

2023

Role Strain and the Mental Health of College-Educated African American Women

Andrea Alston-Brundage
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Andrea Alston-Brundage

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Walden University
2023

Abstract

Role Strain and the Mental Health of College-Educated African American Women

by

Andrea Alston-Brundage

MA, Rowan University, 2001

BA, Rutgers University, 1985

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

August 2023

Abstract

Women occupy many roles today, including wife, partner, parent, student, employee, and caregiver. This study addressed the effects of multiple roles on degreed African American women. The specific purpose was to assess the relationships between the marital and parental roles and employment status of college-educated African American women and assess mental health impacts as a result of role strain. The theoretical foundation for the study was Goode's role strain theory. The Working Women's Role Strain Inventory, Patient Health Questionnaire-9, and General Anxiety Disorder-7 were administered to 82 women participants between the ages of 22 and 61 who were involved in at least three roles. The convenience sample included women from local sororities, various religious communities, and referrals from participants. A correlational analysis revealed there was no significant association between role strain and marital status, and role strain and employment status. . There was a positive correlation between role strain and single nonparent status. There was a significant relationship between depression and overall role strain and a significant relationship between anxiety and overall role strain. This study may contribute to positive social change by informing health care professionals and social services programmers about the impact of depression and anxiety on role strain among African American women. With this knowledge, professionals may become more culturally sensitive and competent when developing treatment plans for African American women.

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Acknowledgments

I can do all things through Christ which strengthens me. *Philippians 4:13 KJV*

First, I thank God for giving me the strength and perseverance to complete this process. I have held this scripture close since my mother sent it, as a message of encouragement, during my freshman year in college. It has proven to be true. Secondly, I thank my parents Joseph (deceased) and Edith Alston, who prayed for me daily. We had plenty of challenges over the years while I was on this journey. Their support never wavered. My dad passed away in 2020 so he was not able to see the final product, but he is here in my heart and inspires me daily. My daughter, Adianna, motivated me by asking “How’s it going?” and using her chef skills to cook a great celebratory dinner after my oral defense. I appreciate the members of my committee, Dr. Melody Moore-Chairperson, who had the ability to keep me on point and Dr. Brian Ragsdale shared his statistical acumen and genuine sincerity, which kept me moving forward. I am extremely grateful for their direction and contributions to enhance my dissertation. It was a blessing to have been placed in their path. They allowed me to share the invaluable research of African American women and their mental health. This dissertation would not have been possible without the support of everyone mentioned.

I am a product of all my ancestors, past and present. I thank them all for what has been poured into me.

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Chapter 1: Introduction to the Study

Women are taking on more roles in contemporary society. Many African American women, however, have occupied roles of mother, spouse, and employee for decades. The stress of the roles may possibly result in role strain. Role strain has been defined as difficulty in fulfilling obligations when one does not achieve the desired goal (Gordon et al., 2012). Women may have incompatible expectations as they manage career, housework, and care for children (Lee et al., 2004). I conducted this study to investigate the choices that African American women can make appropriate choices in their daily lives to reduce role strain to maintain positive mental health.

This study may contribute to positive social change by providing information to programs, organizations, and health care professionals that engage with African American women. The findings may assist professionals who treat African American women in understanding that this population is multifaceted and, as such, may benefit from additional factors (such as viewing systemic racism and discrimination as a stressor) being considered during treatment. The findings may also be useful to African American women in identifying the benefits and/or disadvantages of the roles in their lives. This chapter contains information on the study, including the following: background of the study, problem statement, purpose of the study, research questions (RQs) and hypotheses, theoretical foundation, nature of the study, definition of terms, assumptions, scope and delimitations, limitations, significance, and summary.

Background

In contemporary society African American women have maintained the numerous roles of wife, partner, parent, employee, student and caregiver. Managing multiple roles such as home and work tasks can be stressful and difficult. African American women who encounter systemic discrimination regularly may encounter additional emotional and physical stress (Stein, 2005). African American women have encountered biases from health care professionals when it comes to diagnoses and treatment (Antai-Otong,2002). The women involved in this study were asked questions that identified the level of role strain, depression and anxiety. Information about their role strain was examined.

Multiple Roles

More women are entering the workforce and have to cope with the demands of being a wage earner, wife, and mother (Dibaji et al., 2016; Rao et al., 2003). Some experts are concerned that a woman's participation in multiple roles is detrimental to their mental health (Dibaji et al., 2016; Rao et al., 2003). Depression and anxiety have been identified as possible adverse factors as women experience increased demands on their time and lives (Ahmadifiraz et al., 2013; Hochwater, 2001). Competing role demands have been documented as causing role overload and subsequent stress (Carr, 2013; McBride, 1990). According to Williams (2008) African American women often put their own needs aside to tend to the needs of employers, children, spouse, and family, which contributes to negative mental health.

