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Coping with Multiple Roles

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COPING WITH MULTIPLE ROLES

By

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A THESIS

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ABSTRACT

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Women in increasing numbers have been combining career and family. Balancing the multiple roles may be stressful at times. The purpose of this study was to examine how different stressors influence a woman's ability to utilize coping responses. This study examined the relationships between situational variables and a nurse's ability to cope with multiple roles. The situational variables studied were: age, educational level, number of hours worked, job type, number of children, ages of the children, view of nursing, husband's agreement with the wife on the number of hours worked, and satisfaction with child care. The survey tool, the "Coping Responses Inventory" was used to assess coping and a Research Questionnaire assessed the situational variables. One hundred fifty-five subjects who were nurses, married and had children were recruited at a metropolitan hospital. There was no significant relationship found between the situational variables and coping.

Dedication

Dedicated to my husband, Owen, and my parents, Robert and Joan Retsema,
for their unfailing support and encouragement.

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I express my sincere appreciation to Andrea Bostrom, Ph.D., R.N. the chairperson of my thesis committee. Her insight, expertise and support guided me through the research/thesis process. I am thankful for her time, flexibility and personal interest through the coursework and this research project.

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CHAPTER 1

INTRODUCTION

Introduction

Women's lives are filled with a multitude of roles. Balancing the multiple roles is a juggling act requiring women to negotiate when they play which role. The way women balance the roles in their lives is characterized by the word coping. Coping is commonly found in the professional literature, magazines and newspapers describing how individuals deal with a variety of circumstances. It appears that one method of coping is not applicable for all situations, but rather a variety of methods for different types of individuals and circumstances are necessary. How nurses, who are primarily women functioning within a relatively homogeneous work environment, cope with multiple roles is of interest to this investigator.

The traditional role of a woman is that of mother and homemaker. In 1970 75% of women chose family centered lifestyles (Regan & Roland). By 1980 the number had dropped to 50% (Regan & Roland, 1985). In 1990 the number further decreased to 35% (U.S. Dept. of Commerce, 1990). In an opinion survey in 1974, 50% of the women thought that the ideal way of life would be a traditional marriage, and in 1985 the number had decreased to 43% (Simon &

Landis, 1989). Women are not only thinking about leaving their traditional roles, but are actually combining career and family. Career and family accommodated lifestyle patterns have potential for role conflict (Regan & Roland, 1985). For example, dual career families experience a moderate level of family stress (Sund & Ostwald, 1985). For career women, being a parent is a major source of role conflict (Campaniello, 1988), poor mental health (Gove & Geerken, 1977), and stress (McBride, 1988). Stress may be experienced as guilt and anxiety.

Nursing is predominantly a female profession; 95% of the total registered nurses were female in 1988 (U.S. Dept. of Commerce, 1990). In 1990, it is estimated that 57% of nurses in Michigan were employed in the hospital setting (American Hospital Association, 1990; Division of Nursing, U.S. Department of Health and Human Services, 1991). Registered nurses have a minimum of two years of nursing education and licensed practical nurses have at least one year of education. The more highly educated women may be expected to follow less traditional adult roles (Hock, Gnezda, & McBride, 1984). Considerable tension may accompany attempts to achieve a balance between career and interpersonal commitment. For many women this tension is experienced as stressful. A stressful circumstance is seen as interfering with the possibility of living life as people feel they would like to live or ought to live (Dixon, Dixon, & Spinner, 1989). Coping is any response to external life strains that serves to prevent, avoid, or control emotional distress (Pearlin & Schooler, 1978). Identifying stressors for women in multiple roles will assist the individual and the employing institution to develop effective coping resources.

Research Question

Many articles in the literature evaluate women in multiple roles. No studies were found, however, specifically dealing with the question of how nurses cope with multiple roles. This study will address the question, "what is the relationship between situational variables and a nurse's ability to cope with multiple roles." The National Institute of Health's division for special populations in 1986 convened a panel of experts to propose a research agenda for women's mental health. Nurses urged that role conflict/role burden be investigated as a major source of stress for young and middle-aged women now that the majority of women expect to combine work outside the home with that of family (McBride, 1988). Currently very few tools have been developed to examine how women cope with multiple roles. One tool called the "Utilization of Coping Responses Inventory" developed by Collins (1983) evaluates how women cope with multiple roles.

Purpose

In summary, women in increasing numbers have been combining career and family. Nursing, a profession requiring advanced education, is predominately female. Nurses in increasing numbers are combining the roles of employee, wife, and mother. Balancing the multiple roles may be stressful at times. The purpose of this study is to examine how different situational variables influence a woman's ability to cope with multiple roles.

CHAPTER 2

CONCEPTUAL FRAMEWORK AND LITERATURE

Conceptual Framework

A number of perspectives have been taken to describe the complex phenomenon of coping. The theory of coping that has gained the greatest use in nursing was developed by Richard S. Lazarus. Lazarus evaluates coping in the context of the person–environment interaction. Lazarus defines coping as the process of managing demands (external or internal) that are appraised as taxing or exceeding the resources of a person (Cohen & Lazarus, 1983). A major term in Lazarus's framework is cognitive appraisal. Cognitive appraisal is the mental process of judging events with respect to their significance for the person's well-being or the resources and options available for coping (Cohen & Lazarus, 1983). Folkman and Lazarus (1980) identified three broad approaches to coping: coping as ego processes or defenses, coping as a personality trait or style, and coping as situation-specific responses. The third type, situation specific responses, is more comprehensive and provides more clinically useful information as it is not restricted to defenses or traits (Panzarine, 1985).

Pearlin and Schooler (1978) have developed a model of coping grounded in Lazarus's theory of coping. They view coping from the sociological or situation-specific perspective. Pearlin and Schooler define

coping as any response to external life-strains that serves to prevent, avoid or control emotional distress. They examined specific life strains in which individuals are involved that arise from multiple roles, i.e., husband, wife, parent. Pearlin and Schooler define strains as those enduring problems that have the potential for arousing threat. Pearlin and Schooler describe four major life-strains: marriage, parenting, household economics and occupation. Stress is described as "emotional stress" by Pearlin and Schooler. Emotional stress is the unpleasant feelings of distress of which people are aware. It is determined by particular strainful and threatening circumstances in the environment. Stress is a condition that has clear boundaries rather than an enveloping, total state of the organism. For example, Pearlin and Schooler suggest that one area of life may be insulated from the stresses being experienced in another area.

The dimensions of coping are social resources, psychological resources, and specific coping responses (Pearlin & Schooler, 1978). Social resources are represented in the interpersonal networks of which people are a part and are a potential source of crucial supports: family, friends, fellow workers, neighbors, and voluntary associations. Psychological resources are the personality characteristics that people draw upon to help them withstand threats posed by events and objects in their environment. Three such resources identified by Pearlin and Schooler are: self-esteem (refers to the positiveness of one's attitude toward oneself), self-denigration (indicates the extent to which one holds negative attitudes toward oneself) and mastery (which concerns the extent to which one regards one's life-chances as being under one's own control in contrast to being fatalistically ruled). Psychological resources are independent of the roles individuals play. They represent some

of the things people are. Coping responses are the concrete efforts individuals use to deal with the life-strains of multiples roles. They represent what people do.

Pearlin and Schooler in a study in 1978 delineated 17 coping responses. These represent only a portion of the full range of responses an individual can use. These responses can be grouped into three categories: (a) responses that change the situation out of which strainful experience arises (prevention), (b) responses that control the meaning of the strainful experience after it occurs, but before the emergence of stress (avoidance) and (c) responses that function more for the control of stress itself after it has emerged (control). The relationship of these major concepts are diagramed in Figure 1.

Pearlin and Schooler (1978) have utilized this theory to examine marriage and parenting. In finances and job, areas in which individuals have little control, the psychological characteristics were more helpful in sustaining people. They found that in the context of marriage and to a lesser extent parenting, it is the specific things that people do in dealing with life-strains (coping) that determine most closely whether or not they will experience emotional stress. They found that the greater the number of coping responses people used the better they coped. It may be more important to use multiple strategies to prevent emotional stress than to use one single coping response.

Three limitations were identified in Pearlin and Schooler's model. Most important is that only a limited number of coping responses can be evaluated at one time. There were many other coping responses that individuals employed. More studies need to evaluate coping from a variety of perspectives. The second limitation is the criterion used to judge coping efficacy. They were unable to separate effective coping from life-strains. This is a limitation of all

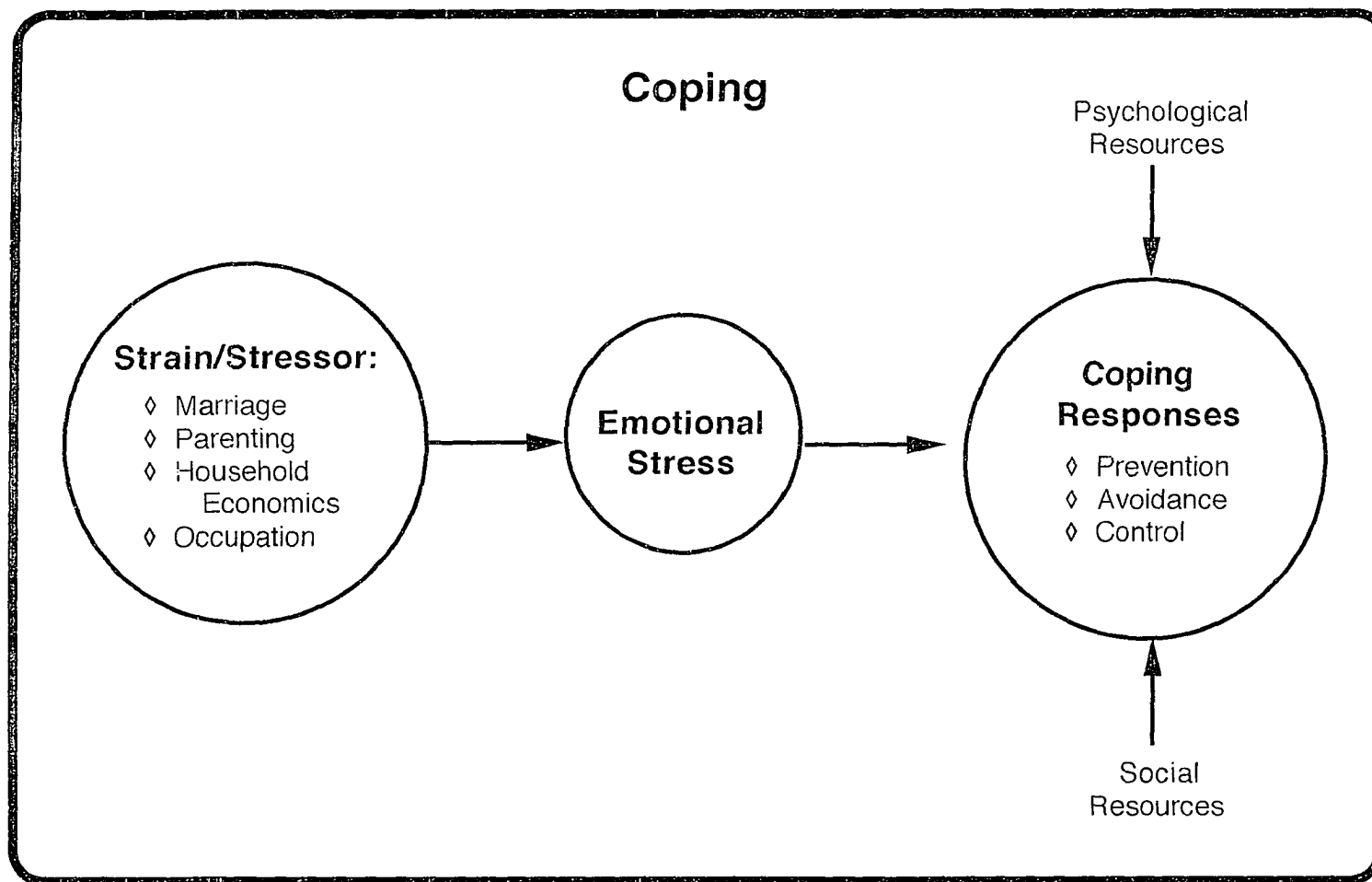


Figure 1. Coping Responses Model
Adapted from the work of Pearlin and Schooler (1978)

coping theories. For example, individuals who cope well with life-strains using multiple responses do not perceive themselves as having emotional stress. A third limitation is that once emotional stress occurs it can in turn influence one's exposure to life's strains and there is selective use of coping responses. This is also a limitation of all coping theories. In other words, what has happened in the past will influence how one will cope in the future.

Literature Review

A number of perspectives have been used to evaluate coping. Examples from studies which evaluated coping with multiple roles include: physical health (Dixon, Dixon, & Spinner, 1989; Waldron & Herold, 1986), psychological health (Gove & Geerken, 1977; Shehan, 1984), well-being (Walker & Best, 1991) life satisfaction (Freudiger, 1983), marital adjustment (Houseknecht & Macke, 1981), satisfaction with the role of mother (Hock, Gnezda, & McBride, 1984; Pistrang, 1984; Myers-Walls, 1984), self-esteem (Meisenhelder, 1986), role integration (Meleis, Norbeck, & Laffrey, 1989), single parents (Burden, 1986), distribution of labor (Maret & Finlay, 1984), role stress/strain (Hemmelgarn & Laing, 1991; Moen & Dempster-McClain, 1987; Sund & Ostwald, 1985; Van Meter & Agronow, 1982), and family/career priorities (Regan & Roland, 1985). Each study when viewed individually evaluates coping from a certain perspective. The studies viewed as a whole begin to evaluate the concept of coping. The following paragraphs will examine each perspective.

