an expected finding since previous research indicates that positive outcomes or increased levels of well-being are associated with multiple role involvement and subsequent role strain. An important factor which should be addressed is the income level and educational level of the present study population. Previous research has focused on women from higher educational and socioeconomic backgrounds and this study involved women from

lower educational and socioeconomic backgrounds. This is an important factor to consider when interpreting these results.

Is gender role orientation related to level of well-being and role strain?

The third and fourth objectives of this research project were to assess if gender role orientation was correlated to perceived role strain and level of well-being. Results indicate that there was no relationship between gender role orientation and the level of role strain or level of well-being. Generally, results from other research indicate that Masculine Androgynous typed women experience a lesser degree of role strain and a greater level of well-being (Oliver & Toner, 1990; Long 1989, Thornton & Leo, 1992). It should be noted that 57.1% of the sample population classified themselves as masculine/androgynous. This was an unexpected finding due to the helping and caring nature of the nursing profession which has typically attracted female oriented subjects (Miller, 1976 as cited in Campaniello, 1988). It would also be an expected finding for the androgynous subjects to have exhibited a decreased level of role strain due to their ability in adapting to multiple role expectations. Data does not support Bem's androgynous concept in this study.

The fifth objective of this study was to assess if the expanded job strain model could be utilized to study the

outcomes of multiple role involvement. Results of this study indicated that there were no significant differences in the level of well being among women gender typed masculine/androgynous and those women typed Feminine /undifferentiated. According to the model, women experiencing role strain as evidenced by LRSI scores of 250 and above and gender typed feminine/undifferentiated were to have demonstrated the lowest level of well being as indicated by significantly greater CES-D scores. The results of this study indicate that gender role orientation was not a variable associated with the outcomes of multiple role involvement.

Expansion Hypothesis

The expansion hypothesis was not supported in this research study. Analysis of variance indicated that among groups of students occupying 2, 3, and 4 roles there were no significant mean differences in CES-D scores. Greater levels of well-being would have been demonstrated by lower scores on the CES-D. It is important to note that the means were in the predicted direction even though significance was not obtained. These findings are consistent with recent research indicating that the expansion hypothesis is not the theory of choice for studying multiple role women but rather models that incorporate enhancement and conflict variables (Tiedje et al, 1990).

Scarcity Hypothesis

The scarcity hypothesis was not supported in this research study. Results from the Analysis of Variance indicated that there were mean differences in levels of role strain between the groups of students occupying 2, 3, and 4 roles at the .05 level of significance. Women who occupied 3 roles had a significantly higher level of role strain than women occupying 4 roles. Data therefore indicate that the scarcity hypothesis is not a valid assumption. This finding is consistent with recent literature review. The results indicate and support that it is not the sheer number of roles that cause women to experience role strain but other internal or external factors. This was an expected finding for this research study.

Implications for Nursing Education

Results of this study indicate that a majority of the multiple role women enrolled in a formal program of education experience role strain. There was a trend noted for students experiencing role strain to have lower levels of well-being as evidenced by CES-D scores. It is important for schools of nursing with high percentages of multiple role students to realize the numerous variables which influence the outcome of multiple role involvement and that counseling students to decrease the number of roles is not always the best solution for correcting the problem of role strain.

The LRSI has been demonstrated to be a reliable tool in measuring role strain in multiple role nursing students as evidenced by an alpha coefficient of .9524. The LRSI can be beneficial to schools of nursing in identifying those students experiencing role strain. If schools of nursing knew how many students were experiencing role strain, specific program changes could be instituted to help lessen any possible negative outcomes. Such changes could involve day care centers on school property as well as adding evening programs to facilitate the scheduling of student's work schedules. Most importantly, nursing school advisors should not encourage women to decrease their number of roles but should identify those behaviors which predispose them to negative outcomes. Even though this research did not indicate gender role orientation as being a predictive factor of negative outcomes, it is felt very strongly that all levels of control be explored thoroughly.

