DIFFERENCES IN THE LEVELS OF ROLE STRESS BETWEEN REGISTERED NURSES RETURNING FOR THEIR BACCALAUREATE DEGREE IN NURSING AND REGISTERED NURSES IN THE WORK PLACE

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ABSTRACT

The purpose of this study is to compare the differences in the levels of role intensity and role disparity between registered nurses in the work place (RNs) and registered nurses returning for their baccalaureate degree in nursing (RRNs). Demographic variables were also captured and described.

Three hundred and fifty female RNs in British Columbia were randomly selected to participate in the study. Each participant was mailed a Role Enactment Questionnaire and asked to return it to the researcher upon completion. The participants were aged 25-45, were married or partnered, had at least one child under the age of 6, and worked part-time. Two hundred of the group were also returning to university, part-time, for a baccalaureate degree in nursing. The "Role Enactment Questionnaire" and a demographic form were mailed to each participant. Sixty-eight questionnaires (19%) were returned and 38 (11%) were used in the analysis.

Results indicate that generally the RRNs were a younger group than the RNs, with smaller numbers of children living with them full time. The RRNs reported having more children under the age of six living with them full time. Surprisingly, the RRN group also indicated that they worked more hours per week and had more flex time options available to them. Despite these demographic differences the RNs reported having more additional paid home help available. Personal income levels revealed that the RRN group had higher incomes than the RNs. However, for family income levels the RNs reported a higher level. When the groups were compared the RRNs perceived significantly lower levels of role intensity than the RNs. The RNs and RRNs reported perceiving similar levels of role disparity.

Several implications for current and future RRNs, as well as nursing faculty and nurse administrators in relation to role intensity and role disparity have been derived from this study. The results indicate that RRNs who reduce their role demands and responsibilities will not necessarily experience low levels of role intensity and disparity. Therefore, attention to RRNs' cognitive perceptions of their role demands and responsibilities is needed before any actions can be implemented.

Further research addressing the partner's involvement in family roles, and their level of role
intensity and role disparity would provide insights into their perceptions. Longitudinal studies involving RNs and their partners, should be conducted comparing the RNs levels of role intensity and role disparity before and after they entered a baccalaureate program. This data would give us insight into perception changes in relation to role intensity and role disparity that occur when the RN adds the student role to the four roles of paid worker, parent, spouse/partner and individual.
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CHAPTER ONE: INTRODUCTION

Background to the Problem

Traditionally, the demands and responsibilities of multiple roles have fallen disproportionately on women (Haw, 1982). Current trends in our society indicate women are acquiring post secondary education in order to achieve paid work (Hall, 1987). Furthermore, married or partnered women who elect to have children are often expected to return to paid work both out of economic necessity and the need to maintain social status (Hall, 1987). The multiple demands and responsibilities associated with the roles of paid worker, parent, spouse/partner and individual affect each woman differently.

In 1991, 97% of Registered Nurses (RNs) in British Columbia (B.C.) were women (Health Human Resources Unit, 1994). Of these female RNs, approximately 60% were between the ages of 25-45 years (Health Human Resources Unit, 1994) and approximately 79% were married or in an adult partner relationship (Statistics Canada, 1994). For women, the early adult years are also generally marked by the birth of children (Papalia & Olds, 1981; Sales, 1978).

Between 1991 and 1994 there was an increase of 73% in female RNs graduating from baccalaureate degree programs in nursing (Health Human Resources Unit, 1994). This increase in baccalaureate prepared nurses reflects the initial 1988 Registered Nurses Association of British Columbia (RNABC) position statement advocating a baccalaureate degree in nursing as minimum requirement for entry to practice by the year 2000 (RNABC, 1988). Although the RNABC has dropped this timeline and modified the associated educational position statement (RNABC, 1994), many nurses have made decisions to seek further education based on the initial position statement. These data suggest that a significant number of female RNs experience multiple demands and responsibilities associated with the roles of paid worker, parent, spouse/partner, individual and student.

As a practising RN returning (RRN) for a baccalaureate degree in nursing, the author experienced the multiple demands and responsibilities associated with the roles of paid worker, spouse/partner, individual and student. At times, the author experienced feelings of inadequacy while attempting to fulfil the demands and responsibilities associated with these roles. The author
also observed similar problems among her classmates, with respect to meeting their multiple demands and responsibilities.

An individual's perception of demands and responsibilities can be captured by degrees of intensity. RRNs' perceptions of their levels of intensity are determined by the demands and responsibilities associated with their five roles. If the level of role intensity is perceived to be high by the RRN, this may result in feelings of decreased control over and acceptability of her roles. For instance, as a RRN the author experienced feelings of inadequacy in trying to successfully meet the demands and responsibilities associated with the roles of paid worker, spouse/partner, individual and student. These feelings of inadequacy resulted from the author's inability to meet her expectations about the roles. As control over the demands and responsibilities diminished, and feelings of inadequacy increased, the author's roles became less acceptable. This situation created a disparity between the author's expectations and the reality of enacting her roles.

It is plausible to assume that adding the demands and responsibilities of a new role to an individual's existing repertoire of role behaviours will contribute to different levels of intensity and disparity in the existing roles. Nurses who are trying to combine four roles have complex lives. When these nurses elect to return to university, they are adding the demands and responsibilities of the student role to their existing role demands and responsibilities (Dick & Anderson, 1993).

An understanding of the levels of intensity and disparity in roles experienced by RNs in the work place and RRNs at university is necessary for a number of reasons. RNs who are considering returning to university need some awareness of potential role intensity and disparity so they can set realistic expectations and engage in anticipatory planning. RNs who are already at university could benefit from information about role intensity and disparity so that they could readjust expectations to a realistic level. Nurse educators who are trying to facilitate learning for RRNs would also benefit from increased understanding about levels of role intensity and role disparity in those two groups. The quality of the university learning experience is hampered if

Footnotes

1 The term "five roles" refers to the multiple roles of paid worker, parent, spouse/partner, individual and student.
2 The term "four roles" refers to the multiple roles of paid worker, parent, spouse/partner and individual.
educators do not address students' demands, time and responsibilities required by their roles (Cross, 1981).

Anticipatory action will not be taken to address levels of intensity and disparity in roles unless exploratory work is done to identify and compare individuals' levels of intensity and disparity in the RN and RRN groups.

Conceptualization of the Problem

An integral part of considering a role's impact is understanding the concept of roles and the associated concepts (Appendix A). A role comprises a set of complimentary expectations with regards to an individual and his/her interactions with others (Getzels & Guba, 1954). Individuals have different numbers of roles and different perceptions about how the roles are enacted. Two related concepts described in the literature are role quantity and role quality. Role quantity considers the number of roles an individual has undertaken as the criterion to determine successful enactment of roles (Goode, 1960). Role quality focuses on the characteristics of each role as the determinants to successfully enacting a role (Froberg, Gjerdingen & Preston, 1986). Two concepts that address role quality have been developed: role intensity and role disparity. Role intensity considers the demands and responsibilities an individual experiences within a role. Role disparity addresses the amount of control and acceptability an individual associates with a role (Burr, Leigh, Day & Constantine, 1979; Hall, 1993; Sarbin & Allen, 1968). These two concepts can be identified as role stress, and are two of several possible sources that can lead to role strain (Ward, 1986). Whether role strain is an outcome of role stress is dependent upon the presence of moderating factors that influence role stress (Ward, 1986).

As societal trends and expectations continue to encourage women to do more with their lives, they will take on more roles (Hall, 1987). The result of taking on additional roles is an increase in demands and responsibilities. A key component to understanding the impact of increasing the numbers of roles on womens' lives is role quality. Role quality includes the control and acceptability women experience in relation to their demands and responsibilities. Researchers (Froberg, Gjerdingen & Preston, 1986; Hall, 1975; Hall, 1993; Lopata & Barenwolt, 1984; Piechowski, 1992; Regan & Roland, 1985) have identified that the four most salient roles women
enact as those of paid worker, parent, spouse/partner and self. Female nurses who enact these four roles may experience role stress.

Statement of the Research Problem

Since the Canadian Nurses Association and the RNABC have endorsed a baccalaureate degree in nursing as minimum requirement for entry to practice, (CNA, 1993; RNABC, 1988) increasing numbers of nurses have been returning to university (Green, 1987). Despite this movement towards increasing enrolment of RNs in university programs, there is a paucity of literature addressing the implications of adding the multiple demands and responsibilities of the student role to the multiple demands and responsibilities of preexisting roles. The focus of this study was to compare the levels of stress in four specific roles between two groups of RNs. The student role was a comparative criterion, rather than a variable for which stress was being measured.

The literature indicates that women returning to school frequently experience difficulties in meeting the multiple demands and responsibilities associated with the four roles (Campaniello, 1988; Lengacher, 1993). There are no specific comparative data on RNs' and RRNs' perceptions of their levels of intensity and disparity in the four most salient roles.

In order to effectively facilitate learning experiences, nurse educators working with the RRN population need to know what levels of intensity and disparity RRNs are experiencing in relation to their four roles as compared to those experienced by similar RNs in the workplace. Both RRNs and RNs who intend to pursue their baccalaureate degree in nursing, need to be aware of the levels of intensity and disparity experienced by RRNs in the four roles so they can facilitate their own learning. Empirical data are needed to compare the levels of intensity and disparity in the four most salient roles in the RN and RRN populations.

The Purpose

The purpose of the proposed study was to compare role intensity and role disparity associated with the roles of paid worker, parent, spouse/partner and individual between two groups: RNs returning for their baccalaureate degree in nursing and RNs in the workplace.

The Research Question

Do Registered Nurses returning for their baccalaureate degree in nursing experience different
levels of role intensity and role disparity, in the roles of paid worker, parent, spouse/partner and individual, than Registered Nurses in the workplace?

Definition of Terms

1. Role Intensity: A measure of the demands and responsibilities associated with a role (Hall, 1993).

2. Role Disparity: A measure of the control and acceptability of demands and responsibilities associated with a role (Hall, 1993).

3. Higher Nursing Education: Baccalaureate degree in nursing.

4. Multiple Roles: Number of roles enacted by an individual (Sarbin & Allen, 1968)

5. Practising Nurse: A female registered as a practising nurse, in the clinical setting, by the Registered Nurses Association of British Columbia.

6. Quality of Multiple Roles: Level of demands and responsibilities and degree of control and acceptability of roles (Hall, 1993; Piechowski, 1992).

7. Paid worker: Registered Nurse working in the clinical setting a minimum of 16 and a maximum of 32 hours per week on average.

8. Parent: Mother of one or more children with at least one child under the age of six.

9. Spouse/Partner: Being married or in a "significant other" relationship with another adult.

10. Individual: The role in which one addresses the needs of oneself.

11. Returning Registered Nurse: Registered Nurse returning to university for her baccalaureate degree in nursing, with a minimum of 5 and a maximum of 18 credits per year.