Two studies evaluated the traditional role and domestic tasks. Hock et al. (1984) studied the traditional attitudes of a mother's role. They found that younger mothers were more invested in beliefs supporting exclusive maternal care (the belief that the infant's mother is uniquely suited to care for the child)

than were older mothers. Women who planned to be employed did not believe as strongly in exclusive maternal care. The more highly educated the woman the less she may be expected to follow less traditional adult roles. Maret and Finlay (1984) evaluated the responsibility for domestic tasks. They found that there was considerable variability in the level of domestic responsibility among currently employed married women, however, employed women have lower levels of home responsibility than non-employed women.

Self-esteem in women was evaluated by Meisenhelder (1986). It was found that perceived reflected appraisals of the husband was a remarkably strong predictor of self-esteem for all women. The husband's perceived appraisal was three times stronger as a predictor of self-esteem for homemakers than employed women. Full time employed women had higher self-esteem than part-time employed women.

Family stress was evaluated by Sund and Ostwald (1985). It was found that families experienced a moderate level of family stress in the majority of dual-earner families. The older the couple or the older the children or the higher the income the lower the stress.

Increased involvement by women in the work environment has added a new dimension of coping with multiple roles. There was a dramatic increase during the 1970s of university women's desire for high status professional careers and commitment to noncommittant lifestyles and values according to the findings of Regan and Roland (1985). Moen and Dempster-McClain (1987) and Pistrang (1984) both examined work involvement. Moen and Dempster-McClain found that gender is significant when related to work hour preferences for married men and women. Wives wished to work fewer hours which was endorsed by husbands who wanted their wives to work fewer hours. In

addition, actual work time and gender interacted in such a way that mothers working full-time preferred to reduce their work week. Perceived work-family interference is related to a desire for a reduced work schedule for wives by both men and women. Pistrang (1984) studied work involvement from a slightly different perspective, but had related findings. Pistrang's conclusion was that women tended to have more positive experiences of motherhood if their work status was congruent with their interest in working. High work-involved women tended to be better off if they worked while low work-involved women tended to be better off if they did not work. It is interesting to note that only eight of the 42 working mothers in this study worked full time.

Physical and psychological health was examined by Meleis et al. (1989), Dixon et al. (1989), and Walker and Best (1991). Meleis et al. (1989) found that the total number of roles did not predict perceived health status or psychological symptoms. Role involvement with enacted roles was positively associated with perceived health status by women. Dixon et al. (1989) evaluated the health consequences of role integration of mothers prepared women. They found that unless women experience stress (described as circumstances which interfere with the possibility of leading life as the individuals feel they ought to or would like to) when balancing career and other life involvements it is not likely to lead to illness. Walker and Best (1991) found that full-time employed mothers of infants reported greater perceived stress and less optimal health-promotive lifestyles compared to homemakers with infants.

Three studies evaluated role strain/conflict. Two of the studies evaluated married college women. Campaniello (1988) found that multiple roles do not significantly affect perceived role conflict, however, the role of parent was a major source of conflict for women. It was not the number of roles but the

occupancy of particular roles. In fact, multiple roles enhanced well-being. Women who felt supported emotionally, had a flexible schedule, had help with household tasks and child care had less perceived role conflict. Van Meter and Agronow (1982) found that women who place the family role first were more likely to perceive their husband's agreement with that role choice. However if the woman put another role first the husband must agree in order to reduce role strain. Dissatisfaction with child care was highly correlated with role strain regardless of the ages of children. Hemmelgarn and Laing (1991) found that the confidence and comfort a woman experiences in the maternal role (maternal identity) was correlated to and the best predictor of role strain. Their findings also suggest that job satisfaction, social support, satisfaction with child care and not working full time correlated with lower levels of role strain.

Marital adjustment in professional women was appraised by Houseknecht and Macke (1981). They found it was not employment status per se that is important in determining marital adjustment, but rather the extent to which family experiences accommodate the wife's employment. It was not simply a matter of whether or not a woman is working outside the home, but rather the extent to which that behavior violates role expectations and creates role conflict. Part time or full time employment made little difference. Those who had freedom from childbearing responsibilities had higher marital adjustment.

Myers-Walls (1984) interviewed women shortly after the birth of their first child. She found that the relationship between the use of coping strategies (a positive view of the situation, development of a salient role, compartmentalization, and compromising standards) and the ease of transition was strong and consistent.

In summary, coping is a complex concept requiring examination from a variety of perspectives. Coping with multiple roles is enhanced if the woman is older, has advanced education, support from her husband, and agreement with her husband with regard to the wife's role. The addition of the role of parent increased the stress of coping with multiple roles.

Strengths

The strengths of the research studies are threefold. The studies have evaluated coping from a variety of perspectives thus studying a number of coping mechanisms. Furthermore most of the studies used multiple independent variables (Campaniello, 1988; Dixon et al., 1989; Hemmelgarn & Laing, 1991; Hock et al., 1984; Houseknecht & Macke, 1981; Maret & Finlay, 1984; Meleis et al., 1989; Pistrang, 1984; Regan & Roland, 1985; Sund & Ostwald, 1985; Van Meter & Agronow, 1982; Walker & Best, 1991). Second, because coping is such a complex phenomenon most of the studies used more than one instrument to evaluate coping (Campaniello, 1988; Dixon et al., 1989; Hemmelgarn & Laing, 1991; Hock et al., 1984; Houseknecht & Macke, 1981; Maret & Finlay, 1984; Meisenhelder, 1986; Meleis et al., 1989; Moen & Dempster-McClain, 1987; Myers-Walls, 1984; Pistrang, 1984; Regan & Roland, 1985; Sund & Ostwald, 1985; Van Meter & Agronow, 1982; Walker & Best, 1991). Third, most studies used a sample size of at least 100 participants (Campaniello, 1988; Hemmelgarn & Laing, 1991; Hock et al., 1984; Houseknecht & Macke, 1981; Maret & Finlay, 1984; Meisenhelder, 1986; Moen & Dempster-McClain, 1987; Pistrang, 1984; Regan & Roland, 1985; Van Meter & Agronow, 1982; Walker & Best, 1991).

Limitations

Sample representativeness. Overall, there were many limitations in common in the studies evaluated. These limitations may be hard to overcome in future studies. Most used a convenience sample (Campaniello, 1988; Dixon et al., 1989; Hemmelgarn & Laing, 1991; Houseknecht & Macke, 1981; Meleis et al., 1989; Myers-Walls, 1984; Pistrang, 1984; Regan & Roland, 1985; Sund & Ostwald, 1985; Van Meter & Agronow, 1982; Walker & Best, 1991). A convenience sample is the weakest type of sample. The available subjects might be atypical of the population with regard to the critical variables being measured and are subject to bias as participants self-select themselves (Polit & Hungler, 1991). Most of the studies were done in environments described by the researcher as a large metropolitan area (Hock et al., 1984; Meleis et al., 1989; Myers-Walls, 1984; Pistrang, 1984; Sund & Ostwald, 1985) which may limit their generalizability to other populations. Most of the samples studied were predominately caucasian (Hock et al., 1984; Meisenhelder, 1986; Myers-Walls, 1984; Walker & Best, 1991) or the race was not identified (Campaniello, 1988; Dixon et al., 1989; Hemmelgarn & Laing, 1991; Houseknecht & Macke, 1981; Maret & Finlay, 1984; Moen & Dempster-McClain, 1987; Pistrang, 1984; Regan & Roland, 1985; Sund & Ostwald, 1985; Van Meter & Agronow, 1983). Most of the studies used college educated participants (Campaniello, 1988; Hemmelgarn & Laing, 1991; Meleis et al., 1989; Pistrang, 1984; Regan & Roland, 1985; Sund & Ostwald, 1985; Van Meter & Agronow, 1982) including some who had masters preparation (Dixon et al., 1989; Houseknecht & Macke, 1981).

The studies often did not describe the specific jobs participants worked. Non-professional versus professional jobs may impact the results.

Generalizability of the studies may be limited if the job type is not clearly defined. Nurses as a homogeneous work group may differ from other occupations. Only two studies (Campaniello, 1988; Dixon et al, 1989) used nurses as study participants. One study (Hemmelgarn & Laing, 1991) identified the participants' jobs by categories, one of which was medicine and health, but did not further describe which occupations were included in each category. One study (Regan & Roland, 1985) evaluated professional men and women, but did not include nursing as a profession.

There was variability of the hours worked per week by participants in the different studies. The number of hours a woman works per week may impact on coping with multiple roles. For example a woman working 16 hours per week has more time to devote to other roles than a woman working 40 hours per week. Moen and Dempster-McClain (1987) did not study mothers who worked less than 20 hours per week. Campaniello (1988), Dixon et al. (1989), Houseknecht and Macke (1981), Maret and Finlay (1984), Myers-Walls (1984), Regan and Roland (1985), Sund and Ostwald (1985), Van Meter and Agronow (1982) did not define the number of hours participants worked. While 40% of the participants in Pistrang's (1984) study returned to work following the birth of the first child, only eight of the 42 working participants worked full time (part time was described as more than 8 hours). Most of the participants in the studies by Moen and Dempster-McClain (1987) and Meleis et al. (1989) worked full time. Houseknecht and Macke (1981) found that part time versus full time was not significant in marital adjustment, but did not discuss what comprised part time. Hemmelgarn and Laing (1991) found that women who worked full time had higher levels of role strain than women who worked part-time, but did not define how many hours comprised part-time. Meisenhelder

did not state the number of subjects working part time or full time, only that full time workers had higher self-esteem. Walker and Best (1991) defined full-time as 40 hours per week and part-time as less than 40 hours per week. Only 14% of the study participants worked part-time so only full-time working mothers were considered.

Children as a sample variable are important for generalizability of the studies. Several studies did not clearly evaluate the ages or number of children of participants or only appraised the birth of the first child. The amount of time required by children of certain ages (such as an infant) or an increasing number of children may have ramifications on a woman's ability to cope. Some authors indicated that the ages or number of children (Gove & Geerken, 1977; Skinner, 1980; Sund & Ostwald, 1985) do impact on coping. Maret and Finley (1984) and Meleis et al. (1989) evaluated married women with dependent age children, but the ages of the children are not described. Meleis et al. (1989) found that the number of children had no effect on role integration. Dixon et al. (1989) did not state how many participants had children. Campaniello (1988) only asked participants if they were parents. Hock et al. (1984), Myers-Walls (1984), and Pistrang (1984) studied mothers shortly after the birth of their first child. Maret and Finley (1984), Meisenhelder (1986), Regan and Roland (1985), and Walker and Best (1991) did not evaluate the number of children. Moen and Dempster-McClain (1987) did not evaluate age of children or state the number of children except to note that the number of children was weakly related to time spent on the job. Van Meter and Agronow (1982) did not evaluate the number of children, but found that the age of the children did not matter. Houseknecht and Macke (1981) did not specifically state the number of children except to note that the more children the higher the satisfaction with

affection expression. A criteria to participate in the Hemmelgarn and Laing (1991) study was that the participant had to have children between the ages of 12 months and 10 years, but they did not evaluate the number of children nor the impact of the ages of the children.

Three studies had limitations that are important to note, but were not common to other studies. One study had a relatively small sample size of 42 primiparous women (Myers-Walls, 1984). Van Meter and Agronow (1982) had a response rate of only 32% which limits generalizability. One study (Campaniello, 1988) specifically included the student role as one of the independent variables, however, only 48% of the students were parents.

Methodology. A number of the studies were retrospective or used data from the 1970s. The number of women in traditional roles has decreased over the 70s, 80s and into the 90s. Women's opinions of the ideal way of life has also changed over the decades. The implications of the information gathered in the 1970s may have limited applications for women in the 90s. Dixon et al. (1989) interviewed 55–70 year old women regarding how they felt they had been able to balance multiple roles. Houseknecht and Macke (1981) utilized participants who had graduated from college from 1964–1974. Maret and Finlay's study (1984) was a secondary analysis using data gathered from 1967–1977. Moen and Dempster-McClain (1987) used data from 1977.

Most studies used a mailed questionnaire (Dixon et al., 1989; Hemmelgarn & Laing, 1991; Meisenhelder, 1986; Sund & Ostwald, 1985; Van Meter & Agronow, 1982; Walker & Best, 1991). Van Meter and Agronow (1982) had a low response rate (32%). Two studies (Houseknecht & Macke, 1981; Myers-Walls, 1984) used other survey methodologies, but they are not clearly delineated.

Bargagliotti and Trygstad (1987) evaluated work-related stress studies and suggested that the divergence in findings may be due to differences in methodology (qualitative versus quantitative) rather than in social realities. The quantitative studies identify discrete events as sources of stress and the qualitative studies describe processes over time. The differences in the findings reflect the strengths of the respective methodologies. Both approaches, quantitative and qualitative, are needed to obtain a balanced perspective of coping. It is important that the researcher use the appropriate methodology. For example, if the researcher wants to gain rich data on decision making in coping the qualitative approach would be appropriate. If the researcher wants to establish cause and effect or determine the coping attitudes of a large population the quantitative approach is best.

Instrumentation/construct measurement. The complexity of the construct, coping, makes tool selection difficult. Van Meter and Agronow (1982) were unable to find tools to measure their dependent variable so developed their own. Van Meter and Agronow's tool measuring role strain among married female college students had a coefficient alpha of .82, but has not been extensively tested beyond this study. Sund and Ostwald (1985) did not develop their own tool, however, the tool they used may not have been an adequate measure as the results differed from previous studies. Participant fatigue may play a role in two studies. Dixon et al. (1989) used a 64 page questionnaire and Pistrang (1984) a two hour interview.

Coping is a multiple-construct and because of its complexity is very difficult to evaluate. Only one study specifically used the concept of coping as a variable. Myers-Walls (1984) used coping strategies as an independent variable.

Implications for Study

The strengths and limitations have important implications for this study. The demographic data clearly identified situation related variables: the number of hours worked, number of children, ages of the oldest and youngest child, type of position held (staff nurse, manager, or educator), student role involvement, and race. Specific roles must be common to all participants: the roles of nurse, wife, and parent with a child under 18 years living at home.

There were few available tools to validly evaluate coping with multiple roles. The tool selected has to be reliable, valid, and appropriate. Based on the literature some hypotheses were directional in nature and others were not.