Areas for Future Research

The outcome of multiple role involvement in women remains a complicated issue. Future research should be designed and directed towards studying the interactive effect of level of demands and level of control. Research should focus on validating the findings of this study and should involve women of lower socioeconomic and educational backgrounds. Because the expansion hypothesis and scarcity hypothesis do not account for the internal and external

factors effecting women's role strain and level of well being models depicting directional relationships between levels of demands and levels of control should be utilized and/or developed to guide future research studies. These factors will prove important in studying the outcomes of multiple role women.

Future research should also explore the validity of the BSRI. Phenomenological studies would be beneficial in identifying those behaviors related to femininity and masculinity in today's society. Future research should also be performed on the LRSI. Presently, the LRSI is too long and research directed at decreasing the number of items should be explored. Decreasing the total number of items of the LRSI would enable a researcher to perform factor analysis on the instrument when a sample size is small. Finally, research should focus on studies that are longitudinal.

Appendix A

Dear Nursing student,

I am currently conducting a study on multiple role women. I am seeking the assistance of the second year nursing students at Delaware Technical and Community College in completing the questionnaires concerned with multiple role women.

There are three questionnaires that will take approximately 20 minutes of your time to complete. In order to maintain anonymity, your name does not appear on the questionnaires and you are not to identify yourself by writing your name anywhere on the forms.

Your cooperation and participation are strictly voluntary and your choice to participate or to not participate will in no way affect your grade. Your participation is very valuable and will help me learn more about multiple role women. Your return of the questionnaires will reflect your consent to be in this study.

If you have any questions about this study or would be interested in the results, please contact the Nursing department at Salisbury State University. The persons to speak to are Karin Johnson or Bridget Wheatley. Thank you for your cooperation.

Dr. Karin Johnson

(410) 548-5395

Bridget M. Wheatley RNC

(302) 629-2498

Survey Instrument

Thank you for participating in this research study.

Please answer all questions as honestly as possible. The answer sheets will be scored blindly, therefore anonymity will be maintained. Again, thank you very much for participating in this study.

Please answer the following questions:

| | | | |
|-------------------|--------------------------|--------------------------|--------------------------|
| Employment Status | Full time | Part time | Not Working |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Place a check in the box which applies to your employment status.

On average, how many hours do you work per week?

| | | | | |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Marital Status | Single | Married | Divorced/ separated | Other |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Place a check in the box which defines your marital status.

| | | | | | | |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| How many children do you have ? | 0 | 1 | 2 | 3 | 4 | Over 4 |
| | <input type="checkbox"/> |

| | | | | |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|
| Your age | 18 to 25 | 26 to 35 | 36 to 45 | Over 46 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Place a check in the box which identifies your age bracket.

| | | | | | | |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Combined income | Less than \$ 15,000 | \$ 15,000 to \$ 25,000 | \$ 25,001 to \$ 35,000 | \$ 35,001 to \$ 45,000 | \$ 45,001 to \$ 55,000 | Over \$ 55,000 |
| | <input type="checkbox"/> |

Place a check in the box which represents your household's combined yearly income.

| | | | | | | |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Your income | Less than \$ 15,000 | \$ 15,000 to \$ 25,000 | \$ 25,001 to \$ 35,000 | \$ 35,001 to \$ 45,000 | \$ 45,001 to \$ 55,000 | Over \$ 55,000 |
| | <input type="checkbox"/> |

Place a check in the box which represents your own yearly income.

CES-D Scale

Instructions for Questions: Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week by circling the correct answer.