Marital Status

Marriage has been identified as a potential major stressor for women (Stuart, 1981). Over the last few decades, marital norms have changed in the United States. The role of the typical homemaking mother and wife has changed to that of a wage-earning member of a dual earning couple (Lee et al., 2014). More women are in the workforce and trying to balance the roles as wife, mother, and employee. According to Campos (2013), women are more vulnerable to conflicting roles in their marriages than men. They may experience feelings of role conflict in their daily lives (Lee et al., 2009). Role strain has been found to be related to symptoms of depression and anxiety in married women (Pearlin et al., 1981). Even though married women are employed full-time they are more likely to maintain the responsibilities of the domestic chores.

Parental Status

According to Bayat et al. (2022) and Woods-Giscombe (2010), educated African American mothers maintain multiple roles for their children. Woods-Giscombe noted that African American women are adamant that their children will not experience a life of poverty, so they work hard, often in jobs they do not like, to make sure their children have stability and happiness. They encourage their children to excel in everything they do (Woods-Giscombe, 2010).

Employment Status

African American women have participated in multiple roles since before 1965 (Landry, 2000). Working outside the home for many African American women was not an option but a necessity for economic reasons. Having multiple roles is not without risk.

Perrewe and Coverman (1989) stated that work-family overload leads to psychological overload. According to Hochschild (1989), married working women often participate in activities that constitute a second shift in the workday. The first shift is traditional employment outside the home, and the second shift consists of the duties many working women have once they get home (i.e., laundering, shopping, cooking, and cleaning). The second shift may also include chauffeuring and checking homework of children. According to Kostianen et al. (2004), the more a husband participate in household responsibilities the better a wife's mental health. Having a good relationship improves psychological well-being (Kostianen, 2004). Managing employment outside the home often assists African American women in living a middle-class lifestyle and having more balance of power in their relationships (Landry, 2000). Negotiating their multiple roles, therefore, is important to African American from an economic and an interpersonal perspective.

Depression

According to Watson and Hunter (2015), many African American women exhibit symptoms of depression. However, African American women often do not use mental health services to maintain a façade of strength or to avoid sharing information outside the home because they view it as prohibited. By avoiding mental health services. African American women may not be psychologically open to aesthetic experiences; they may persist with what is routine and familiar to them. Low psychological openness may increase symptoms of depression and anxiety (Watson & Hunter, 2015). Moreover, African American women may also feel distress due to feelings of obligation to be strong

(Woods-Giscombe, 2010). They may have a destructive belief that they can handle everything in their life (Williams, 2008). Often, women overall put their own needs aside and instead tend to the needs of others resulting in strain.

Anxiety

According to Watson and Hunter (2015), African Americans endure somatic (e.g., frequent headaches) symptoms more than mood symptoms (e.g., crying spells) (Ablin et al., 2013). The authors noted that African American women's reporting of somatic symptoms may be consistent with hiding emotional distress, which may be related to increased anxiety. Panic attacks are the most prevalent forms of anxiety experienced by African American women (Ashley, 2014). According to Neal-Barnett (2011), the number of African American women who experience a first panic attack is at least 100,000 (p. 214). Neal-Barnett also noted that the same qualities that make African American professional women strong also make them anxious.

Education

African American women have earned two-thirds of all bachelor's degrees earned by African Americans (National Center for Education Statistics, 2020) (United States Department of Education, 2019). According to Lee et al. (2004), women with higher levels of education report less depression than those with lower education levels. Education level is related to life satisfaction, and the lack of life satisfaction has a positive relationship with depression (Lee et al., 2004). According to Thomas et al. (2008), African American women have been found to experience higher psychological distress and negative emotions regularly compared to European American women. Racial

discrimination and feelings of powerlessness contribute to those feelings. African American women are at a higher risk of internalizing feelings of powerlessness, which may result in health problems such as depression and stress (Ashley, 2014).

Racism

Racism influences the psychological well-being of African American women, Watson and Hunter (2015) noted. Close to half (43%) of African American women reported experiencing verbal and emotional abuse, with racial undertones, at some point in their lives (Carter et al, 2016). African American women have been exposed to daily abuse (e.g., microaggressions or being overlooked due to race). The lack of control and worry has been associated with perceived racial discrimination in daily life and associated with anxiety. Many middle-class employed African American women do not feel that they deserve to be in the spaces they are in and struggle with the pressure to outperform their colleagues just to gain acceptance (Watson & Hunter (2015).

Gap in the Research

Research on issues affecting African American women and with African American women as participants is limited (Brown Speights, 2017, p. 1). Although research exists relating to women in multiple roles, very limited information is available pertaining to college-educated African American women and multiple roles (Curenton et al., 2018; Ray & Jackson, 2013). There is even less research available on educated African American women who are in the workforce and involved in multiple roles (Woods-Giscombe, 2015). The impact of multiple roles and stressors may be imperceptible to many researchers and health professionals, which may be why studies

are limited. In this study, I examined the relationship between multiple roles and different statuses (marital status, parental status, and employment) of college-educated African American women and the influence on their mental health as a result of role strain.