Research Question, Hypotheses, and Terms

The research question for this study is, what is the relationship between situational variables and a nurse's ability to cope with multiple roles. There are a number of hypotheses derived from the research question. (a) The age of the woman in multiple roles influences her ability to utilize coping responses. (b) The higher the educational level of the woman in multiple roles the better her ability to utilize coping responses. (c) The number of hours that a woman in multiple roles works influences her ability to utilize coping responses. (d) The type of job (staff nurse, manager, or educator) the participant in multiple roles has influences her ability to utilize coping responses. (e) The number of children a woman in multiple roles has influences her ability to utilize coping responses. (f) The ages of the children of a woman in multiple roles influences her ability to utilize coping responses. (g) In multiple roles the woman's view of nursing (career versus job) influences her ability to utilize coping responses. (h) The husband's agreement with the woman in multiple roles on the number of hours worked per week increases her ability to utilize coping responses.

(i) While in multiple roles the woman's degree of satisfaction with child care arrangements influences her ability to utilize coping responses.

Multiple roles was defined as an individual who has more than one role, specifically that of wife, mother, and employed nurse. Situational variables are conditions that have the potential for arousing threat. Coping is any response to external life strains that serves to prevent, avoid, or control emotional distress. It should be noted that Pearlin and Schooler's (1978) definition of coping does not distinguish healthy coping strategies from unhealthy coping strategies. The coping resources are (a) responses that change the situation (prevention), (b) responses that control the meaning of the strainful experience (avoidance), and (c) responses that function more for control of stress itself (control). Stressor or strain is defined as any enduring problems that has potential for arousing threat. Figure 2 modifies Pearlin and Schooler's "Coping Responses Model" to include the situational variables used in this study.

The independent variable, situational variables, was operationalized with the research questionnaire. The dependent variable, coping responses, was operationalized with a tool called the "Coping Responses Inventory" (Collins, 1983).

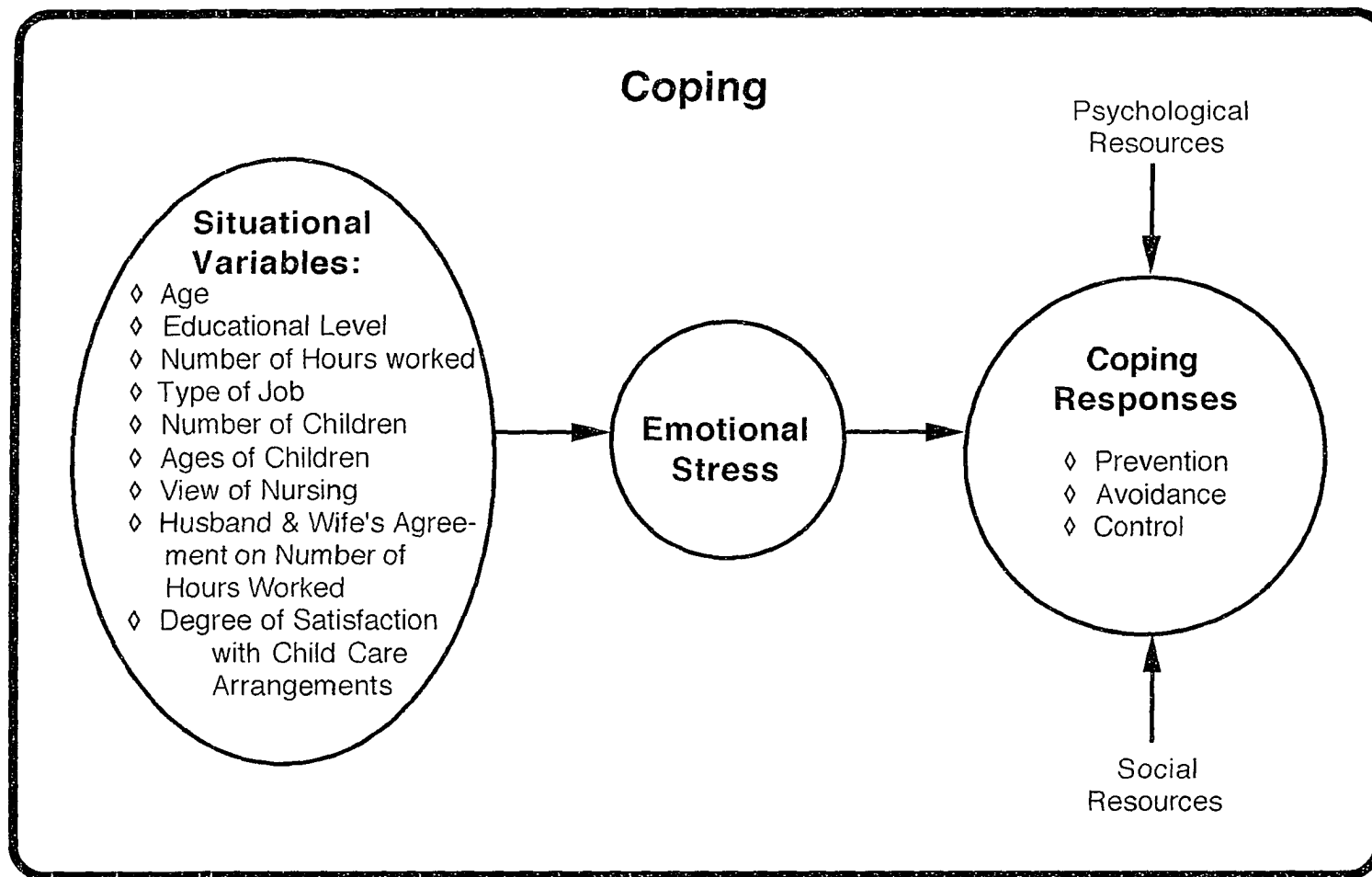


Figure 2. Coping Responses to Situational Variables Model

CHAPTER 3

METHODOLOGY

Design

The design for this study was descriptive correlational. The advantages of using a descriptive correlational design for the investigation of these hypotheses are twofold. First, the causes of the phenomenon of coping with multiple roles cannot be clearly identified as the situation is very complex. When doing a descriptive correlational study the evaluation of how women cope with multiple roles is more important than an understanding of the cause. Second, this study is evaluating a relationship among variables, thus there is no experimental manipulation of a variable.

There are some of limitations to this research design. First, this study examined the natural phenomenon of women in multiple roles and the relationship of situational variables and coping. Thus the researcher has no control over the independent variable which is situational variables. Second, coping with multiple roles is a very complex phenomenon and the researcher was unable to include every aspect that influences coping. Third, the researcher is unable to actively manipulate the independent variable of interest. Fourth, there is always the possibility that there is faulty interpretation of study results, therefore results can only be tentative in nature.

When using descriptive correlational designs (Polit & Hungler, 1991) competing hypotheses must be examined. Competing hypotheses include: (a) Female nurses, as a group, may cope with multiple roles differently than women in other professions; (b) A woman's self-esteem affects coping with multiple roles; (c) Guilt related to social mores affects a woman's perception of her ability to cope with multiple roles; (d) Stressors that are not included in this study may account for coping responses; and (e) Stressors may vary from day to day thus coping responses vary from day to day.

Population Sample

Subjects were recruited from a medium sized hospital in the Midwest. The site for the study was a hospital that is licensed for 456 beds and employs an average of 750 nurses. The hospital provides a wide range of health care services in a metropolitan area with approximately 80,000 residents. The participants were sent a questionnaire to complete and return to the researcher via the interdepartmental mail system.

The researcher was unable to obtain a list of employees so random selection was not possible. A convenience sample was obtained via recruitment by the researcher. The goal for the sample size was 100 participants. Criteria for inclusion in the study was that subjects were: employed in the hospital setting, female nurses (either LPNs or RNs), married and living with their spouse, raising children under the age of 18 who are living at home, able to give informed consent, and able to read and speak English.

The researcher determined the size of the target population by surveying the units. The researcher discovered which units in the hospital employed nurses. Then each unit's supervisor or educator was contacted by the researcher to determine the number of the staff in their employ that fit the

criteria for the study. Approximately 450 or 60% of the nurses employed by the hospital met the qualifications for inclusion in the study.

Instruments

Coping Responses Inventory

The instrument used was the "Coping Responses Inventory" (Appendix A) developed by Collins and Post (1986). The Coping Responses Inventory contains 59 items divided into 3 categories and then grouped into nine subscales of coping responses. The inventory utilizes a five point Likert scale with responses ranging from (5) "all of the time" to (1) "never". The scale was divided into the three functional categories of coping as defined by Pearlin and Schooler (1978). The three categories are prevention (coping responses that prevent role strain), avoidance (coping responses that function to avoid role strain by modifying the meaning of the strainful situation) and control (coping responses that control role strain after it has occurred). Six of the nine subscales are in the prevention category. The prevention subscales include: wife's change in household management; wife's occupational changes; the husband's contribution to household management; the husband's occupational changes; wife's work flexibility; and the husband's work flexibility. The avoidance category consists of one subscale of cognitive responses. The control category has two subscales: strain management and overload management. The subscales are described in more detail in the discussion that follows.

The measurement of the coping responses was conceptualized as the total score and as a score for each of the three categories. These measurements were at the interval level. No single measurement on the instrument reflected a specific degree of coping, but rather the scoring was

relative. The higher the score on the instrument the more apt the individual was to have better coping from a situational perspective. Table 1 describes scoring and related alpha coefficients for the instrument.

Table 1

Coping Responses Inventory Scoring Information

Category	Score Information			
	Total Possible Score	Question Numbers on Survey	Number of Items	Alpha ^a
Total Score	295	1–59	59	0.81
Prevention	105	1–21	21	0.74
Avoidance	85	22–38	17	0.87
Control	105	39–59	21	0.69

Note. ^aAlpha coefficients from Collins (1983).

Collins (1983) developed the tool through three sources: review of the literature pertaining to maternal employment and dual-career families, review and adaption of existing instruments designed to measure coping, and in depth interviews with a convenience sample of ten employed mothers. Initially 90 coping response items were developed for the scale. A pilot test decreased the instrument to 83 items. Further reduction in the number of items occurred as a result of reliability and validity testing.

Reliability. Reliability was evaluated using Cronbach's alpha. Internal consistency was examined by Collins (1983) using a step-wise Cronbach's alpha in which less homogeneous items were eliminated in a stepwise manner until the alpha coefficient was close to .70. The result was a 59 item tool with nine subscales: six prevention subscales, one avoidance subscale and two control subscales. The alpha coefficients for these subscales range from .65 to .90 (Collins, 1983). A full scale alpha was not reported by Collins (1983). The full scale alpha in the present study it was 0.81.

The prevention category includes subscales addressing the wife's occupational change, the husband's occupational change, the wife's work flexibility, the husband's work flexibility, the wife's changes in household management, and the husband's contribution to household management. The prevention category is comprised of 21 items. The alpha found for the prevention category by Collins (1983) was .71 and in this study it was 0.74. The following subscale alphas are those reported by Collins (1983). The wife's occupational change is comprised of five items with an alpha of .70. The content evaluates changes in self-standards for quality of work performance and/or amount of energy spent on job/career activities. The husband's occupational change consists of three items with an alpha of .66. Its content describes the extent to which the subject perceives the husband as changing the quality/quantity of work performance. The wife's work flexibility has an alpha of .65 and contains three items. The content evaluates the extent of the subject's flexibility in determining work hours. The husband's work flexibility contains three items and has an alpha of .71. These items relate to the extent to which the subject perceives her husband as having flexibility in determining work hours. The wife's changes in household management consists of 4 items

and has an alpha of .75. The content of these questions is the extent to which the subject reports changing the quality of performance and/or amount of energy spent in household activities. The husband's contribution to household management has three items and an alpha of .71. Its content regards the extent to which the subject perceives that her husband assists with child care/household chores.

The avoidance category consists of one subscale of cognitive responses. The cognitive responses subscale contains 17 items. Collins (1983) found an alpha of .92 and in this study it was 0.87. The item content describes the extent to which the subject uses cognitive strategies to avoid role strain.

The last category, control management, includes subscales addressing strain management and overload management. The control category is comprised of 21 items. Collins (1983) found an alpha of .70 and in this study it was 0.69. Strain management has an alpha of .70 and contains 18 items. The content focuses on the extent to which the subject uses her responses to manage strain. The overload management subscale has an alpha of .70 and contains three items. The content evaluates the extent to which the subject tries to do everything which is expected.

Validity. The following discussion of validity is summarized from the work of Collins (1983). Content validity was appraised by a content analysis of intensive interviews, a review of literature about coping in working mothers and a review of the existing instruments to measure coping (Collins, 1983). Additional information about content validity was obtained through semi-structured interviews of eight subjects who completed the Coping Responses Inventory (Collins, 1983). Further content validity was performed as the subscales were developed. The items that remained after the stepwise

Cronbach's alpha were visually examined. All deleted items were visually examined to determine if these items comprised theoretically interpretable clusters of items.

Construct validity was appraised by evaluation of the theoretical relationships between the concepts themselves and the empirical relationship between measures of the concepts (Collins, 1983). The measures of the concepts were examined (Collins, 1983) and the empirical evidence was interpreted in terms of how it clarified the validity of a particular measure. Seven of the nine Coping Responses Inventory subscales correlated with specific strain measures. The two strain measures Collins used were Grey's (1979) Measure of Role Strain and Osipow and Spokane's (1981) Personal Strain Questionnaire. Grey's scale measures the individual's conscious perception of the level of strain experienced and the Personal Strain Questionnaire measures symptomatic manifestations of role strain. Grey (1979) developed four questions to survey subjects' conscious perception of the level of strain experienced in trying to fulfill home, personal, and career obligations. The Personal Strain Questionnaire (Osipow & Spokane, 1981) contains four subscales which measure the following dimensions of strain: (a) vocational strain, or the extent to which the respondent is having difficulty in work quality or output, (b) psychological strain, or the extent of adjustment and/or mood problems the respondent reports, (c) social strain, or the extent of disruption in interpersonal relationships, and (d) physical strain, or complaints about physical illness or poor self-care habits.