Assumptions

The following assumptions held for this study:

1. That all subjects would honestly report their role quality, specifically role intensity and role disparity.

2. That all subjects experienced the demands and responsibilities associated with the multiple roles of paid worker, parent, spouse/partner and individual.

3. That the questionnaire measured the levels of role intensity and role disparity in the roles of paid worker, parent, spouse/partner and individual for female RNs who were employed and
those that were returning to university in addition to being employed.

4. That all subjects experiencing the demands and responsibilities associated with multiple roles have the potential to experience role intensity and role disparity.

Significance of the Study

With endorsement of a baccalaureate degree in nursing as minimum requirement to practice in the future, there has become an unparalleled demand for university education for RNs (Green, 1987). As a result, large numbers of nurses are attending university to obtain their baccalaureate degrees in nursing (Rachlis & Kushner, 1994). Nurses who elect to return to university are choosing to add the role of student to their repertoire of existing roles (Dick & Anderson, 1993). Returning to university is thought to be accompanied by an increase in numbers of roles without a shift in preexisting role expectations. As a result, many RN students question whether they can handle all the demands and responsibilities associated with their other roles as well as their student role (Graeve, 1992).

Identification of the levels of role intensity and role disparity in the four roles by RNs in the workplace and RRNs would provide a comparison in the two groups of RNs. Exploration of differences between the two groups could provide direction for future RRNs, current RRNs and nursing faculty to address the levels of role intensity and role disparity experienced by RRNs in order to facilitate learning. Given the scarcity of research in this area, any exploration of role quality would shed light on this population of women.
CHAPTER TWO: REVIEW OF LITERATURE

Introduction

This review of the literature will lead to a further understanding of how multiple role quality relates to nurses in the workplace (RNs) and nurses returning for a baccalaureate degree in nursing (RRNs). To place the discussion in context, the concept of role quantity will be discussed as the original theoretical focus of the impact of roles on individuals. Role quality, which refers to persons' perceptions of the impact of roles on their lives will be explored next. Role stress, a concept which incorporates role intensity and role disparity, will be discussed as one aspect of role quality. Finally, role intensity and role disparity will be explored as types of role stress that relate to the roles of paid worker, parent, spouse/partner, and individual, in women in general as well as specifically in RRNs.

Multiple Role Quantity

Two conceptually different theories that address the effects of multiple roles are scarcity theory and expansion theory. Scarcity theorists hypothesize that an individual has limited time and energy available for enacting a number of roles (Goode, 1960; Sarbin & Allen, 1968; Thoits, 1983). The number of roles an individual occupies can result in role strain because the individual cannot accommodate all the obligations associated with multiple roles (Goode, 1960). Goode (1960) claims that role strain is normal and individuals are constantly striving to manage their role system in order to reduce their role strain to manageable levels.

Expansion theory challenges the assumptions underlying scarcity theory and links occupying multiple roles to role gratification for the individual (Sieber, 1974; Ward, 1986). Sieber (1974) hypothesizes that role gratification rather than role strain will be the outcome of enacting multiple roles. Role gratification occurs because the individual acquires and enjoys the net benefits of one's multiple roles. Marks (1977) recognizes that role strain is possible but argues that it is not an inevitable outcome associated with multiple roles. Role gratification is typified by a net gain in psychological well-being (Marks, 1977; Sieber, 1974; Thoits, 1983; Verbrugge, 1986).

Research has primarily addressed the concept of role quantity while paying little attention to quality. This has been attributed to the perception that the number (quantity) of roles an individual
occupies is more salient than the characteristics (quality) the individual experiences in each role (Froberg et al., 1986). Merely acknowledging role occupancy, however, does not indicate the nature of the role (Hirsch & Rapkin, 1986). Characteristics of roles are important to assess because each individual can experience the same role differently (Froberg et al., 1986). Several authors attribute role strain or role gratification to the quality that individuals associate with their roles, as opposed to the number of roles they occupy (Baruch & Barnett, 1986; Froberg et al., 1986; Hirsch & Rapkin, 1986; Verbrugge, 1986).

Role intensity represents the level of effort and time an individual devotes to a specific role (Burr et al., 1979). Role disparity occurs when there is an incongruency between expectations, and actions in an individual's performance of a role (Burr et al., 1979). The concepts of role intensity and role disparity are components of role stress. Role stress includes vague, irritating, difficult or conflicting role obligations. Role demands may be stressful and/or difficult to fulfil but this does not automatically lead to role strain (Ward, 1986, Hall, 1993). Role stress can lead to either role gratification or role strain. Role gratification is the positive consequence of enacting a role (Sieber, 1974), whereas, role strain occurs from the felt difficulty in fulfilling the obligations associated with a role (Goode, 1960). These concepts collectively represent an individual's perception of the effects of their roles.

Multiple Role Quality

Role quality includes the demands and responsibilities, as well as the control and acceptability that individuals associate with their roles (Baruch & Barnett, 1986; Froberg et al., 1986; Piechowski, 1992). Role intensity and role disparity are two concepts that have been associated with the concept of role quality (Hall, 1993). Ward (1986) has developed a framework which identifies role intensity and role disparity as types of role stress that are possible antecedents to role strain. Ward (1986) identifies numerous intervening conditions, such as cultural factors, social support and self-esteem that can moderate the relationship between role stress and the outcomes of role gratification or role strain. These moderating variables can act to either buffer or enhance the level of role stress (Ward, 1986). Understanding role intensity and role disparity as possible sources of role strain is the next step in quantitative research that addresses role quality.
Role Intensity

Role intensity represents the perception of the demands and responsibilities that are associated with a role (Burr et al., 1979; Hall, 1993; Sarbin and Allen, 1968). Role demands address the time and effort an individual devotes to their roles (Hall, 1993). Role responsibility addresses time and effort used to organize others to fulfil role demands (Hall, 1993). Each role has its own set of demands and responsibilities that must be met to ensure the role is successfully enacted.

If the demands and responsibilities associated with a role increase, the individual's level of role intensity increases (Hall, 1993). Intensity occurs along a continuum from noninvolvement to total involvement (Sarbin & Allen, 1968). At the low end there is minimal participation in enacting a role (Sarbin & Allen, 1968). At the high end of the intensity involvement continuum, one's participation efforts are at their maximum (Sarbin & Allen, 1968).

The level of role intensity experienced by an individual is determined by their perceptions of the demands and responsibilities associated with their roles. When the demands and responsibilities of a role are perceived as intense, the acceptability of and control over the role will be influenced. The concepts of acceptability and control comprise role disparity. (Hall, 1993)

Role Disparity

Role disparity occurs when there is an inconsistency between the expectations, attitudes and the behaviours of the person performing the role (Burr et al., 1979; Hall, 1993; Sarbin & Allen, 1968). The degree of discrepancy may be partially attributed to differences in individual characteristics (Sarbin & Allen, 1968). Individuals perceive different aspects of role responsibilities and/or role demands to be more or less acceptable. The less acceptable these role demands are, the more role disparity will be experienced when the demands and responsibilities must be met (Hall, 1993). Individual's levels of role disparity will also be affected by the amount of control they have over choosing their roles and the associated role demands. Having the freedom to control one's roles is an important factor associated with role stress. Low levels of role disparity may reduce the likelihood of role strain occurring (Baruch & Barnett, 1986; Froberg et al., 1986; Hall, 1993).
The concepts of role intensity and role disparity are not intrinsically positive or negative in relation to role quality (Hall, 1993). Individuals will feel more or less positive or negative about their lives depending on how much role intensity and role disparity they experience (Hall, 1993). Thus role stress, represented by role intensity and role disparity, can be associated with either role strain or role gratification (Hall, 1993).

The levels of role intensity and role disparity influence role strain/gratification (Appendix B). High levels of role intensity and role disparity can predict role strain (Hall, 1993). High levels of role intensity and low levels of role disparity may predict role strain or role gratification (Hall, 1993). Low levels of role intensity and role disparity can predict role gratification (Hall, 1993). Understanding these relationships could direct the focus of interventions in moderating role stress. For example, if role intensity and role disparity are high, creating attitudinal changes to reduce role disparity may also reduce perceptions of role intensity. Intervening to try to promote acceptance of demands when role disparity is high may be unrealistic, but reducing demands and responsibilities when role intensity is also high may decrease role disparity by making role demands and responsibilities more acceptable or controlled. The expected goal of the intervention is a reduction in an individual's chances of experiencing role strain.

Having the freedom to choose roles and having some degree of control over role demands are important features that can influence a woman's perception of her roles (Froberg et al., 1986; Hall, 1993; Kibria, Barnett, Baruch, Marshall & Pleck, 1990; Piechowski, 1992). Women who have a sense of autonomy in choosing their roles experience increased feelings of control (Hall, 1993; Piechowski, 1992). Women who have control over the demands associated with their roles view their roles more positively (Hall, 1993; Piechowski, 1992). Women in less traditional gender roles experience gains in power and feelings of control as male dominated roles are frequently associated with autonomy, power and control (Froberg et al., 1986).

Researchers have not historically explored areas such as role demands and individual control, however, recently these areas have become of interest (Piechowski, 1992). Hall (1993), developed a tool that measures role intensity and role disparity as sources of role stress. The Role Enactment tool considers role intensity and role disparity in relation to the work/family interface,
family role characteristics, individual role characteristics, and the variables of demands, responsibility, control, and acceptability of role characteristics (Hall, 1993). Specifically, Hall's (1993) tool is designed to measure the levels of role intensity and role disparity in the four roles of paid worker, parent, spouse/partner, and individual. The Role Enactment tool (Hall, 1993) was developed from qualitative analyses of the experiences of dual-earner parents (Hall, 1987; Hall, 1991). Several authors support Hall's (1993) identification of these specific roles as salient to families and especially women (Froberg et al., 1986; Hall, 1975; Lopata & Barenwolt, 1984; Piechowski, 1992; Regan & Roland, 1985). Furthermore, authors argue these roles are worth examining further to understand their effects on women (Froberg et al., 1986; Hall, 1975; Lopata & Barenwolt, 1984; Piechowski, 1992; Regan & Roland, 1985).

**Effects of Role Intensity and Role Disparity on Women Occupying the Roles of Paid Worker, Parent, Spouse/Partner and Individual**

The two aspects of role quality addressed in this study are role intensity and role disparity. Role intensity and role disparity are components of role stress and serve as antecedents to role strain or role gratification (Ward, 1986). There is evidence in the literature to suggest that women carry most of the burden associated with multiple roles (Haw, 1982). In order to examine the role quality women associate with their most salient roles, four roles will be reviewed with emphasis on role intensity and disparity. These roles are paid worker, parent, spouse/partner and individual. This will be followed by a review of the effects of multiple role quality on female RNs returning for a baccalaureate degree in nursing.

