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Multiple Role Women and their Spouses: Variables Effecting Family Functioning

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by

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DEDICATION

To my mother, Caryl Carman Cowan

1921-1967

ABSTRACT

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Variables Effecting Family Functioning

The purpose of this study was to examine the effect of age, education, perceived child care support, social support, role conflict, coping and marital adjustment on family functioning as experienced by multiple role women and their spouses. The family has long been recognized as the most important contextual influence in human growth and development. Nurses have been working with families for generations, especially in community and mental health nursing. It is only in the last decade, however, that there has been an increasing interest in family research among nurses reflected in a trend away from individual-focused studies and toward a "whole family" perspective.

The theoretical framework for this study was derived from the stress and coping paradigm of Lazarus and Folkman (1984) with support of the linkages offered through the literature review. The correlational design of this investigation was based on a temporally ordered causal recursive model. One hundred multiple role women and their spouses were selected using a computerized random sampling from membership listings of employed members of a large organization. This sample provided a cross-section of many professional disciplines. Descriptive, correlational, and inferential statistics were used to analyze

the data. Family cohesion, as a component of family functioning, had 50% of the variance explained, with family role conflict and marital adjustment being the strongest predictor variables for the total sample of men and women.

A comparison of the results by gender revealed that social support and coping were more predictive for men, while interrole conflict was more predictive for women. Marital adjustment was the most potent predictor for both groups. Family cohesion, as a component of family functioning, had 43% of the variance explained for the men, and 52% of the variance explained for the women by the predictor variables. Further examination of group differences revealed that women reported significantly more perceived emotional support from relatives, friends, and neighbors than men, while men reported more perceived emotional and informational support from work supervisors than did the women respondents. Women reported more frequent use of confrontive and fantasy coping patterns than men.

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CHAPTER I

SCOPE OF THE PROBLEM

According to the 1985 U.S. Census figures, the percentage of working mothers from two-parent families with children under 18 years of age rose from 18% in 1950, to 60% in 1985. Sixty-eight percent of all women with school-aged children are working outside the home. It is predicted that by 1990, 75% of mothers with children under 18 years of age will be working outside the home. In two-parent families with preschool-age children (under 6 years), the percentage of working mothers rose from 12% in 1950, to 45% in 1980, and to 53% in 1985. Nearly 49% of mothers with children under 1 year of age are working outside the home (Mahoney, 1986). What had been considered the "typical" American family, including a father who is the wage earner and a mother who works inside the home with several children, is now representative of fewer than 12% of American families (McLaughlin & Melber, 1986). As increasing numbers of women seek advanced degrees, as sex roles become more flexible, as sex role equality continues to be emphasized and as the increased cost of living necessitates two incomes, the number of dual career families continues to grow (Rapaport & Rapaport, 1976, Skinner, 1983).

A number of investigators have examined the impact of new and multiple roles that women in society are playing (Hirsh & Rapkin, 1986; Keith and Shafer, 1984, 1985; Verbrugge, 1983, 1986; Woods, 1980, 1985). Other researchers report symptoms and illness behavior among employed women and homemakers (Woods & Hulka, 1979). Further studies have explored role conflicts experienced by women in multiple roles and examined coping strategies and life statisfaction in this group (Beutell & Greenhaus, 1983; Fischer & Gitelson, 1983; Freudiger, 1983; Gray, 1983; Rendley, Holmstrom & Karp, 1984). The relationships between dissatisfaction with multiple roles, time pressures, family dependency, and income generating responsibility were studied by Verbrugge (1986); negative attitudes toward the employment role by Waldron and Herald (1986); and the employment role as a source of support by Nathanson (1980). Most studies have attempted to demonstrate that social support is associated with subsequent adjustment without linking support to other variables that help eludicate causal processes (Kessler, Price & Wortman, 1985). Few studies have investigated the influence of role conflict on family functioning.

Purpose

Since professional nurses seek to enhance and facilitate effective family functioning, it is imperative that more research be done to identify those factors which

influence family functioning, and, thus, the health of families. Therefore, the purpose of this study is to examine the interrelationships of person/environmental variables (age, education, perceived child care support and social support) and subsequent psychosocial variables (role conflict, coping, and marital adjustment) on family functioning as experienced by multiple role women and their spouses.

Significance for Nursing

These statistics and their resultant implications are significant for nursing due to nursing's expanding focus on the health maintenance of the contemporary family. The family has long been recognized as the most important contextual influence in human growth and development (Belsky, Lerner & Spanier, 1984). Nurses have been working with families for generations, especially in community and mental health nursing. It is only in the last decade, however, that there has been an increasing interest in family research among nurses, reflected in a trend away from individual-oriented studies and toward a "whole family" perspective (Barnard, 1984; Feetham, 1984; Gilliss, 1983). Further, environmental forces that contribute to the emergence of women from strictly family directed goals include: financial demands, increasing societal acceptance of employment of wives and mothers outside the home, and declining restrictions as to sex

appropriate employment and parenting roles (McLaughlin & Melber, 1986). Societal pressures were recognized by Revelock (1982) and Measures (1982) who discussed the frustrations, anxieties, and guilt feelings that cause conflict between a woman's role as a mother and her role as a worker. The more roles one occupies, the more likely it is that one will experience conflicting demands (Portner, 1983).

The American Nurses' Association Commission on Nursing Research "Priorities for the 1980's" included social support networks as an example of personal and environmental determinants of wellness and health functioning in individuals and families needing further study. Research designs must reflect theories and methodologies that recognize possible gender and ethnic differences. Research in the area of work stress, social support, and health has had a sexist bias in that subjects are almost always males and spousal support almost always refers to wife support (House, 1981). Rather than transposing frameworks that have been developed by men and normed on men, approaches that recognize the unique needs of women in today's society who are balancing multiple roles must also be developed. Nursing research questions that address the family unit need to be conceptually, procedurally, and analytically appropriate to the aggregate. The researcher must carefully consider whether family data meet the assumptions of the selected tech-

niques. Multiple methods of data collection may converge on similar findings (Gilliss, 1983).

With the future of nursing's development as a discipline and a science anchored in the ability to obtain funding for programs of research, proposals must reflect societal phenomena that require close evaluation. When the National Institute of Mental Health (NIMH) convened a panel of experts to propose a research agenda for women's mental health in 1986, the research receiving the most attention in the initial position papers was the effects of women's multiple roles on health (Eichler & Parron, 1987). Models which explore the variables of perceived child care support, social support, role conflict, coping, marital adjustment and family functioning as experienced by multiple role women and their spouses, have important implications for the development of interventions which promote positive family functioning. Subsequently, research is needed to evaluate the effectiveness of intervention strategies.

Research on multiple role women and their spouses has direct relevance to nursing education. In light of the current decline in applicants to schools of nursing, retention of students, and entry into practice issues, it may be critical for nursing faculty members to closely scrutinize recruitment and teaching methods and curricular design with the contemporary student and his or her multiple roles in clear focus. Strategies of teaching and

methods of evaluation could also be examined by faculty. Faculty can no longer assume that traditional pedagogical techniques are still appropriate for today's students.

To the contrary, Belinky, Clinchy, Goldberger, and Tarule (1986) contend that educators must emphasize connection over separation, understanding and acceptance over assessment, and collaboration over debate. They recommend that faculty members accord respect to and allow time for the knowledge that emerges from first hand experience, and encourage students to create their own patterns of work based on the problems they are identifying. They suggest that a collaborative egalitarian spirit among students and within faculties should be fostered, that the curriculum must emphasize different ways of knowing, and that the curriculum should delineate the rootedness of various methodologies. Strategies specific to these goals include contract assignments, independent study experiences, and a seminar format (Green, 1987).

In addition, with the emphasis of the development of nursing as a discipline and a science, it is increasingly necessary for nurses to seek graduate degrees. As nurses are further encumbered with the role of student, it seems imperative that nursing graduate programs acknowledge the issues created and encourage students to develop support networks, recognize and deal effectively with role

conflict, and develop ways of promoting positive family functioning.

Regarding clinical practice, the concept of people as biopsychosocial in nature has greatly influenced nursing's break with the traditional medical model of orientation to disease. The lack of a corollary behavioral diagnosis within the medical model makes it insufficient for nursing practice (Novak, 1988). This has led to a more holistic approach to nursing care. Nurses are involved in many aspects of health promotion in a variety of settings and are the primary providers of childbirth and parent education programs (Varney, 1986), thus gaining access to multiple role women and their spouses.

One of nursing's primary goals is to facilitate the health of the family. The importance of studying societal phenomena affecting family health and family functioning must be recognized with a clear delineation of the components of family theory. Nurses' access to families across the life span places them in a key position to develop realistic, sensitive interventions that promote healthy family functioning, by providing anticipatory guidance for working parents who are attempting to balance multiple roles.

It is also important to recognize that nurses, who are predominately women, may be enmeshed in this societal phenomenon. With increasing role conflict, decision-making and role performance are negatively affected (Kopelman,

Greenhaus & Connelly, 1983; Lambert & Lambert, 1988; Sarbin & Allen, 1968). The resultant implications for the need for sensitivity in the workplace to potential role conflict are clear. Thus, exploration of ways the work environment and expectations can be modified to reduce role conflict, increase job related social support, and in the process promote optimal family functioning is desirable. The time and importance that most adults invest in their careers suggests that what happens on the job can have pervasive effects on their health and well-being (House, 1981).

Dissatisfaction with child care arrangements has been identified as a critical factor influencing the relationship of multiple roles and health outcomes (Farel & Bobelstein, 1982; Rendely, Holmstrom & Karp, 1984; Sheehan, 1984; Sund & Ostwald, 1985; Van Meter & Agronow, 1982; Verbrugge, 1986). Despite the fact that 60% of all the children in the U.S. have mothers in the work force, business and government have been slow to assist with the development of optimal child care options for parents. The child care system, whether in the home, daycare center, or an after school latch key program, is lagging far behind demographic realities. The workplace still seems tailored to the male breadwinner and homemaker, yet only 7% of all families in the U.S. fall into this category (U.S. Census Bureau, 1985). Nurses must play a

key role in supporting legislation which provides optimal child care for America's children.

With our rapidly changing contemporary society and resultant role demands, the family needs to be embedded in a supportive community. Nurses must support and help to develop institutionalized support systems, organized channels for natural helping, reciprocal help groups, network and family oriented interventions, and supportive organization of work and school settings (Pilisuk & Parks, 1983).

Definition of Terms

Perceived child care support. Perceived child care support is the amount of perceived child care support available to a multiple role woman and her spouse.

Social support. Social support is defined as a resource which the person considers when coping with stress and is defined as support from friends, relatives, neighbors, and coworkers. Types of support include emotional, and informational support (Schafer, Coyne & Lazarus, 1981).

Role conflict. Role conflict is defined as the extent to which a person experiences pressures within one role that are incompatible with the pressures that arise within another role (Kopelman, Greenhaus & Connolly, 1983).

Coping. Coping is a constantly changing process of cognitive and behavioral efforts to manage the specific demands of psychological stress (Folkman & Lazarus, 1985).

Marital dyadic adjustment. A process whose outcome is defined by the degree of consensus, cohesion, expression of affection, and satisfaction in the relationship (Spanier, 1976).

Family functioning. Family functioning is defined as marital and family development attained through a balanced level of family cohesion and family adaptability (Olson, Sprenkle & Russell, 1979).

1. Family adaptability: Family adaptability is the ability of families to adjust to new circumstances (Olson, Portner & Lavee, 1985). They postulate that excessive adaptability leads to a chaotic family system and that inadequate adaptability leads to a rigid family system.
2. Family cohesion: Family cohesion is a family's emotional bonding and supportiveness of its individual members (Olson, Portner & Lavee, 1985). It is proposed that excessive cohesion leads to family enmeshment and that inadequate family cohesion leads to disengagement.

CHAPTER II

REVIEW OF THE LITERATURE

For this study, the theoretical framework of Lazarus and Folkman will serve as an outline for the development of a causal model. The review of the literature focuses on the relationships between the person variables (age and education) and the environmental variables (perceived child care support and social support) as they influence the cognitive appraisal and the mediating processes (role conflict, coping, and marital adjustment) to the long term effect (family functioning).

Person and environmental variables-Age. Several studies have investigated the relationship between age, social support, role conflict and life satisfaction (Freudiger, 1983; Offer & Sabshin, 1984; Woods, 1985). Woods examined the effects of employment and family roles on mental health, in young married women (ages 20-39 years). The age variable was not significant in its influence upon sex role orientation and perception of support. The study found that sex role norm traditionalism was positively correlated with poor mental health. Women with traditional sex role norms who were parents had the poorest mental health, regardless of their employment status. Woods also found that an individual's

perception of support for multiple roles was most important for women who were both spouse and parent, but not employed. Woods stated that this study may have underestimated the effect of multiple roles on mental health in employed versus unemployed women because of the high incidence of formal education with some of the non-working women and the positive high correlation between level of education and mental health in this sample.

In their data on midlife, Offer and Sabshin (1984) reported womens' feelings of strain, conflict, and overload that increased as subjects turned thirty and persisted into their forties. Over the last 5 years there has been a 25% increase in live births for women age 30-35 years (U.S. Census Bureau, 1985). Freudiger (1983) discovered that employed, married women with children gained significant life satisfaction with increasing age. The study examined employed, previously employed, and never employed married women with children. Although there are discrepancies, the results of these two studies give some support to the hypothesized indirect relationship between maternal age and positive family functioning via the working mother's perception of support for multiple roles.

Education. The dramatic increase in the percentage of professional degrees earned by women indicates that they are pursuing higher education primarily for employment reasons and to achieve long term career objectives (McLaughlin & Melber, 1986). Woods (1985) found that

women with higher and formal education have less traditional sex role norms, and that women with higher more formal education had more support. A sample of 144 women subjects participated in the study of women's roles and poor mental health.

In a probability sample of 2,000 dual earners, one study found that highly educated wives received more support in household labor from highly educated husbands (Huber & Spitze, 1981). Piotrkowski (1983) studied white and non-white employed mothers to investigate the anxiety and physical problems that might influence family functioning. Education was not significantly correlated with family functioning in either group.

There appear to be discrepancies in the literature regarding the effect of education on role conflict and family functioning. These relationships need to be explored in greater depth.

Perceived child care support. Despite the fact that 60% of all the children in the U.S. have mothers in the work force, business and government have been slow to assist with the development of optimal child care options for parents. The child care system, whether in the home, daycare center, or an after school latch key program, is lagging far behind demographic realities. The workplace still seems tailored to the male breadwinner and homemaker, yet only 7% of all families in the U.S. fall into this category (U.S. Census Bureau, 1985). Dissatis-

faction with child care arrangements has been identified as a critical factor influencing the relationship of multiple roles and health outcomes (Farel & Bobelstein, 1982; Rendley, Holmstrom & Karp, 1984; Sund & Ostwald, 1985; Sheehan, 1984; Skinner, 1983; Van Meter & Agronow, 1982; Verbrugge, 1986).

Parents have the most difficulty finding and maintaining child care when the children are infants, when children are sick, when school age children need care for a short time before and after school, or when parents must travel as part of their job. In a business-conducted survey, a fourth of the respondents listed child care problems as being a detriment to their productivity (Honeywell Women's Task Force, 1980). In a study of ten dual career couples done by St. John-Parsons (1978), great variation was found in the division of household tasks. In their sample, three items were identified that fathers rarely did: caring for children in an emergency/illness; taking charge of children during holidays; or taking their children to work with them on school holidays.

A study of 196 professional couples concluded that even in a highly educated population, traditional sex roles will appear to be the basis for allocating responsibility for child care. Thus, as domestic demands increased, the burden for meeting the demands fell disproportionately on women. The women who experienced a lack of support experienced role conflict (Bryson &

Bryson, 1978). Only one study of Chicano families clearly demonstrated that paternal support in the areas of housework and child care increased significantly when the mother works outside the home (Ybarra, 1982). Since few studies have examined the concept of perceived child care support of multiple role women it is an area in need of further research. It is hypothesized that perceived child care support has a direct effect on role conflict and an indirect effect on family functioning.

Social support. During the past decade there has been a great deal of interest in the concept of social support. The interest was triggered by a series of review papers published in the mid- to late-1970's (Caplan, 1974; Cassel, 1976; Cobb, 1979). Each of these studies reviewed literature which demonstrated associations between psychiatric disorder and such factors as mental status, geographic mobility, and social disintegration. The recurrent theme in all of these associations was the absence of adequate social ties or the disruption of social networks. These early studies were highly inferential in their arguments and lacked clarity regarding their definition of the concept of social support. For example, social class, ego strength and job satisfaction seemed to be reflected rather than social support in these studies. However, these early reviews generated a great deal of scientific interest in the possibility that social support can protect health.

More recently researchers have provided greater specificity in the conceptualization and measurement of the construct of social support (Barrera, 1986; Kessler, Price & Wortman, 1984). Prospective longitudinal studies and an increasing number of randomized experiments involving supportive interventions have been presented (Gottlieb, 1984; Kessler & McLeod, 1984). Comprehensive review of these studies reveals that certain types of support, emotional support and perceived broad base support, diminish the impact of life stress on mental distress. Emotional support seems to play the most important role. Norbeck and Tilden (1983), studying the role of social support in perinatal complications, found that women with low social support were the most vulnerable to gestational and infant complications. Lin, Dean and Ensel (1986) found a significant negative relationship between perceived close ties and depressive symptoms. In a study by Billings and Moos (1982), perceived work and family support was negatively related to depressive and physical symptoms. House's (1981) conception of social support defines support as interpersonal transactions which involve one or more of the following categories of behavior: (a) emotional concern (liking, love, empathy); (b) instrumental aid (goods and services); (c) information (about the environment) and; (d) appraisal (information relevant to self evaluation).