Confirmation of the negative relationships predicted by Collins (1983) between the Coping Responses Inventory subscales and strain measures supports construct validity. Seven of the Coping Responses Inventory

subscales are significantly correlated with perceived strain (Grey's scale). Strain management had a moderate positive correlation with perceived strain. The wife's occupational changes and the wife's changes in household management were also positively correlated with perceived strain. Four of the coping responses subscales were negatively correlated to perceived strain. They are the husband's occupational changes, the wife's work flexibility, the husband's work flexibility and the husband's contribution to household management.

Five of the Coping Responses subscales were correlated with total strain with Osipow and Spokane's Personal Strain Questionnaire. Strain management was significantly and positively correlated with total strain. The wife's changes in household management was positively correlated with total strain. Three measures were significantly and negatively correlated with total strain. The husband's contribution to household management had a moderate negative correlation to total strain. The wife's work flexibility and the husband's work flexibility were also negatively correlated. The wife's occupational changes, the wife's work flexibility, and the husband's work flexibility subscales were significantly and negatively correlated with the vocational strain measure. The husband's contribution to household management had a moderate negative correlation with social strain. The husband's work flexibility and the husband's occupational changes were significantly and negatively correlated to the social strain measure.

The instrument was formatted in an easy to read style by this author (Appendix A). Permission for use of the Coping Responses Inventory was obtained from the author (Appendix B). No further reliability and validity data were available.

Research Questionnaire

The Research Questionnaire (Appendix C) was developed by this author. The questionnaire was formulated through assessment of the limitations of the literature search. The literature was evaluated to discover situations that may affect coping. From the limitations in the literature questions were developed about the participants age, educational level, hours worked, type of job, number and age of children, view of nursing, satisfaction with child-care arrangements, and agreement between husband and wife as to the number of hours worked. The Research Questionnaire was pilot tested on four individuals by the author for readability and appropriateness.

Procedure

Recruitment of subjects was accomplished using a number of methods. The primary avenue for recruitment was putting a card (Appendix D) in each nurses' mailbox. The card briefly describes the study and requirements for participation. The researcher obtained a list of departments that employed nurses. The researcher asked continuing education instructors to place the card in nurses' mailboxes. Those units that did not have a continuing education instructor had cards mailed to their supervisors with a cover letter (Appendix E) requesting that the cards be given to nursing staff. If staff qualified and were willing to participate they signed the card indicating their department and mailed the card to the researcher via the interdepartmental mail.

In conjunction with each nursing staff member receiving a card the researcher informed educators and managers about the study and requested them to encourage staff to participate. Cards were left on the units and in the cafeteria asking individuals to participate. Information regarding the study was published on the hospital's TV network and in the hospital's newsletters.

A modification of the survey method outlined by Dillman (1978) was used to try to obtain a 60% response rate of nurses who volunteered to participate in the study. Polit and Hungler (1991) state that a response rate greater than 60% is probably sufficient to enable generalization of the sample to the population. Dillman's (1978) method involves initially mailing the cover letter (Appendix F), demographic data sheet (Appendix C) and the questionnaire (Appendix A) to each participant. Two weeks later a research reminder notice is sent (Appendix G) encouraging completion and return of the questionnaire. The final step was to re-mail the demographic information sheet, the questionnaire and a second cover letter (Appendix H) to those who did not respond. A final mailing of the survey by certified mail was not done as suggested by Dillman (1978).

There were three major risks to participants in this study: confidentiality, raising subjects awareness of personal coping deficits, and fatigue when completing the survey. The method to reduce the risk of confidentiality is described in the cover letter (see Appendix F). Briefly, the cover letter states the information received will remain confidential. Initially the surveys were numbered. Following completion of the three mailings the names attached to the number codes were destroyed. There were no reports on individuals, but rather on the group as a whole. If the participant's awareness of personal coping deficits was raised and they desired counseling the cover letter described how to contact the researcher to obtain referral information. The cover letter also stated that the results would be available to participants at the completion of the study. To reduce the risk of fatigue when completing the survey the demographic data and Coping Responses Inventory were formatted with the appropriate amount of white space (Williams, 1990). Approval for the investigation of what stressors influence nurses's coping responses was

acquired from the hospital's Nursing Research Committee and Grand Valley State University's Human Research Review Committee.

CHAPTER 4

RESULTS/DATA ANALYSIS

Sample

A total of 163 subjects (36% of the target population) submitted recruitment cards to the researcher. After the three mailings described by Dillman (1978) 157 surveys were returned exceeding the goal of 100 participants. The return rate of the surveys from the sample recruited was 95%. One survey was deleted from the sample as the subject was the grandmother, not the parent, and only cared for the children every other weekend. A second survey was not utilized as it was returned one month after the data were analyzed. A total of 155 surveys were used for data analysis. Therefore, the sample size was approximately 34.4% of the target population.

Characteristics

The demographic data included was age, race, educational level, current degree seeking status, income, and satisfaction with income. The mean age for the sample was 37 with a range of 23 to 50 years (see Table 2). Ninety-eight percent of the subjects ($N=152$) were Caucasian. One each of Oriental, African American, and "other" participated. One hundred forty-seven (95%) of the subjects were RNs. The remainder were LPNs ($N=8$). Table 3 shows the level of education of the subjects. About a third had a diploma and another third had a bachelor's degree either in nursing or non-nursing. Eighty-one percent of the

subjects ($N=125$) were not currently seeking a degree (see Table 4). Almost three-quarters (74%) of the respondents had a household income of at least \$50,000 (see Table 5). The subjects were satisfied with their income with 84% selecting very satisfied or satisfied on the survey (Table 6).

Table 2

Ages of the Respondents

Age Range	N	%
21-25	1	1
26-30	13	8
31-35	45	29
36-40	45	29
41-45	37	24
46-50	14	9

Table 3

Educational Level of the Respondents

Education	N	%
L.P.N.	8	5
A.D.N.	32	21
Diploma	53	34
Bachelors other than Nursing	21	14
B.S.N.	29	19
Masters other than Nursing	8	5
M.S.N.	4	3

Table 4

Respondents Currently Seeking A Degree

Seeking Degree	N	%
No	125	81
Full Time	4	3
Part Time	26	17

Table 5

Household Income Levels of the
Respondents N=153

Income	N	%
\$0-\$25,000	1	1
\$25,001-\$50,000	39	25
\$50,001-\$75,000	88	58
> \$75,001	25	16

Table 6

Respondent's Satisfaction with Income

Response	N	%
Very Satisfied	15	10
Satisfied	114	74
Dissatisfied	20	13
Very Dissatisfied	5	3

Several questions were asked about the nurses' work conditions. Respondents were asked the number of hours they worked, their job category, their view of nursing (income versus career), and the number of hours the respondent wished she worked as well as her perception of how many hours her spouse wished she worked.

There was a wide range in the number of hours subjects worked per 2 week pay period. The mean was 62 hours and the range was from 16 hours to 100 hours per pay period. The most frequently selected hours per pay period were 48, 64, 72 and 80. Sixty-seven percent of the population fell into these categories (see Figure 3).

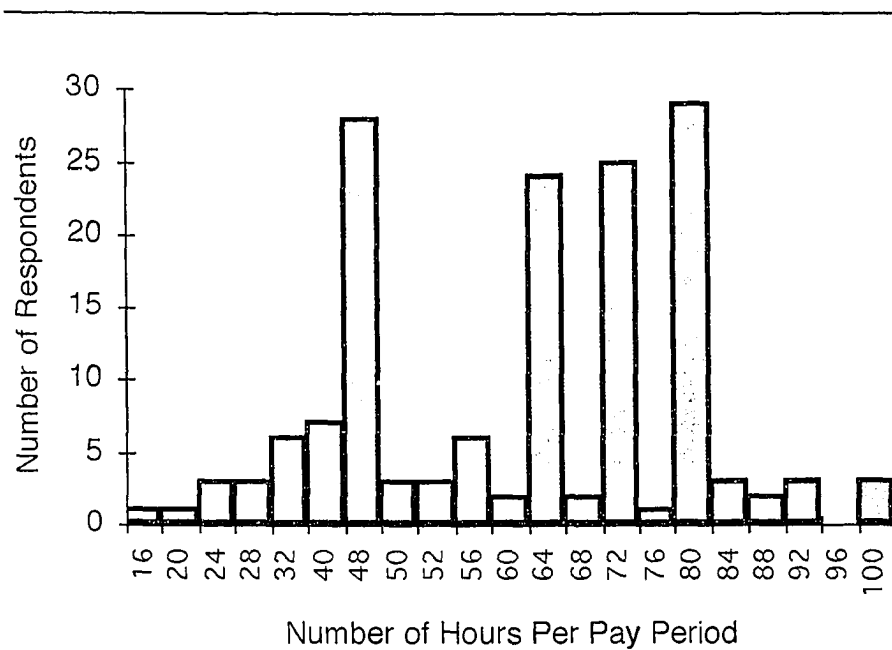


Figure 3. Number of Hours Worked by Respondents Per Two Week Pay Period

Seventy-five percent ($N=116$) of the nurses categorized themselves as staff nurses (see Table 7). The remaining 25% were either managers, educators, or 'other.'

Table 7

Job Category of Respondents

Type	N	%
Staff Nurse	116	75
Manager	19	12
Educator	14	9
Other	6	4

The response to the question on the subject's view of nursing: income versus career on the Research Questionnaire was on a visual analog scale. The scale was 100 mm long with "I view nursing as an income" at the left and "I view nursing as my career" at the right. The respondents placed a hash mark on the point on the continuum that most closely agreed with their view of nursing. The researcher measured where the hash mark fell on the 100 mm line and assigned it a corresponding number between zero (nursing as an income) and 100 (nursing as a career). The scores ranged from zero to 100 with a mean of 62 (see Table 8). Thus, in general, participants view nursing more as a career than as an income.

Table 8

Respondents' View of Nursing: Income vs. Career

Scale	N	%
0-25	8	5
26-50	37	24
51-75	53	34
76-100	57	37

The participant had to make two responses on the Research Questionnaire related to the number of hours they wished they worked. The first was how many hours the participant wished she worked. The second was what the participant perceived her husband wished she worked. In each instance the participant had to select from 3 categories: fewer hours, about what I do now, and more hours. Then the researcher compared the 2 answers for agreement between what the wife wished and what she perceived her husband wished. For example, if the husband and the wife both wished the wife worked fewer hours there would be agreement. There was agreement between the wife's wishes and her perception of her husband's wishes as to the number of hours the wife worked 63% of the time (see Table 9). Fifty-seven percent of the participants wanted to work fewer hours and forty percent perceived that their husband's wanted them to work fewer hours.

Table 9

Number of Hours the Respondent (Wife) Wished She Worked and the Number of Hours the Respondent Perceived Her Husband Wished She Worked

	Categories of Hours Desired		
	Same N (%)	More N (%)	Fewer N (%)
Wife	65 (42)	2 (1)	87 (57)
Husband	80 (52)	13 (8)	62 (40)

Questions related to parenting on the Research Questionnaire were number of children, number of children living at home, ages of the children, if the children were biological or step-children, type of child care, and satisfaction with child care.

The number of children participants had ranged from one to eight. The mean number of children was two (see Table 10). Ninety percent of the subjects had between one and three children. The number of children living at home was very similar to the number of children participants had (see Table 11). The number at home ranged from one to six with a mean of two. Ninety-three percent of the subjects had between one and three children living at home. There is a discrepancy between number of children and number of children living at home. This occurred because some respondents recorded the number of children eligible for the study, but said there were children over

18 living at home. Or the respondent recorded the total number of children, but not all lived at home.

Table 10

The Respondents' Number of Children

Frequency	N	%
1	18	12
2	79	51
3	42	27
4	13	8
5	1	1
6	1	1
7	0	0
8	1	1

Table 11

Number of Children Living at Home with Participant

Frequency	N	%
1	30	19
2	79	51
3	35	23
4	10	6
5	1	0
6	1	1
7	0	0
8	0	0

Most of the respondents' children fell into the preschool and elementary school age ranges. Eighty-five percent of the respondents had a youngest child that was either in preschool or elementary school. Seventy-one percent of the respondents had an oldest child that was in preschool or elementary school. The mean of the ages of the youngest child was six with a range of zero to 17. The mean of the age of the oldest child was ten with a range of one to 18 (see Table 12).

Table 12

Age of Respondents' Youngest and Oldest Child

Age	Child	
	Youngest N (%)	Oldest N (%)
0-4 (Preschool)	82 (54)	19 (16)
5-12 (Elementary School)	47 (31)	62 (55)
13-14 (Jr. High)	10 (6)	10 (8)
15-18 (High School)	7 (5)	24 (21)

Most the the subjects, 91%, had their own biological children (see Table 13). The remaining participants had either step-children, a combination of 'step' and biological children or adopted children.

Table 13

Respondents Children: Biological, Stepchildren and Adopted

	N	%
Biological	141	91
Step-children	1	1
Combination	12	8
Adopted	1	1

There was a wide range of child care used (see Table 14). Seventy-nine percent of the respondents used some type of child care. Thirty-one respondents used a type of child care not listed in the Research Questionnaire and listed 'other' for type of child care. 'Other' types of child care described by the respondents were grouped into seven categories: family; institution and latch key; institution and family; private home and latch key; institution, private home and family; private home and family; and institution and private home.

Overall subjects were satisfied with their current child care arrangement. The question asked on the Research Questionnaire was, "Overall, how satisfied are you with your current child care arrangement?" The respondent had to select either very satisfied, satisfied, dissatisfied, very dissatisfied, or does not apply. Seventy-nine percent selected very satisfied or satisfied (see table 15).