- A Rarely or None of the Time (Less than 1 Day)
 B Some or a Little of the Time (1 - 2 Days)
 C Occasionally or a Moderate Amount of Time (3 - 4 Days)
 D Most or All of the Time (5 - 7 Days)

| Less than 1 day | 1-2 days | 3-4 days | 5-7 days |
|--------------------|-------------|-------------|-------------|
|--------------------|-------------|-------------|-------------|

During the past week:

- | | | | | |
|--|---|---|---|---|
| 1. I was bothered by things that usually don't bother me. | A | B | C | D |
| 2. I did not feel like eating; my appetite was poor. | A | B | C | D |
| 3. I felt like I could not shake off the blues even with help from my family or friends. | A | B | C | D |
| 4. I felt that I was just as good as other people. | A | B | C | D |
| 5. I had trouble keeping my mind on what I was doing. | A | B | C | D |
| 6. I felt depressed. | A | B | C | D |
| 7. I felt that everything I did was an effort. | A | B | C | D |
| 8. I felt hopeful about the future. | A | B | C | D |
| 9. I thought my life had been a failure. | A | B | C | D |
| 10. I felt fearful. | A | B | C | D |
| 11. My sleep was restless. | A | B | C | D |
| 12. I was happy. | A | B | C | D |
| 13. I talked less than usual. | A | B | C | D |
| 14. I felt lonely. | A | B | C | D |
| 15. People were unfriendly. | A | B | C | D |
| 16. I enjoyed life. | A | B | C | D |
| 17. I had crying spells. | A | B | C | D |
| 18. I felt sad. | A | B | C | D |
| 19. I felt that people dislike me. | A | B | C | D |
| 20. I could not get "going." | A | B | C | D |

Directions

On the next page, you will find listed a number of personality characteristics. We would like you to use those characteristics to describe yourself, that is, we would like you to indicate, on a scale from 1 to 7, how true of you each of these characteristics is. Please do not leave any characteristic unmarked.

Example: sly

Write a 1 if it is *never or almost never true* that you are sly.

Write a 2 if it is *usually not true* that you are sly.

Write a 3 if it is *sometimes but infrequently true* that you are sly.

Write a 4 if it is *occasionally true* that you are sly.

Write a 5 if it is *often true* that you are sly.

Write a 6 if it is *usually true* that you are sly.

Write a 7 if it is *always or almost always true* that you are sly.

Thus, if you feel it is **sometimes but infrequently true** that you are "sly," **never or almost never true** that you are "malicious," **always or almost always true** that you are "irresponsible," and **often true** that you are "carefree," then you would rate these characteristics as follows: -

| | |
|-----------|---|
| Sly | 3 |
| Malicious | 1 |

| | |
|---------------|---|
| Irresponsible | 7 |
| Carefree | 5 |

Short Form

1 Never or almost never true 2 Usually not true 3 Sometimes but infrequently true 4 Occasionally true
 5 Often true 6 Usually true 7 Always or almost always true

| | |
|---------------------------------|--|
| 1. Defend my own beliefs | |
| 2. Affectionate | |
| 3. Conscientious | |
| 4. Independent | |
| 5. Sympathetic | |
| 6. Moody | |
| 7. Assertive | |
| 8. Sensitive to needs of others | |
| 9. Reliable | |
| 10. Strong personality | |
| 11. Understanding | |
| 12. Jealous | |
| 13. Forceful | |
| 14. Compassionate | |
| 15. Truthful | |

| | |
|-----------------------------------|--|
| 16. Have leadership abilities | |
| 17. Eager to soothe hurt feelings | |
| 18. Secretive | |
| 19. Willing to take risks | |
| 20. Warm | |
| 21. Adaptable | |
| 22. Dominant | |
| 23. Tender | |
| 24. Conceited | |
| 25. Willing to take a stand | |
| 26. Love children | |
| 27. Tactful | |
| 28. Aggressive | |
| 29. Gentle | |
| 30. Conventional | |

Lengacher Role Strain Inventory

CODE 79

The following questions are concerned with the role strain that nursing students experience. Role strain is the difficulty felt in meeting multiple role obligations. Please indicate to what degree you agree or disagree with each of the statements below by CIRCLING the correct answer.