Perlman and Rook (1987) draw on the psychological and sociological literature on social support and the family to examine: 1) the family as a social network and exchange system; 2) the consequences, especially for well being of family relationships; 3) social support and the family; and 4) the promotion of social support for individuals and families. While there is considerable evidence that social support can enhance individual and family functioning, there may be individual differences in the ability to garner and use social support. Efforts to enhance family functioning must involve interventions that recognize specific external stressors. McBride (1988) suggests that models should be sensitive not only to the experience of the individual, but to the individual-to-family fit and the family-to-community fit, because women live their lives embedded in a context of feedback loops. Caldwell, Pearson, and Chin (1987) contend that it remains to be described how, for whom, when and what kind of support have a beneficial effect.

Several studies support a direct linkage between the variable of social support and positive health outcomes for individual women. Brown (1986) revealed that pregnant women who perceive themselves as supported by their partners had fewer pregnancy symptoms, such as loss of appetite, vomiting, backache, anxiety, and depression. Similarly, women in menopause have fewer symptoms of depression when they perceive that they are supported by

their partners (Uphold & Susman, 1981). Several investigators have studied social support during family expansion and found social support to be related to improved pregnancy outcomes and postpartum adaptation (Cronenwett, 1985; Norbeck & Tilden, 1983). Early research pointed to a positive relationship between social support and individual psychological and physical health (Berkman & Syme, 1979; House, 1981; Lazarus & Folkman, 1984). Only one study investigated the relationship of stress, social support, and family functioning in the childbearing period (Mercer, Ferketich, DeJoseph, May & Sollid, 1988).

Rosenow (1982) suggested that social support plays a role in buffering the role conflict a professional woman incurs through her violation of sex role norms and role overload. She contends that positive attitudes toward a woman's career by those close to her are important. If significant people in her life do not agree with her career aspirations and instead expect her to be directing her energies elsewhere, a role conflict will result. Elman and Gilbert (1984) found that the stress of multiple roles is eased when the woman's spouse approves and supports her choices. Tilden (1986) proposed that support offers a direct positive effect on health, and that people with ample support are more likely to practice positive health behaviors through encouragement or pressure to do so through their support network. The

presence of a spouse may be equated with social support (Hobfoll & Leiberman, 1987), but the number of socially supportive relationships in one's network may make a greater difference than having a spouse (Brown & Gary, 1985).

Beutell and Greenhaus (1983) examined the combination of family and career roles as they influence a woman's psychological well-being. The sample of 115 women reported at least one home or non-home conflict. Seventy-nine of the participants were able to identify socially supportive coping strategies regarding these conflicts.

Woods (1985) investigated mental health in young married women. She identified support in the forms of sharing and confiding. She outlined the task-sharing behaviors of the identified support person and the emotional support offered to the female. This investigation demonstrated that there was a direct, inverse effect of social support provided by the partner on poor mental health. Holahan and Gilbert (1979) studied 112 women who were married, employed parents. She found that significant role conflict involved family and career roles. An analysis of the covariance established the importance of support in the reduction of role conflict for women.

Gray (1983) studied the relationships between role conflict, life satisfaction, and social support. Eighty percent of the subjects identified the importance of family support as a buffer regarding career and family

role conflict. Sheehan (1984) identified that a woman's psychological well being was effected by the role overload experienced by the employed population. Further study revealed that the influence of social support minimized the role overload. Specific types of support which were identified included emotional support, and assistance with child care and housekeeping tasks. She contended that it was not just working versus staying home that was the issue, but the costs and benefits of various patterns of employment.

Bruhn and Phillips (1984) hypothesized that the relationship between social support and level of functioning is related to the degree of reciprocity. They speculated that multiple correlations exist between levels of functioning, levels of perceived social support, and degrees of reciprocity. When the level of functioning is low but perceived support is high, the individual is likely to be receiving more support than contributing support to others. On the other hand, if the level of functioning is high but support is low, the individual is likely to be supporting others more than receiving support from others. Although untested, these hypotheses reflect the growing awareness that social support may not be adequately accounted for apart from its interactive context. It is clear that this relationship needs to be explored in greater depth. For the purposes of this study,

it will be hypothesized that social support will have an indirect effect on family functioning.

Relationship of Mediating Processes to the Long-Term Effect

Role conflict. In an attempt to understand the interdependency between work and family lives, Kopelman, Greenhaus and Connelly (1983) examined the linkages between three types of role conflict, namely, work, family, and interrole, and between role conflict variables and satisfaction criteria. Their work describes the development and validation of three measures of role conflict. They contended that interrole conflict occurs when opposing pressures arise from participation in multiple roles. The competing demands lead to stress within a role. The role stress produces conflict between that role and another role. Farel and Bobelstein (1982) found that mothers who are professionally employed experience discrimination in many areas such as: (1) difficulty in locating child care, (2) lack of flexible work schedules, (3) limited opportunity for part time careers, and (4) the expectation that they will assume total responsibility for childcare and housework. These factors have a direct effect on role conflict. In contrast, men in dual career families report a lack of family time and less time with their spouse as major sources of role strain (General Mills, 1981). Amstey and Whitbourne (1988) report that husbands are less likely

than wives to endorse their wives working for financial reasons. The authors speculated that the husbands perceived this as a threat to their masculine role.

Numerous studies support the contention that multiple role women with children experience role conflict (Barnett, 1982, Gray, 1983, Piotrkowski, 1983, Beutell & Greenhaus, 1983, Freudiger, 1983, Woods, 1985). Rendley, Holmstrom, and Karp (1984) investigated role conflict as it relates to women, sex-role identity, life style, employment, and adjustment. The study supported a direct linkage between these variables and role conflict. The study also supported the assertion that employment increased role conflict. A study of 196 professional couples concluded that even in a highly educated population, traditional sex roles will appear to be the basis for allocating responsibility for child care. Thus, as domestic demands increased,the burden for meeting the demands fell disproportionately on women. The women who experienced a lack of support experienced role conflict (Bryson & Bryson, 1978).

The stress of multiple roles is eased when the woman's spouse approves and supports her choices (Elman & Gilbert, 1984). Verbrugge (1986) examined the effects of women's roles on several health indicators. She found that employed married women with children had significantly better health scores than nonemployed married women with children. Those without children in each of the two

groups had better health scores than those with children. Her findings suggest that issues related to parenting and child care may be critical factors influencing the relationship of multiple roles and health outcomes. Regarding family work, Pleck (1985) suggested that while the time devoted by employed wives to work in the home is dropping slightly and the time devoted by husbands is increasing, no major realignment of household tasks has occurred. For men in two job families, the greatest source of depression may be involved in assuming household tasks traditionally perceived to be a woman's domain (Keith & Schafer, 1984).

In a study of 200 Michigan teachers, Cooke and Rousseau (1984) found that family roles and work-role expectations generally appear to be role strain-inducing. Family roles alone can both increase and reduce the physical symptoms of role strain. Thus, consideration of both types of role simultaneously in research on health and family functioning was proposed by the investigators. Several studies have presented suggestive evidence that chronic role stress is more strongly associated with nonspecific distress than are life event inventories in community surveys (Eckenrode, 1984; Pearlin, Lieberman, Menaghan & Mullen, 1981). Depue and Monroe (1986) suggest that minor events may have to be indexed by using frequent measurements in a longitudinal analysis.

Using data from a random sample of 235 married employed female nurses, Hirsh and Rapkin (1986) focused on marriage and job satisfaction as important criteria of success in managing multiple roles. The profiles were linked to measures of social support and social rejection provided by five key network members. The strongest univariate profile discriminator was the level of work rejection from the spouse. A discriminant function analysis revealed that the level of spouse's work rejection was even more powerful when it was compared to the level of work rejection received from the next closest family member. For many women, the role conflict created by employment was greater than either they or their spouses anticipated (Moen & Dempster-McClain, 1987), and role conflict increased significantly when the woman was dissatisfied with child care arrangements (Van Meter & Agronow, 1982). Baruch and Barnett (1986) found that minimal levels of role conflict were a stimulus to performance. However, levels beyond that identified as minimal led to role dysfunction and disruption of social interaction.

In summary, there is ample literature demonstrating that multiple roles are associated with competing demands which can lead to role conflict. The research regarding role conflict experienced by multiple role women and their spouses has looked at many outcome variables (i.e., mental/physical health and life satisfaction), which are

often used interchangeably. Most of the literature has looked at individual health outcome measures of subjects. This, however, is only one aspect of family functioning. Interviewing only one source regarding the family unit further confuses the issues and confounds the variables. For the purpose of this study, both the multiple role woman and her spouse were interviewed.

Coping. The role of coping as a mediator for selected life events and situational stressors has generated a great deal of interest over the past decade. Coping has been found to influence such stress-related outcomes in middle-aged and older adults as work-related and health-related stressors (Folkman & Lazarus, 1980) and occupational, financial, marital, and parental role stresses and strains (Pearlin & Schooler, 1978). The issue of adequate measures for assessing coping has been a primary concern (Quayhagen & Quayhagen, 1982) with most coping research focused on unusual populations, rather than ordinary stressful events of day-to-day life (Folkman & Lazarus, 1980).

Pearlin and Schooler (1978) define coping as responses to external life strains that serve to prevent, avoid, or control emotional distress. They divided coping strategies into three categories: strategies that directly alter the stressful situation, strategies that control the meaning of the stressful situation, and strategies that

address management of the stress generated by the situation.

In the Coping Strategies Inventory (CSI) developed by Quayhagen and Quayhagen (1982), help-seeking and problem-solving strategies are the dimensions that directly alter the stressful situation. The help-seeking strategies include discussing one's feelings with others as well as seeking and accepting advice, sympathy, understanding, and emotional support from others. Problem-solving strategies are characterized by analysis of previous experience, information search, planning, and rehearsal for action. They found that women used help-seeking strategies significantly more often than did men. Billings and Moos (1980) also found that women tended to use both active behavioral and emotion-focused strategies more often than men.

In a study by Folkman and Lazarus (1980), 100 men and women, age 45-64 years, indicated on a 68-item checklist how they coped with a series of life events over a 7 month period. The checklist contained problem-focused and emotion-focused ways of coping. The events people reported ranged from minor problems, such as car trouble, to major problems, such as job loss or life-threatening illness. Over 1,300 stressful episodes were analyzed. They found that both problem-focused and emotion-focused coping were used in over 98% of the episodes and that people are more variable than consistent in their coping

patterns. There were no effects associated with age. Gender differences emerged only in problem-focused coping. Men used more problem-focused coping than women at work. Contrary to the cultural stereotype and previous studies discussed, there were no gender differences in emotion-focused coping.

Folkman (1984) reviewed the multiple functions of personal control in any given stressful encounter. She contended that generalized beliefs about control and situational appraisals of control can alter the extent to which an encounter is appraised as threatening and/or challenging and can influence coping.

In a study of 85 married couples, Folkman, et al. (1986) noted that the pattern of coping in situations that persons appraised as amenable to change was very different than the coping patterns they used if they thought the situation could not be changed. In changeable situations, subjects used both problem-focused (planful problem-solving and confrontive) and emotion-focused (accept responsibility and positive reappraisal) patterns. In contrast, when subjects appraised a situation as unchangeable, the emotion-focused patterns of distancing and escape/avoidance were utilized.

While considerable research attention has been directed at employed women with children, minimal exploration of coping in this population has occurred. Attempts to link coping strategies and overall life satisfaction

has produced divergent results. One study noted no relationship between coping strategies, level of life satisfaction and interrole conflict (Harrison & Minor, 1982). In contrast, Gray (1983) reported that specific types of positive and negative coping strategies were related to life satisfaction. Specifically, these positive strategies included having time to pursue personal interests, careful organization and scheduling of activities, family sharing of household chores, and awareness of the inherent limitation that it is impossible to give 100% to all roles. Strategies which contributed to decreased life satisfaction included overlapping roles, lack of conscious strategies for meeting multiple role demands, drawing distinct lines between roles, and striving to meet everyones' expectations.

In summary, while the vital role of coping patterns as mediators to certain types of stresses has been acclaimed, relatively few researchers have specified women's coping strategies in relation to balancing work and family roles. Future research needs to articulate the relationship of coping to the adaptational outcome variable of family functioning for this population.

Marital adjustment. Fitzpatrick and Best (1979) asserted that marital adjustment is affected directly by how the relationship is perceived by the individuals (e.g., traditional, independent, separate, traditional/separate) and the congruence of their percep-

tion. In their study, Olson et al. (1979) found that the non-clinic couples, who had better marital adjustment than clinic couples, had higher levels of social support, egalitarian leadership, and moderate levels of adaptability. Hirsh and Rapkin (1986) found that mental health of multiple role women was more affected by marital life than by job life. Work seemed to buffer some marital stress while parenthood exacerbated occupational stress (Kandel, Davies & Ravies, 1985).

Van Fossen (1981), examined female depression in the context of dual roles. This study found that with increased role encumbrance there was increased tension between the marital dyad, leading to an increase in depressive symptoms reported by the wife. The study indicated that as spousal support for the increased number of roles occurred, there were reduced complaints of depression regarding multiple roles. To look at marital relationships, Spanier (1976) measured dyadic satisfaction, dyadic consensus, dyadic cohesion, and affectional expression. Spanier conceded that "adjustment" is best measured longitudinally, however the dyadic adjustment scale assumes that although "adjustment" is an ever-changing process, there are qualitative dimensions that can be evaluated at any point in time on a continuum from well-adjusted to maladjusted. Spanier states that dyadic adjustment is a process, the outcome of which is determined by troublesome dyadic differences, interpersonal

tensions and personal anxiety, dyadic satisfaction, dyadic cohesion, and consensus on matters of importance. Unlike other scales of marital adjustment, this scale can be used with married and "similar" dyads. For the purposes of this study it will be hypothesized that marital adjustment has a positive direct effect on family functioning.

Family functioning. Though several researchers have studied the interrelationships of age, education, role conflict, marital adjustment, and support on multiple role women in today's society, there are few studies which examine the effect on family functioning. In a study by Mercer, et al. (1988), a theoretical model hypothesized to predict family functioning was tested in four groups of expectant parents, followed by exploratory model building. The study of 593 subjects was designed to test for differences in both high-risk and low-risk situations and to test causal models predicting family functioning, in both situations. For high-risk women, perceived social support was a major predictor accounting for 32% unique variance. Perceived social support contributed to more optimal family functioning and high stress from negative life events was linked to an increase in discrepant family functioning. For low-risk women, perceived social support had unhypothesized direct effects on family functioning, explaining 10% of the variance. Sense of mastery, negative life events, and health perception had indirect

effects on family functioning through depression, explaining 32% of the variance in depression. Negative life events had indirect effects on family functioning through sense of mastery, self-esteem, depression, health perception, and perceived social support. Men were found to have a more optimal view of family functioning than their partners in both groups.

Piotrkowski (1983) examined a population of working women and the effect of their employment upon their family functioning. This study found that anxiety was an important link between adverse occupational conditions and family functioning. Woods (1980) identified a positive and statistically significant relationship between multiple roles and the number of symptom complexes reported. Verbrugge (1983, 1986) studied the relationship of multiple roles and physical health. She found that a combination of employment, marriage, and parenthood was not harmful to a woman's health. The contradiction of findings between the Woods and Verbrugge studies supports the need for ongoing research.

Sekaran (1983) in her study of dual career families, identified the following as good predictors of family functioning: integration of family and work roles, high level of self esteem, and the utilization of hired help. The correlation between life and job satisfaction was significant, but modest, and there was a significant difference between the life satisfaction of husbands and

wives in dual-career families. The potential for selection bias was inherent in this study, as subjects were selected by their employer and asked to participate by their employer. Future research on dual career families may profit from randomization and a longitudinal design.

Muller, Waybur, and Weinerman (1952) in their classic study of the development of methodology for family health study, identify the major weakness of previous research as lack of reliability. Most often the strategies for data collection in studies of family health or family functioning involve only one heavily biased source, and outcome variables of family life satisfaction, family health, and family functioning are used interchangeably within the same research article, thus further confusing the construct. Schless and Mendels (1978) have demonstrated that interviewing additional informants provides significantly more data. It is assumed that stress experienced by an individual or dyad in the family system would affect the function of the total system. It is also assumed for the purposes of this investigation that because family functioning has been studied largely from the woman's point of view, it is critical to study family functioning from the man's perspective as well.

Bloom (1985) concurred with Olson, Sprenkle and Russel (1979) and Olson et al. (1985) that a comprehensive appreciation of family functioning appears to require the assessment of cohesion and adaptability. However, he

argued other aspects such as marital communication and family satisfaction must be explored. Olson et al. (1986) have developed specific instruments for the measurements of these variables. Olson et al. (1979) postulate the need for a balance on the cohesion dimension between too much family closeness, which leads to enmeshed systems and too little family closeness, which leads to disengaged family systems. They also discuss the need for a balance on the family adaptability dimension of family functioning between too much change, which leads to chaotic family systems, and too little change, which leads to rigid family systems.

Olson et. al. (1985) identified adaptability and cohesion as the two most important dimensions of family functioning and family health. Their research investigated five concepts related to the cohesion dimension: emotional bonding, supportiveness, family boundaries, time and friends, and interest in recreation, three concepts related to the adaptability dimension: leadership, control, and discipline, and four items for the combined concept of roles and rules. The circumplex model allowed demonstration of extremes in family adaptability and cohesion. Over 300 current research projects focus on a variety of theoretical and clinical issues related to the circumplex model (Olson, 1986).