Problem Statement

African American women are 20% more likely than the general U.S. population to experience serious mental health problems (National Alliance on Mental Illness, 2017). Among African American women who do seek mental health treatment, feelings of stress and overwhelmed due to multiple roles are common complaints (Woods-Giscombe, 2010, p. 678). Donovan and West (2015) noted an association between the culturally embedded behaviors of “self-silencing” and depression and anxiety in African American women. Balancing work outside the home and maintain their responsibilities in the home may place additional pressure on their capacity to maintain those roles, and they may encounter emotional strain (Sumra & Schillaci, 2015).

Although small amounts of stress may be benign, prolonged stress may cause physical as well as psychological risk factors (Sumra & Schillaci, 2015). African American women are more likely to report having common depressive symptoms of sadness, hopelessness, and worthlessness than European American women (Schiller et al., 2012). The increased rates of depression in women are twice that of men (Kessler, 2003). Anxiety disorders are prevalent among African Americans (Breslau et al., 2006). African American women continue to engage in multiple roles even though their psychological well-being may decrease as the demands of each role increases. The

rationale for this study was the need to determine whether having multiple roles is related to increased depression and anxiety in African American women. Research have increasingly focused on African American women and mental illness (Curenton et al., 2018; Ray & Jackson, 2013). However, few studies have specifically addressed educated African American women with multiple roles.

Purpose of the Study

Many African American women handle multiple responsibilities and support others while internalizing their emotions; this can lead to various psychological problems, including depression (Watson & Hunter, 2015). As Woods-Giscombe (2010, p. 679) noted, meeting societal expectations while controlling one's emotions may compromise African American women's well-being, especially in terms of depression and stress levels. African American women are socialized to accommodate the needs of others before themselves (Frame et al., 1999). They feel guilty when they participate in activities that promote self-development (Carrington, 2006). They take on multiple roles. The demands in their lives may lead to stress and depression (Stiver & Miller, 1998). In this study, I examined the relationship between multiple roles and depression and anxiety in African American women. The specific purpose was to assess the relationships between the marital and parental roles and employment status of college-educated African American women and assess mental health impacts as a result of role strain. The Working Women's Role Strain Inventory (WRSI), General Anxiety Disorder-7 (GAD-7), and the Patient Health Questionnaire-9 (PHQ-9) were used to measure the study variables. In conducting this study, I sought to address a gap in the literature. Although

many studies have been conducted on women with multiple roles, there is limited recent research that is specifically focused on educated African American women (Neal-Barnett & Crowther, 2000; Martin et al., 2013).

Research Questions and Hypotheses

With more women in the workforce and little change in responsibilities in the home, there is a need to review how women are experiencing stress with competing claims on their time. I sought to answer three RQs in this investigation. The RQs addressed the relationship between the independent variables, which were marital status, parental status, and employment status, and the dependent variables, which were role strain, depression, and anxiety. The RQs and their corresponding hypotheses were as follows:

RQ1: Do marital status, parental status, and employment have an influence on levels of role strain, as measured by the WRSI?

H_01 : Marital status, parental status, and employment status are not associated with levels of role strain, as measured by the WRSI.

$H_a 1$: Marital status, parental status, and employment status are associated with levels of role strain, as measured by the WRSI.

RQ2: Is depression, as measured by the PHQ-9, associated with levels of strain, as measured by the WRSI?

H_02 : Depression, as measured by the PHQ-9, is not associated with levels of role strain, as measured by the WRSI.

H_{a2}: Depression, as measured by the PHQ-9, is associated with levels of role strain, as measured by the WRSI.

RQ3: Are levels of anxiety, as measured by the GAD-7, associated with role strain, as measured by the WRSI.

H₀₃: Levels of anxiety, as measured by the GAD-7, are not associated with role strain, as measured by the WRSI.

H_{a3}: Levels of anxiety, as measured by the GAD-7, are associated with role strain, as measured by the WRSI.

Theoretical Foundation

The theoretical foundation for this study was the role strain theory developed by Goode (1960). Goode identified multiple roles as problematic because of conflicting obligations and the need for good time management. Effectively managing multiple roles is hard and failure can lead to stress. The stress might be in one or more roles. According to Goode, when an individual is not able to meet their obligations or demands while participating in multiple roles, they may encounter role strain. The issue of role strain is pertinent for African American women, who have combined family and careers for decades (Woods-Giscombe, 2010).

The nature of African American women's multiple roles has varied over time. However, it has always involved adding more roles to the existing roles. Along with the traditional spouse, employee, and parental roles, social, political, and caregiving roles have potentially increased stress, anxiety, and depression in African American women (Roxburgh, 2004). Balancing multiple roles may have an adverse effect on the mental

health of African American women, especially those who are mothers. Time pressure and overload may have an impact on the psychological health of mothers with multiple roles, Roxburgh (2004) found. This topic will be discussed in more detail in Chapter 2. In this study, I explored the multiple roles of college-educated women and the relationship between these women's roles (i.e., marital status, parental status, and employment status) to see if their mental health is negatively affected, as would be expected per Good's theory.