**Paid Worker**

The demands and responsibilities associated with the role of paid worker are most often examined in conjunction with the demands of being a parent, spouse/partner, or an individual. In reality, most employed women are also mothers and wives (Mathews & Rodin, 1989). With all of these roles overlapping, it is not at all clear to women how their paid work role should be enacted in conjunction with their other roles.

Most women who engage in paid work clearly consider it to be a third priority after their children and marriage (Maclean, 1991). This viewpoint can be challenging for women in the early
stages of their careers as they are particularly susceptible to feeling overwhelmed due to the significant time and emotional demands associated with their developing work role (Elman & Gilbert, 1984; Maclean, 1991). These career demands often coincide with the extensive demands of child rearing (Elman & Gilbert, 1984; Maclean, 1991). Furthermore, younger women who are in the initial stages of their paid work role may feel limited in their ability to control structural aspects of their work roles, such as scheduling (Elman & Gilbert, 1984). This reduces their ability to meet the demands and responsibilities associated with their other roles of parent, spouse/partner and individual. Women who engage in paid work identify lack of schedule flexibility, expectations for long work hours, heavy workloads, and a lack of support and/or concern for family demands and responsibilities, as limitations to the success of the family/work interface (Elman and Gilbert, 1987; Walker and Best, 1991). As a result, women are expected to conform to work demands while subject to prejudice, discrimination and limited paid work advancement (Johnson & Johnson, 1980). Lack of compatibility between family and work demands, and limited provisions for employees to integrate their multiple roles increases women's perception of the burden associated with their roles (Anderson-Kulman & Paludi, 1986).

When women experience high levels of role intensity due to the multiple demands and responsibilities associated with their work role their level of role disparity will likely rise as they have little control over their demands and responsibilities. Having a sense of control over their role responsibilities significantly influences how women perceive their roles (Froberg et al., 1986; Kibria et al., 1990; Piechowski, 1992). Hall (1987) interviewed several women on the issues of paid work and childcare and found, when children became part of the family, women shifted their responsibilities from the workplace to home. Childcare requires almost constant time and energy. Even when childcare is delegated to others, the day-to-day needs of the children during non work hours tend to be met mostly by the mother (Hall, 1987). This results in a considerable amount of time and energy focused on childcare requirements, time and energy which is not available for paid work.

Maclean (1991) interviewed women and focused her research on those who worked part and full time. She found that 50% of her sample held jobs in the helping professions such as
teaching, nursing and social work. These paid worker roles cannot be compartmentalized into 9 to 5 schedules; they have aspects that intrude into family life and often demand long working hours (Maclean, 1991). Working long hours and taking work home was found to generally be unacceptable by mothers (Hall, 1987).

Although many women identify controlling the demands and responsibilities associated with the paid worker role as one way to reduce their role intensity and role disparity, in reality, this control is often not available or realistic. Paid employment is frequently considered outside the traditional roles of women (Froberg, et al., 1986). As a result, women's paid work roles are often associated with low pay and low autonomy and control within their work environments (Froberg, et al., 1986; Hall & Gordon, 1973; Hirsch & Rapkin, 1986; Hoffman, 1989; Piechowski, 1992). With all these factors, women who aspire to paid work, motherhood and marriage are faced with little control over their very complex set of role demands and responsibilities. (Hall, 1975; Haw, 1982; Johnson & Johnson, 1980).

Some women find the multiple demands and responsibilities of their four roles so intense that they briefly withdraw from their careers (Maclean, 1991; Regan & Roland, 1985). In reality, this is not a option for most women. They are unable to exert that degree of control over their lives. Most women simply cannot afford to put their careers on hold because economics are an issue. Since many women have no choice whether they work or not, they often elect for part time work, flexible work hours and day shifts as suitable compromises. This results in better control of the numbers of work role demands and the timing of work role demands (Barker, 1993; Hoffman, 1989; Maynard, 1985; Pifer, 1979).

Barling and Barenburg (1984) found that mothers who had flexible work schedules experienced enhanced personal autonomy. Flex time cannot be equated with part time work, in that the work hours still have to be met and childcare is still needed (Maynard, 1985). Flex time may, however, permit more control of timing of demands. Women who work part time tend to manage more family role demands than full time workers (Hall & Gordon, 1973). They are also less likely to seek help or participation from their partners in family roles (Hall & Gordon, 1973). Women who work part time make fewer reductions in demands in other roles than the full time
workers (Hall & Gordon, 1973). They provide the majority of childcare compared to women who are full time workers and mothers (Darling-Fisher & Tiedje, 1990; Shelton, 1990). Although women who shift from full time work to part time work are attempting to increase the control and acceptability associated with their role demands and responsibilities, thereby reducing their role disparity, a shift from full time to part time work does not always decrease role demands and responsibilities (Hall & Gordon, 1973).

Demands associated with the paid work role are perceived differently by women. Women with family responsibilities and home demands may perceive the demands of their job to be overwhelming in contrast to their non-married, childless counterparts (Froberg, et al., 1986; Haw, 1982). Mothers in paid work roles often retain most household and childcare responsibilities (Mathews & Rodin, 1989). Without reduced responsibilities for household and childcare demands, women are susceptible to high levels of role intensity and role disparity. As women continue to be the primary childcare providers, parenting continues to be a very significant role for women (Aneshensel, Frerichs & Clark, 1981; Gove, 1984; Hall, 1975; Hall & Gordon, 1973; Haw, 1982; Johnson & Johnson, 1980; Pugliesi, 1989).

Parent

The literature indicates the demands associated with the work of mothering young children exceed those associated with mothering older children (Aneshensel et al., 1981; Gecas, 1976; Green; 1987; Greenberger & O'Neil, 1993; Greenhaus & Parasuraman, 1986; Johnson & Johnson, 1980; Maclean, 1991; Scarr, Phillips, & McCartney, 1989; Verbrugge, 1986; Woods & Hulka, 1979). Families with preschool aged children tend to have more childcare demands and responsibilities than families with school aged children (Shelton, 1990). Furthermore, in families with preschool children, mothers are more often expected to take greater responsibility in all aspects of childcare (Bernard, 1974; Campaniello, 1988; Gecas, 1976; Green, 1987; Hall, 1975; Hall, 1987; LeMasters, 1977). Lopata and Barenwolt (1984) found the presence of children under age six negatively affects a woman's choice to engage in paid work. Mothers with one child and mothers with five children have equally expected to continue their concentration and commitment to their parenting role (Lopata & Barenwolt, 1984). In contrast, mothers of two or
three children did not expect their level of mothering to continue to the same degree (Lopata & Barenwolt, 1984). Socioeconomic and demographic variables were linked to these relationships. Mothers with one child are likely to be more highly educated than the mothers with two or three children (Lopata & Barenwolt, 1984). Highly educated women may be more likely to make a conscious choice to have a baby and may place more importance on their mothering role (Lopata & Barenwolt, 1984).

A critical feature to the parenting role is that childcare demands remain relatively constant throughout the preschool years and cannot usually be ignored (LeMasters, 1977; Piechowski, 1992). Mothers are frequently faced with accelerating demands from their children because all their children may demand attention at the same time (Lopata & Barenwolt, 1984). Hall's (1987) qualitative findings reveal that women consistently perceive the parenting role to be demanding. This perception of demand may be related to the fact that women generally are poorly prepared for the demands and responsibilities associated with the role of parent (Bernard, 1974; Gecas, 1976; Hobbs, 1968; LeMasters, 1977; Rossi, 1968).

In the twentieth century the role of mother has increased in complexity to include the responsibilities of child health maintenance, child growth and development and child socialization (Gecas, 1976; Lopata & Barenwolt, 1984). With the increased isolation of households from their extended families, mothers are required to take on the total responsibility for childcare (Rossi, 1968). Mothers have tended to perceive any help from others as a gift (Bernard, 1974). Due to these societal trends, an increase in a woman's level of role stress following the addition of a new role would not be surprising.

When women take on the role of parent, a shift in other role responsibilities occurs (Johnson & Johnson, 1980). Bernard (1974) claims that a woman can be prepared for simple childcare, which is not the same as being solely responsible for a child. "Responsibility puts one on the spot. It means being the person beyond whom there is no recourse, no appeal. It means being answerable oneself for whatever happens. It means being a lonely adult" (Bernard, 1974 p. 77). Sole responsibility for childcare demands may be less and less acceptable to women who expect more from their partners and place more emphasis on "involved" fatherhood (Gecas, 1976).
When women's levels of role intensity (parenting role demands and responsibilities) are perceived as high, the concept of role disparity must be considered. Childcare demands have been represented as constant and primarily the mother's responsibilities. Mothers often have little control over their role demands. Women have varying responses to high parenting demands and responsibilities and low control over those demands. For some women, the acceptability attached to their parenting will likely be low. For other women, the acceptability of their parenting will be high. When a woman's level of acceptability associated with the parenting role is low, and the demands and responsibilities are high, they experience high levels of role intensity and disparity (Appendix C) (Hall, 1993).

Women who elect to assume the majority of responsibility associated with the parenting role will view their activities as acceptable or congruent with their expectations and attitudes (Bernard, 1974; Dally, 1982; Hall, 1987, LeMasters, 1977). Congruency in these areas will positively influence women's levels of role disparity.

Women who have control over their role demands may elect to reduce the amount of responsibility in one role, usually the paid work role, to adequately accommodate the unyielding demands and responsibilities of the parenting role (Johnson & Johnson, 1980). By reducing the amount of responsibility in one role, women are attempting to reduce their overall level of role intensity. When overall responsibilities are reduced and they have control over aspects of their roles, a reduction in both role intensity and role disparity may occur. However, not all women have control over their work demands and responsibilities because their salaries are essential to family survival. Women who must engage in paid work, who have young children for whom they are legally responsible and who are married must also accommodate the demands of their home and partners (Johnson and Johnson, 1980).

**Spouse/Partner**

The predominant features frequently associated with the spouse/partner role, for women, are demands on time and lack of control (Pugliesi, 1989). As discussed previously, most women in paid work roles are mothers and most mothers are wives. When the demands and responsibilities associated with maintaining a home and being a spouse/partner are combined, they can consume a
significant amount of time. Spousal/partner role demands may be actual expectations to carry out a behaviour, or they may involve taking responsibility for coordinating the activities of others, or paying others who have been delegated household demands, e.g., cleaners and gardeners. Shelton (1990) found that regardless of paid work status, women spend more time than men on household responsibilities, such as meal preparation, clean up, routine indoor cleaning, and shopping. Shelton (1990) also found that spouses/partners of women who engaged in paid work spend more time than their wives/partners on non-routine chores, such as pet care, window washing, repairs and home improvements.