Theoretical Framework

The theoretical framework of cognitive appraisal, coping and adaptational outcomes by Lazarus and Folkman (1984) will serve to support the development of a causal model. Within Lazarus and Folkman's framework, perceived stress is viewed as a relationship between the person and environment that is appraised by the person as taxing or exceeding their resources and threatening their well-being. This view of stress emphasizes the reciprocity of the relationship between a person and the environment. Earlier researchers, Selye (1974) in particular, had defined stress as stimuli or events which impinged upon a person and to which a person automatically responded. This early definition did not allow for explanations of the great variations among persons in their responses to stressful events. For the present investigation, the perceived stress is a component of the role conflict that multiple role women and their spouses may experience.

Lazarus and Folkman's framework is a transactional one in which certain person/environment factors influence how a person cognitively evaluates an event before automatically responding to it. In the model developed for this study, age, education, perceived child care support, and social support are viewed as person/environment factors which influence a person's cognitive appraisal.

Lazarus and Folkman's (1984) cognitive appraisal is an evaluation, by the person, of an event as being either irrelevant, benign/positive, or stressful for them. If an event is appraised as stressful, the person continues to further cognitively classify the event as portending harm/loss, threat, or challenge. For the purposes of this study, the stressful component of the cognitive appraisal process will be measured by assessing the perceived stress as role conflict. Interrole conflict occurs when opposing pressures arise from participation in multiple roles. The competing demands lead to stress within a role. The role stress produces conflict between that role and another role (Kopelman, Greenhaus & Connelly, 1983) (see Figure 1)

In the Lazarus and Folkman framework, coping is a constantly changing process of cognitive and behavioral efforts to manage the specific demands of psychological stress. Coping can either be problem-focused, which serves to manage or alter the problem causing the distress, or emotion-focused, which serves to regulate the person's emotional response to the problem. Emotion-focused coping includes the strategies of escape/ avoidance, distancing, self-control, accepts responsibility, and positive reappraisal. With emotion-focused coping the situation stays the same but a person's emotional reaction to the event alters. Problem-focused ways of coping include planful problem solving and confrontive coping. Ways of coping, whether problem-

focused or emotion-focused, are mediated by coping resources.

In the model developed for this study, role conflict is viewed as influencing coping pattern. Coping is delineated as ways of coping that can be problem-focused or emotion-focused. Marital adjustment may be viewed as a coping resource and is defined as the degree of consensus, cohesion, expression of affection and satisfaction in the relationship (Spanier, 1976).

The use of coping patterns influences adaptational outcomes in the Lazarus and Folkman framework. Their framework defines adaptational outcomes as level of functioning at work and in the social area, life satisfaction or morale, and somatic health. Adaptational outcomes for this study will be viewed as level of family functioning. The use of coping and coping resources, in the model proposed for this study, is hypothesized to have a positive impact on family functioning.

In summary, for this study the theoretical framework of Lazarus and Folkman will serve as an outline for the development of a causal model in which person/environmental factors (demographic and support variables) influence cognitive appraisal (perceived stress or role conflict) and the evaluation of coping. The evaluation of coping in turn influences the adaptational outcome of level of family functioning (see Figure 1).

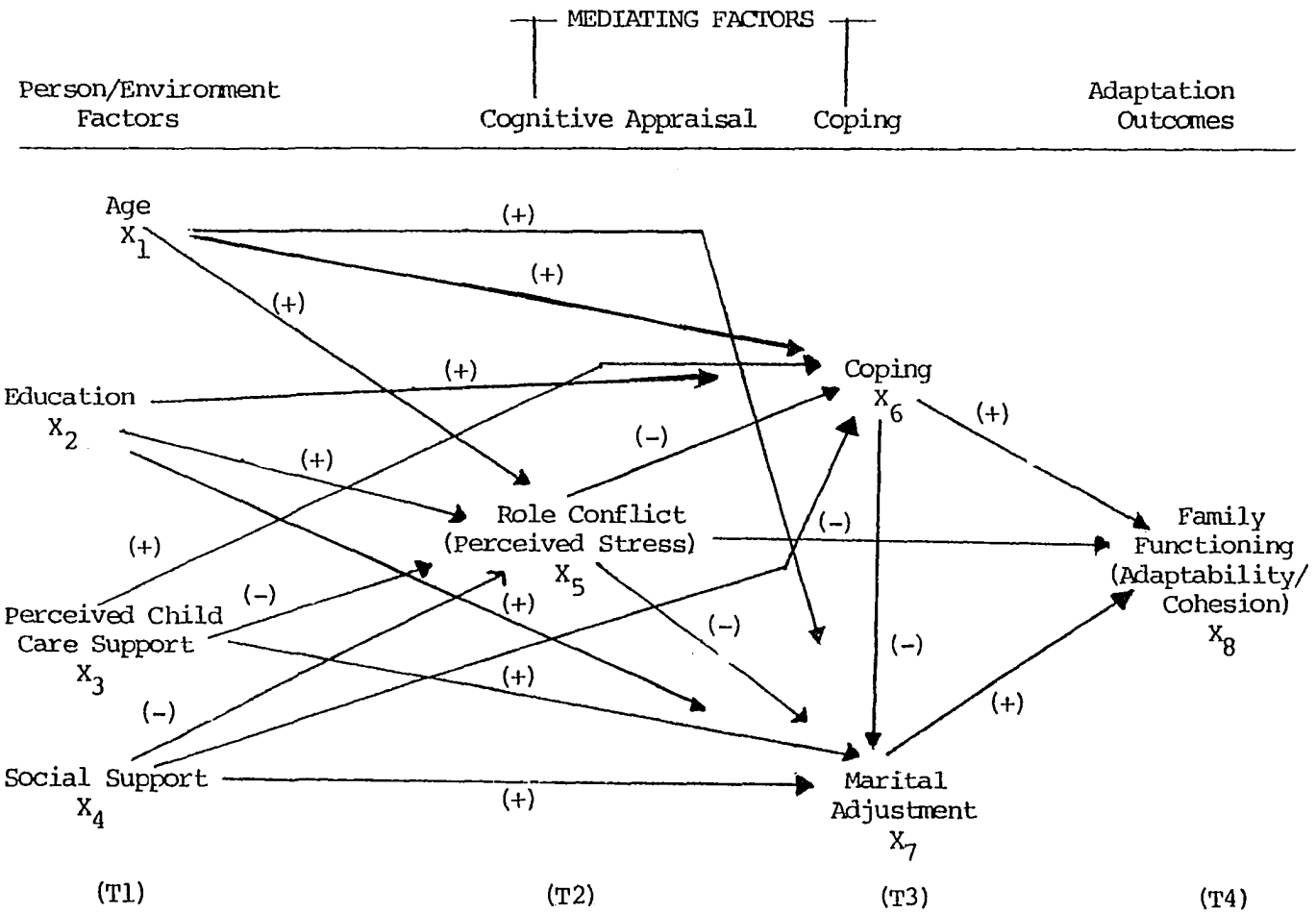


Figure 1. Hypothesized causal model illustrating influences on family functioning for multiple role women and their spouses.

CHAPTER III

METHODOLOGY

Development of the Model

The correlational design for this investigation is based on a linear structural equation (causal) model which is temporally ordered. The use of a causal model allows for the decomposition of correlations into direct and indirect effects through all the identified paths between the exogenous and endogenous variables. The exogenous variables, age (X_1), education (X_2), perceived child care support (X_3), and social support (X_4), are not influenced by other variables in the model. All other variables are endogenous and are hypothesized to have some effect on the other endogenous variables. The direct relationship between variables is represented by unidirectional arrows with the hypothesized direction of relationships noted symbolically (+, -) on the lines. The model (see Figure 1), proposes that age (X_1), education (X_2), perceived child care support (X_3), and social support (X_4), effect family functioning (X_8), via role conflict (X_5), coping (X_6), and marital adjustment (X_7). The model was applied separately to each of the gender groups and to the total sample to determine variance explained in the outcome variable by the predictor variables.

Hypotheses

The specific hypotheses for the investigation which are derived from the model (see Figure 1), include the following:

1. Age and education have a positive, direct effect on role conflict (X_1---->X_5; X_2---->X_5).
2. Age and education have a positive direct effect on marital adjustment (X_1---->X_7; X_2---->X_7).
3. Age and education have a positive direct effect on coping (X_1---->X_6; X_2---->X_6).
4. Perceived child care support and social support have an inverse direct effect on role conflict (X_3---->X_5; X_4---->X_5).
5. Perceived child care support and social support have a positive effect on coping (X_3---->X_6; X_4--->X_6).
6. Perceived child care support and social support have a positive effect on marital adjustment (X_3---->X_7; X_4---->X_7).
7. Role conflict has an inverse direct effect on coping, marital adjustment, and family functioning (X_5---->X_6; X_5---->X_7; X_5---->X_8).
8. Coping has a positive direct effect on marital adjustment and family functioning (X_6---->X_7; X_6---->X_8).
9. Marital adjustment has a positive direct effect on family functioning (X_7---->X_8).

The model implies 20 indirect hypotheses:

1. Age indirectly effects family functioning through role conflict, coping, and marital adjustment (X_1---->X_5---->X_6---->X_7---->X_8; X_1---->X_6----> X_7---->X_8; X_1---->X_6---->X_8; X_1---->X_5----> X_7---->X_8; X_1---->X_5---->X_8).
2. Education indirectly effects family functioning through role conflict, coping, and marital adjustment (X_2---->X_5---->X_6---->X_7---->X_8; X_2---->X_6---->X_7---->$_8$; X_2---->X_6---->X_8; X_2---->X_5---->X_7---->X_8; X_2---->X_5---->X_8).
3. Perceived child care support indirectly effects family functioning through role conflict, coping, and marital adjustment (X_3---->X_5---->X_6---->X_7---->X_8; X_3---->X_6---->X_7---->X_8; X_3---->X_6---->X_8; X_3 ---->X_5---->X_7---->X_8; X_3---->X_5---->X_8).
4. Social support indirectly effects family functioning through role conflict, coping, and marital adjustment (X_4---->X_5---->X_6---->X_7---->X_8; X_4---->X_6---->X_7---->X_8; X_4---->X_6---->X_8; X_4---->X_5---->X_7---->X_8; X_4---->X_5---->X_8).
5. Role conflict indirectly effects family functioning through coping and marital adjustment (X_5---->X_6---->X_8; X_5---->X_6---->X_7---->X_8; X_5---->X_7---->X_8).
6. Coping indirectly effects family functioning through marital adjustment (X_6---->X_7---->X_8).

Structural Equations

The system of structural equations for the hypothesized causal model is presented in Figure 1. The equations allow for the emergence of the null hypotheses:

Age: $X_1 = e_1$

Education: $X_2 = e_2$

Perceived Child Care Support: $X_3 = e_3$

Social Support: $X_4 = e_4$

Role Conflict: $X_5 = P_{54}X_4 + P_{53}X_3 + P_{52}X_2 + P_{51}X_1 + e_5$

Coping: $X_6 = P_{65}X_5 + P_{64}X_4 + P_{63}X_3 + P_{62}X_2 + P_{61}X_1 + e_6$

Marital Adjustment: $X_7 = P_{76}X_6 + P_{75}X_5 + P_{74}X_4 + P_{73}X_3 + P_{72}X_2 + P_{71}X_1 + e_7$

Family Functioning: $X_8 = P_{87}X_7 + P_{86}X_6 + P_{85}X_5 + P_{84}X_4 + P_{83}X_3 + P_{82}X_2 + P_{81}X_1 + e_8$

In these structural equations (Asher, 1983):

P_{ij} = unknown weights that represent the impact of one variable upon another. Later these weights will be labeled path coefficients.

X_i = measured variables; variables for which data have been collected.

e = the residual or error terms that represent those factors not actually measured that impinge upon the variable.

Sample

The investigation utilized a total sample of 132 respondents (66 married couples). Multiple role women and their spouses who were college graduates and had infant-adolescent age children were studied. One hundred seventy-five employed mothers were identified from the membership directory of the Junior League of San Diego, Incorporated. The League membership is 70% employed with professional representation from nursing, medicine, law, education, and business. For inclusion, the women occupied at least four roles: mother, wife, professional, and volunteer. Other roles encumbered by the sample included: student (8%), and caregiver to elderly parents (4%). Fifty-two percent of the respondents said that they volunteered in less than three organizations, while 16% reported that they were volunteering in more than three organizations.

The mean age of the respondents was 37 years (SD = 4.5) with an average of 10.6 (SD = 5.4 years) married and 18 (SD = 1.9) years of education. The range of highest obtained educational degrees included BA (26.5%), BS (18.9%), MA (23.5%), PhD (6.1%), JD (10.6%), and MD (5.3%).

The mean combined family income for this sample fell in the range of $70,000-$79,000 per year with two respondents having incomes as low as $30,000-34,000 per year, and 11 of the subjects having combined family incomes over

$120,000 per year. Although the majority (113 subjects) of the sample was Caucasian, there were also representatives of the broader range of ethnic backgrounds: Hispanic (8%), Asian (4%), Native American (3%), and Black (.8%).

Respondents worked on the average of 40 hours per week outside of the home with 8 subjects working less than 20 hours per week and 21 subjects working over 50 hours per week. The average sample family consisted of two children, with 93% of the respondents having three or fewer. The children of the respondents were nearly equally divided between boys and girls. Although the ages of the children ranged from infant to adolescent, the majority of the children in the sample were school age (6-11 years). Families reported using a range of 20-30 hours of child care support per week, with day care providers, in-home employees, preschools, and elementary schools being the major sources of support.

Thirty-four percent of the sample felt that their child care support was either inadequate or somewhat inadequate. Only 22% of the sample reported that they had very adequate child care support. In spite of the high income and educational levels of the sample, 35% of the respondents (12.5% of the couples) reported having children with health problems, with chronic otitis media being the most prevalent condition. Other chronic health problems included asthma, allergies, Ehlers-Danlos

Syndrome, learning disabilities, epilepsy, chromosomal abnormality, mental retardation, and ureteral reflux.

Fifty-nine percent of the respondents reported that they spent 0 and 10 hours per week doing household chores, with 28% of the subjects doing 11-20 hours per week. Eighty-six percent of the sample received 20 or fewer hours of additional housekeeping assistance. Their additional hours of help came from a variety of sources with 75% of the sample reporting 0-6 hours from the husband, 73% reporting 0-2 hours from children, and 87% reporting 0-20 hours from a housekeeper (17% of those use housekeepers 8 hours a week). Over 90% of the sample had no reliance on relatives, friends or neighbors for housekeeping help. Well over half of the respondents (67%) reported that their level of housekeeping support was inadequate or somewhat inadequate.

Although the primary focus of the study was on multiple role women, the responses of both the multiple role woman and her spouse as a couple and as individuals, were analyzed. Both spouses completed all instruments.

Procedure

One hundred women were randomly selected from a pool of 175 employed mothers who were members of the Junior League of San Diego, Incorporated. The subject pool was maintained to allow for subject attrition. A cover letter describing the purpose of the study, the need for the husband to participate, the instruments to be completed,

the 30 to 60 minute time for completion, a consent form for both wife and husband (see Appendix I), and a stamped, addressed envelope were mailed to their homes. Subjects were asked to return the questionnaires within 3 weeks. After 4 weeks, postcards were mailed to remind subjects to return the packet if they wished to participate and thanking those who had already returned the questionnaires. Five additional women and their husbands were randomly selected from the remaining pool of 75 as the response rate was low at that point in the data collection. Three additional weeks were allowed for data collection. Sixty-six of the 105 couples who were asked to participate completed the questionnaires resulting in a response rate of 63%. Four additional women returned uncompleted questionnaires with a personal letter enclosed. Each explained that they were in the process of recent separation or divorce, and did not meet the selection criteria.

All subjects were asked to complete six questionnaires including a demographic data sheet, social support scale, role conflict scale, coping inventory, dyadic adjustment scale, and a family functioning inventory (see Appendices B-F for copies of the questionnaires).

All subjects were informed regarding how their names were obtained for this investigation, the confidentiality of their responses, the voluntary nature of their participation, and their freedom to withdraw from the

investigation at any time without negative consequences. Human subjects approval was obtained through the University of San Diego's Committee for the Protection of Human Subjects. An abstract of the research proposal, a copy of all instruments, and the cover letter to the potential subjects was submitted for the committee's evaluation (see Appendix A).

In justification of the sample size, Tabachnik (1983) suggests an ideal ratio of 20 cases for each variable measured for regression analysis. However, Tabachnik also suggests that a minimum requirement is to have at least four to five cases per variable. The present study had eight predictor variables. Using a total sample of 132 respondents yielded a ratio of approximately 16.5 cases per variable.

A more refined measure of determining sample size is power analysis. For a sample of 132, given eight independent variables with an anticipated medium effect size of .13 for regression analysis, a power of .80 should be obtained (Cohen, 1977). For this study, with an effect size (L) of 18.52, the power would be greater than .85.

Instruments

The instruments included a simple demographic tool (see Appendix B) identifying age, marital status, education (i.e., BA, BS, MS, MA, DNS, EdD, PhD, MD, JD), income, ethnicity, number, age and gender of children, numbers of hours of child care support each

week, and identification of hours provided by various potential providers of child care; perceived degree of child care support; number of hours of assistance with housekeeping tasks and identification of providers of assistance; and information regarding occupied roles; the Social Support Scale (Schaefer, Coyne & Lazarus, 1981) which provides information regarding support systems available to the subject; the Kopelman, Greenhaus and Connelly Role Conflict Scale (1983), which measures the subject's conflict between family conflict, work conflict, and interrole conflict; the Ways of Coping Check List (Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986); the Dyadic Adjustment Scale (Spanier, 1976), which identifies the level of marital adjustment; and the Family Adaptability and Cohesion Evaluation Scale (FACES III) (1985) which examines family functioning status (see Appendices B-G for a copy of all measures).