Table 14

Type of Child Care Used by Respondents

Type	N	%
Own Home	5	3
Private Home	24	15
Institution	6	4
Latch Key Home alone	20	13
Latch key at School	1	1
Combination	35	23
None	33	21
Other	31	20

Table 15

Respondents Level of Satisfaction with Child Care

	N	%
Very Satisfied	55	36
Satisfied	66	43
Dissatisfied	12	8
Very Dissatisfied	2	1
Does Not Apply	18	12

Responses to the Coping Responses Inventory

Individual questions and groups of questions on the Coping Responses Inventory were evaluated for findings of interest. The prevention category had six subscales. The first subscale was the wife's changes in household management (see Table 16). The total possible score was 20. Seventy-five percent of the respondents scored above 12, indicating that these statements were true in their households some or all of the time. The scores for the wife's occupational changes (see Table 17) indicate that the participants were concerned about doing a good job at work, but did not devote as much time to their job or advancing themselves in their career. The total possible score for this subscale was 25.

Table 16

Responses to the Wife's Change in Household Management Subscale

Item	5 N (%)	4 N (%)	3 N (%)	2 N (%)	1 N (%)
I tend to let less important things slide at home.	11 (7)	69(45)	56 (36)	17 (11)	2 (1)
I prepare simpler meals.	15 (10)	90(58)	38 (25)	10 (6)	1(1)
I spend less time on housework.	27 (17)	56(36)	51 (33)	19 (13)	2 (1)
I am not as concerned about how neat my house is.	9 (6)	42 (27)	46(30)	39 (25)	19 (12)

Note. 5=all of the time, 4=most of the time, 3=some of the time, 2=once in a while, 1=never.

Table 17

Responses to Wife's Occupational Changes Subscale

Item	5 N (%)	4 N (%)	3 N (%)	2 N (%)	1 N (%)
I'm not as concerned about how well I perform at work.	0 (0)	4 (3)	14 (9)	51 (33)	85(55)
I tend to let less important things slide at work.	0 (0)	5 (3)	34 (22)	77(50)	39 (25)
I spend less energy trying to advance myself at work.	21 (14)	52(34)	53(34)	18 (12)	10 (6)
I spend less time on my job/career.	14 (9)	40 (26)	62(40)	29 (19)	10 (6)
I try to decrease the amount of pressure I'm under at work.	9 (6)	42 (27)	58(37)	39 (25)	7 (5)

Note. 5=all of the time, 4=most of the time, 3=some of the time, 2=once in a while, 1=never.

The husband's contribution to household management subscale (see Table 18) found, in general, husbands' expectations were in line with what their wives could do. The amount the husbands cared for children and helped around the house was diverse, ranging from 'all the time' to 'never.' The total possible score for this subscale was 15. Eighty-one percent scored 9 or less in the husband's occupational changes (see Table 19) indicating that husbands focus on their own occupation. The total possible score was 15.

Table 18

Responses to the Husband's Contribution to Household
Management Subscale

Item	5 N (%)	4 N (%)	3 N (%)	2 N (%)	1 N (%)
My husband's expectations of me are in line with what I can do.	14 (9)	91(59)	33 (21)	14 (9)	3 (2)
My husband takes care of our child/children when I have work to do at home.	20 (13)	37 (24)	57(37)	33 (22)	6 (4)
My husband does routine household chores (e.g., cooking, cleaning, laundry, etc.	17 (11)	26 (17)	49(32)	22 (35)	8 (5)

Note. 5=all of the time, 4=most of the time, 3=some of the time, 2=once in a while, 1=never.

Table 19

Responses to Husband's Occupational Changes Subscale

Item	5 N (%)	4 N (%)	3 N (%)	2 N (%)	1 N (%)
My husband spends less time trying to advance himself at work.	6 (4)	20 (13)	41 (27)	34 (23)	50(33)
My husband spends less time on his job/career.	3 (2)	18 (12)	31 (20)	51(34)	48 (32)
My husband tries to decrease the amount of pressure he is under at work.	4 (3)	23 (15)	46(31)	45 (30)	32 (21)

Note. 5=all of the time, 4=most of the time, 3=some of the time, 2=once in a while, 1=never.

Comparison of the scores on the work flexibility (see tables 20 & 21) indicates that the husbands had less work flexibility than the wives. The concentration of scores for the wife's work flexibility subscale was between six and eleven. The total possible score was 15. The concentration of scores for the husband's work flexibility subscale was between three and six. The total possible score was 15.

Table 20

Responses to the Wife's Work Flexibility Subscale

Item	5 N (%)	4 N (%)	3 N (%)	2 N (%)	1 N (%)
I can be flexible about which hours I work.	12 (7)	40 (26)	43(28)	37 (24)	23 (15)
I can be flexible about how many hours per week I work.	5 (3)	21 (13)	32 (21)	66(43)	31 (20)
I can take time off to stay at home with a sick child.	22 (14)	44 (29)	24 (16)	57(37)	7 (4)

Note. 5=all of the time, 4=most of the time, 3=some of the time, 2=once in a while, 1=never.

Table 21

Responses to the Husband's Work Flexibility Subscale

Item	5 N (%)	4 N (%)	3 N (%)	2 N (%)	1 N (%)
My husband can be flexible about which hours he works.	4 (2)	28 (18)	28 (18)	49(32)	43 (28)
My husband can be flexible about how many hours per week he works.	4 (3)	18 (12)	22 (14)	55(36)	53 (35)
My husband can take time off to stay home with a sick child.	6 (4)	24 (16)	27 (18)	57(38)	37 (24)

Note. 5=all of the time, 4=most of the time, 3=some of the time, 2=once in a while, 1=never.

The avoidance subscale questions could be described as self-talk statements. The scores were concentrated in the "some of the time, most of the time or all of the time" in all but one statement in this category (see Table 22).

Table 22

Responses to the Avoidance Category

Item	5 <u>N</u> (%)	4 <u>N</u> (%)	3 <u>N</u> (%)	2 <u>N</u> (%)	1 <u>N</u> (%)
I tell myself that the benefits of being married outweigh the drawbacks.	40 (26)	62(40)	20 (13)	15 (10)	17 (11)
I remind myself that my job is exciting.	10 (6)	46 (30)	62(40)	30 (19)	7 (5)
I remind myself that my job is rewarding.	10 (6)	68(44)	51 (33)	20 (13)	6 (4)
I remind myself that my family benefits from my working.	35 (23)	71(46)	38 (24)	9 (6)	2 (1)
I remind myself that my husband finds me more interesting because I work.	6 (4)	29 (18)	37 (24)	43(28)	40 (26)
I remind myself that because I work, my family has things they wouldn't have otherwise.	51 (33)	71(45)	20 (13)	11 (7)	3 (2)
I remind myself that the benefits of being a working mother outweigh the drawbacks.	12 (8)	58(37)	46 (28)	26 (17)	16 (10)
I think of how proud I am of my family.	86(55)	53 (34)	11 (7)	4 (3)	1 (1)

Table 22, continued

Responses to the Avoidance Category

Item	5 N (%)	4 N (%)	3 N (%)	2 N (%)	1 N (%)
I think of how proud I am of my accomplishments at work.	18 (12)	64(42)	51 (33)	19 (12)	2 (1)
I remind myself that things in my life could be worse.	42 (27)	36 (23)	52(34)	20 (13)	5 (3)
I remind myself of the rewards of being a parent.	61 (39)	62(40)	23 (15)	7 (5)	2 (1)
I tell myself that I'm more fulfilled as a person because I am a parent.	67(43)	57 (37)	15 (10)	9 (6)	7 (4)
I tell myself that I'm more fulfilled as a person because I work.	25 (16)	56(36)	46 (30)	15 (10)	13 (8)
I remind myself that I carry out the important parts of my role as a mother.	28 (18)	81(52)	32 (21)	9 (6)	5 (3)
I remind myself that I carry out the important parts of my role as a wife.	11 (7)	65(42)	53 (35)	19 (12)	6 (4)
I remind myself that I carry out the important parts of my role as an employee.	14 (9)	79(51)	45 (29)	10 (7)	6 (4)
I remind myself that this is the way things are when you combine a job and a family.	33 (21)	78(51)	33 (21)	8 (5)	3 (2)

Note. 5=all of the time, 4=most of the time, 3=some of the time, 2=once in a while, 1=never.

The one statement was, "I remind myself that my husband finds me more interesting because I work". The scores for this item concentrated on the 'never' to 'once in a while' responses. The total possible score was 85.

The control category was divided into two subscales, overload and strain management. Eighty-one percent of the respondents in the overload management subscale scored 11 or above (see Table 23) indicating that these statements were true 'most of the time.' The total possible score was 15.

Table 23

Responses to the Overload Management Subscale

Item	5 N (%)	4 N (%)	3 N (%)	2 N (%)	1 N (%)
I work harder to get everything done.	40 (26)	90(58)	22 (14)	3 (2)	0 (0)
I try to get as much as possible done by doing several things at the same time.	40 (26)	75(48)	35 (23)	5 (3)	0 (0)
I try to do everything that is expected of me.	44 (28)	82(53)	22 (14)	6 (4)	1 (1)

Note. 5=all of the time, 4=most of the time, 3=some of the time, 2=once in a while, 1=never.

In the strain management subscale respondents tended to not do things for "themselves," i.e., sleeping less than they would like, doing something special for themselves or ignoring the things they want to do and do what they

have to do (see Table 24). The total possible score was 90. Alcohol was not used as a coping response in this study group. Most of the respondents had never received professional counseling.

Table 24

Responses to the Strain Management Subscale

Item	5 N (%)	4 N (%)	3 N (%)	2 N (%)	1 N (%)
I sleep less than I would like.	51(33)	45 (29)	36 (23)	21 (14)	2 (1)
I do something special for myself like going out to lunch or going shopping.	1 (1)	22 (14)	44 (28)	68(44)	20 (13)
I try to ignore the things I have to do and do what I want to do.	0 (0)	6 (4)	30 (19)	88(57)	31 (20)
I keep other people from knowing how I feel.	7 (4)	40 (26)	63(41)	42 (27)	3 (2)
I tend to take my frustrations out on other people.	0 (0)	9 (6)	57 (37)	82(53)	7 (4)
I tend to overeat.	17 (11)	38 (25)	35 (22)	46(30)	19 (12)
I tend to lose my temper.	1 (1)	27 (17)	68(44)	53 (34)	6 (4)
I use alcohol to help me unwind.	0 (0)	4 (3)	14 (9)	33 (21)	104(67)
I try to get away from the situation for a while.	1 (1)	18 (12)	72(46)	58 (37)	6 (4)
I daydream or imagine a better time or place than the one I'm in.	3 (2)	9 (6)	34 (22)	69(44)	40 (26)

Table 24, continued

Responses to the Strain Management Subscale

Item	5 N (%)	4 N (%)	3 N (%)	2 N (%)	1 N (%)
I complain because my husband doesn't help enough.	6 (4)	17 (11)	51 (33)	62(40)	19 (12)
I complain because my children don't help enough.	2 (1)	14 (9)	45 (29)	53(35)	39 (26)
I talk the problem over with someone who has been in the same situation.	3 (2)	38 (24)	63(41)	48 (31)	3 (2)
I tend to blame myself.	5 (3)	29 (19)	52(33)	54(35)	15 (10)
I try to put the problem out of my mind.	2 (1)	13 (8)	58 (38)	78(50)	4 (3)
I go to sleep and hope things will be better in the morning.	4 (3)	20 (13)	39 (25)	71(46)	21 (13)
I tend to blame other people.	0 (0)	2 (1)	28 (18)	97(63)	28 (18)
I talk to a professional counselor about the difficulties I'm having.	2 (1)	7 (5)	5 (3)	21 (14)	119(77)

Note. 5=all of the time, 4=most of the time, 3=some of the time, 2=once in a while, 1=never.

There were interesting findings unrelated to the research question. A relationship existed between the respondent's view of nursing and income level. There was a significant moderate correlation of .42 ($p < .0001$). The effect of educational level on view of nursing (using the visual analog scale) was tested using ANOVA. The ANOVA was significant ($F = 4.22$, $p = 0.0006$). The means for the seven educational categories ranged from 47 to 94 (see Table 25). The Bonferroni/Dunn post hoc test showed that the means that were significantly different were between the LPN and the MSN and the Diploma and the MSN.

Table 25

ANOVA Table for Nursing View and Educational Level

Educational Level	Means
LPN	46
ADN	61
Diploma	55
Bachelors other than Nursing	73
BSN	65
Masters other than Nursing	77
MSN	94
Degrees of Freedom	6, 148
F-value	4.22
P-value	0.0006

Hypotheses

The research question was, what is the relationship between situational variables and a nurse's ability to cope with multiple roles. Coping responses was operationalized with the "Coping Responses Inventory." The independent variable, situational variables, was operationalized with the Research Questionnaire. The independent variables include: participant's age, participant's education level, number of hours the participant works, the type of job the participant works, the number and age of the participant's children, the participants view of nursing, and the husband's agreement with the wife on the number of hours the wife works.

The measurement of the coping responses was conceptualized as the total score and as a score for each of the three categories. Table 26 is an overview of the respondents' scores on the Coping Responses Inventory. Category scores were compared by standardizing the scores with an index. The index was developed by dividing the obtained score by the possible score. The index demonstrates that avoidance was used more often as a coping response than the prevention and control categories (see Table 26). Table 27 lists the respondents' scores by subscale in the prevention category. Table 28 lists the respondents' scores in the avoidance category. The avoidance category has no subscales. Table 29 is the respondents' scores by subscale in the control category.