Many women, especially when confronted with societal expectations of more leisure time and the boring repetitive nature of housework, will find high levels of spousal role intensity unacceptable. Other women who view household maintenance as an intrinsic aspect of their spouse/partner role will be less troubled by high levels of role intensity. All of the demands and responsibilities associated with housekeeping often leave little time for affective involvement with partners (Green, 1987). Many women also associate marital difficulties with the presence of children in the relationship (Maclean, 1991). They claim they feel torn between the demands of parenting and being a spouse/partner (Hall, 1987; Maclean, 1991). When women have little time to engage in spouse/partner interactions this reflects, in part, the limited control they have within their roles. Feelings of having limited time for affective interactions with spouse/partners are generally associated with feelings of low acceptability, especially when interactions in the spouse/partner relationship are viewed as important. Women who have high demands and responsibilities in the spouse/partner role and low control over the time they attend to their spouse/partners will experience high levels of role intensity and role disparity.

Shaevitz (1984) discusses the spouse/partner dyad as having its own set of responsibilities to each other, such as, nurturance, support, caring and love. These qualities are demonstrated through communication with, giving attention to, and spending time with a partner. Many of the women in Hall's (1987) study talked about how their marriages suffered because they had no time left to devote to their partners. It seems that having little time to spend in a spouse/partner relationship is unacceptable to many women. If women experience low control over their
interaction time with spouses and high demands and responsibilities associated with household maintenance, they will perceive their levels of role intensity and role disparity to be high.

**Individual**

There is a paucity of literature related to the demands, acceptability of demands and control associated with the individual role. In many instances, women put their needs second even at the level of basic personal maintenance (Shaevitz, 1984). The women in Hall’s (1987) study talked about the importance of taking time for "me". They felt they were still individuals and needed to engage in stress reducing activities. Women in paid worker roles often cannot find the time to attend to their individual needs (Rapoport & Rapoport, 1980). Mothers who engage in paid work tend to spend little time attending to their own personal health and well-being, such as exercise, eating well, self-actualization and stress management (Walker & Best, 1991). The role of individual is often given last priority as women strive to meet the majority of childcare and household demands (Hall, 1987; Johnson & Johnson, 1980; Maclean, 1991; Timson, 1994; Pifer, 1979).

There is strong social support for women to nurture others at the expense of their own needs (Shaevitz, 1984). Many women have low levels of intensity in relation to exercise, going out with friends and developing hobbies. When women spend little time attending to the demands and responsibilities of their individual roles (role intensity), their perception of their level of role disparity or lack of acceptability and control is likely to be high.

Women have been socialized to taking on a dependent and selfless reactive role towards others (Bardwick, 1979; Shaevitz, 1984). Shaevitz (1984) comments that because women are generally very lax about taking time for fun and relaxation and place their individual needs after others, they feel anger, resentment, powerlessness, decreased self-esteem, and a lack of a sense of self and purpose in their roles. These feelings can lead to a sense of low control over and acceptability of their roles which results in high role disparity. If women are experiencing low role intensity in the area of their individual demands, it is anticipated that they will be experiencing high role disparity. They have limited control over meeting their needs and they will find the low level of personal need satisfaction unacceptable.
Effects of Multiple Role Quality on Female Registered Nurses

Returning to University

This study compares the multiple role demands of women 3 who are and who are not students. There is a lack of research that explores the impact of adding the role of student to the demands, responsibilities, control and acceptability of the four roles of paid worker, parent, spouse/partner and/or individual. The addition of the student role will be explored to better understand the potential effects it may have on the other four roles.

Only a handful of studies have been conducted on the RRN population (Beeman, 1986; Campaniello, 1988; Dick and Anderson, 1993; Feldman, 1973; Van Meter and Agronow, 1982). These authors either discuss their personal experiences associated with returning to university or their observations of RNs returning to university (Graeve, 1992; Green, 1987; Perry, 1986). There has been no quantitative research done in relation to role intensity and role disparity in the RRN population.

A professional nurse who returns for a baccalaureate degree in nursing has been found to experience a major role transition (Campaniello, 1988). Adding the student role to roles already enacted has been described as being overwhelming (Graeve, 1992). During this transition, students have described choosing the extent to which they would be involved in other roles in order to facilitate successful enactment of the student role (Campaniello, 1988). By addressing the degree of involvement in her roles, the RRN may be attempting to exert control over and increase the acceptability of role demands and thus keeping the level of role disparity low.

Several authors have found that the student role of the RN returning for a baccalaureate degree in nursing is plagued with demands (Beeman, 1986; Campaniello, 1988; Dick & Anderson, 1993). Specifically, the demands on a individual's time have been found to be a key drawback to the RRN student role (Beeman, 1986; Dick & Anderson, 1993). Although teachers describe high demands for logical and conceptual thinking within the student role (Green, 1987), there is not necessarily a decrease in RRNs' other role demands (Perry 1986). A number of studies have

Footnote

3 For the purpose of clarity, the author will consistently refer to students as women.
shown the RRN student role has demands and responsibilities associated with it and have speculated that these demands and responsibilities have the potential to escalate other role demands (Beeman, 1986; Campaniello, 1988; Dick & Anderson, 1993).

Many of the women who have been studied as they return to university are also enacting the roles of paid worker, parent and spouse/partner in addition to their student role (Van Meter & Agronow, 1982). When RNs add the demands and responsibilities of the student role to their other roles, some question whether they can handle the multiple demands (Graeve, 1992). Darkenwald and Merriam (1982) and Perry (1986) assert that the energy that adult learners can devote to being students is often given lower priority until they have attended to their other responsibilities.

Most observers have noted that if a woman tries to reduce her other role demands so she can accommodate the student role, she usually reduces her paid work time (Green, 1987; Perry, 1986). However, many students may be unable to reduce paid work demands because of needed income. Green (1987) and Perry (1986) have observed that the parent role usually remains unchanged with women responsible for the majority of the childcare and the spouse/partner role tends to remain unchanged due to the ambiguous nature of the role. Individual needs which are already a low priority are often given even lower status when women take on the student role.

Dick and Anderson (1993) found women's control over their student role affects their perceptions of the other role demands and responsibilities in their lives. In some instances a sense of control over the changes associated with taking on the student role positively affected a woman's self-esteem (Dick & Anderson, 1993). Beeman (1986) found, however, that assuming the student role is generally not associated with a sense of control, as the demands and responsibilities of the student role constantly infringe upon a woman's other roles. Cross (1981) suggests several situational barriers impinge upon adult women learners: lack of time to attend to home and job responsibilities, lack of money and childcare, lengthy transportation time, and inconvenient class schedules.

Traditionally, nursing undergraduate programs have been very structured in relation to course work and clinical practicums which may diminish students' opportunities to exercise control
within the learning environment (Perry, 1986). Generally, students have little control over such areas as the timing of due dates for assignments and exams. Although the literature suggests that women do not reduce their other role involvement when they become students (Perry, 1986), Feldman (1973) found that in order to successfully enact the student role, all other roles must become subordinate to the student role. Attempting to place the other roles after those of the student role is likely to affect the perceptions of role intensity in the other roles. If the nurse believes the student role is demanding, she may perceive increased role intensity in the other four roles and her level of role disparity may be high.

Considerable evidence supports the demands associated with the student role (Beeman, 1986; Campaniello, 1988; Dick & Anderson, 1993). As discussed earlier, an individual's level of role intensity and disparity are determined by their perceptions of the time, effort and responsibility they associate with their roles (Hall, 1993). By adding the student role to the demands and responsibilities associated with the other four roles, the perception of role intensity and disparity in the other roles may be increased.

Summary of Literature Review

Evidence suggests the four roles of paid worker, parent, spouse/partner and individual place many demands on women. These roles can entail such demanding qualities that several authors (Johnson & Johnson, 1980; Maclean, 1991; Regan & Roland, 1985) imply that most women can not meet the demands of the four roles without giving up at least one set of role demands. The majority of women often elect to put one of their four roles on hold, usually their careers, in order to meet the demands of parent, spouse/partner and individual. But, for some women, decreasing the number of roles is not an option (Johnson & Johnson, 1980).

When women are dealing with all the demands associated with the four roles, it is plausible to assume that their demands, responsibilities, control and acceptability would contribute to differing levels of role intensity and role disparity. Adding the role of student would contribute another role with intense demands and responsibilities. Comparing the levels of role intensity and role disparity for two similar groups of women in relation to the four roles, but who differ in relation to the student role, would seem logical. Both groups of RNs would enact the demands,
responsibilities and feelings associated with the four roles, but only one group, the RRNs, would be enacting the student role. Studying RNs and RRNs would permit a quantitative comparison of the differences in nurses' perceptions of their four roles when the student role is added.
CHAPTER THREE: METHODS

Research Design

A comparative research survey was used to distinguish the levels of role intensity and role disparity in registered nurses (RNs), and returning registered nurses (RRNs) associated with the roles of paid worker, parent, spouse/partner and individual. This Level II question presupposes that the phenomena of interest has been described and can be measured (Woods & Catanzaro, 1988). This was an ex post facto design employing cross-sectional measurement. An ex post facto design is used to study the relationship between two variables after the event has occurred. The data are analyzed for relationships of association (Roberts & Ogden Burke, 1989).

Sampling Procedures

The sample for this study was randomly selected. The use of randomization facilitates control of extraneous variables and enhances generalizability (Brink & Wood, 1988). Part of the sample for the RRN group was obtained from the University of British Columbia Nursing Outreach Program. The researcher randomly selected approximately two thirds (50) of the names provided to receive a questionnaire. The balance of the RRN group was randomly selected along with the RN group from the RNABC computer bank. In determining sample size, a general rule is a minimum of five and a maximum of 20 subjects per variable (Brink & Wood, 1988; Roberts & Ogden Burke, 1989). The Role Enactment Questionnaire (REQ) used for this study contained two variables: role intensity and role disparity (Appendix D). The author chose ten subjects for each of the two variables, for both the group of RRNs and the group of RNs in the work place. The author anticipated a low return rate and thus, 350 nurses were randomly selected to receive the REQ.

The province of British Columbia (B.C.) was the setting for this study. The subjects completed the questionnaire only if they met the criteria stated in the covering letters. Different covering letters stating criteria for the RN population (Appendix E), and for the RRN population (Appendices F and G) were sent to each participant. Due to the cross sectional design of this study, compensation for subject attrition was not required.
Subjects selected for inclusion in the study met the following criteria:

1. Were able to read and write English.
2. Were living in B. C.
3. Were female.
4. Were between the ages of 20 and 45 years, inclusive.
5. Were licensed, practising RNs in B. C.
6. Were working part time (a minimum of 16 and a maximum of 32 hours/week) as a RN in a clinical setting.
7. Were married or in a partnered relationship with another adult.
8. Had a child or children between the ages of 0 to 6 years, inclusive.
9. Some were RRNs, either on campus or through distance education, who were enrolled part time in an educational program (a minimum of 6 and a maximum of 18 credits per year).