The social support scale. This scale, developed by Schafer, Coyne, and Lazarus (1981), was designed to measure emotional and informational support from spouse, three friends, three work associates, three close relatives and three neighbors. The respondents rate each person on the list on 1-5 point scale (1 = not at all, 5 = extremely) for each of five questions: (a) How much did this person give you information, suggestions, and guidance over the last month that you found helpful?; (b) How reliable is the person? (Is this person there when you

need them?); (c) How much does this person boost your spirits when you feel low?; (d) How much does this person make you feel he/she cares about you?; and (e) How much do you feel you can confide in this person? A range of scores from 0 to 325 is possible. The score is a summed score with a high score indicating a high level of social support.

Content validity was established by the researchers in developing the instrument. The tool was tested on a sample of 100 subjects. The measure showed considerable stability over the 9 months between administrations. Due to high correlations (r = .93) between some of the subscales, only the dimensions of informational and emotional support were kept as separate subscales. Internal consistency coefficients for these scales were .81 for informational support and .95 for the emotional support scale.

Role conflict scale. This 24 item self-report scale (see Appendix D) is one of the few tools which attempts to measure work/home interrole conflict (Kopelman, Greenhaus & Connelly, 1983). This self-report scale was designed to measure several dimensions of role conflict. The three subscales measure such variables as employee satisfaction with the job and supervision, satisfaction with work itself, spousal attitudes, and work/home interrole conflict. The responses are ranked on a five point scale, ranging from "strongly agree" to "strongly dis-

agree." Construct validity has been determined. The Cronbach alpha is .86. Acceptable reliabilities were obtained and items loaded easily on three factors. Correlational and path analytic evidence was supportive of predictive and nonpredictive relationships.

Ways of coping checklist. This scale was originally developed by Folkman and Lazarus in 1980 and revised in 1985. The original self report checklist of 66 items describes a broad range of behavioral and coping strategies that an individual might use in a specific stressful episode. The response format is a Likert-type scale with 0 = not used, 1 = used somewhat, 2 = used quite a bit and 3 = used a great deal. Scores are calculated by summing the ratings for each sub-scale. The instrument was originally tested on a community sample of 100 subjects. Checklist items were classified into two categories: emotion-focused coping and problem-focused coping. Content validity was established from the stress-transactional model and the literature.

Later, 75 married couples were tested five times for a total of 750 observations (Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986). Factor analysis of the instrument revealed eight empirically derived subscales: (1) confrontive coping, (2) distancing, (3) self-controlling, (4) seeking social support, (5) accepting responsibility, (6) escape-avoidance, (7) planful problem-solving, and (8) positive reappraisal.

The scale was reduced from 67 items to 50 items based on these factored subscales. Cronbach alpha coefficients ranged from .61-.79. Five of the subscales were considered emotion-focused ways of coping, two were considered problem-focused ways of coping and one was considered a mixed emotion-problem-focused way of coping.

Dyadic adjustment scale. This 32-item scale developed by Spanier in 1976 consists of subscales measuring dyadic satisfaction, dyadic consensus, dyadic cohesion, and affectional expression. Spanier concedes that "adjustment" is best measured longitudinally, however the dyadic adjustment scale assumes that although "adjustment" is an ever-changing process, there are qualitative dimensions. These dimensions can be evaluated at any point in time on a continuum from well-adjusted to maladjusted. Spanier states that dyadic adjustment is a process, the outcome of which is determined by troublesome dyadic differences, interpersonal tensions and personal anxiety, dyadic satisfaction, dyadic cohesion, and consensus on matters of importance. Unlike other scales of marital adjustment, this scale can be used with married and "similar" dyads and has acceptable reliability (.96 Cronbach alpha). Content, criterion and construct validity were established.

Family adaptability and cohesion evaluation scale (FACES) III. This scale was developed by Olson, Portner, and Lavee in 1986. It is a refinement of FACES I and II

with a major goal of reducing the correlation between cohesion and adaptability. The final 20-item scale contains ten cohesion items and ten adaptability items. There are two items for each of the following five concepts related to cohesion dimension: emotional bonding, supportiveness, family boundaries, time and friends, and interest in recreation. There are two items for each of the following concepts related to adaptability dimension: leadership, control, and discipline; and four items for the combined concept of roles and rules. The respondent is asked to read the statement and decide for each one how frequent, on a Likert type scale that ranges from 1 (almost never) to 5 (almost always), the described behavior occurs in his/her family. The cohesion score is the sum of all the odd items, while the adaptability score is the sum of all the even items. The internal consistency score for cohesion is $\underline{r}$ = .77, for adaptability $\underline{r}$ = .62, with a total $\underline{r}$ = .68. Face and content validity were established. Correlation between cohesion and adaptability scales had an r of .03. Construct validity was determined through factor analysis but concurrent validity was not established (see Table 1 for summary information regarding psychometric properties of each of the tools). Olson (1986) had previously recommended two separate administrations of FACES III to study participants to arrive at an ideal-perceived discrepancy score as a measure of family satisfaction. He no longer recommends

Table 1. Assessment Protocol of Psychometric Properties

Variable	Measure	Author/Date	Reliability	
			Coefficient	Validity
Age (X_1)	Demographic			
Education (X_2)	Demographic Data			
Perceived Child Care Support (X_3)	Demographic Data			
Social Support (X_4)	Social Support Scale	Schaefer, Coyne & Lazarus (1981)	.56-.66[a] .81 informational support[b] .95 emotional support[b]	Content
Role Conflict (X_5)	Role Conflict Scale (24-items)	Kopelman, Greenhaus & Connelly (1983)	.80-.89[b]	Construct
Coping Emotion-Focused and Problem-Focused (X_6)	Ways of Coping (66-items)	Folkman, Lazarus, Dunkel-Schetter, De Longis & Gruen (1986)	.61-.79[b]	Content
Marital Adjustment (X_7)	Dyadic Adjustment Scale (32-items)	Spanier (1976)	Cronbach Alpha .96	Content Criterion Construct
Family Adaptability Cohesion (X_8)	Family Adaptability and Cohesion Evaluation Scale (FACES III) (20-items	Olson, Portner & Lavee (1985)	Internal consistency Cohesion (r = .77) Adaptability (r = .62) Total (r = .68)	Content Concurrent (r = .03) Discriminant

[a]Test-Retest

[b]Internal Consistency-Cronbach's Alpha

this procedure for research purposes as he believes it is inherently contaminated by social desirability and idealistic distortion factors. He currently recommends the FACES III perceived version be used alone as a measure of family functioning or family structure (see Appendix G).

Statistical Analysis

Descriptive statistics were computed for all variables in the study. These statistics were used to describe the sample and the questionnaire results.

Path analysis was used to define and explain the model. In testing the causal model, regression techniques were employed, and output was examined for beta weights, significance level, amount of variability (R^2), and adjusted R^2 to account for sample size. The Statistical Package for the Social Sciences interactive version (SPSS, 1988) was used for all analyses.

Assumptions Underlying Statistical Procedure

Path analysis is a special application of regression analysis and therefore must meet the underlying assumptions of regression analysis. Residual analysis will be used to test the underlying assumptions. Those underlying assumptions are:

1. The variables are measured on at least an interval scale.

2. The relations among the variables are linear, additive, and causal.
3. The variability of the exogenous variables is assumed to be determined by causes outside the model and are not influenced by endogenous variables.
4. There is constant variance of the error term for different values of $\underline{X}$ (homoscedasticity).
5. The residual variables are not intercorrelated nor are they correlated with other variables in the model.
6. There is a one-way causal flow in the model.
7. All relevant variables are included in the model (Asher, 1983; Walz & Bausell, 1981; Munro, Visintainer & Page, 1986).

CHAPTER IV

RESULTS

Data Reduction

Factor analysis was conducted on the Revised Ways of Coping Scale (Lazarus et al., 1985) for the purpose of data reduction and to define latent constructs (Nunnally, 1978). Initially, the psychometric properties as found by Lazarus were examined. Since the alpha ranges of five of the eight scales were below a level of .70, the inter-item correlation of three of the scales were below .25, and only 72% of the item-total correlations reached the critical level of .35, the decision was made to pursue exploratory factoring to determine the appropriate subscales (see Table 2). Initially, communalities were examined to justify doing principle components analysis with varimax rotation.

For the first-order factoring, the scale was divided in half (items 1-33) and (items 34-66) to allow for a 1:4 item:subject ratio. The results of the first-order factoring on the two sets of ten factors created nine scales (see Tables 3 and 4). These tables demonstrate salient factor loadings > .35, and confirm a relatively simple structure, as noted by minimal significant loading on more than one factor. Eigenvalues >1.0 and factor

Table 2. The Mean Inter-item Correlations, Inter-item Total Correlations, and the Reliabilities of the Lazarus Subscales.

Scale	$\bar{X}$ Inter-Item Correlation	# of Items $\geq$ .35 ITC	Alpha
Scale A	.2429	4/6	.6581
Scale B	.2715	5/6	.6910
Scale C	.1588	1/7	.5692
Scale D	.3782	5/6	.7850
Scale E	.3061	4/4	.6383
Scale F	.1995	5/8	.6659
Scale G	.3480	5/6	.7620
Scale H	.3270	7/7	.7728

Table 3 Varimax Rotated Factor Matrix (Items 1-33)

Items 1-33	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6	Factor 7	Factor 8	Factor 9	Factor 10
C31	.75539									
C8	.73708									
C26	.72322							.36505		
C18	.52632									
C32	.51424			.43079						
C20	.49223									
C23	.42448	.69545								
C24		.59934								
C30	.48474	.57528								
C15	.39208	.54169		.35134						
C25		.52125								
C19	.35754	.38524					.37226			
C6			.68101							
C11			.62307							
C12			.59272	.38553						
C22	.41643		.57475							
C9			.56653				.52205			
C13				.79650						
C14				.64790						
C21				.52176			.41768			
C17					.80325					
C7					.74402					
C28					.49180	.41485				
C33		.49951				.62586				
C29						.51940	.42908			
C16						.49937				
C10						.49577				
C3							.75090			
C5								.65915		
C1								.52768		
C4									.81324	
C2										.77030
C27										-.54328

Table 4 Varimax Rotated Factor Matrix (Items 34-66)

Items 34-66	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6	Factor 7	Factor 8	Factor 9	Factor 10
C58	.82915									
C59	.77415									
C55	.70590									
C57	.69507									
C60	.45660								.45338	
C49		.75162								
C48		.69050								
C52		.68767	.37843							
C56	.35697	.39950								.35904
C64			.73825							
C65			.70649							
C51		.35102	.46733	.43499						
C62	.38519		.45297							
C47				.76575						
C50				.65079						
C61				.42094						
C37					.72132					
C46		.37904			.63202					
C43					.56586			.36415		
C54					.51920					
C42						.82059				
C45						.79501				
C66							.75085			
C63							.67249			
C34		.37431					.58085			
C44								.78784		
C41								.76668		
C36										
C53				.40679					.74509	
C38			.43921						.62440	
									.51078	
C35										.66613
C40										.53023
C39										.35202

loadings > 3.0 were necessary for retention. A scree test was performed to aid in further identifying the number of factors.

A second-order factoring was conducted using the two subsets of the first-order factors. The same criteria were adopted as for the first-order factoring and the variance accounted for was adequate at 66.8% (see Table 5). The resultant nine scales were examined for theoretical consistency, salient factor loadings, and meaningful interpretability. Scale 3 was divided into Scale 3A and Scale 3B due to the presence of two theoretical themes which were inconsistent with one another.

All scales were then subjected to reliability testing looking at the mean inter-item correlation, the item to total correlation, and the resultant alpha coefficient. Items were retained in the scale if the following criteria were met: (1) a minimum mean inter-item correlation of > .25; (2) a minimum corrected item to total scale correlation of > .35; and (3) a minimum alpha coefficient of .60 (see Table 6). Scale 6 was eliminated as it did not meet the criteria (alpha .41).

At this point, the remaining eight scales were entered into the model for further analysis. The factored constructs with their respective items grouped by scale are presented in Table 7. Scales were identified as: (1) supportive problem-solving; (2) external control/denial; (3A) confrontive coping; (3B) fantasy;

Table 5 Rotated Factor Matrix Representing Second-Order Factoring.

	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6	Factor 7	Factor 8	Factor 9
Subset 1 Factor 1	.85247								
Subset 2 Factor 6	.64915								
Subset 2 Factor 2	.47795								
Subset 1 Factor 3		.85099							
Subset 2 Factor 4		.78983							
Subset 1 Factor 5			.78373						
Subset 2 Factor 1			.75726						
Subset 1 Factor 4				.73017					
Subset 2 Factor 8				.70965					
Subset 1 Factor 2					.82382				
Subset 2 Factor 9					.77436				
Subset 1 Factor 8						.79424			
Subset 2 Factor 10						-.61585			
Subset 1 Factor 7							.77513		
Subset 2 Factor 7							.70578		
Subset 1 Factor 6								.73189	
Subset 2 Factor 3								-.53749	
Subset 2 Factor 5									.75871
Subset 1 Factor 10									.54681
Subset 1 Factor 9									.46535

Table 6. Mean Inter-item Correlation, Item Total Correlation Range and Alphas for Scales 1-8.

Scale	$\bar{X}$ Inter-Item Correlation	Item Total Correlation Range	Alpha
Scale 1	.3159	.6675-.3848	.8471
Scale 2	.3027	.5316-.3476	.7765
Scale 3A	.3493	.4811-.3586	.6169
Scale 3B	.4488	.7154-.3965	.8028
Scale 4	.3402	.5338-.3970	.7205
Scale 5	.3014	.6215-.3245	.7952.
Scale 6	.1234	.2908-.0722	.4130
Scale 7	.3473	.4887-.3681	.6148
Scale 8	.2880	.5899-.3065	.7082

Table 7. Factored Constructs Grouped by Scale

		Factor Loading
Factor 1. Supportive Problem-Solving		
C42	Asked a relative or friend for advice	.82
C45	Talked to someone about how I was feeling	.80
C31	Talked to someone who could do something concrete	.76
C49	Knew what had to be done, so doubted my efforts	.75
C8	Talked to someone to find out more	.74
C26	Made a plan of action and followed it	.72
C48	Drew on past experience	.69
C52	Came up with a couple of solutions to the problem	.69
C18	Accepted sympathy and understanding	.53
C32	Got away, rest or vacation	.51
C20	Inspired to do something creative	.49
C56	I changed something about myself	.37
Factor 2. External Control/Denial		
C47	Took it out on other people	.77
C6	Did something which I didn't think would work	.68
C50	Refused to believe it would happen	.65
C11	Hoped a miracle would happen	.62
C12	Went along with fate	.59
C22	Got professional help	.57
C9	Criticized self	.57
C61	Prepared self for the worst	.42
Factors 3A. Confrontive Coping		
C17	Expressed anger to person causing problem	.80
C7	Third to get person responsible to change mind	.74
C28	I let my feelings out somehow	.49
Factor 3B Fantasy		
C58	Wished that the situation would go away	.77
C59	Had fantasies or wishes	.71
C55	Wished that I could change what happened	.70
C57	Daydreamed or imagined a better time	.70
C60	I prayed	.46

Table 7 (continued)

		Factor Loading
Factor 4	Distancing	
C13	Went on as if nothing happened	.80
C44	Made light of situation	.79
C41	Refused to think about it	.77
C14	Tried to keep feelings to self	.64
C21	Tried to forget whole thing	.52
Factor 5	Personal Growth	
C36	Found new faith	.75
C23	Changed or grew as a person	.70
C53	Accepted it	.62
C24	Waited to see what would happen	.60
C30	Came out of experience better	.58
C15	Looked on the bright side	.54
C38	Rediscovered what's important	.51
C25	Apologized or did something to make up	.52
C19	Told myself things that helped	.39
Factor 6	Theoretically Inconsistent	
C5	Bargained or compromised	.70
C35	Tried not to act too hastily	.66
C1	Concentrated on the next step	.53
C40	Avoided being with people	.53
C39	Changed something	.35
Factor 7	Self-Control	
C3	Turned to work or substitute activities	.75
C66	Jogged or exercised	.75
C63	Thought about how a person I admire would handle it	.67
C34	Took a big chance	.58
Factor 8	Cognitive Restructuring	
C64	Tried to see things from other person's view	.74
C65	Reminded myself of how much worse things could be	.71
C29	Realized I brought the problem on myself	.52
C10	Tried not to burn my bridges	.50
C62	Went over in my mind what I could say or do	.45

Table 7 (continued)

		Factor Loading
Factor 9	Self-Determination	
C37	Maintained my pride	.72
C46	Stood my ground	.63
C43	Kept others from knowing how bad things were	.57
C54	Kept feelings from interfering with other things	.51

(4) distancing; (5) personal growth; (7) self-control; and (8) cognitive restructuring. These are the factors that were entered into further analysis.

Path Analysis

Bivariate Correlations and Residual Analysis.

Before proceeding to path analysis, the statistical tests were performed to determine if the path assumptions were met. The bivariate correlation matrix is presented in Table 8. Examination of this matrix indicates that multicollinearity is not a problem since the bivariate correlations between the variables within the model do not exceed the level of .7.

Residual analysis was introduced to indicate the effects of variables which have not been included in the model. Residuals or error terms are assumed to be uncorrelated with each other and uncorrelated with variables preceding them in the model (Verran & Ferketich, 1987). Scatterplots were obtained to confirm evidence of equal variance and no departure from linearity. For equal variance, the scatter of points were equal and random about the zero line. The scatter did not curve across the line indicating linearity and fixed independence. Examination of the histogram was used to confirm normal distribution of the residuals and a zero mean.