Nature of the Study

This was a cross-sectional study relating to multiple roles, marital status, parental status, and employment status. I chose a cross-sectional design because I wanted to assess depression and anxiety in a defined population. Data was collected at a specific point in time and not over a period of time (Kesmodel, 2018). Using a cross-sectional design is a good way to determine the prevalence of multiple situations and outcomes at a single point in time (Sedgwick, 2014). Cross-sectional studies are generally quick and are often based on a questionnaire. The PHQ-9 was used to measure participants' level of depression and the GAD-7, participants' anxiety. I used the WRSI to identify the role with the greatest strain. Also, I collected demographic information, including educational level, marital status, parental status, and employment status. The participants were college-educated African American mothers between the ages of 22 and 61. The participants were employed and had children between the ages of 1 month and 18 years living with them. The data were retrieved from participants at one specific point in time. I performed correlational and regression analyses to analyze the survey data.

Definitions

Anxiety: A disorder that causes a person to become overwhelmed with panic, fear, or worry (American Psychiatric Association, 2000).

College educated: One who has attained at least a bachelor's degree from a college or university.

Depression: A mood disorder that causes persistent feelings of sadness (American Psychiatric Association, 2000).

Multiple roles: The roles a woman participates in (e.g., spouse, mother, student, caregiver, and volunteer). Each role has a pattern of expectations (Martire et al., 2000).

Psychological distress: A description for an individual who has a combination of depression, anxiety, and perceived stress (Ohayashi & Yamada, 2012).

Role conflict: A phenomenon that occurs when one has limited time and energy to perform simultaneous multiple roles, which leads to conflict (Kulik et al., 2016). The experience causes psychological distress and exhaustion (Kulik et al., 2016).

Role overload: A perception time-based form of role stress. It involves the perception of limited time available to fulfill the required roles (Duxbury et al., 2018).

Role strain: In women, the experience of stress associated with expected roles (Stuart, 1981). It may involve role conflict and role overload.

Assumptions

I assumed that participants would provide truthful responses to the questions in the surveys. I also assumed that participants would be truthful about their racial identities as it was imperative that they be African American. The study was specifically designed

for women of African American descent who were involved in at least three roles.

Having participants who met the eligibility criteria was necessary to achieve accurate results.

Scope and Delimitations

African American women are more likely to report increased prevalence rates of depression (Bronder et al.,2013). I used a convenience sample to assess whether societal roles were related to role strain in college-educated African American women. The surveys were of moderate length; participants were able to complete them in less than 1 hr. The respondents were African American women between 22 and 61 years of age who maintained multiple roles. I also asked about the following variables on the demographic survey: marital status, parental status, and employment status. Each participant had at least a 4-year college degree. The ability to generalize the results to the larger African American population of the United States is limited because of the use of a convenience sample. The participants were from a select group and did not represent the general population of educated African American women.

Limitations

This study has some limitations that stem with the use of a convenience sample. One is the inability to generalize the results of the survey to the population as a whole (Tsang, 2014). The second was the potential to under- or overrepresent the population. The participants were easily accessible as they were associated with groups and organizations I am affiliated with.

Significance

The mental health needs of African Americans have historically been underdiagnosed, misdiagnosed, and undertreated (Snowden & Pingitore, 2001). I conducted this study may help mental health professionals to become culturally sensitive when treating African American women. Greater cultural sensitivity could assist these professionals in helping their clients to build relationships, which could result in positive social change. It might also help African American women to identify benefits or disadvantages from the roles in their lives. I hope that the study assists women in making better decisions that would get them closer to better health and less anxiety and depression. It may also assist those in the medical field to relate better and have more empathy toward African American women who are experiencing depression and anxiety as a result of multiple roles. Ultimately, the study could provide insight that women may use to make better decisions and achieve a more balanced life. I hope to publish the results of the study and share them with professionals who engage with African American women to enhance cultural sensitivity and cultural competence in mental health treatment. Publishing the results in media that African American women read may be effective. Learning about the study findings may change their perceptions and possibly help them identify their limits to reduce anxiety and depression.

Summary

Women find themselves in many roles today: wife, parent or single parent, student, employee, and caregiver. Many women are returning to higher education in adulthood to change their present position in their work environment (Wyatt, 2011).

Attending college is stressful, however. Returning to college can add more stress due to changes in family relationships and monetary deficits. Women may be caregivers of parents while taking care of their own families. Women have extraordinarily busy lives. They have full schedules and must acknowledge the challenges of time and resources resulting from the multiple roles in which they are engaged. African American women also have to contend with racism (Carter et.al, 2016).