Table 26

Overall Data on Respondents' Scores on the Coping Responses Inventory

Category	Total Possible Score	Range of Scores	Mean	SD	Index
Total Score	295	122-217	176	16	.59
Prevention	105	34-83	58	9	.55
Avoidance	85	10-84	61	10	.72
Control	105	40-75	57	7	.54

Table 27

Respondents' Scores by Subscale in the Prevention Category

Subscale	Total Possible	Range of Scores	Mean	SD
Wife's Change in Household Management	20	4-20	13.6	2.9
Wife's Occupational Changes	25	5-21	13.1	3.1
Husband's Contribution to Household Management	15	5-15	9.7	2.3
Husband's Occupational Changes	15	0-15	6.8	3.1
Wife's Work Flexibility	15	3-15	8.3	2.8
Husband's Work Flexibility	15	0-15	6.7	3.1

Table 28

Respondents' Scores in the Avoidance Category

Category	Total Possible	Range of Scores	Mean	SD
Avoidance	85	20–84	61.1	9.8

Note. This category has no subscales

Table 29

Respondents' Scores by Subscale in the Control Category

Subscale	Total Possible	Range of Scores	Mean	SD
Overload Management	15	6–15	12	2
Strain Management	90	31–61	45	6

Hypothesis One: Age

The first hypothesis is that the older the woman in multiple roles the better her ability to utilize coping responses. The question regarding the age of the participant was open ended on the Research Questionnaire. This measurement is at the interval level, therefore the statistic used was the Pearson's *r*. The correlation between age and the total score was $-.05$ ($p=.54$).

The correlation between age and the categories are as follows: prevention $-.02$ ($p=.78$), avoidance $-.05$ ($p=.57$), and control $-.02$ ($p=.77$). No correlation was found between the total score or the category scores and the subject's age.

Hypothesis Two: Educational Level

The second hypothesis is that the higher the educational level of the woman in multiple roles the better her ability to utilize coping responses. The participant selected a category on the Research Questionnaire. This measurement is nominal in nature therefore the statistic used was ANOVA. The means for the total score for the seven groups ranged from 173 to 182. The means for the category scores for each of the seven groups are as follows: prevention ranged from 56 to 63, avoidance ranged from 59 to 63, and control ranged from 52 to 58. The means were tested using ANOVA and there was no significance (see Table 30).

Hypothesis Three: Hours Worked

The third hypothesis is the number of hours that a woman in multiple roles works influences her ability to utilize coping responses. This was measured by the participant stating the number of hours worked per pay period on the Research Questionnaire. This measurement is at the interval level, therefore, the statistic used to evaluate number of hours worked and coping is the Pearson's r . The correlation between hours worked and the total score was $-.06$ ($p=.46$). The correlation between hours worked and the categories are: prevention $-.08$ ($p=.34$), avoidance $-.06$ ($p=.43$), and control $.05$ ($p=.57$). No correlation was found between the number of hours a woman works and the total score or the category scores.

Table 30

ANOVA Table for Educational Level

Educational Level	Total Score	Prevention	Avoidance	Control
Means				
LPN	173	56	59	58
ADN	174	56	60	58
Diploma	176	57	62	56
Bachelors other than Nursing	182	61	63	58
BSN	175	60	59	57
Masters other than Nursing	174	63	60	52
MSN	174	57	61	57
Degrees of Freedom	6, 148	6, 148	6, 148	6, 148
F-value	0.58	1.30	0.60	0.92
P-value	0.74	0.26	0.73	0.48

Hypothesis Four: Job Type

The fourth hypothesis is that the type of job (staff nurse, manager, or educator) the participant in multiple roles has influences her ability to utilize coping responses. The participant selected a category on the Research Questionnaire, therefore it is at the nominal level. The statistic used to evaluate

the relationship of the type of job and coping is ANOVA. The means for the total score for the four groups ranged from 174 to 177. The means for the category scores for each of the four groups are as follows: prevention ranged from 56 to 60, avoidance ranged from 59 to 65, and control ranged from 55 to 57. The means were tested using ANOVA and there was no significance (see Table 31).

Table 31

ANOVA Table for Job Type

Job Type	Total Score	Prevention	Avoidance	Control
Means				
Staff Nurse	176	58	61	57
Manager	176	60	60	56
Educator	174	59	59	55
Other	177	56	65	55
Degrees of Freedom	3, 151	3, 151	3, 151	3, 151
F-value	0.12	0.52	0.77	0.36
P-value	0.95	0.67	0.51	0.78

Hypothesis Five: Number of Children

The fifth hypothesis is that the number of children a woman in multiple roles has influences her ability to utilize coping responses. This was measured at the interval level by the subject stating the number of children. This in combination with the "Coping Responses Inventory" was analyzed using Pearson's *r*. The correlation between number of children and the total score was $-.06$ ($p=.44$). The correlation between number of children and the categories are: prevention $-.02$ ($p=.86$), avoidance $-.04$ ($p=.60$), and control $-.07$ ($p=.40$). No correlation was found between the number of children and the total score or the category scores.

Hypothesis Six: Ages of Children

The sixth hypothesis is that the the ages of the children of a woman in multiple roles influences her ability to utilize coping responses. This was measured at the interval level by the subject stating the age of the youngest and oldest child. The age of the youngest child and the oldest child each in combination with the "Coping Responses Inventory" was analyzed with Pearson's *r*. The correlation between the youngest child and the total score was $-.03$ ($p=.70$). The correlation between the youngest child and the categories are; prevention $-.12$ ($p=.14$), avoidance $.04$ ($p=.64$), and control $.03$ ($p=.71$). The correlation between the oldest child and the total score was $.002$ ($p=.98$). The correlation between the oldest child and the categories are: prevention $-.12$ ($p=.18$), avoidance $.06$ ($p=.55$), and control $.09$ ($p=.35$). No correlation was found between the age of the youngest and the oldest child and the total score or the category scores.

Hypothesis Seven: View of Nursing

The seventh hypothesis is that in multiple roles the woman's view of nursing (career versus job) influences her ability to utilize coping responses. This is measured with an actual measurement on a visual analog scale. The scale ranged from 0 to 100, the mean was 62 and the standard deviation 25. This measurement is at the interval level and in combination with the score on the Coping Responses Inventory was analyzed using Pearson's *r*. The correlation between the view of nursing and the total score was .06 ($p=.48$). The correlation between the view of nursing and the categories are: prevention .07 ($p=.37$), avoidance $-.13$ ($p=.12$), and control $-.14$ ($p=.09$). There was no correlation between the view of nursing and the total score or the category scores.

Hypothesis Eight: Agreement on Hours Worked

The eighth hypothesis is that the husband's agreement with the woman in multiple roles on the number of hours worked per week increases her ability to utilize coping responses. This was evaluated by participants selecting multiple choice items that most closely described their situation. They selected one item on how many hours they wished they worked and one item on what they perceived their husband wished they worked. The responses were divided into two groups, the husband and wife were either in agreement or disagreement about the number of hours the wife should work. Sixty-two percent of the respondents were in agreement with their husband as to the number of hours they wished the wife worked. The statistic used to evaluate agreement on the number of hours worked and coping is *t*-test. The means for the total score for the two groups were 175 and 177. The means for the

category scores for each of the two groups are as follows: prevention 58 and 59, avoidance 61 and 62, and control 56 and 58. The means were tested using *t*-test and there was no significance (see Table 32).

Table 32

T-test Table for Agreement on the Number of Hours the Wife Wished She Worked, and the Wife's Perception of the Husband's Wishes

Agreement	Total Score	Prevention	Avoidance	Control
Means				
Agreement	175	58	61	58
No Agreement	177	58	62	56
Other t-test Values				
Degrees of Freedom	1, 153	1, 153	1, 153	1, 153
t-value	0.75	-0.43	0.58	1.52
P-value	0.45	0.67	0.56	0.13

Hypothesis Nine: Satisfaction with Child Care

The ninth hypothesis was that while in multiple roles the woman's degree of satisfaction with child care arrangements influences her ability to utilize coping responses. This was evaluated by the woman indicating her level of satisfaction with child care arrangements. Seventy percent of the respondents were either satisfied or very satisfied with their current child care arrangements. This measurement was nominal level and in combination with the score on the Coping Responses Inventory was analyzed using the ANOVA. The means for the total score for the five groups ranged from 171 to 177. The means for the category scores for each of the five groups are as follows: prevention ranged from 57 to 63, avoidance ranged from 56 to 63, and control ranged from 53 to 58. The means were tested using ANOVA and there was no significance (see Table 33).

Summary

In summary, no correlation was found between coping and the situational variables of age, number of hours worked, number of children, ages of the children, and view of nursing. No significance was found between coping and the situational variables of educational level, job type, and the husband's agreement with the wife on the number of hours worked.

The Coping Responses Inventory was evaluated for findings of interest. Nurses do not let things 'slide' at work, but devoted less time to the home since combining a job and motherhood. Husbands did help in the home somewhat. The women in the study, because there was a family, devoted less energy toward professional advancement, however, their husbands did devote energy toward advancement. Husbands had less work flexibility than wives. Women

used positive self-talk, but didn't necessarily do special things to care for themselves.

Table 33

ANOVA Table for Satisfaction with Child Care

Satisfaction Level	Total Score	Prevention	Avoidance	Control
Means				
Very Satisfied	177	58	63	57
Satisfied	175	58	60	57
Dissatisfied	175	60	57	58
Very Dissatisfied	171	63	56	53
Does Not Apply	177	57	63	57
Other ANOVA Values				
Degrees of Freedom	4,148	4,148	4,148	4,148
F-value	0.19	0.28	1.22	0.29
P-value	0.94	0.89	0.30	0.88

CHAPTER 5

DISCUSSION AND IMPLICATIONS

Discussion of Findings

None of the hypotheses studied was supported. This implies that there is no relationship between situational variables and a nurse's ability to cope with multiple roles in this sample.

Hypothesis One: Age

The first hypothesis is that the older the woman in multiple roles the better her ability to utilize coping responses. No correlation was found between the total score or the category scores and the subject's age. The ages of the participants ranged from 21 to 50, a mean of 37 years, and only 9% under the age of 30. Studies in the literature implied that coping with multiple roles is enhanced if the woman was in her older childbearing years. The ages of the participants in this study were older and as a result the sample was more homogeneous. This may, in part, explain the lack of correlation between age and coping. Another possible explanation is the changes that have taken place in society related to the need for two incomes to live.

Hypothesis Two: Educational Level

The second hypothesis is that the higher the educational level of the woman in multiple roles the better her ability to utilize coping responses. All of the women in this sample had some college education. In fact, 33% had a bachelors degree and 8% a masters degree. Studies in the literature indicated

that the more education a woman had the better she would cope with multiple roles. No significance was found between educational level and coping. The fact that everyone had some education beyond high school and many had advanced education in this study may, in part, explain the lack of significance between educational level and coping.

Hypothesis Three: Hours Worked

The third hypothesis is the number of hours that a woman in multiple roles works influences her ability to utilize coping responses. Limitations in the studies in the literature included the variability of hours worked and few studies on the relationship of the number of hours worked and coping. Hemmelgarn and Laing (1991) in a study looking at the relationship between situational factors and role strain found significantly higher role strain in full-time employed women. Campaniello (1988) found that nurses who had a flexible schedule had less perceived role conflict. Only 27% of the women worked full time in this study. Also, compared to many other professions, nursing has a relatively high degree of flexibility in both the number of hours and shift in which to work. These two factors, the relatively small percentage of full time employed women in this study and the flexibility of nursing may explain the lack correlation between the number of hours worked and coping with situational variables.

Hypothesis Four: Job Type

The fourth hypothesis is that the type of job (staff nurse, manager, or educator) the participant in multiple roles has influences her ability to utilize coping responses. Very few studies identified the exact nature of the participant's jobs. Only two studies specifically looked at nurses (Campaniello, 1988, and Dixon, Dixon, & Spinner, 1989). These two studies evaluated role conflict and physical health, not coping per se. This study demonstrated no

significance between nursing job type and coping and indeed there may not be a difference. Different types of jobs in nursing may not have an effect on coping, but rather the job type itself, i.e. nurse versus engineer versus waitress.

Hypothesis Five: Number of Children

The fifth hypothesis is that the number of children a woman in multiple roles has influences her ability to utilize coping responses. Studies in the literature found that the addition of the role of parent increased the stress of coping with multiple roles. One of the limitations of the studies in the literature was that most did not clearly evaluate the relationship between number of children and coping. Fifty-one percent of the participants in this study had two children. No correlation was found between the number of children and coping scores in this study. Further study is necessary to validate this finding.

Hypothesis Six: Ages of Children

The sixth hypothesis is that the ages of the children of a woman in multiple roles influences her ability to utilize coping responses. One of the limitations of the studies in the literature was that most did not clearly evaluate the relationship between ages of children and coping. Sund and Ostwald (1985) found that the older the children the lower the stress. Fifty-four percent of the participant's had a youngest child that was a preschooler in this study. Fifty-five percent of the participant's had an oldest child that was in grade school. This indicates that most of the participants in this study had relatively young children. No correlation was found between the age of the youngest and the oldest child and coping scores. Further study is necessary to validate this finding.

Hypothesis Seven: View of Nursing

The seventh hypothesis is that in multiple roles the woman's view of nursing (career versus job) influences her ability to utilize coping responses. The studies in the literature often did not describe the specific jobs participants worked. Seventy-one percent of the participants in this study viewed nursing more as a career than a job. There was no correlation between the view of nursing and coping scores. Further research is necessary to validate this finding.

Hypothesis Eight: Agreement on Hours Worked

The eighth hypothesis is that the husband's agreement with the woman in multiple roles on the number of hours worked per week increases her ability to utilize coping responses. Studies in the literature found that if there was agreement between the husband and the wife on the number of hours the wife should work there was better coping. There was agreement 63% of the time between how much the wife wanted to work and what she perceived the husband wanted her to work. This study demonstrated no significance between agreement and coping. This finding could be related to a couple of factors. The first is that there was agreement in over three-fifths of the respondents. The second is that nurses have a variety of options available related to hours worked per week. This flexibility in nursing could enhance coping.

Hypothesis Nine: Satisfaction with Child Care

The ninth hypothesis was that while in multiple roles the woman's degree of satisfaction with child care arrangements influences her ability to utilize coping responses. The studies in the literature have found that the woman who is satisfied with her child care arrangement will have less stress.

Seventy percent of the respondents in this study were satisfied with their current child care arrangements. No significance was found between satisfaction with child care and coping. One explanation for this finding is that almost three-quarters of the participants were satisfied with their child care arrangements.