Table 8. Correlation Matrix for All Variables Within the Model Reflecting Three-Dimensions of Role Conflict and Nine Dimensions of Coping.

	Age	Ed	SS	PCCS	Fam.RC	InterRC	Work RC	Sc1	Sc2	Sc3	Sc4	Sc5	Sc6	Sc7	Sc8	Sc9	MA	Coh	FACES	Adapt
Age		.1348	-.1085	.2101	.1786	.1258	.2511	-.1297	-.1854	-.2233	.0029	-.0954	-.0413	-.0245	-.2389	-.1043	-.1448	-.1416	-.1079	.1198
Ed			-.0929	-.0725	.0246	.0051	.1443	-.0732	-.0435	-.1715	-.0191	.0160	.0465	.0589	-.0565	-.0524	.0498	.1420	-.0518	.0291
SS				.1336	.3625	.1307	.2152	.0797	-.0598	.1946	-.1016	.1322	.0788	-.0354	.1216	.1579	-.2800	.2006	-.0613	.0589
PCCS					.2951	.3445	.2523	.1522	.0639	.1629	.0683	.1496	.0355	.1739	-.0110	-.0416	-.3649	.1880	.0289	.1553
Fam.RC						.2552	.3281	-.0089	-.2021	-.0914	-.0110	.0522	-.0512	-.1137	-.0399	.0184	-.6925	.5442	-.2221	.0202
InterRC							.2048	.0758	.0261	.0328	.0090	.0441	-.0262	.0288	-.0097	.0013	-.3404	.1257	.0947	-.1396
Work RC								-.0600	-.0967	-.0127	-.1372	.0471	.0157	.0238	-.0187	.0409	-.2172	.1065	-.0919	.1120
Sc1									.3787	.4398	.2826	.6889	.6448	.4209	.6037	.4283	-.0354	-.0249	.0646	.0407
Sc2										.5037	.1449	.3910	.3710	.3209	.4729	.2716	.1894	-.0671	.0893	.0148
Sc3											.1595	.4625	.2445	.3044	.5551	.3817	.0658	.1246	.1184	.0606
Sc4												.3033	.2332	.1154	.3240	.3671	-.0578	.1171	.1161	-.1917
Sc5													.5400	.3772	.6784	.3954	-.0533	.0487	.1005	.0679
Sc6														.2992	.5672	.4343	.0716	-.0024	.0483	.0502
SC7															.3663	.1977	.0945	-.1002	.2018	.0519
Sc8																.4889	.0428	.1192	.0708	.0241
Sc9																	.0188	.0402	.0312	-.1253
MA																		-.6326	.3163	-.1234
Coh																			-.3736	.1538
FACES																				-.2899

Key Age
Ed=Education
SS=Social Support
PCCS=Perceived Child Care Support
Fam.RC=Family Role Conflict
InterRC=Interrole Conflict
Work RC=Work Role Conflict

Sc1=Supportive Problem-Solving
Sc2=External Control/Denial
Sc3=Confrontive Coping
Sc4=Distancing
Sc5=Personal Growth
Sc6=Theoretically Inconsistent
Sc7=Self-Control

Sc8=Cognitive Restructuring
Sc9=Self-Determination
MA=Marital Adjustment
Coh=Cohesion
FACES=Family Adaptability/Cohesion
Adapt=Adaptability

Analyzing the Model Through Regression

Since there are limitations regarding the application of the distance from center score on the circumplex model for linear models, a preliminary regression analysis was performed using each dimension of family functioning as the outcome variable. This was done to determine what the most explanatory outcome variable for this sample and this set of predictor variables would be.

Table 9 presents the regression coefficients in standard form for the three possible outcome variables: cohesion, adaptability, and the distance from center (dfc) score obtained through the combined family adaptability/ cohesion score. Because the predictor variables explained more of the variance (50%) in cohesion than the variance explained for the other two possible outcome variables (adaptability/cohesion: 11%; and adaptability: 5%), and because Olson (1985) contends that the functioning of some families can be adequately described on the cohesion dimension, cohesion was retained for the simplified model as the family functioning variable.

For the causal model, the variables were entered into regression analysis, solving multiple regressions for each dependent variable. The regressions, using ordinary regression with simple inclusion, began with the earliest dependent variable, and concluded with the final outcome (dependent) variable.

Table 9. Regression Coefficients in Standard Form for the Simplified Model Relating Adaptability/Cohesion, Cohesion and Adaptability to the Predictor Variables: Age, Perceived Child Care Support, Social Support, Interrole Conflict, Family Role Conflict, Coping and Marital Adjustment.

Independent Variable	Dependent Variable: Adaptability/ Cohesion	Dependent Variable: Cohesion	Dependent Variable: Adaptability
Age	-.091	-.244***	.173
PCCS	.129	.037	.042
Social Support	.001	-.077	.199
Interrole Conflict	.204**	-.078	-.237**
Family Role Conflict	-.008	.257**	-.208**
Supportive Problem-Solving	.018	-.203**	.036
Cognitive Restructuring	.023	.226**	.020
Marital Adjustment	.413***	-.542***	-.251***
R^2 =	.168	.531	.116
Adjusted R^2 =	.114	.500	.058
F =	3.11**	9.88***	2.01*

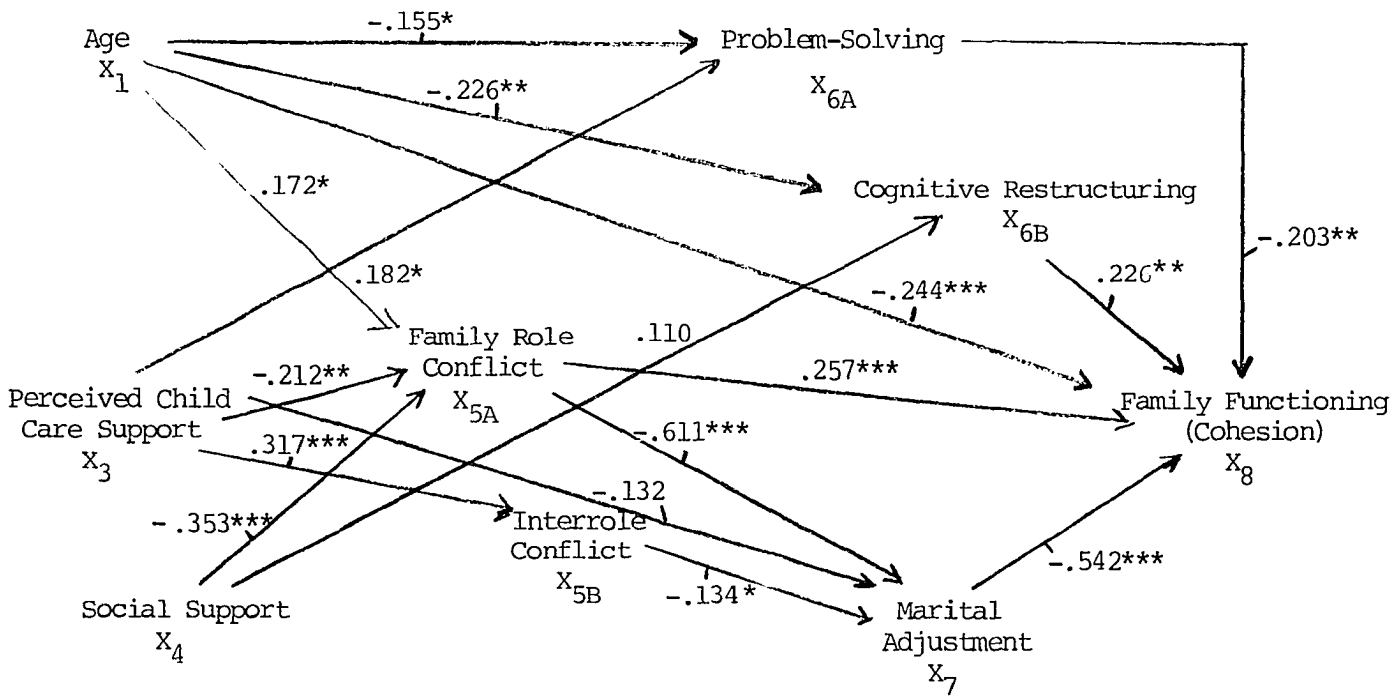
$p \leq .05$*

$p \leq .01$**

$p \leq .001$***

Regression output was examined for beta weights (path coefficients) and their significance level, the amount of variability (R^2) accounted for by the variables in each equation, and the adjusted R^2 (Asher, 1983; Munro, Visintainer & Page, 1986). Both the direction of the effect and precise prediction is provided on the path diagram (see Figure 2). Predictive validity was determined by either a salient beta weight of .10 or by a significance level of .05. If these criteria were met, the item was retained on the path.

Age, social support, and perceived child care support accounted for 20% of the variance in family role conflict, with the greatest influence coming from lack of social support (b = -.353). These same variables accounted for 10% of the variance in interrole conflict, with perceived child care support exerting the only significant influence (b = -.317). For the next time ordering, each coping strategy was regressed on the antecedent variables of age, perceived child care support, social support, family role conflict, and interrole conflict. When entered into the model, Coping Scales 2 through 7 were correlated with antecedent variables in the theoretical model, but had inadequate predictive validity with the outcome variable, family cohesion. Coping Scales 1 (supportive problem-solving), and 8 (cognitive restructuring) were retained on the grounds that they had significant predictive validity



Note: Path Significance: *p ≤ .05; **p ≤ .01; ***p ≤ .001
Standardized beta weights are shown on the paths between variables

Figure 2. Simplified Path Model Relating Family Functioning (Cohesion) to Predictor Variables (path coefficient >.10).

with the outcome variable, family cohesion ($\underline{b}$ = -.203, $\underline{p} \leq .01$, $\underline{b}$ = .226, $\underline{p} \leq .01$, respectively).

Age, perceived child care support, social support, family role conflict, and interrole conflict only accounted for 1% of the variance in supportive problem-solving with age having a negative, direct effect ($\underline{b}$ = -.155) and perceived child care support having a positive, direct effect ($\underline{b}$ = .182, $\underline{p} \leq .05$). Two percent of the variance in cognitive restructuring was accounted for by the antecedent variables with age most explanatory of the variance ($\underline{b}$ = -.226, $\underline{p} \leq .01$).

Age, perceived child care support, social support, family and interrole conflict, supportive problem-solving, and cognitive restructuring accounted for 51% of the variance in marital adjustment. A significant, negative, direct effect was noted from family role conflict ($\underline{b}$ = -.611, $\underline{p} \leq .001$).

As noted previously, for the outcome variable, family functioning (cohesion), 50% of the variance was accounted for by the predictor variables of age, perceived child care support, social support, family and interrole conflict, coping by supportive problem-solving and cognitive restructuring, and lastly, marital adjustment.

Marital adjustment had an inverse, direct effect on family cohesion ($\underline{b}$ = -.542, $\underline{p} \leq .001$) as did age ($\underline{b}$ = -.244, $\underline{p} \leq .01$), and supportive problem-solving ($\underline{b}$ = -.203, $\underline{p} \leq .01$). In contrast, family role conflict

and coping by cognitive restructuring, an emotion-focused coping pattern, were positively related to family cohesion ($\underline{b}$ = .257, $\underline{p} \leq .01$; $\underline{b}$ = .226, $\underline{p} \leq .01$, respectively). Table 10 demonstrates the matrix of direct effects. Given that 50% of the variance was explained with a sample of 132 with eight predictor variables, a power greater than .99 was obtained (Cohen, 1977).

For demonstration of the indirect effects of age, perceived child care support, social support, family role conflict, and interrole conflict on family cohesion, see Figures 3-7. Social support had the strongest indirect effect with a beta weight of .232 ($\underline{p} \leq .01$). The indirect effect of perceived child care support was less predictive with a beta weight of .166. The indirect effect of age, interrole conflict, and family role conflict on family cohesion were not significant ($\underline{b}$ = .077, $\underline{b}$ = .066, $\underline{b}$ = .013, respectively).

A decomposition table was constructed (see Table 11) and significance levels were noted. Column A presents the total bivariate correlation coefficients, while column B presents the direct effects which are the beta weights or path coefficients from the regression analysis presented in Table 10, and noted on the simplified path model (see Figure 2). The indirect effects (C) are calculated by adding the multiplicatives of the beta coefficients of each of the involved pathways. The total effect column (D) is the sum of the direct and indirect effects.

Table 10. Matrix of Direct Effects

Variables	X_{5A}	X_{5B}	X_{6A}	X_{6B}	X_7	X_8
Age X_1	.172*	.070	-.155	-.226**	.012	-.244***
Perceived Child Care Support X_3	-.212**	.317***	.182*	.035	-.132	.037
Social Support X_4	-.353***	.096	.057	.110	-.024	-.077
Family Role Conflict X_{5A}			-.066	-.051	-.611***	.257**
Interrole Conflict X_{5B}			.042	.005	-.134	-.078
Coping (supportive problem-solving) X_{6A}					-.031	-.203**
Coping (cognitive restructuring) X_{6B}					.040	.226**
Marital Adjustment X_7						-.542***
Family Cohesion X_8						

* $p \leq .05$

** $p \leq .01$

*** $p \leq .001$

Table 11. Decomposition Table of Total Covariance.

Bivariate Rel.	(A) Total Covariance	Causal (B) Dir. Effects	Causal (C) Indir. Effects	Causal (D) Total B&C	(E) Non-Causal Effects A-D
Family Cohesion (X_8)					
X_8X_7	-.633***	-.542***		-.542	-.091
X_8X_{6B}	.119	.226**	-.022	.204	-.085
X_8X_{6A}	-.025	-.203**	.017	-.186	.161
X_8X_{5B}	.544***	-.078	.066	-.012	.556
X_8X_{5A}	.126	.257**	.013	.270	-.144
X_8X_4	.201	-.077	.232	.155	.046
X_8X_3	.188	.037	.166	.203	-.015
X_8X_1	-.142	-.244***	.077	-.167	.025
Marital Adjustment (X_7)					
X_7X_{6B}	.043	.040		.040	.003
X_7X_{6A}	-.035	-.031		-.031	-.004
X_7X_{5B}	-.340***	-.134	.000	-.134	-.206
X_7X_{5A}	-.693***	-.611***	.000	-.611	-.082
X_7X_4	-.280**	-.024	-.226	-.250	-.030
X_7X_3	-.365***	-.132	-.177	-.309	-.056
X_7X_1	-.145	.012	-.119	-.107	-.038
Cognitive Restructuring (X_{6B})					
$X_{6B}X_{5B}$	-.010	.005		.005	-.015
$X_{6B}X_{5A}$	-.040	-.051		-.051	.011
$X_{6B}X_4$	.122	.035	-.018	.092	.030
$X_{6B}X_3$	-.011	.110	-.016	.019	-.030
$X_{6B}X_1$	-.239**	-.226**	-.008	-.234	-.005
Supportive Problem-Solving (X_{6A})					
$X_{6A}X_{5B}$	.076	.042		.042	.034
$X_{6A}X_{5A}$	-.009	-.066		.066	.075
$X_{6A}X_4$	.080	.057	-.019	.038	.042
$X_{6A}X_3$	.152	.182*	-.001	.181	-.029
$X_{6A}X_1$	-.130	-.155*	-.008	-.163	.033

Table 11(continued)

Bivariate Rel.	(A) Total Covariance	Casual (B) Dir. Effects	Casual (C) Indir. Effects	Casual (D) Total B&C	(E) Non-Causal Effects A-D
Interrole Conflict (X_{5B})					
$X_{5B}X_4$	.131	.096		.096	.035
$X_{5B}X_3$	.345***	.317***		.317	.028
$X_{5B}X_1$	.126	.070		.070	.056
Family Role Conflict (X_{5A})					
$X_{5A}X_4$	.363***	-.353***		.353	.010
$X_{5A}X_3$	.295***	-.212**		.212	.083
$X_{5A}X_1$	.179	.172*		.172	.007

* $p \leq .05$

** $p \leq .01$

*** $p \leq .001$

Spurious effects are reported in column E and are derived from subtracting the total effects from the total covariance.

In summary, the results of the path analysis reveal the direct and indirect effects of the person and environmental variables as they influence the cognitive appraisal and mediating processes (role conflict, coping, and marital adjustment) to the long-term effect (family cohesion). The central variables of family role conflict and marital adjustment emerged as the strongest predictors of family functioning (cohesion). All of the predictor variables in the model accounted for 50% of the variance in family cohesion.

Testing of the Hypotheses

Further examination of the results by hypothesis shows that several of the research hypotheses were in the specified direction for the direct effect of previous variables in the simplified model (age, perceived child care support, social support, inter and family role conflict, coping, and marital adjustment on family cohesion) with some exceptions that will be presented. For the testing of the hypotheses, a significance level of .05 was set. The effect of education and work role conflict on the subsequent variables in the theoretical model was insufficient to allow retention in the simplified model (see Figure 2). The path coefficient for Coping Scales 2 through 7 was also insufficient for

retention in the simplified model. Two dimensions of coping, supportive problem-solving and cognitive restructuring, had significant predictive validity with cohesion, the family functioning variable.

Figure 2 illustrates the path coefficients for the simplified model. Hypothesis 1, which stated a direct, positive effect for age and education on family role conflict, was not supported as stated. Although age had a direct effect on family cohesion, the direction was inverse, thus contrary to hypothesis 1. Further, education was eliminated from the simplified model due to weak predictive validity with subsequent variables.

Hypothesis 2 was also not supported. Neither age or education were predictive of marital adjustment.