Data Collection Instrument

Role Enactment Questionnaire

The instrument used in this study, the REQ, is a five-point Likert type questionnaire that has been used to measure role intensity and role disparity experienced by parents of young children (Hall, 1993). The developer pilot tested the questionnaire with ten dual-earner couples with at least one child under six years of age (Hall, 1993). Hall (1993) also evaluated the measure using 46 dual earner families. The REQ consists of 126 items which represented activities, and in some cases responsibilities, undertaken by parents in relation to their four roles (paid worker, parent, spouse/partner and individual). Attitudes towards the activities/responsibilities and, in some cases, the amount of control associated with the activities are also addressed (Hall, 1993).

For each activity or role component there were three items for the respondents to answer. The first item refers to the amount (representing time and effort devoted to the activity) they performed the activity. The second item sought to quantify how acceptable their level of performance in the activity was to them. The third item asked participants to quantify either how much control they had over their performance or how much responsibility they took for planning or performing the activity. Subjects' responses related to each item are ranked on a five-point Likert scale utilizing
The role intensity scale included questions about demands, for example time and energy, and questions about responsibility. For some items, only demands are measured. For other items both demands and responsibility are measured. To determine the levels of role intensity, all responses to questions about demands and responsibility are summed. Possible scores for the role intensity scale ranged from 67 (low role intensity) to 335 (high role intensity).

The role disparity scale included questions about control and acceptability. Some items measure only acceptability while other items measure both control and acceptability. The levels of role disparity are determined by summing all responses to questions about control and acceptability. Scores for the role disparity scale ranged from 59 (low role disparity) to 295 (high role disparity). High role disparity implies very little control and acceptability, therefore, scoring for the role disparity scale requires transposing the values on the Likert scale so that (1) represented a great deal and (5) represented none. This is done prior to data analysis.

There is a nine item demographic questionnaire attached to the REQ. Participants were asked information about their age, number of children living full and part time in their household, ages of the children, participant’s highest level of education, number of paid work hours per week, availability of flex-time, personal and family income levels, and any additional help they have at home (i.e., nannies, regular babysitting, cleaning and housekeepers, relatives).

Hall (1993) achieved high internal consistency dimensions of the instrument, with an alpha coefficient of 0.90 on the disparity dimension and 0.89 on the intensity dimension. Test-retest reliability had a Pearson r of 0.73 for the disparity dimension, 0.80 for the intensity dimension, and ranged from 0.62-0.87 for each of the roles on each dimension (Hall). The construct validity of the instrument has not been fully examined (Hall).

For the purpose of this study, the REQ was used to measure role intensity and role disparity in RNs returning for their baccalaureate degree in nursing and in RNs in the workplace. Subjects quantified the amount they perceived demands associated with the four roles, how acceptable their level of demands were to them, and either how much they controlled their demands or how much responsibility they took for planning or performing the role demands. Subjects were also asked to
complete the demographic questionnaire.

Data Collection Procedures

Role intensity and role disparity were measured on only one occasion. Each randomly selected subject from the RNABC bank was mailed a covering letter of introduction (Appendix E or Appendix F) and a coded REQ (Appendix D). Attached to the REQ was a sheet of directions stating briefly how to complete the REQ (Appendix H). Each REQ was accompanied by a stamped, self addressed envelope so that the subjects could return the questionnaire to the researcher. The length of time in which the subjects were requested to complete and return the REQ was two weeks.

Each of the returned questionnaires was checked for completeness. The number of all the returned questionnaires was recorded. In some cases, respondents were unable to complete the REQ because they did not meet all specified criteria. They provided this information and their names either by writing or phoning. Two weeks following the original mail out, a reminder letter (Appendix I) was sent to all respondents who had not returned a coded questionnaire, excluding those who notified me that they were not eligible to respond. The letter reminded the potential respondents to complete and return the REQ as soon as possible. Follow-up mailing is often implemented to stimulate selected subjects to respond to the questionnaire (Seaman, 1987).

An additional mail out was conducted two weeks after the mail out of the reminder letters to 50 randomly selected subjects from the University of British Columbia Nursing Outreach Program. The 50 subjects were mailed a covering letter of introduction (Appendix G) a coded REQ (Appendix D) and a sheet stating briefly how to complete the questionnaire (Appendix H). Each REQ was accompanied by a stamped, self addressed envelope so the subjects could return the REQ to the researcher.

Data Analysis

The raw data from the questionnaires were entered into a computer and analyzed using the Statistical Package for the Social Sciences (SPSS). Parametric statistics were employed, as the population and instrument met the following assumptions:

1. The variables were normally distributed in the population (Brink & Wood, 1988).
2. The variances of scores were homogeneous between groups (Brink & Wood, 1988).

3. The variables were measured on an interval scale (Brink & Wood, 1988).

The three parametric statistical tests performed for this study were the mean, standard deviation and t-test. The mean was utilized to determine the combined performance of each group (Polit & Hungler, 1991). The standard deviation was employed to determine the homogeneity of each group (Polit & Hungler, 1991). The t-test was calculated to analyze the differences between the means of the two groups (Polit & Hungler, 1991). Lastly, two Cronbach's alphas were calculated for the RN group and the RRN group. The Cronbach's alpha calculations measure how internally consistent the REQ is in relation to role intensity and role disparity for the study population (Roberts & Ogden Burke, 1989).

Limitations

This study has the following limitations:

1. Although reliability has been supported with the REQ and the validity continues to be tested, the tool had not been used in the population.

2. Due to the small sample size of female Registered Nurses, the results of the study have been generalized to the study sample only.

3. Due to the small sample size, a distinction between on campus RRNs and off campus RRN has not been made. This distinction could have revealed different levels of role stress experienced within the RRN group, if the sample size had been larger.

4. Due to the small sample size, there is a reduced chance of finding statistical significance between the two groups.

5. Perceptions of the respondents have been measured only once. No attempt was made to measure changes in perception over time.

6. The small sample size prevented differences in specific roles, eg. paid worker, parent, spouse/partner and individual, from being examined.

Ethical Considerations

The nature of the study is such that no treatment effects were experienced thereby eliminating any chance of risk to the subjects. Participation was on a voluntary basis. Subjects' informed consent was obtained.
consent was addressed through the letter of introduction to the completion of the questionnaire (Appendix E, Appendix F or Appendix G). The option to contact the researcher or the Chairperson, by telephone, for further clarification was offered. Subjects were assured of confidentiality of responses. The following methods were used to ensure confidentiality:

1. Random selection of subjects and mail out of the questionnaires were conducted through the Registered Nurses Association of British Columbia and The University of British Columbia Nursing Outreach Program.

2. Names of the subjects did not appear on the questionnaires. Each subject was assigned a code number.

3. All raw data was kept separate from the subject's name and address.

Consent was assumed when completed questionnaires were received. Data collection began following approval from the University of British Columbia Behavioral Sciences Screening Committee for Research and Other Subjects Involving Human Subjects.

Summary of Methods

A description of the research design, sampling procedures, data collection tool, data collection procedures and analysis, limitations of the study and ethical considerations are presented in this chapter. An ex post factor comparative research design was employed. A mailed questionnaire (REQ) was utilized to obtain data. A random sample of 300 female Registered Nurses, between the ages of 25-45 years, married or partnered and working part time in the clinical setting, were selected by the Registered Nurses Association of British Columbia computer bank. Further selection of respondents was determined by selected criteria stated on the covering letter accompanying the questionnaire. The additional criteria sought respondents who had at least one child under the ages of six. Fifty percent (150) of the randomly selected respondents must have also met the criteria of returning to university, part time, for a baccalaureate degree in nursing. An additional 50 names of Registered Nurses were randomly selected through the University of British Columbia Nursing Outreach Program. The University of British Columbia Nursing Outreach sample was selected to ensure sufficient respondents to meet all the criteria of returning to university part time for a baccalaureate degree in nursing. Following ethical approval, the
covering letter, instruction letter, questionnaire and stamped, self addressed return envelope were mailed to the randomly selected sample of Registered Nurses.

The Role Enactment Questionnaire (REQ) was used to measure role intensity and role disparity in RNs returning for their baccalaureate degree in nursing and in RNs in the workplace. The REQ was used in its original form, as designed by Hall (1993). Statistical analysis involved the use of the following parametric tests: mean, standard deviation and a t-test. The t-test was calculated to compare the differences between the means of the two groups. Cronbach's alpha calculations were also conducted for a measure of internal consistency of the REQ.
CHAPTER FOUR: PRESENTATION OF FINDINGS

Introduction

Presentation of findings is addressed in three sections. The first section discusses the demographic characteristics of the sample. The second section describes the findings related to the levels of role intensity and role disparity within the registered nurse (RN) and the returning registered nurse (RRN) groups. Also presented in this section are the measures of internal consistency of the Role Enactment Questionnaire (REQ) for role intensity and role disparity. The last section includes a summary of the findings.

Characteristics of the Sample

The study sample consisted of 38 participants, divided into two groups. Twenty-one of the subjects were female, RNs, between the ages of 25 - 45 years, who were either married or partnered, had at least one child under the age of six, and worked part time in the clinical setting, (a minimum of 16 and a maximum of 32 hours per week). Seventeen of the subjects met the same criteria, as stated above, and they were attending university part time for their baccalaureate degree in nursing (a minimum of 6 and a maximum of 18 credits per year). All participants currently live and work in the province of British Columbia (B.C.).

Three hundred questionnaires were mailed, with a reminder letter sent out two weeks later. Two weeks after the reminder letters were mailed 50 additional questionnaires, seeking RNs who had returned to university, were sent out. Of the 350 questionnaires sent out, 68 responses were received at a return rate of 19%. Thirty of the respondents did not meet the stated criteria; therefore a total of 38 (11%) questionnaires were statistically analyzed. Since the responses from the 38 participants cannot be assumed to represent the 282 non-respondents, the generalizability of these findings is limited.

The following demographic data were collected from the participants: age of participant, number of children living full time and part time in their homes, ages of the children, additional paid home help, the participant's highest level of education, number of paid work hours per week, the availability of flex time, the participant's personal income level, the participant's family income level.
The age range of all respondents was 26 to 43 years, with a mean of 36 years. Nurses between the ages of 35 and 39 years comprised the largest group at 44%. The number of children living in the home full time ranged from one to three. Fifty percent of the respondents had two children living with them full time: This comprised the largest group. The ages of the children living at home full time ranged from one month to 17 years. Forty two percent of all respondents did not have any additional help. Of those respondents that did have additional help, 26% had regular babysitting, and 13% had help from relatives.

The participants' education levels ranged from a nursing diploma to a bachelor's degree. Twenty-nine percent of the RN group had completed some university courses, whereas 65% of the RRN group reported completion of some university courses.

Table 1 depicts the differences in age, number of children living in the home full time, children's ages, and additional paid home help, between RNs and RRNs.