- SA Strongly agree
- A Agree
- U Uncertain
- D Disagree
- SD Strongly disagree

| | | | | | |
|--|----|---|---|---|----|
| 1 My family does not make me feel guilty for having less time for them. | SA | A | U | D | SD |
| 2 My role as a student does not cause me strain. | SA | A | U | D | SD |
| 3 I don't worry about my children when I am in school. | SA | A | U | D | SD |
| 4 I do not feel guilty if I need to set aside study time away from family. | SA | A | U | D | SD |
| 5 I find myself unable to satisfactorily manage routine household tasks. | SA | A | U | D | SD |
| 6 My family/significant others get much criticism because I am in school. | SA | A | U | D | SD |
| 7 I am going to school to please others. | SA | A | U | D | SD |
| 8 I am often tired and it is very difficult to handle strain. | SA | A | U | D | SD |
| 9 My family/significant others support me in my return to school. | SA | A | U | D | SD |
| 10 My significant others decrease my role strain. | SA | A | U | D | SD |
| 11 I feel better when my husband/father of children spends time with them. | SA | A | U | D | SD |
| 12 Going to school challenges me intellectually. | SA | A | U | D | SD |
| 13 Returning to school will never be worth the economic rewards. | SA | A | U | D | SD |
| 14 Returning to school is necessary for my career, therefore the strain is worthwhile. | SA | A | U | D | SD |
| 15 Returning to school is not vital to my career and the strain is worthwhile. | SA | A | U | D | SD |
| 16 Going to school only adds to my mental fatigue. | SA | A | U | D | SD |
| 17 Going back to school makes me feel I am on my way to better things. | SA | A | U | D | SD |
| 18 Taking time to relax and meet my personal needs makes me feel better. | SA | A | U | D | SD |
| 19 I am able to maintain good relationships with my family while in school. | SA | A | U | D | SD |
| 20 I can pay for extra help such as typing which gives me more time. | SA | A | U | D | SD |
| 21 My family/significant others resent my returning to school. | SA | A | U | D | SD |
| 22 I feel strain when husband/father of children does not spend time with them. | SA | A | U | D | SD |
| 23 I seem to be ill more often since I am in school. | SA | A | U | D | SD |
| 24 Going back to school will not give me future security. | SA | A | U | D | SD |
| 25 Not being able to afford to pay for typing adds to my time pressures. | SA | A | U | D | SD |
| 26 I am able to to handle the strain of going to school. | SA | A | U | D | SD |

Lengacher Role Strain Inventory

CODE 80

The following questions are concerned with the role strain that nursing students experience. Role strain is the difficulty felt in meeting multiple role obligations. Please indicate to what degree you agree or disagree with each of the statements below by CIRCLING the correct answer.

- SA Strongly agree
- A Agree
- U Uncertain
- D Disagree
- SD Strongly disagree

| | | | | | |
|---|----|---|---|---|----|
| 27 I can manage my time for different roles (student,professional,personal). | SA | A | U | D | SD |
| 28 My job makes me feel worthwhile. | SA | A | U | D | SD |
| 29 I worry about my children when I am in school. | SA | A | U | D | SD |
| 30 Working in my profession is time consuming and exhausting. | SA | A | U | D | SD |
| 31 I have received no praise/recognition from colleagues since I have been in school. | SA | A | U | D | SD |
| 32 Quitting school would decrease my role strain. | SA | A | U | D | SD |
| 33 My husband/significant other is not supportive to my educational pursuits. | SA | A | U | D | SD |
| 34 I feel badly that I have eliminated community activities since I have been in school. | SA | A | U | D | SD |
| 35 My friends criticize me for not completing my household chores. | SA | A | U | D | SD |
| 36 I do not have time to relax or read a book. | SA | A | U | D | SD |
| 37 I do not have enough personal time. | SA | A | U | D | SD |
| 38 I do not seem to have time for all my life roles (student,professional,and personal). | SA | A | U | D | SD |
| 39 Worrying and arranging child care for my children is a strain on me. | SA | A | U | D | SD |
| 40 My role as student causes much strain for me. | SA | A | U | D | SD |
| 41 Completing my household chores and student obligations and working is not as difficult as I thought. | SA | A | U | D | SD |
| 42 I have a satisfactory place to study. | SA | A | U | D | SD |
| 43 Returning to school will give me future economic rewards. | SA | A | U | D | SD |
| 44 I have received praise/recognition from colleagues since I have been in school. | SA | A | U | D | SD |
| 45 My husband/significant other is not economically supportive to my educational pursuits. | SA | A | U | D | SD |