Hypothesis 3 was partially supported with age having an inverse direct effect on the emotion-focused pattern of coping, cognitive restructuring, and an inverse, direct effect for problem-focused coping. It was partially supported theoretically in that age would have an inverse effect on emotion-focused coping, but the hypothesized positive direct effect of age on the problem-focused dimension of coping was not found. Once again, as in the preceding hypothesis, education was not retained as a variable; therefore, that portion of the hypothesis was not supported.

Hypothesis 4 was supported in the hypothesized direction with perceived child care support and social

support having inverse direct relationships with role conflict.

Hypothesis 5 was partially supported with perceived child care support having a positive direct effect on supportive problem-solving; however, the relationship between social support and both coping strategies was not significant.

Hypothesis 6 was not supported as perceived child care support and social support did not have a significant effect on marital adjustment.

Hypothesis 7 was partially supported as family role conflict had an inverse direct effect on marital adjustment. A positive relationship was found with family cohesion which may be indicative of excessive cohesion leading to enmeshment.

For hypothesis 8, neither coping pattern was significantly predictive of marital adjustment. Both coping patterns, however, were strong predictors of family cohesion. Supportive problem-solving was inversely related to cohesion, possibly due to the strong emotional component in this variable, while cognitive restructuring had a positive direct effect on family cohesion as predicted.

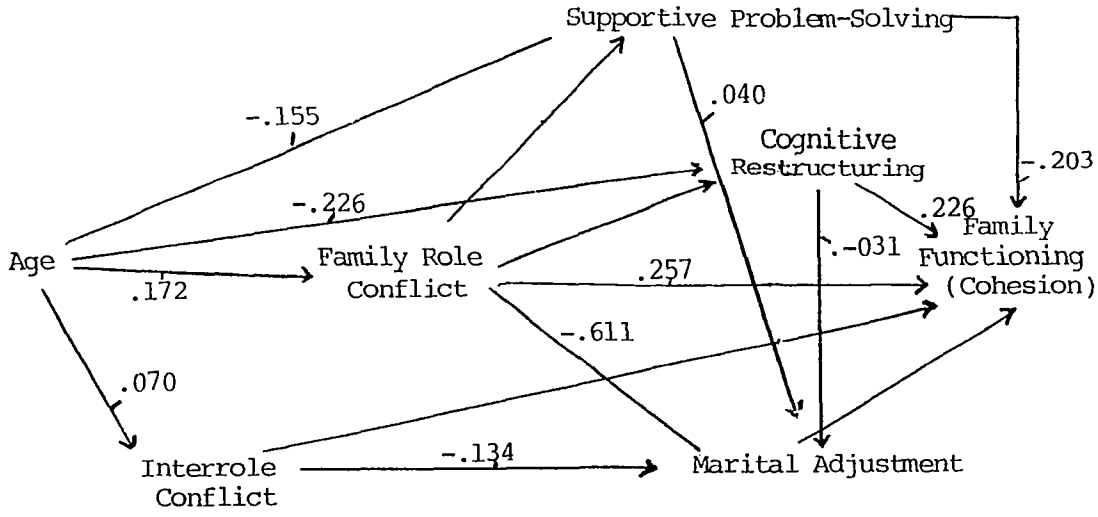
Marital adjustment was a potent predictor ($\underline{b}$ = -.542 $\underline{p} \leq .001$) of family cohesion, however in the negative direction. The negative nature of the relationship may be due to the possibility of poor marital adjustment leading to

to excessive family cohesion or an enmeshed family system. Cohesion is one component or dimension of the marital adjustment scale which might serve to strengthen the relationship; therefore, a theoretical argument could be advanced for the support of Hypothesis 9.

The theoretical model implied 20 indirect hypotheses presented in six complex hypotheses. The first complex indirect hypothesis, presented in Figure 3, states that age indirectly effects family functioning (cohesion) through role conflict, coping, and marital adjustment. This hypothesis was not supported. The second complex indirect hypothesis was not further tested as education was eliminated from the simplified model due to lack of predictive validity with subsequent variables. The complex indirect Hypotheses 3 and 4 were supported because the indirect effect coefficients for perceived child care support and social support were significant at .05 (b = .166 and b = .232, respectively) (see Figures 4 and 5). Lastly, the complex indirect Hypotheses 5 and 6, regarding the indirect effects of role conflict and coping on family cohesion, were not supported (see Figures 6 and 7).

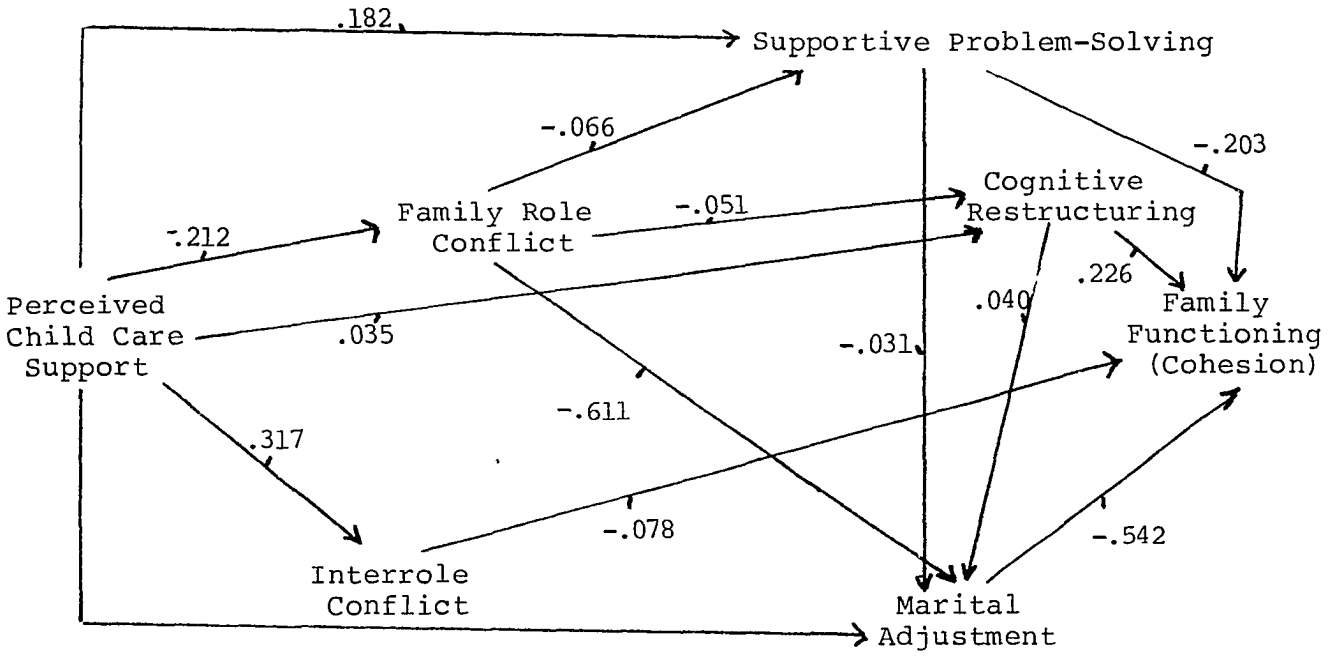
Application of the Model to Men and Women

For the first dependent variables, family and interrole conflict, age was a significant predictor at the .05 level for men in the sample, but not significant nor salient for the women respondents. Perceived child care



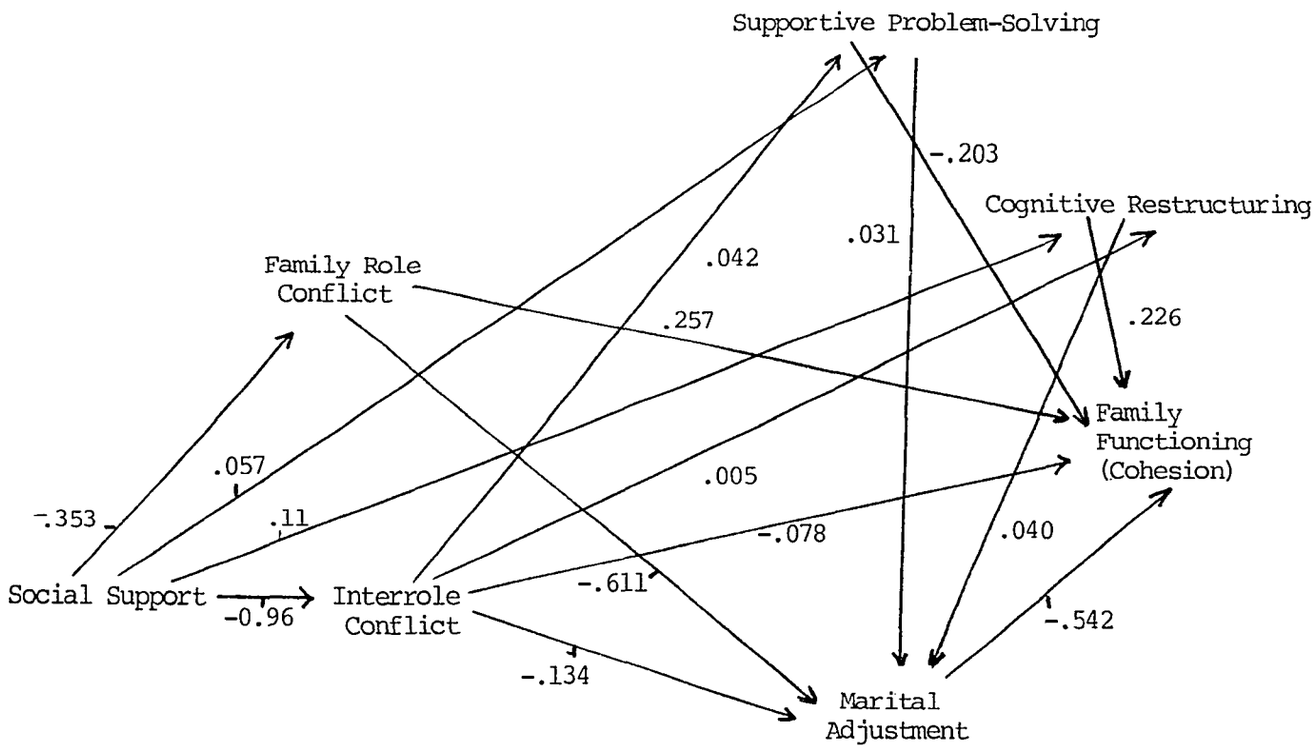
Total Effects	-.167
Direct Effects	-.244
	.077

Figure 3. Indirect Effects of Age on Family Functioning (Cohesion).



Total Effects	.203
Direct Effects	.037
Indirect Effects	.166

Figure 4. Indirect Effects of Perceived Child Care Support on Family Functioning (Cohesion).



Total Effects	.155
Direct Effects	-.077
Indirect Effects	.232

Figure 5. Indirect Effects of Social Support on Family Functioning (Cohesion)

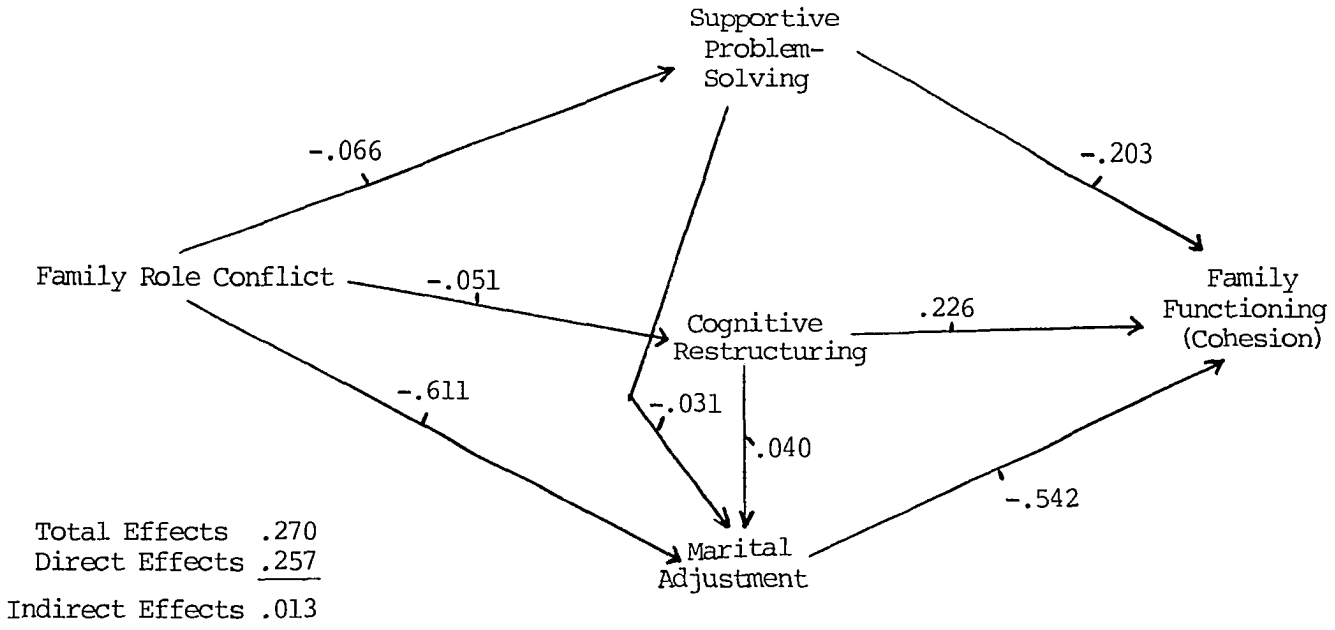
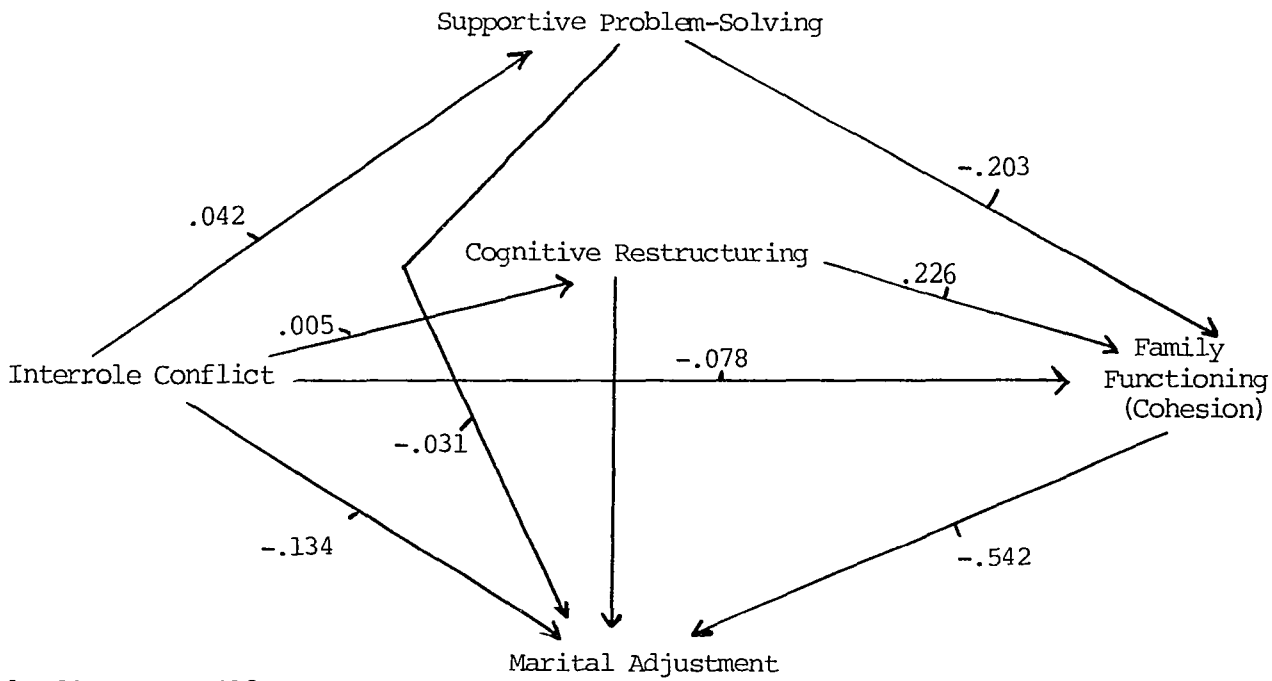


Figure 6. Indirect Effects of Family Role Conflict on Family Functioning (Cohesion)



Total Effects	-.012
Direct Effects	-.078
Indirect Effects	.066

Figure 7. Indirect Effects of Interrole Conflict on Family Functioning (Cohesion)

support was not a significant predictor of family role conflict, but was significant (b = .174, $p \leq .05$) as a predictor of interrole conflict for the male sample. This variable was more significant for the women for both family role conflict (b = .296, $p \leq .01$) and interrole conflict (b = .429, $p \leq .001$).

Social support had an inverse direct effect on family role conflict for women respondents (b = -.266, $p \leq .01$), however, it was not a significant predictor for subsequent variables in the model. For men, however, social support was a significant predictor for not only family role conflict (b = .458, $p \leq .001$), but also for interrole conflict (b = -.165, $p \leq .05$).

For both coping patterns, supportive problem-solving and cognitive restructuring, age had a significant inverse direct effect for both groups. For supportive problem-solving, perceived child care support was more predictive for women than for men (b = .241, $p \leq .01$ and b = .158, $p \leq .05$, respectively). Perceived child care support was not significantly predictive of cognitive restructuring for men or women, while social support was not a significant predictor for subsequent variables in the model for women.