<table>
<thead>
<tr>
<th>Group</th>
<th>Age Range (Years)</th>
<th>Mean Age (Years)</th>
<th>&lt; 35 years (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>29 - 43</td>
<td>37</td>
<td>33%</td>
</tr>
<tr>
<td>RRN</td>
<td>26 - 42</td>
<td>34</td>
<td>59%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>Range of Number of Children living in the Home Full Time</th>
<th>Two Children (%)</th>
<th>Three Children (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>1 - 3</td>
<td>57%</td>
<td>38%</td>
</tr>
<tr>
<td>RRN</td>
<td>1 - 3</td>
<td>41%</td>
<td>12%</td>
</tr>
</tbody>
</table>
As Table 1 indicates, RRNs are a younger population than the RNs. Furthermore, the RRN group has smaller numbers of children living with them full time and their children are younger (Table 1). Interestingly, in spite of having younger children in the home, the RRNs reported less paid home help than the RNs (Table 1).

The number of hours of paid work per week reported for all participants ranged from 6 to 38, with a mean of 21. The majority (76%) of respondents worked between 16 and 30 hours per week. Only 24% of all respondents had flex time available to them.

Table 2 depicts the differences in paid work hours and available flex time between RNs and RRNs.
Table 2

Differences in Demographic Characteristics for Paid Work Hours and Available Flex Time Between RNs and RRNs

<table>
<thead>
<tr>
<th>Group (%)</th>
<th>Range of Hours Worked/Week</th>
<th>Mean Hours Worked/Week</th>
<th>&gt; 20 Hours/Week (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>6 - 30</td>
<td>19</td>
<td>43%</td>
</tr>
<tr>
<td>RRN</td>
<td>16 - 38</td>
<td>24</td>
<td>71%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>Availability of Flex Time</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>Yes</td>
<td>24%</td>
</tr>
<tr>
<td>RRN</td>
<td>Yes</td>
<td>35%</td>
</tr>
</tbody>
</table>

As indicated in Table 2, 43% of the RN group worked more than 20 hours per week, compared to 71% of the RRN group. The RRN group also had more flex time available to them than the RN group (Table 2).

Personal income levels for all respondents revealed the majority (50%) had annual personal incomes between $20,000 and $29,999. Annual family income levels showed the majority of participants (55%) earned more than $50,000 per year.

Table 3 depicts differences in personal and family income levels between RNs and RRNs.

Table 3

Differences in Demographic Characteristics for Personal and Family Income Between RNs and RRNs

<table>
<thead>
<tr>
<th>Group</th>
<th>Range of Personal Income ($)</th>
<th>Mean Income Range ($)</th>
<th>&lt; $20,000/year (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>$10,000 - $50,000+</td>
<td>$20,000 - $29,999</td>
<td>24%</td>
</tr>
<tr>
<td>RRN</td>
<td>$10,000 - $50,000+</td>
<td>$20,000 - $29,999</td>
<td>12%</td>
</tr>
</tbody>
</table>
As Table 3 indicates, the RN group had lower personal incomes than the RRN group. The RN group generally reported higher family income levels than the RRN group (Table 3).

Levels of Role Intensity and Role Disparity Within the RN and RRN Groups

Parametric statistics were used to compare role intensity and role disparity between the two groups. Table 4 shows the range of reported scores and the means for role intensity and role disparity for the RN and RRN groups.

Table 4
Levels of Role Intensity and Role Disparity Between RNs and RRNs

<table>
<thead>
<tr>
<th>Group</th>
<th>Range of Scores for Role Intensity (67 = Low / 335 = High)</th>
<th>Mean</th>
<th>Range of Scores for Role Disparity (59 = Low / 295 = High)</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>213 - 276</td>
<td>242</td>
<td>97 - 208</td>
<td>143</td>
</tr>
<tr>
<td>RRN</td>
<td>95 - 317</td>
<td>231</td>
<td>101 - 205</td>
<td>141</td>
</tr>
</tbody>
</table>

The RN group generally reported higher levels of role intensity than the RRN group (see Table 4). A t-test for unequal sample sizes was used to compare the RN and the RRN groups in relation to role intensity ($t_{(17,21, 18)} = 2.101, p = .003$). These findings indicate that the RN group perceived significantly higher levels of role intensity than the RRN group.

A t-test for unequal sample sizes was also used to compare the RN and RRN groups in relation to role disparity ($t_{(17,21, 34)} = 2.042, p = .930$). The RNs had slightly higher levels of role disparity than the RRNs (Table 4). There was no significant difference between the RN and the RRN groups on their levels of role disparity.
Measures of Internal Consistency of the REQ for Role Intensity and Role Disparity

Internal consistency measures were obtained for the REQ, through the use of Cronbach's alphas for the RN and the RRN groups, on role intensity and role disparity. According to Roberts and Ogden Burke (1989), a Cronbach's alpha result of greater than .70 demonstrates good internal consistency of the tool. For the RN group, the internal consistency measure for role intensity was .70. Scores on role intensity for the RN group were very homogeneous with very little variability, which probably accounts for the low alpha measure. The RRN group showed an internal consistency measure for role intensity of .907. These findings indicate that, for the RN group, the REQ's measures of internal consistency for role intensity was good. For the RRN group the REQ's internal consistency for role intensity was very good.

On the role disparity scale of the REQ, the RN group measured an internal consistency of .903. The RRN group showed a .945 measure of internal consistency on the role disparity scale. The findings for the role disparity scale, on the REQ, indicate that there was very good internal consistency for both the RN and the RRN groups.

Summary of the Findings

Thirty-eight RNs living and working in B.C. participated in the study. The return rate was 19%. Demographic data were summarized using descriptive statistics. In general, the nurses were relatively young, had partners and children, and were working part time. Parametric statistics were employed to compare the RN and the RRN groups on levels of role intensity and role disparity. There was a significant difference between the groups in relation to role intensity and no significant difference in relation to role disparity.
CHAPTER FIVE: DISCUSSION, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

Introduction

This study determined that the levels of role intensity and role disparity experienced by registered nurses (RNs) were higher than those experienced by returning registered nurses (RRNs). The demographic data indicated that generally the participants were young, were partnered, had children, and worked part time. This chapter addresses these results and is organized in five sections. The first section entails a summary of the results. The next section includes a discussion of the findings. The third section presents the conclusions drawn from this study. The fourth section addresses the implications of this study for nursing practice, education and administration. The last section presents the recommendations for further research.

Summary of the Results

The purpose of this study was to compare the levels of role intensity and role disparity between RNs and RRNs. These two groups' role intensity and role disparity levels were measured in relation to the four roles of paid worker, parent, spouse/partner and individual. Demographic data gathered for the RN and the RRN groups were compared.

For the total sample, respondents were female, were between the ages of 26 and 43, were partnered, worked part time, and had at least one child under the age of six living with them full time. Findings show that generally the RRNs were a younger group than the RNs. More of the RNs had two to three children living with them full time. The RRNs reported having more children under the age of six living with them full time. On the other hand, the RNs reported having more additional paid home help available. The RRN group also indicated that they worked more hours per week and had more flex time options available to them. The RRN group had higher personal incomes than the RNs. However, for family income levels, the RNs reported a higher level.

Parametric statistics were employed to compare the levels of role intensity and role disparity between the RN and RRN groups. Findings indicate that the RNs perceived significantly higher levels of role intensity than the RRNs. The RNs and RRNs reported similar levels of role
disparity.

Discussion of the Findings

The results reveal that there was a significant difference between the RN and the RRN groups in terms of levels of role intensity. Overall, the scores for role intensity for the RN group were much higher and more homogeneous than the RRNs. The RRNs scores on role intensity were considerably lower overall and showed more variation. However, the scores for role disparity were very similar for both the RN and RRN groups.

Surprisingly, the findings for this study do not support the assumptions operating within the conceptual framework. The assumptions imply that the addition of an extra role to a woman's present role repertoire results in an increase in demands and responsibilities (Hall, 1993). An increase in a woman's role demands and responsibilities is usually associated with a decrease in control and acceptability of those role demands and responsibilities (Hall, 1993). Based on these assumptions, the expected findings for this study would be higher levels of role intensity and role disparity in the RRNs because they are adding the extra role of student, which is complex, demanding and has little control associated with it (Beeman, 1986; Campaniello, 1988; Dick & Anderson, 1993; Graeve, 1992; Green, 1987).

The demographic data do not appear to be congruent with the direction of the relationship in the groups. The RRNs appear to have more role demands and responsibilities than the RN group because they worked more hours, had more children under the age of six and had less additional paid home help. The literature indicates that younger children pose more demands for parents than older children do (Aneshensel et al., 1981; Gecas, 1976; Green, 1987; Greenberger & O'Neil, 1993; Greenhaus & Parasuraman, 1986; Johnson & Johnson, 1980; Maclean, 1991; Scarr, Phillips, & McCartney, 1989; Verbrugge, 1986; Woods & Hulka, 1979). However, the RRNs reported they perceived their role demands and responsibilities to be less intense than the RNs. Both the RNs and RRNs reported essentially the same levels of role disparity. The demographic data might imply that the RRNs' perceptions of their levels of role disparity would be lower because they reported having less role demands and responsibilities. The conceptual framework suggests low role demands and responsibilities should result in an increased
perception of control and acceptability over one's role demands and responsibilities (Hall, 1993) (Appendix C).

A possible explanation for these findings may be derived from research done by Baruch and Barnett (1986) in which they found that having the freedom to choose roles can effectively influence an woman's perception of her roles. Because adding the student role is not mandatory, but a choice that the RRNs have made, perhaps the RRNs do not perceive their role demands and responsibilities to be intense.

The literature also suggests that women generally do not cut back on their other role demands and responsibilities when they add on another role (Green, 1986; Perry, 1986). In this study, however, RRNs reported having fewer role demands and responsibilities than the RNs, despite working more hours, caring for more children under the age of six, and having less additional paid home help than the RNs. Contrary to Green (1986) and Perry's (1986) claim, Johnson and Johnson (1980) assert that women may attempt to reduce some role demands and responsibilities to accommodate other roles. Reducing role demands and responsibilities is supported by Feldman's (1973) claim that, in order to take on the student role, all other roles must become subordinate. The nurses in this study may have negotiated with their partners to reduce their demands and responsibilities before they returned to university or shortly after their assumption of the student role. This explanation would support the finding that RRNs had less help, possibly because their partners are providing more assistance.

Another surprising finding from this research is that both the RN and RRN groups reported moderately high levels of role disparity. The finding that the RRN group perceived similar levels of role disparity to the RN group is contrary to the assumptions within the conceptual framework. The assumptions suggest that low levels of role intensity are usually accompanied by low levels of role disparity (Hall, 1993) (Appendix C).