In this study, I assessed the relationship between multiple roles (marital status, parental status, employment status) of college-educated African American women and the influence on their mental health as a result of role strain. I focused on the roles and responsibilities of African American mothers 18 years or older and how the role strain they experienced is related to their psychological well-being. Women are more vulnerable to having depressed moods when home and career become more demanding and cause more stress (Stiver & Miller, 1998). African American women often face additional issues such as internalized racism, emotional isolation, and devaluation and yet continue to add more roles to their lives (Wiggins-Frame et al., 1999). The questions I attempted to answer in this study were if multiple roles are related to the psychological well-being of college-educated African American women or if the number of roles increases the existence of depression and anxiety among these women.

Chapter 2: Literature Review

Introduction

The purpose of this study was to assess the relationship between multiple roles, marital status, parental status, and employment status of college-educated African American women and their influence on mental health (depression and anxiety) as a result of role strain. This section contains the literature review, theoretical foundation (Goode, 1960), and the variables African American women participate in (parental status, marital status, employment status). In addition, the independent variables anxiety and depression were also discussed. There was a review of racism and how it effects the mental health of African American women. The summary and conclusion in the chapter discuss role strain and the negative and positive effects on mental health.

Literature Search Strategy

The literature review includes an overview of the following topic areas: historical background of African American women and role strain, role theory, developmental concerns for African American women, and other multiple role factors. I focused on a growing population of African American women with higher education who participate in multiple roles and how they may be positively or negatively affected. In regard to the historical background, women have progressed from the roles of wife and mother being primary to roles such as employee and community volunteer. Reviewing the various role theories along with the developmental issues for African American women provides a foundation by which the stressors of multiple roles may be understood.

I obtained the literature for this study from the Walden University Library using the APA PsycArticles, APA PsycInfo, and SocINDEX with Full Text databases. The articles consisted of scholarly peer-reviewed articles published as early as 1960 and as recently as 2022. The earlier articles discussed the foundation of multiple roles. The subjects searched included approximately 180 articles on role theory, multiple roles, African American working women, women and well-being, African American women and depression, roles, African American women and stress.

Theoretical Foundation

Goode (1960) introduced role strain theory by referring to social institutions as role relationships. The relationships can lead individuals into rational choices about role occupancy to make multiple roles manageable. People who participate in role combinations with limited time and energy are likely to experience stress and overload. The role strain theory asserts that multiple roles cause overload, stress, and role strain (Cochran et al., 1999). Role strain is the difficulty in fulfilling obligations when one does not achieve the desired goal (Gordon et al., 2012). There is a possibility that multiple roles will enhance one's life and well-being. This has been identified as role enhancement theory, which declares that the more social roles one has the more meaning a person finds (Cochran et al., 1999). According to Hong and Mallick-Seltzer (1995), the more roles women have the greater their ability to maintain a positive attitude.

The rationale for choosing role strain theory was to explore the possible reasons college-educated African American women experience depression and anxiety. According to Goode (1960), role strain emphasizes the negative consequences that the

strain of engaging in multiple roles presents. Reid and Hardy (1999) found that when time and energy are limited, adapting to multiple roles may adversely affect mental well-being. Depression and anxiety may be associated with this theory as many African American women participate in multiple roles (Woods-Giscombe, 2015).

Women's Experience from the Perspective of Role Strain Theory

According to Waldron et al. (1998), role strain consists of incompatible obligations or expectations, which causes negative effects. Sharma (1999) stated that multiple roles may have negative effects that may encourage overindulgences such as overeating, smoking, and drinking. Multiple roles may also cause insomnia, feelings of nervousness, and loss of appetite, Sharma found. He also suggested that racial and ethnic tension in the workplace may cause anxiety, anger, irritability, and high blood pressure. Women with caregiving roles may have greater distress as they experience feelings of exhaustion due to multiple roles (Scott, 2006). There may be difficulty and inattentiveness as a result of mental and emotional spillover at work and home, due to caregiving roles.

Role strain occurs when persons have an increased number of roles leading to overload and strain (Goode, 1960). Role strain has been shown to negatively affect physical and psychological well-being (Goode, 1960; see also Adelman, 1994). According to Ahrens and Ryff (2006), the large number of responsibilities women have may contribute to their level of stress. Role strain is seen as being a direct result of taking on a number of responsibilities and not being able to successfully balance them. The role

strain hypothesis highlights the harmful effects of women's roles resulting in role overload and role conflict (Waldron et al., 1998).

Role conflict occurs when the fulfillment of one role interferes with the fulfillment of the demands of another (Home, 1998). An example of role overload might be a married woman with a child who may perceive her roles as mother and wife as being separate roles, whereas another married woman may see her role as mother and wife as part of her family role. How the mother perceives the role and the emotional gratification she receives may determine the impact on the psychological well-being (Sellers et al., 2002; Sinha, 2017). Role overload and role conflict contribute to increased stress and strain on an individual's psychological resources. Excessive demands on time, energy, and psychological resources may result in conflict and poor health.