For the next dependent variable, marital adjustment, the exogenous variables, did not have a significant direct effect, however, family role conflict was a potent predictor for both men and women (b = -.575, $p \leq .001$ and

$\underline{b}$ = -.655, respectively). Interrole conflict had an inverse direct effect on marital adjustment ($\underline{b}$ = -.159, $\underline{p} \leq .05$) for the women, but it was not a significant predictor for the men. Both types of coping patterns were also not predictive of marital adjustment.

For the outcome variable family functioning (cohesion), age had a significant inverse direct effect for men and women ($\underline{b}$ = -.229, $\underline{p} \leq .01$) and $\underline{b}$ = -.276, $\underline{p} \leq .01$, respectively). Perceived child care support was not a significant predictor for either group, however, social support was a significant predictor of family functioning (cohesion) for the men ($\underline{b}$ = -.146, $\underline{p} \leq .05$). Family role conflict was a significant predictor of family functioning (cohesion) for both men and women ($\underline{b}$ = .298, $\underline{p} \leq .01$ and $\underline{b}$ = .211, $\underline{p} \leq .01$, respectively), however interrole conflict was not a significant predictor for either group.

Both types of coping patterns, supportive problem-solving and cognitive restructuring were significant predictors of family functioning (cohesion), however, they were more predictive for the male sample ($\underline{b}$ = -.273, $\underline{p} \leq .01$ and $\underline{b}$ = .308, $\underline{p} \leq .001$, respectively). Marital adjustment was a potent predictor of family functioning (cohesion) for both men and women ($\underline{b}$ = .501, $\underline{p} \leq .001$ and $\underline{b}$ = -.594, $\underline{p} \leq .001$, respectively). In summary, when the simplified model is examined for gender differences, 43% of the variance in family cohesion is explained by the predictor variables for the men, while 52% of the variance

in family cohesion is explained by the predictor variables for the women (see Figures 8 & 9).

Additional Analyses

A series of one-way analyses of variance (ANOVA) techniques was performed to look at group differences. A posteriori contrast was done to examine comparisons between groups. The Scheffe test was chosen due to the presence of equal groups and for its statistical rigor.

Interestingly, for the informational and emotional dimensions of social support, men identified their work supervisor as more supportive than did the women respondents.

For the other providers of support, relatives, friends and neighbors, women reported significantly more perceived emotional support than did the men. Significant differences regarding informational support were also found between the gender groups, with women reporting more informational support from relatives. Women reported more frequent use of confrontive and fantasy coping patterns than men (see Table 12).

Post-Hoc Analysis

For the purposes of further analysis, the content items of the eight coping scales factored on this sample were compared with the factored constructs identified by

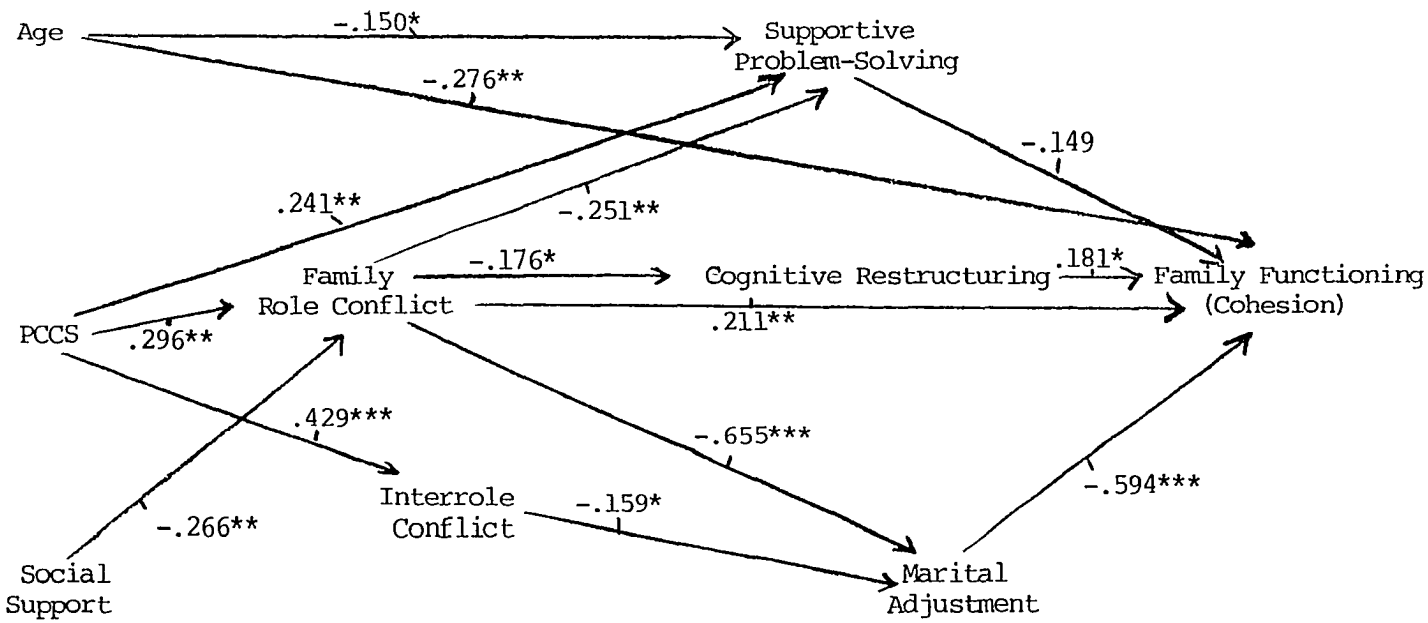


Figure 8. Simplified Path Model Relating Family Functioning (Cohesion) to Predictor Variables (path coefficients >.15) for the Sample of Multiple Role Women.

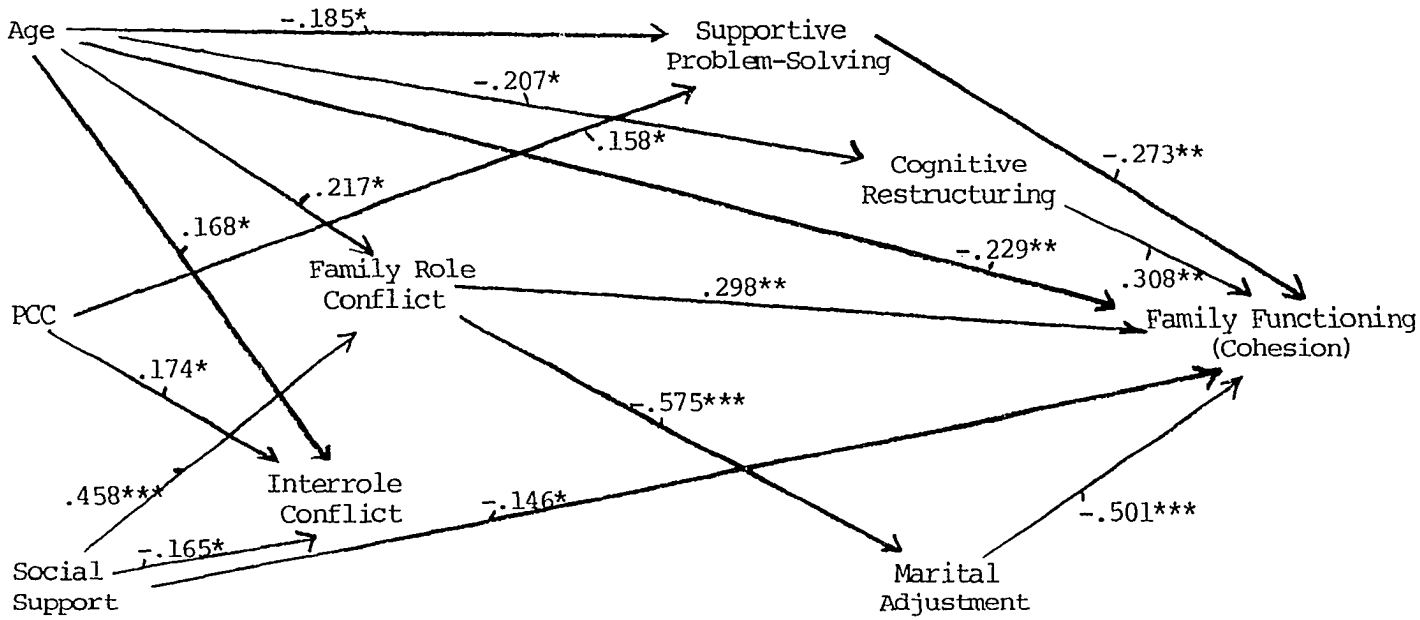


Figure 9. Simplified Path Model Relating Family Functioning (Cohesion) to Predictor Variables (path coefficients $>.15$) for the Male Sample.

Table 12. Means and Standard Deviations of Significant Differences for the Social Support and Coping Dimensions

	Women M/(SD)	Men M/(SD)	Ratio F	Prob Level
Information Support				
Supervisor	3.35 (2.24)	4.93 (3.20)	10.96	.001
Relative	8.70 (2.82)	7.05 (3.21)	9.86	.002
Emotional Support				
Friend	44.27 (8.59)	34.42 (11.69)	30.42	.000
Supervisor	13.95 (8.43)	19.38 (12.77)	8.29	.005
Relative	53.98 (13.82)	45.97 (17.44)	8.57	.004
Neighbor	33.09 (12.09)	25.62 (9.69)	15.34	.000
Coping				
Confrontive	4.59 (1.82)	3.77 (1.89)	6.42	.013
Fantasy	5.97 (3.53)	4.26 (2.99)	9.02	.003

Lazarus et al. (1985) and Vitaliano, Russo, Carr, Maiuro and Becker (1985).

Factor 1 (Supportive Problem-Solving) had some theoretical consistency overlapping with Lazarus' et al. (1985) Scale 7 (planful problem-solving) and Vitaliano's et al. (1985) Factor 1 (problem-focused coping). Factor 1 also incorporated seeking social support items. This was consistent with Lazarus' Scale 4 and Vitaliano's et al. Factor 4.

Factor 2 (external control/denial) scale had minimal overlap with Lazarus's Scale 6 (escape-avoidance) and was inconsistent with Vitaliano's five scales.

Factor 3A (confrontive coping) was theoretically consistent with Lazarus' Scale 1 by the same name. The items on Factor 3A were mixed across Vitaliano's five scales.

Factor 3B (fantasy) was consistent with Lazarus' Scale 6 (escape-avoidance) and somewhat consistent with Vitaliano's Factor 3 scale (wishful thinking).

Factor 4 (distancing) was highly consistent with Lazarus' scale by the same name and was consistent with Vitaliano's avoidance scale.

Factor 5 (personal growth) contained four of the items that Lazarus identified as positive reappraisal. The remainder of the items did not demonstrate theoretical consistency with Lazarus, or they loaded too low when

factor analyzed by his group. Factor 5 had minimal overlap with Vitaliano's problem-focused scale.

Factor 6 was not entered into the regression analysis due to theoretical inconsistency and an inadequate alpha (.4130). No overlap was identified with Lazarus, but three items (C5, C35 and C39) were consistent with Vitaliano's Factor 1 (problem-focused scale).

Four items loaded on Factor 7; two of the items (C5 and C66) were eliminated due to low factor loadings when Lazarus reduced the Ways of Coping Scale from 67 to 50 items. The two remaining items fell on his confrontive coping and self-controlling scales. All four items were eliminated due to low factor loading in the Vitaliano et al. (1985) study.

Factor 8 (cognitive restructuring), for this study sample was comprised of two items (C29 and C51) from Lazarus' Scale 5 (accepting responsibility), and two items (C10 and C62) from his Scale 3 (self-controlling). The cognitive restructuring scale was not theoretically consistent with Vitaliano's individual scales.

Factor 9 (self-determination), for this study sample, was comprised of four items. The items on this scale were not consistent with individual scales of Lazarus et al. (1985) or Vitaliano et al. (1985).

CHAPTER V

DISCUSSION

For the total sample, the central variables of family role conflict and marital adjustment emerge as strong predictors of family cohesion. While less strong, age and coping remained in the simplified model as significant predictors. These findings support those aspects of Lazarus and Folkman's stress-coping paradigm in which role conflict as the perceived stressor is mediated by the effect of coping and marital adjustment on family functioning (cohesion). This study, using the powerful analytic tool of path analysis, lends further support to the previous research on role conflict, coping, and marital adjustment. The predictor variables account for 50% of the variance in cohesion. Whereas previous studies looked at the interrelationships of the exogenous variables with the mediators, this path analytic model looked at family cohesion as the outcome. Both the previous research and this investigation confirm the significance of the interrelationships of the variables. The indirect effects of perceived child care support and social support on family cohesion were also significant.

This study had similar findings to those of Freudiger (1983) and Offer and Sabshin (1984), who hypothesized a relationship between maternal age and positive family

functioning via the working mother's perception of support for multiple roles. Interestingly, age was inversely related to family cohesion in this study. This may have been due to two factors. The majority of the children in this study were school-age, thus more independent than younger children. A second possibility is that women in their 30's and 40's report more turmoil and conflict, and may perceive less family cohesion with age. This turmoil and conflict may result from the developmental trajectory of a parent approaching midlife, and/or a child approaching adolescence.

Education was eliminated from the empirical model due to poor predictive validity with subsequent variables in the model. This may have been due to the homogeneity of the group, with all participants being college graduates. In fact, the majority of the respondents had pursued graduate education. Huber and Spitz (1981) reported that highly educated wives receive more support in household labor from highly educated husbands. For this sample, 75% reported 0-6 hours of housekeeping assistance from husbands per week, and 17% reported 8 hours of assistance per week from a housekeeper. Sixty-seven percent of the total sample reported that their level of housekeeping support was inadequate or somewhat adequate. Piotrkowski (1983) studied employed mothers and variables effecting family functioning. She also found that education was not a significant predictor of family functioning.

Only 22% of the sample reported that their child care support was very adequate. This was consistent with the findings of Farel and Bobelstein (1982), Rendley, Holmstrom and Karp (1984), Sund and Ostwald (1985), Sheehan (1984), Skinner (1983), Van Meter and Agronow (1983), and Verbrugge (1986). Each of these studies reported dissatisfaction with child care arrangements as a critical factor influencing the relationship of multiple roles and health outcomes.

This study supported the contention of Barrera (1986), Gottlieb (1984), and Kessler and McLeod (1984) that of all the types of social support, emotional support plays the most important role. This sample reported that emotional support was provided more often than informational support by all providers.

This study and the work of Sheehan (1984) hypothesized an indirect effect between social support and family functioning which was supported. The direct effect of social support on family functioning, however, was a weak predictor for this sample. In contrast, Berkman and Syme (1979), House (1981), Lazarus and Folkman (1984), Tilden (1986), and Mercer et al. (1988) report a direct linkage. The variables of coping and marital adjustment in this study may have mediated the effect of social support on the outcome variable, thus weakening the predictive validity.

For the variable role conflict, the study found family role conflict and interrole conflict to be significant predictors of family cohesion. These findings are consistent with the General Mills Study (1981), the work of Cooke and Rousseau (1984), and a study by Moen and Dempster-McClain (1987). Conversely, work role conflict was eliminated from the simplified model as it was not highly correlated with the antecedent variables, nor was its predictive validity significant. Interestingly, the majority of the respondents did not express strong feelings regarding work conflict, with most choosing neither agree nor disagree, while 74% reported receiving at best only slight to moderate degrees of emotional and informational support from supervisors and coworkers.

Factor analysis revealed nine dimensions of coping with only two dimensions remaining in the simplified model. These dimensions revealed components of planful problem-solving and seeking social support on Scale 1 and cognitive restructuring on Scale 8. These dimensions of problem-focused, mixed, and emotion-focused coping were consistent with the work of Quayhagen and Quayhagen (1982) and Folkman and Lazarus (1980, 1984). Interestingly, Quayhagen and Quayhagen, and Billings and Moos (1980) found that women used help-seeking and emotion-focused coping more frequently than men. For the simplified model using the total sample ($\underline{N}$ = 132), both types of coping had

more predictive validity with cohesion for men than for women.

The subjects demonstrated variability in their use of coping patterns, which was consistent with the findings of Folkman and Lazarus (1980). Folkman (1986) noted that in changeable situations, subjects used problem-focused coping patterns such as planful problem-solving and emotion-focused patterns such as positive reappraisal. This study sample may also perceive their situation as changeable as these patterns were more often selected. In contrast, emotion-focused patterns such as distancing and escape/avoidance were rarely utilized.

For this sample, emotion-focused coping (cognitive restructuring) was more highly predictive than problem-focused coping for family cohesion. This may be expected due to the emotional nature of cohesion. While the vital role of coping patterns as mediators to certain types of stresses has been acclaimed, relatively few researchers have specified coping strategies in relation to balancing work and family roles. This study supports the significant predictive validity of coping. The effect of coping might have been strengthened if marital adjustment had not played such a strong mediating role.

This study found that family role conflict had a significant inverse direct effect on marital adjustment. This was consistent with the findings of Olson et al. (1979) and Van Fossen (1981). Marital adjustment had

strong predictive validity with family cohesion, which is consistent with the findings of Spanier (1976) and Olson et al. The negative nature of the relationship raises questions which may be due to the possibility that poor marital adjustment is associated with excessive family cohesion or enmeshed family systems (Olson et al., 1979).

Family cohesion is one of the two major dimensions of family functioning as described by Olson et al. (1979). Because family cohesion had 50% of its variance explained by the predictors in contrast to 11%, and 6% of the variance explained in family adaptability/cohesion and adaptability, respectively, family cohesion was retained as the outcome variable in the simplified model. The ages of the children of the sample parents may have influenced the adaptability measure as 35% were infant-preschool age, thus giving younger children fewer choices and limiting family adaptability. In addition, the number of roles occupied may requires increased structure and consistent routines which may lead to less adaptability.