There is, however, partial support from the literature for these findings of high levels of role disparity co-existing with low levels of role intensity. Low control over and diminished acceptability of an individual's role demands and responsibilities results in higher levels of role disparity (Hall, 1993). Perhaps the RRNs, although reporting lower levels of role intensity,
perceived the numerous demands and responsibilities associated with their student role to be not particularly acceptable to them or within their control. This would account for the dichotomy in scores. Several authors (Beeman, 1986; Campaniello, 1988; Dick & Anderson, 1993; Graeve, 1992; Green, 1987) claim that the student role is demanding and generally associated with minimal control. A complex and demanding student role with minimal opportunities for control may contribute to the RRNs' high levels of role disparity in the areas of working, parenting, being a couple, and being an individual.

Conclusions

The findings from this study lend support to the concept of role quality, and the importance of assessing the characteristics of roles as opposed to merely acknowledging role occupancy (Hirsch & Rapkin, 1986). Accurate assessment of the perceptions of each individual, in relation to their roles, is important as each individual can experience the same role differently (Froberg et al., 1986). It is also evident that simply advising RNs, who are adding on the student role, to cut back on their other role demands and responsibilities does not necessarily help to decrease their feelings of role disparity. There are also times when demographic predictors do not operate as expected. For example, increases in numbers of young children is believed to predict higher levels of role intensity (Shelton, 1990). However, in this study, high levels of role intensity were not found to be associated with increased numbers of young children.

Implications

Results suggest several implications for future RRNs, current RRNs and nursing faculty in relation to the levels of role intensity and role disparity and their impact on learning. Since simply reducing one's role demands and responsibilities does not ensure increased acceptability of and control over roles, reframing one's perception of roles may be necessary. Nurse educators can play a key role in facilitating this cognitive restructuring of students' perceptions of their roles. Conducting individual assessments of each student's levels of role intensity and role disparity will assist the nurse educator in determining what aspects of the student's roles need attention.

For the RRN, awareness of this study's findings can help them to make decisions about their role adjustments. If the RRN has reduced her role demands and responsibilities, and she still
experiences feelings of low acceptability of and control over her roles, she will need to address her perceptions of her roles. In order for the RRN to effectively facilitate changes in her perceptions of her roles, cognitive reframing of how she perceives her roles is necessary.

Similarly, the RN considering returning for a baccalaureate degree in nursing needs to be aware of the impact that the addition of the student role may have on her perception of her four roles. From the research findings it seems logical that RNs would consider a reduction in their role demands and responsibilities necessary in order to take on the student role. It is imperative that these RNs also address their perceptions of acceptability and control related to the reduction of role demands and responsibilities. Despite the British Columbia Nurses Union offering to pay for one year of education leave (BCNU, 1991) and despite flex time and working part time, RRNs still have moderately high levels of role disparity. Even though the union offers a one year education leave, most baccalaureate programs take two years to complete. If the work role is to be maintained throughout the second year of a baccalaureate program, concessions must be made for student demands. Barling and Barenburg (1984) found that women who worked flexible schedules experienced enhanced personal autonomy. Perhaps administrators need to consider new ways to address role intensity in the paid work role and perceptions of role disparity in order to facilitate the student role.

Recommendations

Quantitative research examining role stress, specifically role intensity and role disparity, has never been conducted on this population of nurses before. This study compared the levels of role intensity and role disparity between RNs and RRNs in British Columbia. Due to the first level nature of this research, several areas for further research have been recognized. Based on the findings of this study, the following recommendations are made:

1. This study should be conducted with a larger sample size of both RNs and RRNs in order to increase the generalizability of the findings. An increase in sample size would also facilitate looking at each role to determine which of the four roles are perceived differently between RNs and RRNs.

2. Further studies need to include the partners of the RNs and RRNs. Because the RRNs
reported less additional paid home help, but lower levels of role intensity related to the four roles, the author speculated that partners were increasing their involvement in family activities. Measuring the partners' levels of role intensity and role disparity in the same four roles would provide insight into their perceptions. It would be especially helpful to measure partners' role intensity and disparity longitudinally before nurses enroll in a baccalaureate program and following their initiation as students.

3. Similarly, longitudinal studies should be conducted comparing the RNs levels of role intensity and role disparity before and after they had entered a baccalaureate program. Such longitudinal data would give us insight into perception changes in relation to role intensity and role disparity that occur when an RN adds the role of student to her other four roles.

Summary

Findings from this study do not consistently support the assumptions operating within the conceptual framework. The findings from this study appear to be congruent with some research studies and claims made by the literature about returning to university. Implications of these findings for future RRNs, current RRNs, nurse educators and nurse administrators indicate the importance of accurate assessment of individual perceptions of role intensity and role disparity related to the four roles. Recommendations for further research suggest the use of a larger sample size, including the partners of the RNs and RRNs, and conducting a longitudinal study that samples levels of role intensity and role disparity both before and after the RNs added the student role to their four roles.
References


477-480.


APPENDIX A

CONCEPTUAL FRAMEWORK

There are two theories that address role enactment: role quantity and role quality. Role quantity counts the number of roles an individual enacts (Goode, 1960). Role quality considers the characteristics of the role (Froberg, et al, 1986). Role intensity and role disparity are two concepts that further clarify role quality because they are forms of role stress. Role stress is defined as the stressful and difficult fulfilment of a role (Ward, 1986). The presence of role stress plus moderating variables may lead to either role gratification or role strain in an individual. Role intensity is the level of effort or time one devotes to their role demands and responsibilities (Hall, 1993). Role disparity occurs when an individual has limited control over and low acceptability of their role demands and responsibilities (Hall).
APPENDIX B

RELATIONSHIP BETWEEN ROLE INTENSITY, ROLE DISPARITY AND ROLE STRAIN

The levels of role intensity and role disparity influence role strain/gratification (Hall, 1993).

- **High Role Intensity + High Role Disparity** can predict **Role Strain**

- **High Role Intensity + Low Role Disparity** may predict **Role Strain OR Role Gratification**

- **Low Role Intensity + Low Role Disparity** does not predict **Role Strain BUT may predict Role Gratification**
RELATIONSHIP BETWEEN ACCEPTABILITY, CONTROL, DEMANDS, RESPONSIBILITIES, ROLE INTENSITY AND ROLE DISPARITY

When an individual's level of acceptability is low in relation to the demands and responsibilities of a role, and the demands and responsibilities are high, they will experience high levels of role disparity and role intensity. If the individual's acceptability and control are high related to their roles and their role demands and responsibilities are low, they will experience low levels of role disparity and role intensity. (Hall, 1993)
APPENDIX D

ROLE ENACTMENT QUESTIONNAIRE

Instructions
This questionnaire consists of a series of statements representing various behaviours which may or may not be a part of your role as a paid worker, a parent, a spouse/partner, or an individual. Following each statement are three questions. To answer each question, please circle the number which best represents what is happening at this point in your life.

For Example:

1 = none  
2 = a little  
3 = somewhat  
4 = a fair amount  
5 = a great deal

The amount of time you spend answering research questionnaires.

a) How acceptable is this to you?
   None 1 2 3 4 5

b) How much do you control this?
   None 1 2 3 4 5

These responses would indicate that you answer research questionnaires infrequently; that answering them is somewhat acceptable to you; and that you are responsible for deciding whether or not you will answer them.
9. The amount of attention you receive from your spouse.
   a) How acceptable is this to you? 1 2 3 4 5
   b) How much do you control this? 1 2 3 4 5

10. The conflict you experience with your spouse.
    a) How acceptable is this to you? 1 2 3 4 5
    b) How much do you control this? 1 2 3 4 5

11. The amount that you are alone with your spouse for fun activities.
    a) How acceptable is this to you? 1 2 3 4 5
    b) How much do you control this? 1 2 3 4 5

### FOR EXAMPLE:

The amount you refinish furniture.
   a) How acceptable is this to you? 1 2 3 4 5
   b) How much responsibility do you take for this? 1 2 3 4 5

These responses would indicate that you never refinish your own furniture, that not refinishing your furniture is acceptable to you, and that you make the arrangements for a firm to pick up your furniture and refinish it.

12. The amount you prepare meals.
    a) How acceptable is this to you? 1 2 3 4 5
    b) How much responsibility do you take for this? 1 2 3 4 5

13. The amount you do dishes.
    a) How acceptable is this to you? 1 2 3 4 5
    b) How much responsibility do you take for this? 1 2 3 4 5

14. The amount you vacuum/sweep/mop.
    a) How acceptable is this to you? 1 2 3 4 5
    b) How much responsibility do you take for this? 1 2 3 4 5

15. The amount you do laundry.
    a) How acceptable is this to you? 1 2 3 4 5
    b) How much responsibility do you take for this? 1 2 3 4 5

16. The amount you tidy up the house.
    a) How acceptable is this to you? 1 2 3 4 5
    b) How much responsibility do you take for this? 1 2 3 4 5

17. The amount you clean the bathroom.
    a) How acceptable is this to you? 1 2 3 4 5
    b) How much responsibility do you take for this? 1 2 3 4 5
YOUR ROLE AS A PAID WORKER
In this section, you are required to answer questions about your role as a paid worker.

1. The amount of overtime you work.
   a) How acceptable is this to you? 1 2 3 4 5
   b) How much do you control this? 1 2 3 4 5

2. The amount of time you miss paid work.
   a) How acceptable is this to you? 1 2 3 4 5
   b) How much do you control this? 1 2 3 4 5

3. The amount of time you are required to spend in work-related education.
   a) How acceptable is this to you? 1 2 3 4 5
   b) How much do you control this? 1 2 3 4 5

4. The amount your paid work requires you to travel away from home.
   a) How acceptable is this to you? 1 2 3 4 5
   b) How much do you control this? 1 2 3 4 5

5. The amount of commuting required for your paid work.
   a) How acceptable is this to you? 1 2 3 4 5
   b) How much do you control this? 1 2 3 4 5

6. The paid work you do beyond your regular employment.
   a) How acceptable is this to you? 1 2 3 4 5
   b) How much do you control this? 1 2 3 4 5

7. The adequacy of your combined incomes to meet your family needs.
   a) How acceptable is this to you? 1 2 3 4 5
   b) How much do you control this? 1 2 3 4 5

YOUR ROLE AS A SPOUSE/PARTNER
In this section, you are required to answer questions that deal with your role as a spouse/partner.