The meaning of roles may have an effect on women (Kulik et al., 2014; Simon, 1995). If the job a woman has provides economic support, the work itself may be beneficial. However, if work life prohibits a woman from engaging in socially desired roles, this may have a negative influence on the woman's well-being. Role strain and feelings of guilt often contribute to negative well-being (Simon, 1995). Role strain may have a harmful effect on the mental health of women (Cochran et al., 1999). Combining the role of employee and mother continues to be stressful for women, according to these authors. The emotional guilt surrounding children being left behind while women work often makes mothers feel that the time spent at work could have been spent with their children (Simon, 1995). In a study by Simon (1995), 75% of the women participants experienced work-parent conflicts. Women in the study felt that their jobs prevented

them from being with their children. They had feelings of inadequacy resulting in their inability to continuously make themselves available to their children or spouse. A mother with young children may increase time constraints, produce stress and diminish well-being, especially when children are younger (Thomas, et al., 2017).

Glynn et al. (2009) defined role overload as a person feeling overwhelmed by their total responsibilities. For women, role overload seems to be due to women's limited time and energy. According to Glynn et al., role overload has a strong association with mental health. Kasen et al. (2003) noted that women who are married and have young children seem to be more susceptible to stress while attempting to juggle multiple roles. Home (1996) described role strain as the difficulty in fulfilling obligations when people do not achieve the desired goals. As a result, stress can develop due to the woman feeling she may not be managing things well and is losing control. Home noted that occupying productive roles is beneficial; this is known as role enhancement.

Role involvement is the name given to another hypothesis, which states that each role has both harmful and beneficial effects (Waldron & Jacobs, 1989). Waldron and Jacobs (1989) discussed additional roles having benefits such as social contact, satisfaction, and self-esteem, which may contribute to better health and greater psychological well-being. Role involvement takes into consideration specific roles and the combination of roles. Waldron and Jacobs reviewed cross-sectional data which indicated that the relationship between women's roles and health varied depending on the roles held. They found a strong association between employment and good health for employed single women with positive attitudes toward their jobs. These women were the

healthiest among the groups of women that they studied. The degree the role serves as a means to define oneself effects the roles involvement (Martire et al., 2000)

Literature on Women's Multiple Roles

There is an assumption that engagement in multiple roles has an impact on the mental health of women (Ahrens & Ryff, 2006). A review of the literature on this subject, however, shows conflicting results. Gove and Tudor (1973) conducted a post-World War II study that suggested married women with multiple roles had a higher rate of mental illness than married men. They surveyed men and women after World War II examining how sex roles affected married men and women. Community studies of first admissions to mental hospitals between 1956 to 1966 were reviewed along with the care of outpatient clinics and private outpatient psychiatric care. Gove and Tudor (1973) attempted to identify mental illness occurrences in men and women. They found more women than men were identified as being mentally ill. From their studies, they concluded that adult women in modern industrial society were more likely to experience mental illness. Gove and Tudor (1973) attributed the difference to the characteristics of male and female roles in modern society. In more recent years, more women have occupied the roles of employee, partner, and mother. Some authors have suggested the multiple roles may place contradictory demands and expectations on women today (Kostiainen et al., 2009). The multiple role hypothesis states that when employed women fulfill the role obligations of employee at work and housekeeper at home, this may lead to role conflict and role overload, which in turn may result in tiredness, exhaustion, disease, and mortality (Barn & Mailick-Seltzer, 1995).

Although the multiple role hypothesis attributes the negative effects to a combination of marital, parental, and work roles, an alternate view, the role accumulation hypothesis argues the benefits of the roles outweigh the possible harmful effects of role strain (Martikainen, 1995). Proponents of this view believe women may gain better health and have lower mortality rates due to the increase in additional roles. Role accumulation is believed by them to lead to more supportive social ties outside the home. Women who participate in employment are believed to have higher self-esteem because they are able to contribute to the home economically (Martikainen, 1995; Rothbaro, 2001).

Frone (2000) noted employed married women were found to have experienced more clinically significant health problems than single women employees. Stiver and Miller (1987) found married women were more prone to develop depression than married men and single women who are heads of households. Married women who were employed and fulfilled the role obligation of employee and housekeeper were often subjected to conflict and overload. The married woman was often confronted with conflicting expectations from her role partner and suffered strain from having to accept all of the expectations. The women found it difficult to fulfill the obligations attached to their roles, hence, the potential for stress (Martikainen, 1995).

According to Kasen et al. (2003), middle-aged women (ages 30-45) experienced a great deal of stress related to their responsibilities as parents and found this role more stressful than working outside the home. Gove and Hughes (1981) reported employed women may have better health and lower mortality after taking on more roles. Other results report the benefits of employment were greater for women with fewer

homemaking and childcare responsibilities (Kostiainen et al., 2009). According to Waldron et al. (1998), while providing income and financial independence from men, employment may also serve as an avenue for creating supportive social ties outside the home and marriage. Waldron et al. (1998) found women with better mental health were those who desired to work outside the home. The healthiest women who had the least anxiety and depression were the wives who were doing what they enjoyed (Campos, 2013; Repetti et al. 1989). Both Waldron et al. (1998) and Jacobs (1989) reported women benefited from being in the labor force if they were unmarried rather than married. Parallel to the role accumulation theory, Repetti et al. (1989) suggested employment outside the home offers an opportunity to increase social networks, which may result in better mental health.