The weakness of the combined family adaptability/ cohesion measure may lie in the distance from center formula for the circumplex model. The center of the model represents a balanced dimension of family cohesion and adaptability. This measure provides a sense of similarity among families, who are found to be high adaptability/low cohesion, and low adaptability/high coehesion. This is misleading as the two quadrants of the circumplex

represent very different family types with very different levels of functioning (see Appendix J).

When the simplified model was examined for gender differences, 43% of the variance in cohesion was explained by the predictor variables for the men, while 52% of the variance was explained for the women respondents. This discrepancy in variance might be expected as the problem statement and the literature review document the dramatic changes occurring in women's lives over the past three decades. The literature supported the theoretical linkages for multiple role women; however, there is a paucity of research regarding the impact of these changes on men.

Interestingly, social support and the coping strategies of supportive problem-solving and cognitive restructuring were more predictive for the men, while interrole conflict was more predictive for the women. Social support, as a stronger predictor of subsequent variables for men than for women, was an interesting finding warranting further study as the major body of work regarding social support for men has been done in the area of work stress by House (1981). With the growing impact on men of women's changing roles, this focus must be broadened in future studies.

The stronger predictability for men of the patterns of coping (supportive problem-solving and cognitive restructuring) was in contrast to the findings of

Quayhagen and Quayhagen (1982), who found that women used help-seeking strategies significantly more often than did men, and Billings and Moos (1980), who also found that women tended to use both active behavioral and emotion-focused strategies more often than men. Folkman and Lazarus (1980) found that gender differences emerged only in problem-focused coping. The broader use of coping by the men in this study may be due to their increasingly non-traditional roles with added child care and housekeeping tasks, and their generally high level of family cohesion.

For interrole conflict to be more predictive for women is consistent with earlier research findings. Moen and Dempster-McClain (1987) found that for women the role conflict created by employment was greater than either they or their spouses anticipated. Baruch and Barnett (1986) found that moderate levels of role conflict led to role dysfunction for women.

When a series of ANOVA techniques were performed to look at group differences, all eight coping patterns were retained for the analysis. Women reported more frequent use of confrontive and fantasy coping than men. Increased use of emotion-focused patterns by women is consistent with the work of Billings and Moos (1980), Quayhagen and Quayhagen (1982), and Folkman and Lazarus (1980).

This examination of group differences of social support variables revealed that women reported

significantly more perceived emotional support from relatives, friends, and neighbors than men. This finding is consistent with the work of Baruch and Barnett (1986), as women report a greater depth of social support networks; however, research regarding the nature of the social ties of men has been limited to few studies (Levinson, 1978).

Interestingly, men reported more perceived emotional and informational support from work supervisors than did the women respondents. This finding has not been documented in the literature reviewed, thus, it warrants further investigation with a larger sample. This finding is particularly interesting as in Gilligan's (1982) study of womens' moral development, women defined themselves through relationships with others, as having an orientation to interdependence, and as subordinating achievement to care.

Strengths and Limitations

Internal Validity

Explanation credibility is evident. The rationale is credible, and the relationships among and between the variables are plausible. Support for the credibility of the relationships may be offered through the statistical analysis and theory explanation. Data analysis revealed the strength of the hypotheses (Krathwohl, 1985).

Translation fidelity exists in the development of the hypotheses, and in the path diagram. The random selection

of women who meet the established criteria and are part of the sample is appropriate and consistent with path analysis. The subjects represent the group to which the results were applied.

Data collection occurred at the leisure of each subject within their own environment. The unit of sampling was consistent with that implied by the problem statement. Stratification was not a necessary control for extraneous variables. Age, education, perceived child care support, and social support, were variables consistent with the model.

The statistical analysis was appropriate to the methodology. Both the direction of the effect and precise prediction is provided on the path diagram and in the narrative form. The SPSS^X (1988) was employed to aid in data analysis. Predictions were confirmed of relationships between the exogenous variables: age, education, perceived child care support, social support, and the endogenous variables: role conflict, coping, marital adjustment, and family functioning. Prior explanation fits the evidence in data analysis. History may offer a rival explanation if subjects have recently participated in a workshop on the topic of balancing multiple roles, if a new social support system has been developed, or if new roles were occupied before completion of the testing. Maturation effects could occur if the participants

discovered new coping techniques. Participants should not be influenced by testing as a rival explanation.

Credible results exist in the comparable data found in previous work and this study. This study has strong internal validity (Krathwohl, 1985). The existence of a relationship between the predictor variables age, perceived child care support, social support, family role conflict, coping, marital adjustment, and family functioning (cohesion) was clarified.

External Validity

The generality of the problem was plausible to infer (Krathwohl, 1985). The importance of women's multiple roles in today's society and its effect on their family's functioning can be easily argued. The clear identification of the study population as married, multiple role women and their spouses with infant-adolescent children provides structure and a boundary to the generality. Translation generality with regard to subjects was achieved. Multiple role women and their spouses were studied and the sample was selected from the employed membership of the Junior League of San Diego.

The instruments employed represent measures typically used. In all cases, the instruments measured the constructs as defined and the characteristics of each were clear. Relationships among the variables as they influence family functioning were found. The translation

generality existed providing for the support of "demonstrated generality".

Selection design errors were avoided. The potential for multiple treatment interference exists because multiple tests are given to the same population. The "Hawthorne effect" is a consideration in evaluating external validity (Krathwohl, 1985). The subjects under study participated in multiple roles, requiring multiple and varied behaviors. The introduction of yet another role, that of research participant, may have increased their conflict causing annoyance. Replicability would be dependent upon observation, treatment, and procedure. The sample and situation are generalizable and representative of the target group. The homogeneity of the group may be viewed as both a strength and a limitation. As a strength, homogeneity reduces the possibility of reporting spurious effects; conversely as a weakness, it may narrow the range of responses and will decrease generalizability to a more varied population. Instrumentation is strong with appropriate validity and reliability information provided. Path analysis was an appropriate method of analysis for this correlational design study (Munro, Visintainer & Page, 1986) which examined the relationship among the variables of age, education, perceived child care support, social support, role conflict, coping, and marital adjustment on family functioning.

Limitations of the Study

Limitations of this correlational study as delineated by Krathwohl (1985) may include:

1. The questionnaire format of the instrumention may have been restrictive as it did not allow the respondent to clarify or expound.
2. The number and type of instruments may have altered the responses of the subjects.
3. The type of nonprobability sampling proposed may not have been representative of the entire population.
4. The setting from which the subjects are drawn may not be representative of the settings for the entire population, i.e., the Junior League may represent a more elite group.

Implications for Nursing Research

Research must continue to explore the implications of multiple roles for women and men during childbearing and childrearing and deal with the human responses to issues stimulated by combining parenting roles with career demands. Interventions should produce minimal disruption or alteration in the natural support system while enhancing the capacity of that system to provide support. With nursing's growing holistic emphasis, models focusing on the family as a unit which is greater than the sum of its parts are desirable. This blending of sensitivities to

women's health and developmental issues within the family framework seems to be optimal. Clinical research in nursing can contribute to the need for evaluation of social support interventions by designing controlled demonstration projects. This will assist in determining the most appropriate interventions for couples who are balancing career and family roles.

With the future of nursing's development as a discipline and a science anchored in the ability to obtain funding for programs of research, proposals must continue to reflect societal phenomena that require close evaluation. When the National Institute of Mental Health (NIMH) convened a panel of experts to propose a research agenda for women's mental health in 1986, the research area receiving the most attention in the initial position papers was the effects of women's multiple roles on health (Eichler & Parron, 1987).

Implications for Clinical Practice

Nurses can review client's social networks with them to identify actual and potential sources of social support and help them formulate and implement plans to mobilize supports as needed and desired. Nurses can thus serve a vital role as educators and facilitators in preparing parents for healthy role transition.

Effective prevention programs must enhance the effectiveness of informal supports, although the need for

the utility of better professional services remains. Kahn (1979) contends that key skills for giving support can be acquired through training. The dissemination and acquisition of these skills of effective listening, responding, communicating and caring must be the core of clinical and educational efforts to be more socially supportive to multiple role women and their spouses. It is nursing's role to respect and augment naturally occurring social support systems, and in their absence to assist in their development. Since family role conflict and marital adjustment were identified as potent predictors of family cohesion, their assessment in the clinical setting is imperative. Nurses must recognize the important role they play in providing anticipatory guidance to multiple role clients. With changing parental roles, active participant fathering must be encouraged through sensitive, nurturant role modeling and by providing time for the practice of care-taking skills (Novak, 1989).

Implications for Nursing Education

Research on multiple role women and their spouses also has direct relevance for nursing education. In light of the current decline in applicants to schools of nursing, retention of students, and entry into practice issues, it may be critical for nursing faculty members to closely scrutinize recruitment, and teaching methods and curricular design with the contemporary student and his or

her multiple roles in clear focus. Faculty can no longer assume that either traditional pedagogical techniques or traditional schedules are appropriate for the contemporary student.

In addition, with the emphasis of the development of nursing as a discipline and a science, it is increasingly necessary for nurses to seek graduate degrees. As nurses are further encumbered with the role of student, it seems imperative that nursing graduate programs acknowledge the issues created and encourage students to develop support networks, recognize and deal effectively with role conflict, and develop ways of promoting positive family functioning.

Summary

This correlational study which examines the influence of age, education, perceived child care support, social support, role conflict, coping, and marital adjustment on the family functioning of multiple role women and their spouses is substantive and parsimonious. The relationships are supported by the literature and theoretical framework. Data analysis provided further information regarding the strength of the relationships. Both external and internal validity can be considered balanced in this investigation. Generality regarding the effects of each variable one to another, and the total effect on the problem was significant. Additional research is necessary to further refine the relationships among the

variables. Successive studies could be formulated from this investigation, particularly in the areas of non-professional couples, ethnic variability, caregiving obligations to other extended family members, single parents, both professional and non-professional, and the changing role of the American father.

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APPENDICES

APPENDIX A

LETTER OF PARTICIPATION

Dear Participant:

Hello, my name is Julie Novak, RN, MA, CPNP (Certified Pediatric Nurse Practitioner). I am completing my doctoral program at USD and am asking you to complete the enclosed questionnaire as part of the research I am doing for my dissertation. Your name was obtained via random sampling of the employed membership of the Junior League of San Diego, Inc. The purpose of this research is to examine the interrelationships of age, education, perceived child care support, social support, role conflict, coping and marital adjustment as experienced by multiple role women and their spouses, and their impact on their family functioning.

I am asking you and your spouse to each fill out the enclosed questionnaires in the privacy of your own home and independently of each other. Do not put your name on the questionnaire. This assures confidentiality. Anonymity is guaranteed in the reporting of the results of this study. It is estimated that it will take approximately 30-60 minutes to complete the questions. Your mailing of the completed questionnaire in the self-addressed stamped envelope is your indication of agreement to participate in this study.

It is hoped that the results of this study will help us to better understand the variables effecting family functioning for those couples who are attempting to balance multiple roles.

I thank you in advance for your consideration and participation in this study. If you have any questions regarding the questionnaires or this investigation, please contact me at 582-2021.

Sincerely,

Julie Novak

APPENDIX B

DEMOGRAPHIC DATA SHEET

Number _____

Please provide the following demographic information:

1. AGE _____ 2. BIRTH YEAR _____ 3. Gender:____ Female
____ Male

4. MARITAL STATUS
_____ 1. married
_____ 2. divorced or separated

5. Number of years married to current spouse_____

6. EDUCATIONAL LEVEL

What is the highest grade of regular school that you completed? (circle one)

Grade School	High School	College	Graduate School
1 2 3 4 5 6 7 8	9 10 11 12	13 14 15 16	17 18 19 20 21 22

7. DEGREE OBTAINED (Circle highest degree obtained)

BA BS MA MS EdD PhD DNS JD MD

8. COMBINED FAMILY INCOME

a. <$30,000
b. $30,000 - 34,999
c. $35,000 - 39,999
d. $40,000 - 49,999
e. $50,000 - 59,999
f. $60,000 - 69,999
g. $70,000 - 79,999
h. $80,000 - 89,999
i. $90,000 - 99,999
j. $100,000 - 119,999
k. >$120,000

9. Number of Hours Employed Outside of the Home Each Week

_____<20 hours
_____ 25 hours
_____ 30 hours
_____ 35 hours
_____ 40 hours
_____ 45 hours
_____ 50 hours
_____ >50 hours

Appendix B (continued)

10. ETHNIC BACKGROUND

_____ 1. Asian
_____ 2. Black
_____ 3. Caucasian
_____ 4. Hispanic
_____ 5. Native American
_____ 6. Other (specify)_____

11. Number of children 0 1 2 3 4 5 6 7 8 9 10

12. Gender of Children _____ males _____ females

13. Ages of Children (# of children in each age group)

_____ Infant (0 - 12 months)
_____ Toddler (13 - 36 months)
_____ Preschooler (3 - 5 years)
_____ School Age (6 - 11 years)
_____ Adolescent (12 - 20 years)

14. Number of Hours of Child Care Support Per Week

_____ 0-5
_____ 6-10
_____ 11-15
_____ 16-20
_____ 21-25
_____ 26-30
_____ 31-35
_____ 36-40
_____ >40

15. Please approximate the number of hours for each of the following potential child care providers

_____ husband
_____ grandparent
_____ neighbor
_____ friend
_____ day care provider
_____ in home employee
_____ preschool
_____ elementary school
_____ other (specify)_____

16. Do any of your children have a particular health or behavior problem?

_____No _____Yes Specify:_____

Appendix B (continued)

17. How do you perceive your level of child care support? Please rate:

Inadequate	Somewhat Adequate	Adequate	Very Adequate
1	2	3	4

18. Number of hours you spend with housekeeping tasks per week:

____ 0-5	____ 16-20	____ 31-35	____ 46-50
____ 6-10	____ 21-25	____ 36-40	____ greater than 50
____ 11-15	____ 26-30	____ 41-45	

19. Numbers of hours of housekeeping assistance you receive per week:

____ 0-5	____ 16-20	____ 31-45	____ 46-50
____ 6-10	____ 21-25	____ 36-40	____ greater than 50
____ 11-15	____ 26-30	____ 41-45	

20. Please approximate the number of hours of housekeeping assistance you receive from each of the potential providers:

____ husband
____ child
____ housekeeper
____ other relative
____ friend
____ neighbor
____ other (specify)_____

21. How do you perceive your level of housekeeping support?

Inadequate	Somewhat Adequate	Adequate	Very Adequate
1	2	3	4

22. Please circle the roles you occupy:

Mother Father Housekeeper Primary child care provider

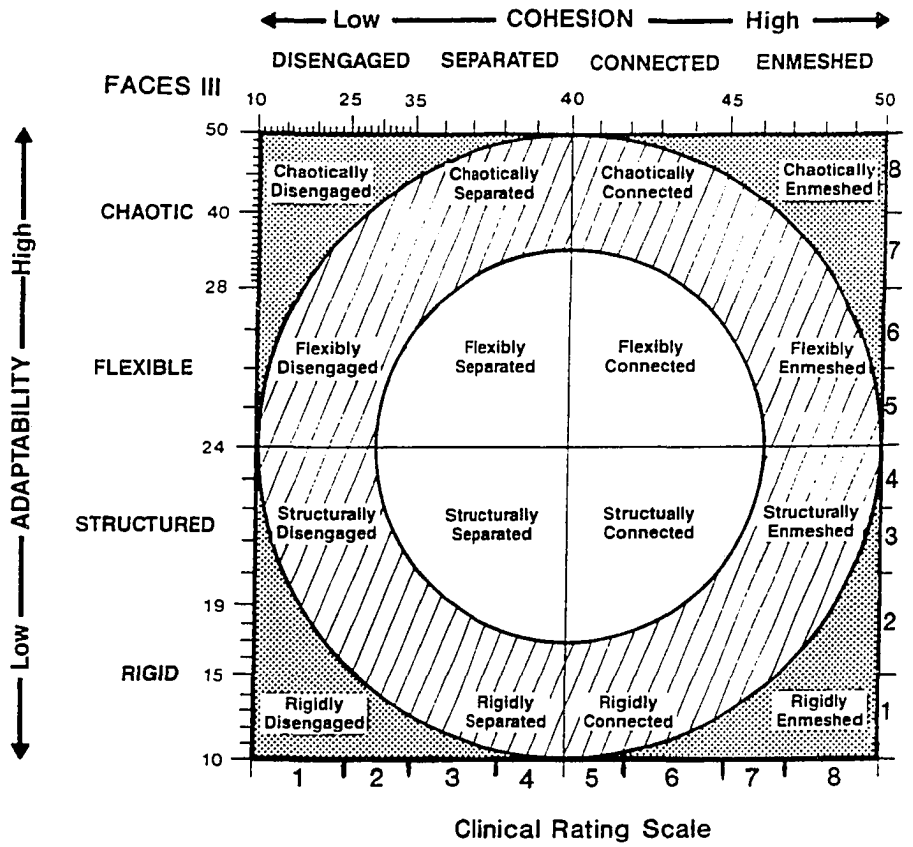
Professional Volunteer (less than 3 organizations)

Volunteer (greater than 3 organizations) Student

Caregiver to elderly parent Other (specify)_____

Appendix J

CIRCUMPLEX MODEL
OF MARITAL & FAMILY SYSTEMS



BALANCED MID-RANGE EXTREME

In plotting the couple or family into the Circumplex Model, mark the specific location that most accurately reflects the actual scores.

Family Social Science
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