8. The amount of time you spend talking with your spouse.
   a) How acceptable is this to you? 1 2 3 4 5
   b) How much do you control this? 1 2 3 4 5
1 = none
2 = a little
3 = somewhat
4 = a fair amount
5 = a great deal

18. The amount you handle the disposal of garbage
   a) How acceptable is this to you?  1 2 3 4 5
   b) How much responsibility do you take for this?  1 2 3 4 5

19. The amount you do yard maintenance.
   a) How acceptable is this to you?  1 2 3 4 5
   b) How much responsibility do you take for this?  1 2 3 4 5

20. The amount you do house repairs and renovations.
   a) How acceptable is this to you?  1 2 3 4 5
   b) How much responsibility do you take for this?  1 2 3 4 5

21. The amount you participate in car maintenance.
   a) How acceptable is this to you?  1 2 3 4 5
   b) How much responsibility do you take for this?  1 2 3 4 5

22. The amount you shop for groceries/household items.
   a) How acceptable is this to you?  1 2 3 4 5
   b) How much responsibility do you take for this?  1 2 3 4 5

**YOUR ROLE AS A PARENT**
This section examines your role as a parent.

23. The amount you bathe your child(ren).
   a) How acceptable is this to you?  1 2 3 4 5
   b) How much responsibility do you take for this?  1 2 3 4 5

24. The amount you participate in feeding you
    child(ren).
   a) How acceptable is this to you?  1 2 3 4 5
   b) How much responsibility do you take for this?  1 2 3 4 5

25. The amount you change you child(ren)’s diapers.
   a) How acceptable is this to you?  1 2 3 4 5
   b) How much responsibility do you take for this?  1 2 3 4 5

26. The amount you dress your child(ren).
   a) How acceptable is this to you?  1 2 3 4 5
   b) How much responsibility do you take for this?  1 2 3 4 5

27. The amount of time you spend playing with your
    child(ren).
   a) How acceptable is this to you?  1 2 3 4 5
   b) How much responsibility do you take for this?  1 2 3 4 5

28. The amount that you settle your child(ren) in
    bed at night.
   a) How acceptable is this to you?  1 2 3 4 5
   b) How much responsibility do you take for this?  1 2 3 4 5
1 = none
2 = a little
3 = somewhat
4 = a fair amount
5 = a great deal

29. The amount that you participate in organizing child care (daycare, nannies, babysitting).
   a) How acceptable is this to you?  
   b) How much responsibility do you take for this? 

30. The amount of time that you spend transporting your child(ren) to childcare or school.
   a) How acceptable is this to you?  
   b) How much responsibility do you take for this? 

31. The amount of sick care you give your child(ren).
   a) How acceptable is this to you?  
   b) How much responsibility do you take for this? 

32. Your participation in organizing your child(ren)'s health care.
   a) How acceptable is this to you?  
   b) How much responsibility do you take for this? 

33. Your participation in disciplining your child(ren).
   a) How acceptable is this to you?  
   b) How much responsibility do you take for this? 

34. Your participation in long-term planning for your child(ren).
   a) How acceptable is this to you?  
   b) How much responsibility do you take for this? 

35. The amount you plan family activities.
   a) How acceptable is this to you?  
   b) How much responsibility do you take for this? 

36. The amount you handle the safety concerns for your child(ren) (child-proofing your home and car).
   a) How acceptable is this to you?  
   b) How much responsibility do you take for this? 

YOUR ROLE AS AN INDIVIDUAL
This section will examine activities that may be part of your role as an individual.

37. Your involvement in personal friendships.
   a) How acceptable is this to you?  
   b) How much do you control this? 

38. Your involvement with relatives
   a) How acceptable is this to you?  
   b) How much do you control this?
1 = none  
2 = a little  
3 = somewhat  
4 = a fair amount  
5 = a great deal

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<tr>
<td>39. The amount you participate in exercise activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>a) How acceptable is this to you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b) How much do you control this?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tbody>
<tr>
<td>40. Your involvement in personal projects (eg., hobbies, night classes).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>a) How acceptable is this to you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b) How much do you control this?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tbody>
<tr>
<td>41. Your personal leisure activities (reading, watching television)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>a) How acceptable is this to you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b) How much do you control this?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tbody>
<tr>
<td>42. The amount you spend planning and attending health care appointments.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>a) How acceptable is this to you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b) How much do you control this?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
DEMOGRAPHIC DATA

What is your age? _______

How many children do you have living full time in your household? _______

How many children do you have living with you part time? _______

What ages are these children? _______

What is your highest level of education?

- Some high school ( )
- High school completed ( )
- Some college ( )
- College completed ( )
- Diploma course completed ( )
- Some University course ( )
- Completed university
  - Bachelor's degree ( )
  - Master's degree ( )
  - Ph.D. ( )

Number of hours of paid work per week. _______

Is flex-time available to you? _______

What is your personal income level? (not including your spouse/partner's income)

- $10,000 - $19,999 ( )
- $20,000 - $29,999 ( )
- $30,000 - $39,999 ( )
- $40,000 - $49,999 ( )
- more than $50,000 ( )

What is your family income level? (including your spouse/partner's income)

- $10,000 - $19,999 ( )
- $20,000 - $29,999 ( )
- $30,000 - $39,999 ( )
- $40,000 - $49,999 ( )
- more than $50,000 ( )

Please list the additional help you have at home (ie., nannies, regular babysitting, cleaning and housekeepers, relatives who assist you).
Dear Colleague:

My name is Sue Foster. I am a Nursing graduate student at the University of British Columbia. For my thesis I am conducting a study to see if Registered Nurses returning to university for their baccalaureate degree in nursing and Registered Nurses in the work place, perceive different levels of stress associated with their multiple roles. This study will focus on the four roles of paid worker, parent, spouse/partner and individual.

I am inviting you to participate in the study if you meet all of the following criteria:

1. female, between the ages of 25 and 45 years, inclusive.
2. current, Registered Nurse in British Columbia.
3. married or in a partner relationship with another adult.
4. working part-time, in a clinical setting a minimum of 16, and a maximum of 32 hours per week on average.
5. have a child or children between the ages of 0 and 6 years, inclusive.

All of the information that you provide will be confidential. Your name has been randomly selected through the Registered Nurses Association of British Columbia computer bank. This service is paid for by the investigator. Your name and address will be kept separate from your responses to ensure anonymity of your responses.

Findings from this study will assist Registered Nurses considering returning for their baccalaureate degree in nursing, Registered Nurses already enrolled in a baccalaureate degree nursing program, and nurse educators working with Registered Nurses returning for their baccalaureate degree in nursing, to gain a better understanding of role stress associated the multiple roles of Registered Nurses. With a better understanding of Registered Nurses' perceptions of role stress appropriate actions can be taken to facilitate the adult learning experience.

Participation in this study will involve filling out a questionnaire, which should take approximately 15 minutes of your time. You may refuse to answer any questions contained in the questionnaire without explanation. The completion of the questionnaire will be taken as your consent to participate. Your participation in this study is voluntary. You have the right to decide not to participate. Access to the research results, when completed, will be available to you upon request. Thank you in advance for your interest and participation in nursing research.

Sincerely,

S. Foster, RN., BScN.
Home Phone: xxx xxxx

Thesis Chair: Wendy Hall
Work Phone: xxx xxxx
Dear Colleague:

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4. working part-time, in a clinical setting a minimum of 16, and a maximum of 32 hours per week on average.
5. have a child or children between the ages of 0 and 6 years, inclusive.
6. student in a University baccalaureate Nursing degree program, a minimum of 5, and a maximum of 18 credits per year.

All of the information that you provide will be confidential. Your name has been randomly selected through the Registered Nurses Association of British Columbia computer bank. This service is paid for by the investigator. Your name and address will be kept separate from your responses to ensure anonymity of your responses.

Findings from this study will assist Registered Nurses considering returning for their baccalaureate degree in nursing, Registered Nurses already enrolled in a baccalaureate degree nursing program, and nurse educators working with Registered Nurses returning for their baccalaureate degree in nursing, to gain a better understanding of role stress associated the multiple roles of Registered Nurses. With a better understanding of Registered Nurses' perceptions of role stress appropriate actions can be taken to facilitate the adult learning experience.

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4. working part-time, in a clinical setting a minimum of 16, and a maximum of 32 hours per week on average.
5. have a child or children between the ages of 0 and 6 years, inclusive.
6. student in a University baccalaureate Nursing degree program, a minimum of 5, and a maximum of 18 credits per year.

All of the information that you provide will be confidential. Your name has been randomly selected through the University of British Columbia Nursing Outreach Program computer bank. Your name and address will be kept separate from your responses to ensure anonymity of your responses.

Findings from this study will assist Registered Nurses considering returning for their baccalaureate degree in Nursing, Registered Nurses already enrolled in a baccalaureate degree nursing program, and nurse educators working with Registered Nurses returning for their baccalaureate degree in nursing, to gain a better understanding of role stress associated the multiple roles of Registered Nurses. With a better understanding of Registered Nurses' perceptions of role stress appropriate actions can be taken to facilitate the adult learning experience.

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Sincerely,

S. Foster, RN., BScN.
Home Phone: xxx xxxx

Thesis Chair: Wendy Hall
Work Phone: xxx xxxx
APPENDIX H

INSTRUCTIONS FOR COMPLETION OF THE ROLE ENACTMENT QUESTIONNAIRE

Differences in the Levels of Role Stress Between Registered Nurses Returning to University for their Baccalaureate Degree in Nursing and Registered Nurses in the Work Place

My name is Sue Foster. I am a Nursing graduate student at the University of British Columbia. For my thesis I am conducting a study to see if Registered Nurses returning to university for their baccalaureate degree in nursing and Registered Nurses in the work place, perceive different levels of stress associated with their multiple roles. This study will focus on the four roles of paid worker, parent, spouse/partner and individual. Exploration of differences between the two groups could provide direction for future students, current students and nursing faculty to address the levels of role stress in Registered Nurses returning for a baccalaureate degree in nursing, in order to facilitate learning.

The attached Role Enactment Questionnaire is designed to measure the levels of stress associated with the multiple roles of paid worker, parent, spouse/partner and individual. The questionnaire should take approximately 15 minutes of your time to complete. You may refuse to answer any questions contained in the questionnaire without explanation. The completion of the questionnaire will be taken as your consent to participate. Your participation in this study is voluntary and you have the right to decide not to participate. All information you provide will be confidential. To ensure anonymity of responses your name and address will be kept separate from your responses. If you have consented to participate in this study and you meet the criteria stated in the Information Letter, please complete the Role Enactment Questionnaire in the following manner,

1. Read and complete the Role Enactment Questionnaire according the directions stated on the first page of the questionnaire.

2. Upon completion of the Role Enactment Questionnaire, please place in the enclosed, stamped envelope provided and put in the mail.

3. Please note that the return postage is provided for.

Thank you for your participation in advance.

Sincerely,

S. Foster, RN., BScN.
Home Phone: xxx xxxx
Thesis Chair: Wendy Hall
Work Phone: xxx xxxx
Dear Colleague:

Two weeks ago I mailed you a questionnaire for my thesis research. The questionnaire measures the levels of role stress Registered Nurses experience in their daily lives.

If you are interested in participating in my study, this letter was sent to remind you to please complete the questionnaire at your earliest convenience. If your questionnaire is already in the mail, thank you for your interest and support.

If you have any questions please phone me collect (if necessary) at (xxx) xxx xxxx, or contact my thesis chair Wendy Hall at (xxx) xxx xxxx.

Sincerely,

Sue Foster, RN, BScN