Simon (1995) noted that women with numerous social roles experienced more depression. However, it was also stated married women were found to be less depressed than nonmarried women and employed women were less depressed than nonemployed women. Simon (1995) found inconsistent support for the role accumulation hypothesis studied by Gove and Tudor (1973). Dibaji, et al. (2017) and Simon (1995) found holding multiple roles is not always harmful nor beneficial for women. Simon mentioned findings by Kessler and McRae (1982) who found employment benefits women. Other studies showed no difference between the distress of employed wives and homemakers (Cleary & Mechanic, 1983). This contradiction emphasizes the importance of examining the characteristics of the roles and even looking at more than just the roles themselves; it is important to look at the division of household labor and the lower earnings for the wife

which may reduce her power in the marital relationship and affect depressive symptoms (Simon, 1995).

There has not been any definitive resolution to the ongoing dispute.

Unfortunately, there is not much research available specifically about the roles taken by African American women (Cochran et al., 1999). Several researchers (Adelman, 1994; Browman, 1991; Cochran et al., 1999) found employed African American women had significantly lower levels of family life satisfaction when they were compared to women who were not employed. Also, in this population, parents who were highly educated were reported to have lower levels of well-being than nonparents (Reskin & Coverman, 1985). In contrast, Repetti et al. (1989) noted that employment contributed to the well-being of African American working mothers who had children living in the home.

Literature Review Related to Key Variables and/or Concepts

Many African American women may experience negative psychological stress (i.e., depression and anxiety) when filling the role of wife, parent, and employee (Woods-Giscombe, 2010). Individual and multiple roles can impact the mental health of women (Frech & Damaske, 2012).

Parental Status

Tweed and Jackson (1981) and Viertio (2021) noted married women's rates of psychological distress were higher than those of men. They found the housekeeping role and its association with raising children is often found to be unsatisfying and stressful. Having children could also increase financial difficulties. Gove and Lester (1974) supported the idea that marriage is beneficial. Gove and Geerkin (1977), stated children

have an adverse effect on parents' emotional health. Motherhood could contribute to either social isolation or it could improve social contact; it may also reduce risky behavior such as drinking or smoking (Waldron et al., 1998). Having very young children appeared to have more of an adverse effect on mothers than fathers (Gove et al., 1983). Mothers generally feel responsible for their children's success and happiness and are often blamed if something goes wrong in the lives of their children (Caplan & Hall-McCorquodale, 1985).

Outside employment may offer opportunities for fulfillment but can also be the culprit for additional stress thus ascribing to the role strain theory. Pavlova et al. (2015) and Waldron et al. (1998) noted being married had a beneficial effect for women who were not employed. Being married was associated with self-actualization and independence. On the other hand, the family provides closeness and a sense of psychological well-being for many women (Kostiainen et al., 2009). As a result of middle class African American mothers adopting the work-family integration model they see the role of mother and worker complementing each other (Dean, Marsh & Landry, 2013).

In spite of the obstacles, the majority of African American mothers manage to raise healthy and productive young men and women (Curenton et al. (2018); Jones & Shorter-Gooden, 2004). However, the years of anxiety and emotional challenges can influence women's emotional health (Jones & Shorter-Gooden, 2004). Mothers are forced to discuss discrimination with their children after they experienced the cruelty

firsthand (Jones & Shorter-Gooden, 2004). Educated African American mothers often question whether to shelter or to expose their children (Jones & Shorter-Gooden, 2004).

When they expose their children to the possibilities, the children's culture is questioned, and the mothers may find themselves disliked by their own culture and others in the majority (Jones & Shorter-Gooden, 2004). African American mothers want to spare their children from the pain that they themselves have probably experienced. Jones and Shorter-Gooden (2004) noted African American mothers often must work on improving self-esteem in their children. One way of improving their child's self-esteem is by battling the lily complex, which is the concept that the only way to be beautiful is to look like the majority (Jones & Shorter-Gooden 2004).

Jones and Shorter-Gooden (2004) and Ray et al. (2013) noted African American women are as likely, if not more likely, to encourage their children to achieve good grades, attend college, and graduate from college as are the mothers in other groups. Dean et al. (2013) and Stevenson et al. (1990) noted that educated African American mothers see educational achievement and success as the only defense against racism and sexism. According to Jones and Shorter-Gooden (2004), educated African American parents who are doing well financially often bring up their children in environments that limit their exposure to other African Americans. In these settings, the African American mothers have to assist their children in maintaining their Blackness. The aforementioned roles of African American mothers may add undue stress causing additional strain.