Incidental Findings

There was a significant moderate correlation between nursing view and income level. This implies that the more the nurse viewed her job as a career the higher her household income level or the higher her household income level the more she viewed her job as a career. The ANOVA demonstrated some effect of educational level on view of nursing. The MSN's view of nursing compared to the non-collegiate nursing degrees (LPN and diploma) was significant. It is possible that more education and a higher household income are correlated. Thus it may, in fact, be that more education moves a nurse along the continuum from viewing her job as an income toward viewing her job as a career and the income level is incidental.

Responses to the Coping Responses Inventory

Women in the study tended to spend less energy caring for and focusing on themselves. Women in the study tended to spend less time on routine household chores and trying to advance themselves at work. They tended to spend less time on taking care of themselves: they did many things at once, worked hard, slept less, did not do special things for themselves or do things they wanted to do. Fifty-six percent wished they worked fewer hours. They did, however, tell themselves positive statements about their roles.

Women in the study used the avoidance category more than the prevention and control categories. The avoidance category contained self-talk

statements. This section was confusing for some respondents. They were not exactly sure how to interpret the questions. Collins (1983) found similar confusion in a few of the subjects in her study. Some subjects responded as to how often they thought the statement was true and others responded with regard to how frequently they reminded themselves of the situation.

There were some interesting incidental findings in notes written on the survey to the researcher. One subject stated that there "was no place to comment on time-pressures with kids, homework, kid's games and sports, kid's traveling, church activities, meetings, school meetings, work meetings, care of elderly parents etc. etc." Another remark made on the survey was that there was no place to comment on time pressures involved in family activities and work. One participant stated, "I want you to know that I reached a point I couldn't cope anymore. Because I work part time I think I had more demands placed on me: my son's school, church, committees at work, etc. I've been in counseling and on two antidepressants. Part time doesn't always mean less stress." No one called the researcher for referral information.

Limitations

Narrow Scope

Coping is a very complex phenomenon and this tool evaluated coping only from the sociological or situation specific perspective. Folkman and Lazarus (1980) identified three broad approaches to coping: coping as ego processes or defenses, coping as a personality trait or style, and coping as situation-specific responses. Pearlin and Schooler (1978) developed a model that views coping from the situational perspective. They describe coping as any response to external life-strains that prevent, avoid or control distress. Research to date has evaluated coping from a variety of perspectives, but very

few from a situational perspective. This study focused on coping from a situational perspective. This perspective, even though it is only one aspect of coping, is still a broad concept. Therefore, only selected situational variables were used in this study. Thus the scope of the study was relatively narrow and it did not necessarily prove or disprove the model.

The Instrument

The Coping Responses Inventory may not have adequately measured coping. The Inventory was developed recently and has had limited use. The Coping Responses Inventory may not be an adequate inventory for studying the phenomenon of coping, but rather should be used as a self-assessment tool. This was validated by some of the participants who verbally told the researcher that the tool really helped them assess, think about their role, evaluate what they did and to ultimately make some changes. Hemmelgarn and Laing (1991) utilized Grey's Measure of Role Strain and Osiprow and Spokane's Occupational Stress Inventory and had significant results for some of the situational variables. Collins used these instruments to evaluate validity on the Coping Responses Inventory, however, these instruments may be a better measure of situational coping.

Some of the respondents were confused about the avoidance (items 22–38) section of the Inventory. There were a number of general comments regarding interpretation of the questions. An example of such a comment was "I'm not sure what you wanted with these—did you mean 'remind' and 'tell' in a negative way as in to keep us going? I answered them more in the sense of how I feel or think re: I like being married and being a parent—not that I have to convince myself that I do."

Only one instrument was utilized to evaluate the complex phenomenon of coping. There are many other coping responses that individuals employ. More studies need to evaluate coping from a variety of perspectives. Also the tool may not have accurately reflected coping for specific groups of women. Parts of the survey were left blank by women whose husband's were unemployed or whose children were too small to help in the home or who had a cleaning service.

Sample

The size of the study group, $N=155$, was relatively small. Only one institution was utilized to obtain the study participants. Participation in the study was voluntary. Nearly all of the participants were Caucasian. Although an effort was made to diversify the sample, participants were from a homogeneous group. The participants had to be nurses, female and married. They worked in a hospital setting. Thirty-four percent ($N=53$) had a diploma. The coping strategies of men, non-nurses, and unmarried women were excluded from this study. Nurses by virtue of their job, are a special group and may cope well from a situation-specific perspective. Nursing, in comparison to other professions, has some unique characteristics. Nursing is a female dominated profession. Nurses work schedules are relatively flexible. Nursing requires organization in order to practice successfully. Nursing is based on caring which is given not only on the patient, but to co-workers as well.

Participation in this study was voluntary. The population that volunteered for the study may cope well from this perspective. Participants who volunteer for a study might not be typical of the population. Those that did not volunteer for this study might be individuals who do not cope well from a situational perspective.

Methodology

This study used a only a quantitative methodology thus not providing a balanced perspective of coping. A quantitative study is the best approach to establish cause and effect, however it only evaluates coping from one perspective. Bargagliotti and Trygstad (1987) suggested that different findings may be due to methodology rather than social realities. In addition the methodology was a mailed questionnaire with preset response categories. The respondents were not free to discuss other factors that affected their coping responses. A mailed survey is the most frequently used methodology in the studies in the literature.

Application to Practice/Administration/Education

This study doesn't necessarily support the following applications, however the literature continues to support them. Nurses can provide support for their clients and co-workers. Interventions include (but are not exclusive to): listening, helping the working mother appraise her situation, encouraging a healthy life-style, providing a non-judgemental environment, helping evaluate the influence of social norms on the working woman, determining major and minor role responsibilities, educating about resources, and formal discussion or support groups. For example, Collins and Tiedje (1988) developed a community-based nursing intervention program designed to help women develop coping strategies following the birth of their first child. They found that women returning to employment following the birth of their infant needed support, information, and problem-solving strategies.

Nurses can play a proactive role to support women in multiple roles. The parental leave law, a real help for the working parent, recently passed the federal legislature. Other initiatives are continually coming before our

lawmakers. Nurses need to stay informed about the issues and support legislation by contacting their representatives and professional associations.

Schwartz (1992) lists the following ideas for the employer to enable women to cope with multiple roles: provide support for parents who want to be involved in their children's life, let women return from maternity leave on alternative schedules for as long as they need, and provide high quality child care. Tiedje and Collins (1989) state that current research indicates that support for parents in the work environment is one of the keys to successful role combination. Spiegel and Conone (1991) did a study on a on-site corporate program to enhance balancing work and family life. They concluded that participants viewed their work and family situation more positively after participating in the program.

Suggestions for Further Research/Modifications

There are a number of suggestions for further research, all centering around the narrowness of this study.

Coping is such a complex phenomenon that it may require complex studies to begin to evaluate it. This study was very simplistic in nature, evaluating coping from only one aspect (situational coping) and only using one instrument. Other aspects of coping, for example, self-esteem, guilt, role stress/strain, and health practices, should be included with the study of situational variables.

A different instrument to measure coping may provide different results regarding situational variables and coping. This instrument was designed more as a self-assessment tool. More reliability and validity information on its usage as a measure for coping with situational variables needs to be ascertained. Also research should be done to evaluate its adequacy as a

self-assessment tool. The questions in the avoidance category caused confusion for some of the participants. This confusion by participants should be addressed in future studies. The study could be repeated using different instruments such as Grey's Measure of Role Strain and Osiprow and Spokane's Personal Strain Questionnaire.

Several suggestions for future research apply to the sample. The first would be to broaden the criteria for participation in the study. Very few studies have evaluated coping in the single and divorced with children populations. Second, this study sample had many characteristics that enhanced coping. A study evaluating a population without as many coping enhancers would be interesting. Efforts to find a less homogeneous sample on the following characteristics would be helpful: races other than Caucasian, women in the 20 to 30 year age range, full time employed women, disagreement between the husband and the wife related to how many hours the wife should work, and dissatisfaction with child care. Third, it would be interesting to study occupations in addition to nursing. It is possible that the very nature of nursing, predominately women, Caucasian, middle class, flexible hours, and based on caring makes nurses a unique population in regard to situational coping. In addition nurses are taught coping skills during their nursing education. It would be interesting to compare nurses to women in other occupations.

It is unknown how the changes in society in the last ten years have affected the responses in this study. The studies in the literature to date have not evaluated the current generation of working women. It would be interesting to study self-care behaviors of the working woman. Studies have shown that currently working women are healthy, but what will their health status be 20

years from now? Are they involved in self care activities such as exercising, relaxing, and spending time for themselves?

A number of situational variables have not been clearly defined or evaluated in past studies. The characteristics that need further evaluation with regard to coping with multiple roles include: women with only a high school education, jobs with rigid hours, the effect of the number of children, the effect of the ages of the children, and the individual's view of their occupation (job versus career).

Schwartz (1992) states that although men have begun to do household chores the responsibility for child care has not been redistributed. Women still take primary responsibility for the children and work of the home. Tiedje and Collins (1989) had a similar finding. They stated that mothers report that even the most egalitarian marriages become more traditional in terms of who does what around the house after the birth of the first baby. A final suggestion would be to study how women cope with bearing the burden of responsibility for both the home and the job.

Summary

Women in increasing numbers have been combining career and family. Balancing the multiple roles may be stressful at times. The purpose of this study is to examine how different stressors influence a woman's ability to utilize coping responses. This study examined what is the relationship between situational variables and a nurse's ability to cope with multiple roles. One hundred and fifty-five nurses participated in the study at a metropolitan hospital. Criteria for inclusion in the study were that the subjects were employed in the hospital setting, female nurses, married and living with their spouse, and raising children under the age of 18 who were living at home. The subjects

completed a mailed Research Questionnaire and the Coping Responses Inventory (Collins, 1983).

No correlation was found between coping and the situational variables including: age, number of hours worked, number of children, ages of the children, and view of nursing (job versus career). No significance was found between coping and the situational variables including: educational level, job type, the husband's agreement with the wife on the number of hours worked, and degree of satisfaction with child care arrangements. Women in the study tended to spend less energy caring for and focusing on themselves. The overall limitation to the study was that it was narrow in scope. The Coping Responses Inventory may not be an adequate measurement of situational coping. Suggestions for future study centered on the narrowness of the study.

Coping with multiple roles is a necessity for women of the 90s. The complex phenomenon of coping is a challenge to researchers. Research focusing on coping is necessary to discover the effects of the complex juggling act in which women are involved and to learn how to enhance the coping skills of women in multiple roles.

APPENDICES

APPENDIX A
Coping Responses Inventory

Coping Responses Inventory

Women make a variety of decisions about how to combine a job or career and family life. I am very interested in the decisions you have made and how you handle your situation. After each statement, circle the answer that best describes you or your family. Please be sure to answer all the questions, even if it is difficult to do so.

5=all of the time, 4=most of the time, 3=some of the time,
2=once in a while, 1=never

Since I began combining a job/career and motherhood . . .

- | | |
|---|-----------|
| 1. I tend to let less important things slide at home. | 5 4 3 2 1 |
| 2. I prepare simpler meals. | 5 4 3 2 1 |
| 3. I spend less time on housework. | 5 4 3 2 1 |
| 4. I am not as concerned about how neat my house is. | 5 4 3 2 1 |
| 5. I'm not as concerned about how well I perform at work. | 5 4 3 2 1 |
| 6. I tend to let less important things slide at work | 5 4 3 2 1 |
-

In my family . . .

- | | |
|--|-----------|
| 7. My husband's expectations of me are in line with what I can do. | 5 4 3 2 1 |
| 8. My husband takes care of our child/children when
I have work to do at home. | 5 4 3 2 1 |
| 9. My husband does routine household chores
(e.g., cooking, cleaning, laundry, etc.). | 5 4 3 2 1 |

5=all of the time, 4=most of the time, 3=some of the time,
2=once in a while, 1=never

Because we have a family . . .

- | | |
|--|-----------|
| 10. I spend less energy trying to advance myself at work. | 5 4 3 2 1 |
| 11. I spend less time on my job/career. | 5 4 3 2 1 |
| 12. I try to decrease the amount of pressure I'm under at work. | 5 4 3 2 1 |
| 13. My husband spends less time trying to advance himself at work. | 5 4 3 2 1 |
| 14. My husband spends less time on his job/career. | 5 4 3 2 1 |
| 15. My husband tries to decrease the amount of pressure he is under at work. | 5 4 3 2 1 |
-

At my job . . .

- | | |
|---|-----------|
| 16. I can be flexible about which hours I work. | 5 4 3 2 1 |
| 17. I can be flexible about how many hours per week I work. | 5 4 3 2 1 |
| 18. I can take time off to stay at home with a sick child. | 5 4 3 2 1 |
-

At his job . .

- | | |
|--|-----------|
| 19. My husband can be flexible about which hours he works. | 5 4 3 2 1 |
| 20. My husband can be flexible about how many hours per week he works. | 5 4 3 2 1 |
| 21. My husband can take time off to stay home with a sick child. | 5 4 3 2 1 |

In many life situations, things that people think or tell themselves help to keep their situation in perspective. I am interested in what you tell yourself about being a working mother. After each statement circle the response that best describes you. Please be sure to answer all of the question even it is difficult to do so.