Lengacher Role Strain Inventory

CODE 81

The following questions are concerned with the role strain that nursing students experience. Role strain is the difficulty felt in meeting multiple role obligations. Please indicate to what degree you agree or disagree with each of the statements below by CIRCLING the correct answer.

- SA Strongly agree**
- A Agree**
- U Uncertain**
- D Disagree**
- SD Strongly disagree**

| | | | | | |
|---|----|---|---|---|----|
| 46. My family/children do not decrease their demands on me when I have to prepare for a test. | SA | A | U | D | SD |
| 47. Going back to school makes me feel more worthwhile. | SA | A | U | D | SD |
| 48. I have maintained good relationships with family/children since I've returned to school. | SA | A | U | D | SD |
| 49. My family helps me in completing household duties each week. | SA | A | U | D | SD |
| 50. Worrying about the cost of my education adds to my strain. | SA | A | U | D | SD |
| 51. I feel pressure from others to go back to school to maintain my skills. | SA | A | U | D | SD |
| 52. If I don't get my housework done before school work, it causes strain. | SA | A | U | D | SD |
| 53. I have adequate time to complete household tasks. | SA | A | U | D | SD |
| 54. Quitting school would only increase my role strain. | SA | A | U | D | SD |
| 55. I feel less strain if my school work is completed before housework. | SA | A | U | D | SD |
| 56. My career decreases strain because it makes me feel important. | SA | A | U | D | SD |
| 57. My family/significant others assist in making meals. | SA | A | U | D | SD |
| 58. Giving up recreational activities has helped me cope with demands. | SA | A | U | D | SD |
| 59. My family/significant others criticize me when I am unable to complete my household duties. | SA | A | U | D | SD |
| 60. I am beginning to think going back to school has no future advantage. | SA | A | U | D | SD |
| 61. My family/significant other is economically supportive of my educational pursuits. | SA | A | U | D | SD |
| 62. I do not have adequate time to complete household tasks. | SA | A | U | D | SD |
| 63. My professional career has not suffered since I have been in school. | SA | A | U | D | SD |
| 64. My family/significant other is emotionally supportive of my educational pursuits. | SA | A | U | D | SD |
| 65. Having little personal time does not bother me. | SA | A | U | D | SD |
| 66. I have more conflicts with family/children when I am in school. | SA | A | U | D | SD |
| 67. I do not worry about the cost of my education. | SA | A | U | D | SD |
| 68. I feel guilty for not having time to do things with my family. | SA | A | U | D | SD |

Lengacher Role Strain Inventory

CODE 82

The following questions are concerned with the role strain that nursing students experience. Role strain is the difficulty felt in meeting multiple role obligations. Please indicate to what degree you agree or disagree with each of the statements below by CIRCLING the correct answer.

