

MULTIPLE ROLES, ROLE STRESS, AND ROLE STRAIN IN HEALTHY AND CHRONICALLY ILL WOMEN

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Purpose: Over the past two decades, researchers have identified a number of psychosocial factors that have influenced the mental health outcomes in individuals with rheumatoid arthritis (RA). However, these studies have not compared chronically ill (CI) women to healthy women, and they have not examined the patterns of relationships among selected multiple roles and role stress variables on role strain. Consequently, our understanding of the relationship between multiple roles, role stress and role strain is limited.

Methods: A descriptive/correlational study was conducted to examine the effects of both work and family roles on the psychological well-being of healthy and chronically ill young women. Forty-seven healthy women and 50 chronically ill women with RA, who were between the ages of 18 and 55 and occupied at least two of the three primary roles (wife, mother, paid worker) completed questionnaires that measured such constructs as multiple roles, role conflict, role overload, role balance, psychological well-being, illness severity, and illness intrusion. Correlation coefficients were calculated to determine the nature of the relationships among the various pairs of variables and hierarchical regression analyses were conducted to explain the interrelationships among the role variables.

Results: The two groups were similar, with the exception of employment status. Seventy-eight percent of CI women were employed part or full-time compared with 96% of healthy women. The two groups were similar on study variables with the exception of satisfaction with life, psychological distress, and negative affect. The CI group reported being less satisfied with life, experiencing higher levels of distress, and more negative affect than the healthy group. Across the groups, women who reported higher levels of role conflict also reported higher levels of role overload and psychological distress. Role balance was found to be inversely related to role overload in the healthy group, and inversely related to role conflict (and role overload in the chronically ill group. After controlling for covariates, role conflict and role balance were significant predictors of psychological distress, and role conflict also was a significant predictor of satisfaction with life.

Conclusion: Women with RA were less frequently employed, experienced more psychological distress, and were less satisfied with their lives than the healthy women's group. Examining the patterns of relationships between multiple roles, role stress, and role strain revealed that the two groups did not differ significantly, suggesting that with the exception of the presence of a chronic illness, the two groups were similar. Multiple role variables and role stress variables, however, explained very little of the variance of the dependent variables. The findings do suggest there is a need for comprehensive assessment and treatment of women with RA who are experiencing psychological distress.

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