**5=all of the time, 4=most of the time, 3=some of the time,
2=once in a while, 1=never**

- | | |
|---|-----------|
| 22. I tell myself that the benefits of being married outweigh the drawbacks. | 5 4 3 2 1 |
| 23. I remind myself that my job is exciting. | 5 4 3 2 1 |
| 24. I remind myself that my job is rewarding. | 5 4 3 2 1 |
| 25. I remind myself that my family benefits from my working. | 5 4 3 2 1 |
| 26. I remind myself that my husband finds me more interesting because I work. | 5 4 3 2 1 |
| 27. I remind myself that because I work, my family has things they wouldn't have otherwise. | 5 4 3 2 1 |
| 28. I remind myself that the benefits of being a working mother outweigh the drawbacks. | 5 4 3 2 1 |
| 29. I think of how proud I am of my family. | 5 4 3 2 1 |
| 30. I think of how proud I am of my accomplishments at work. | 5 4 3 2 1 |
| 31. I remind myself that things in my life could be worse. | 5 4 3 2 1 |
| 32. I remind myself of the rewards of being a parent. | 5 4 3 2 1 |
| 33. I tell myself that I'm more fulfilled as a person because I am a parent. | 5 4 3 2 1 |
| 34. I tell myself that I'm more fulfilled as a person because I work. | 5 4 3 2 1 |
| 35. I remind myself that I carry out the important parts of my role as a mother. | 5 4 3 2 1 |

- | | |
|--|-------------------|
| 36. I remind myself that I carry out the important parts of my role as a wife. | 5 4 3 2 1 |
| 37. I remind myself that I carry out the important parts of my role as an employee. | 5 4 3 2 1 |
| 38. I remind myself that this is the way things are when you combine a job and a family. | 5 4 3 2 1 |

As with all life situations, being a working mother sometimes has its ups and downs. I am interested in how you handle problems and situations that arise. After each statement, circle the answer that best describes you. Please be sure to answer all of the questions even if it is difficult to do so.

**5=all of the time, 4=most of the time, 3=some of the time,
2=once in a while, 1=never**

When I have a lot to do . . .

- | | |
|---|-------------------|
| 39. I work harder to get everything done. | 5 4 3 2 1 |
| 40. I try to get as much as possible done by doing several things at the same time. | 5 4 3 2 1 |
| 41. I try to do everything that is expected of me. | 5 4 3 2 1 |
| 42. I sleep less than I would like. | 5 4 3 2 1 |

When I'm tense or upset . . .

- | | |
|---|-------------------|
| 43. I do something special for myself, like going out to lunch or going shopping. | 5 4 3 2 1 |
| 44. I try to ignore the things I <u>have</u> to do and do what I <u>want</u> to do. | 5 4 3 2 1 |
| 45. I keep other people from knowing how I feel. | 5 4 3 2 1 |
| 46. I tend to take my frustrations out on other people. | 5 4 3 2 1 |
| 47. I tend to overeat. | 5 4 3 2 1 |

5=all of the time, 4=most of the time, 3=some of the time,
2=once in a while, 1=never

When I'm tense or upset . . .

- | | |
|--------------------------------------|-----------|
| 48. I tend to lose my temper. | 5 4 3 2 1 |
| 49. I use alcohol to help me unwind. | 5 4 3 2 1 |
-

When problems come up . . .

- | | |
|--|-----------|
| 50. I try to get away from the situation for a while. | 5 4 3 2 1 |
| 51. I daydream or imagine a better time or place than the one I'm in. | 5 4 3 2 1 |
| 52. I complain because my husband doesn't help enough. | 5 4 3 2 1 |
| 53. I complain because my children don't help enough. | 5 4 3 2 1 |
| 54. I talk the problem over with someone who has been in the same situation. | 5 4 3 2 1 |
| 55. I tend to blame myself. | 5 4 3 2 1 |
| 56. I try to put the problem out of my mind. | 5 4 3 2 1 |
| 57. I go to sleep and hope things will be better in the morning. | 5 4 3 2 1 |
| 58. I tend to blame other people. | 5 4 3 2 1 |
| 59. I talk to a professional counselor about the difficulties I'm having. | 5 4 3 2 1 |

APPENDIX B

Correspondence with Collins

September 19, 1991
3906 Duke St.
Kalamazoo, MI 49007

Clare Collins, Ph.D., R.N.
Michigan State University
College of Nursing A-129
East Lansing, MI 48824-1317

Dear Dr. Collins,

I am working on my masters degree in nursing at Grand Valley State University and am doing preliminary work for my thesis. Throughout my program I have been interested in the concept of coping and have decided to do my thesis on coping with multiple roles. I was very excited to find your instrument, the "Coping Responses Inventory" published in Research in Nursing and Health. I am writing to discover if you would be willing to share the actual tool with me so that I can critically evaluate it for applicability for my thesis. I also desire to know of studies that have been done or are currently in progress utilizing the instrument. I was wondering if the tool has been modified since 1986 thus changing its psychometric properties.

I can be reached by phone at (616)349-5582 or by mail at the following address:

Deborah J. Laughlin
3906 Duke St.
Kalamazoo, MI 49009-3110

I appreciate your attention to this matter.

Sincerely,

Deborah J. Laughlin R.N. B.S.N. CCRN

MICHIGAN STATE
U N I V E R S I T Y

October 15, 1991

Ms. Deborah Laughlin, R.N., B.S.N., C.C.R.N.
3906 Duke Street
Kalamazoo, MI 49009-3110

Dear Ms. Laughlin:

In response to your recent request, I am sending you a copy of the Coping Responses Inventory. Several researchers are currently using the instrument, but to date, I have not received further reliability or validity information from them. The process I used to develop the instrument is outlined in detail in my dissertation titled "The Development of an Instrument to Measure Coping Responses in Employed Mothers" which I completed at the University of Michigan in 1983. A copy of my dissertation is available for purchase through University Microfilms International in Ann Arbor, Michigan or may be obtained through inter-library loan at most university libraries.

All of the items are scored in the positive direction. The footnotes on the attached pages contain information on which items belong in each subscale.

Please feel free to contact me if I can be of further assistance. I wish you success in your project.

Sincerely,



Clare Collins, R.N., Ph.D.
Associate Professor

**COLLEGE OF
NURSING**

Michigan State University
A 230 Life Sciences
East Lansing, Michigan
48824-1317

Telephone: 517/355-6523
FAX: 517/353-9553

CC:jgr
enclosure

Laughlin.091

APPENDIX C
Research Questionnaire

ID#: _____

Research Questionnaire

What is your age? _____

What is your race? (select one)

- ☐ Caucasian
- ☐ African American
- ☐ American Indian
- ☐ Hispanic
- ☐ Oriental
- ☐ Other _____

What is the highest level of education you have received? (select one)

- ☐ L.P.N.
- ☐ A.D.N.
- ☐ Diploma
- ☐ Bachelors in an area other than nursing
- ☐ B.S.N.
- ☐ Masters in area other than nursing
- ☐ M.S.N.
- ☐ Other: _____

Are you currently seeking a degree? (select one)

- ☐ No
- ☐ Yes, Full time
- ☐ Yes, Part time

How many hours do you usually work a pay period? _____

Which category best describes your job? (select one)

- ☐ Staff nurse
- ☐ Manager
- ☐ Educator
- ☐ CNS
- ☐ Other _____

How many children do you have? _____

How many children live at home? _____

What are the ages of your children? Circle those who are living in your home. Example: 8, 14, 19

Are your children: (select one)

- ☐ Biological
- ☐ Step-children
- ☐ Combination of biological and step-children

Which statement best describes your current childcare situation:
(select one)

- ☐ Day care in your own home
- ☐ Day care in a private home
- ☐ Day care in an institutional setting
- ☐ Latch key: home alone
- ☐ Latch key: after school program
- ☐ Combination of day care and spouse
- ☐ Do not use day care
- ☐ Other (Please describe) _____

Overall, how satisfied are you with your current childcare arrangements?
(Circle the answer that best describes how satisfied you are.)

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Does Not Apply
1	2	3	4	5

Which item most closely agrees with your view of nursing? (Place a mark on the continuum that best describes your feelings.)

Example: _____|_____

I view
nursing
as an
income

I view
nursing
as my
career

Which of the following best describes your situation:

1. I wish I worked (select one)

- ☐ fewer hours
- ☐ about what I do now
- ☐ More hours

2. My husband wishes that I worked (select one)

- ☐ fewer hours
- ☐ about what I do now
- ☐ More hours

Overall, how satisfied are you with your current income? (Circle the answer that best describes how satisfied you are.)

- | | | | |
|-------------------|-----------|--------------|----------------------|
| Very
Satisfied | Satisfied | Dissatisfied | Very
Dissatisfied |
| 1 | 2 | 3 | 4 |

What is your current household income? (select one)

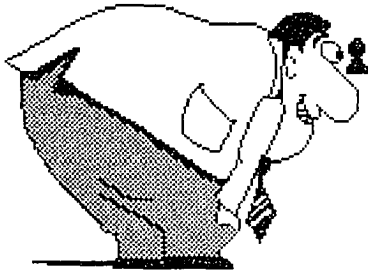
- ☐ 1000-15,000
- ☐ 15,001-25,000
- ☐ 25,001-35,000
- ☐ 35,001-50,000
- ☐ 50,001-75,000
- ☐ Greater than 75,000

APPENDIX D

Recruitment Card

Opportunity for Nurses

TAKE A
PEEK
AT THIS...



Please participate in a study on how nurses cope with multiple roles. Your participation is important to gain knowledge of how nurses at Bronson and in the Kalamazoo area cope with multiple roles. It will take very little of your time and only requires that you complete an anonymous survey.

You are eligible if you meet **all** of the following criteria:

- ☐ Employed at Bronson
- ☐ Are a female nurse (L.P.N. or R.N.)
- ☐ Married and living with spouse
- ☐ Have children under the age of 18 living at home.

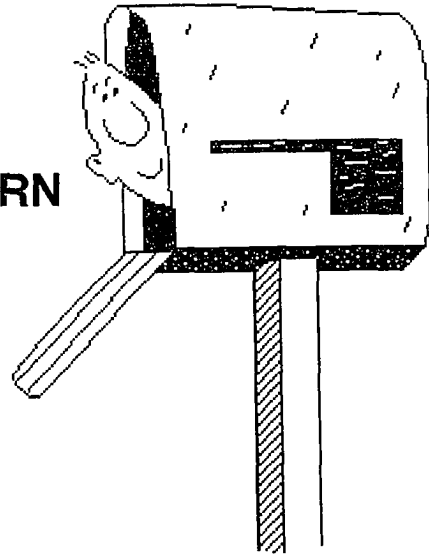
If you are interested in participating in this study fill in your name and unit you work on and put this card in the inter-departmental mail or in the box in the cafeteria. If you have questions call Deb Laughlin at 341-6305.

Name: _____

Unit: _____

Mail to:

**Deborah Laughlin, R.N., M.S.N.c, CCRN
Nursing Continuing Education**



APPENDIX E

Cover Letter for Managers

Dear Manager,

I am currently conducting a study at Bronson Methodist Hospital on how nurses cope with multiple roles. Enclosed are cards briefly describing the study and requesting participation in the study. Please distribute these cards to each of the nurses (L.P.N.'s or R.N.'s) on your staff, giving them an opportunity to participate in the study. If you have any questions about the study I can be reached by phone mail at 341-6305 or at 349-5582.

Your encouragement to your staff to participate in this study is appreciated.

Sincerely,

A solid black rectangular box used to redact the signature of Deborah J. Laughlin.

Deborah J. Laughlin R.N., M.S.N.c, CCRN

APPENDIX F
Study Cover Letter

Information for Research Project Participants

The roles in a woman's life are many and varied. Balancing the roles of wife, mother, and employee have been described as a juggling act for women. Research evaluating how women balance multiple roles is limited. The study in which you are being asked to participate is entitled "Coping with Multiple Roles". The purpose of the study is to evaluate how nurses cope with the many roles in which they are involved.

You, because you are an employed nurse and mother, have important information to add to our knowledge base. Your response will help develop an understanding of how nurses in this hospital cope with multiple roles. In order for the results to accurately reflect nurses in this hospital it is important that each questionnaire is completed and returned.

The return of the completed survey to the researcher signifies consent to participate in the study. The survey takes about 20 minutes to complete. Please try to answer all questions in the survey and return in the attached envelope through the interdepartmental mail.

You may be assured of confidentiality. The envelope has an identification number for mailing purposes only. This is so that your name can be checked off the mailing list when your questionnaire is returned. Your name will never be placed on the questionnaire. Reports and papers will only discuss group findings not individual findings. It is not anticipated that you will be harmed in any way by agreeing to have data utilized from this study. You may withdraw your permission for participation in the study at any time.

The personal benefits are limited, but the knowledge obtained may be of value to Bronson employees and others.

This study is being conducted by Deborah Laughlin R.N., M.S.N.c. in partial fulfillment of her Masters Degree in Nursing. She is a Continuing Education Instructor at Bronson Methodist Hospital. It has been evaluated and approved by Bronson's research committee. If you have any questions about the study or desire referral information to enhance your coping skills you may leave a phone mail message at 341-6305 (including information on how you may be contacted) or call 349-5582. Bronson Methodist Hospital, Grand Valley State University and Deborah Laughlin are not financially responsible for referrals.

Thank you for your cooperation.

APPENDIX G

Research Reminder Notice

Research Reminder Notice

I was very pleased to receive your card stating you would be interested in participating in the research study of how nurses cope with multiple roles. It is important that you return the questionnaire in order that the survey results be truly representative of Bronson Methodist Hospital nurses.

Upon receipt of your card I mailed you an inventory to complete. **Please complete the inventory and return it to Deborah Laughlin, NCE, via interdepartmental mail as soon as possible.** If you have already completed the survey and returned it to me please accept my sincere thanks and disregard this notice. If you did not receive the inventory or misplaced it please leave a phone mail message at 341-6305 or call the researcher directly at 349-5582.

Thank you for your cooperation.

[REDACTED]

Deborah Laughlin, R. N., M.S.N.c, CCRN

APPENDIX H

Second Cover Letter

Research Reminder Notice

About three weeks ago you were sent a "Coping Responses Inventory". As of today I have not yet received your questionnaire. I have undertaken this study because I feel it is important to gain more insight into how women cope with multiple roles.

I am writing to you again because of the significance each questionnaire has to the study. In order for the results of this study to be representative of the how nurses cope with multiple roles it is essential that each person return their questionnaire.

Your cooperation is greatly appreciated. If you have any question or concerns, please call me at 341-6305 (phone mail) or 349-5582.

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

Deborah Laughlin, R.N., M.S.N.c, CCRN

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