- SA Strongly agree
- A Agree
- U Uncertain
- D Disagree
- SD Strongly disagree

| | | | | | |
|--|----|---|---|---|----|
| 69 My role as student makes me feel good about myself. | SA | A | U | D | SD |
| 70 My family/friends give me much emotional support. | SA | A | U | D | SD |
| 71 I have someone who shares the household tasks and relieves me of this. | SA | A | U | D | SD |
| 72 Sometimes I feel I should quit my job to cope. | SA | A | U | D | SD |
| 73 I do not have a satisfactory place to study. | SA | A | U | D | SD |
| 74 I have a system for organizing my time to meet my obligations. | SA | A | U | D | SD |
| 75 I make special time for myself since I have been in school. | SA | A | U | D | SD |
| 76 I have no special time for myself since I have been in school. | SA | A | U | D | SD |
| 77 I am going to school to please myself. | SA | A | U | D | SD |
| 78 I have maintained my personal health which prevents role strain. | SA | A | U | D | SD |
| 79 My role as student does not make me feel good about myself. | SA | A | U | D | SD |
| 80 My relationships with my family have deteriorated since I have returned to school. | SA | A | U | D | SD |
| 81 My friends are supportive of me when I am unable to complete my housework. | SA | A | U | D | SD |
| 82 I find it exhausting to continue with my household obligations in addition to studying and working. | SA | A | U | D | SD |
| 83 I feel good about wanting to go back to school to improve my skills. | SA | A | U | D | SD |
| 84 No one contributes to my household tasks and the burden is on me. | SA | A | U | D | SD |
| 85 I feel guilty about eliminating activities in church and community. | SA | A | U | D | SD |
| 86 My family/friends do not give me emotional support. | SA | A | U | D | SD |
| 87 I have a satisfactory routine for completing household tasks. | SA | A | U | D | SD |
| 88 I still participate in community activities that are meaningful to me. | SA | A | U | D | SD |
| 89 I feel guilty that my family/significant others are under more stress because I am in school. | SA | A | U | D | SD |
| 90 My significant others increase my role strain. | SA | A | U | D | SD |
| 91 Having to give up recreational activities has increased my role strain. | SA | A | U | D | SD |

Lengacher Role Strain Inventory

CODE 83

The following questions are concerned with the role strain that nursing students experience. Role strain is the difficulty felt in meeting multiple role obligations. Please indicate to what degree you agree or disagree with each of the statements below by CIRCLING the correct answer.

- SA Strongly agree
- A Agree
- U Uncertain
- D Disagree
- SD Strongly disagree

| | | | | | | |
|-----|---|----|---|---|---|----|
| 92 | My family/children get much recognition because I am in school. | SA | A | U | D | SD |
| 93 | There never seems to be enough time to complete my obligations. | SA | A | U | D | SD |
| 94 | I do not have to worry about child care arrangements. | SA | A | U | D | SD |
| 95 | My family/significant others criticize me when I am unable to make meals. | SA | A | U | D | SD |
| 96 | I feel guilty if I spend time studying away from family/significant others. | SA | A | U | D | SD |
| 97 | My family/significant others are not under stress because I am in school. | SA | A | U | D | SD |
| 98 | My professional career has suffered since I have been in school. | SA | A | U | D | SD |
| 99 | My family/children do not demand a lot of me when they know I need to study for a test. | SA | A | U | D | SD |
| 100 | I have maintained my support of church activities and this has helped my strain. | SA | A | U | D | SD |

Appendix C

Statement of Approval
 Committee on Human Volunteers
 Salisbury State College

Date April 29, 1994

MEMORANDUM TO: HUMAN VOLUNTEER COMMITTEE MEMBERS

FROM : Chairman, Committee on Human Volunteers

SUBJECT : Effects of Gender Orientation and Role Strain on the Mental
Health of Multiple Role Women
 Title of Study

Delaware Technical & Community
 College

Grant Application No.

Sponsoring Agency

Dr. Karin Johnson/Advisor

Principal Investigator or Program Director

The Committee on Human Volunteers has considered the above application and, on the basis of available evidence, records its opinion as follows:

- (1) The rights and welfare of individual volunteers are adequately protected.
- (2) The methods to secure informed consent are fully appropriate and adequately safeguard the rights of the subjects (in the case of minors, consent is obtained from parents or guardians).
- (3) The investigators are responsible individuals, competent to handle any risks which may be involved, and the potential medical benefits of the investigation fully justify these studies.
- (4) The investigators assume the responsibility of notifying the Committee on Human Volunteers if any changes should develop in the methodology or the protocol of the research project involving a risk to the individual volunteers.


 Chairman

References

- Ballard-Reisch, B. & Elton, M. (1992). Gender orientation and the Bem Sex Role Inventory: a psychological construct revisited. Sex Roles, 27(5,6), 291-306.
- Baruch, G. K. & Barnett, R. (1986). Role quality, multiple role involvement and psychological well being in midlife women. Journal of Personality and Social Psychology, 51 (3), 578-584.
- Bem, S. C. (1981). Bem Sex-Role Inventory: Professional Manual. Consulting Psychologists Press, Inc. Palo Alto, CA.
- Bem, S. C. (1974). The measurement of psychological androgyny. Journal of Consulting and Clinical Psychology, 42(2), 155-162.
- Campaniello, J. A. (1988). When professional nurses return to school: a study of role conflict and well-being in multiple-role women. Journal of Professional Nursing, 4(2), 136-140.
- Cooper, A. & Palmer A. (1993). Mentoring and Precetorship A Guide to Support Roles in Clinical Practice. Blackwell Scientific Publications, Boston.
- Frank, S., Towell, P., & Huyck, M. (1985). The effects of sex role traits on three aspects of psychological well being in a sample of middle aged women. Sex Roles, 12(9,10), 1073-1086.

- Froberg, D., Gjerdingen, D. & Preston, M. (1986).
Multiple roles and women's mental and physical health:
what have we learned? Women and Health, 11(2), 79-96.
- Gerson, J. (1985). Women returning to school: the
consequences of multiple roles. Sex Roles, 13(12), 77-
91.
- Goode, W. H. (1960). A theory of role strain. American
Sociological Review, 25, 483-496.
- Gray, E., Lovejoy, M., Piotrkowski, C. & Band, J. (1990).
Husband supportiveness and the well-being of employed
mothers of infants. Families in Society, 71, 332-341.
- Hirsch, B., Rapkin, D. (1986). Journal of Personality and
Social Psychology, Multiple Roles, social networks, and
women's well-being. 51(6), 1237-1247.
- Karasek, R. (1979). Job Demands, Job decision latitude,
and mental strain: implications for job redesign.
Administrative Quarterly Science, 24, 285-308.
- Lengacher, C. A. (1933). Development and study of an
instrument to measure role strain. Journal of
Cognitive Psychotherapy, 3(1), 53-68.
- Levo, L. & Biggs, D. (1989). Cognitive factors in
effectively coping with home career stress. Journal of
Cognitive Psychotherapy, 3(1), 53-68.

- Long, B. (1989). Sex-role orientation, coping strategies, and self-efficacy of women in traditional and nontraditional occupations. Psychology of Women Quarterly, 13, 307-324.
- Marks, S. R. (1977). Multiple roles and role strain: Some notes on human energy, time and commitment. American Sociological Review, 42, 921-936.
- McBride, A. (1989). Multiple roles and depression. Health Values, 13, 45-49.
- Monaghan, E. (1989). Role changes and psychological well-being: Variations in efforts by gender role repertoire. Social Forces, 67(3), 693-714.
- Oliver, S. J. & Toner, B. B. (1990). The influence of gender role typing on the expression of depressive symptoms. Sex Roles, 22(11-12), 775-789.
- Piechowski, L. D. (1992). Mental health and women's multiple roles. The Journal of Contemporary Human Services.
- Pietromonaco, P. R., Manis, J., & Frohardt-Lane, K. (1986). Psychological consequences of multiple social roles. Psychology of Women Quarterly. 10, 373-382.
- Polit, F. & Hungler, B. (1991). Nursing Research Principles and Methods. Philadelphia, PA: Lippincott Company.

- Radloff, L. (1977). The CES-D Scale: A Self-report depression scale for research in the general population. Applied Psychological Measurement, 1(3), 385-401.
- Reker, G. T. & Wong, P. T. (1988). Aging as an individual process: Toward a theory of personal meaning. In J. E. Birren, & V. L. Bengston (eds), *Emergent Theories of Aging*. New York: Springer.
- Repetti, R., Matthews, K. & Waldron, I. (1989). Effects of paid employment on women's mental health and physical health. American Psychologist, 44, 1394-1401.
- Ross, C. & Mirowsky, J. (1988). Child care and emotional adjustment to wife's employment. Journal of Health and Social Behavior, 29, 127-138.
- Scarr, S., Phillips, D., McCartney, K. (1989). Working mothers and their families. American Psychologist, 44, 1402-1409.
- Seidl, A. H. & Sauter, D. (1990). The new non-traditional student in nursing. Journal of Nursing Education, 29(1), 13-19.
- Sieber, D. (1974). Toward a theory of role accumulation. American Sociological Review, 39, 567-578.
- Steenbarger, B. N., & Greenburg, R. P. (1990). Sex roles, stress, and distress: A study of person by situation contingency. Sex roles, 22, 59-68.

- Teidje, L., Wortman, C., Downey, G., Emmons, C., Biernat, M. & Long, E. (1990). Women with multiple roles: role compatibility perceptions, satisfaction, and mental health. Journal of Marriage and the Family, 52, 63-72.
- Thoits, P. A. (1983) Multiple identities and psychological well-being, a reformulation and test of the social isolation hypothesis. American Sociological Review, 48, 174-187.
- Thorton, B. & Leo, R. (1992). Gender typing, importance of multiple roles, and mental health consequences for women. Sex roles, 27(5,6), 307-317).
- Waldron, I., & Jacobs, J. (1989). Effects of multiple roles on women's health - evidence from a national longitudinal study. Women and Health, 15(1), 3-18.
- Woods, N. F. (1985). Employment, family roles, and mental health in young married women. Nursing Research, 34(1), 4-10.
- Zika, S. & Chamberlain, K. (1992). On the relationship between meaning in life and psychological well-being. British Journal of Psychology, 83, 133-145.

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EDUCATION Master of Science, Nursing May, 1995
Salisbury State University
School of Nursing and Health Sciences
Salisbury, Maryland

Bachelor of Science, Nursing June 1982
University of Maryland at Baltimore
Baltimore, Maryland

EXPERIENCE November 1994 - Present
Assistant Client Care Manager Supervisor
VISITING NURSES ASSOCIATION OF DELAWARE
Georgetown, Delaware

Supervisor of field nurses in Client Care Management. Responsible for educational inservices as well as evaluating clinical performances. Assist with the hiring of new employees.

September 1989 - December 1994
Clinical nursing instructor for Adult Care, Maternal Child Health, and specialty care areas. Human Growth and Development instructor.

DELAWARE TECHNICAL AND COMMUNITY COLLEGE
Georgetown, Delaware

Responsible for the clinical instruction of 8 to 10 nursing students primarily in med-surg. nursing. Have also instructed students in maternal child health, and psychiatric rotations. Taught Human Growth & Development Course. Duties also involved developing clinical evaluation tools.

Bridget M. Wheatley

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EXPERIENCE
(continued)

January 1987 - November 1994
Charge relief nurse and Preceptor for
Medical-Surgical Floor.
NANTICOKE MEMORIAL HOSPITAL
Seaford, Delaware

Held Staff Nurse position and was appointed
clinical preceptor for medical surgical
floor. My roles on floor consisted of charge
relief duties and orientation of new
employees. Worked as Full-time employee
until accepting teaching position at Delaware
Technical and Community College. After
accepting teaching position, I worked at the
hospital on a part-time basis and continued
to do charge relief duties.

September 1983 - March 1986
Staff nurse-urology floor
CHIPPENHAM HOSPITAL
Richmond, Virginia

Worked as a staff nurse on a medical surgical
unit specializing in urology and performed
staff nurse duties.

July 1982 - December 1982
Staff nurse on a medical adult care unit
MEDICAL COLLEGE OF VIRGINIA
Richmond, Virginia

Worked as a staff nurse on a medical unit and
performed staff nurse duties.

CERTIFICATION

Certified Medical Surgical Nurse
American Nurses Credentialing Center

**PROFESSIONAL
ORGANIZATIONS**

American Nurses Association
Delaware Nurses Association
Accepted into Sigma Theta Tau