The Current Population Survey 2019 found that approximately 23% of all U.S. families were headed by single parents (United States Census Bureau, 2021). Atkins

(2014) and Cairney et al. (2003) found single mothers suffer disproportionately higher rates of psychiatric illness compared to married women. According to Atkins (2014) and Cairney et al. (2003), single mothers were twice as likely to have suffered an episode of major depression than married mothers. The higher rates of depression in single mothers may be due to sole parenting responsibilities and greater exposure to stress (Cairney et al., 2003)

Marital Status

According to Campos (2013) and Waldron et al., 1998, marriage is beneficial to health since it generally contributes to increased social support and financial resources. Marriage may also reduce risky behavior such as excessive alcohol consumption. However, marital conflict may be harmful to the health and well-being of women. Women with similar roles as their husbands have been identified as having more anxiety, distress, somatic complaints, and depression than other women (Campos, 2013; Simon, 1995). Often, the husbands' modest contribution to housework and childcare has been the source of strain for the wife (Campos, 2013; Simon, 1995). Even though the wife works, she is usually responsible for the bulk of domestic chores and childcare. Women who tend to view work and family roles as independent are more likely to experience role conflict (Dibaji, 2017; Simon, 1995). Historically, men have had greater interdependence between work and family obligations than women. Women are more likely to be pigeonholed into socially defined roles at home and work (Littlefield, 2003).

In conventional society women have had limited acceptable outlets as compared to men. Women have generally been socialized to be cooperative, which may predispose

them to stress and frustration (Dibaji et al. 2017; Littlefield, 2003). Men's family roles involved economic support, whereas the wife's role was based on emotional support and nurturance (Curenton et al., 2018; Simon, 1995). Employed wives are more likely than their husbands to experience role conflicts or guilt because of the work-family combination. The work time demands of the job may be greater than the woman and her spouse would like (McBride, 1990; Xu et al., 2019). A woman may experience guilt due to conflicting expectations from her role-partner and experience strain as a result of not meeting his expectations or fulfilling obligations (Martikainen, 1995; Xu et al., 2019). This is closely related to role overload, which relates to constraints imposed by time. According to Escriba-Aguir and Tenias-Burillo (2004), women who performed 30 hours of domestic chores experienced a higher risk of having low vitality. According to their findings, such women who were under 45 years old had a higher risk of poor mental health and limited social function.

For many women, having a partner offers both physical and mental support (Kostiainen et al., 2009; Sinha, 2017). Having such support, security, and material advantages correlates with the presence of positive health benefits. Women who experienced good support from their partners were less likely to show negative mental health signs than those who had less support. According to both Gove et al. (1983), and Kostiainen et al. (2009), the quality of the relationship is more important than the fact of having a relationship itself. Moreover, it was found the good relationship improves psychological well-being, whereas a relationship that is not as good is comparable to not having a partner at all (Braithwaite & Holt Lunstad, 2017; Escriba-Aguir & Tenias-

Burillo, 2004; Kostiainen et al., 2009; Williams, 2008). Barnett et al. (1994) and Chen et al. (2015) noted the quality of the familial relationship may negatively affect the full time employed woman's employment experiences and result in psychological distress.

Single parent families have increased steadily since World War II (Cairney et al., 2003; Council, 2021). Most often, single parent families consist of mothers and their children. Single parenting is often a result of separation, divorce, widowhood, and having children out of marriage. Many single parent families experience significant social and economic disadvantages due to their circumstances. According to Cairney et al. (2003) and Ranning et al. (2016), single mothers suffer disproportionately higher rates of psychiatric illness compared to married women. Stressors such as poverty and sole-parenting responsibilities have also been considered as factors for higher levels of stress (Cairney et al., 2003; Robinson, 2018). According to Waldron and Jacobs (1989), marriage did not appear to have beneficial effects on the health of African American women. Waldron and Jacobs (1989) noted possible reasons why African American women may benefit less from marriage than other women do; these included having low levels of emotional intimacy and marital satisfaction in their marriages. Financial and psychological support from a spouse could be important to the health of African American women who have children. However, if the support is not there it could be detrimental (Fan & Frisbie, 2009). A healthy marriage promotes financial, social and psychological well-being. African American couples are disproportionately faced with social stressors, which constrain relationship development (Kiecolt, & Fossett, 1995; Barr, 2015).

Midlife African American women are less likely to have a spouse due to the life expectancy of African American men being significantly lower than that of White men (Irby-Shasanmi, 2012; United States Department of Health and Human Services, 2010). During midlife, African American women may have fewer social roles but still maintain the role of caretaker, mother, and grandmother (Cochran et al., 1999; Windsor et al., 2016).

Employment Status

Previous studies (Aneshensel et al., 1986; Erdogan, 2021; Waldron & Herold, 1986) have indicated women employed outside the home typically had positive mental health if they have social support at work. Employment outside the home generally increased income and improved access to healthcare. It also enhanced self-esteem and a sense of having control (Repetti et al., 1989). Barnett et al. (1994) noted employed women with children reported lower psychological distress than did women without children. There is also research that showed no significant difference in mental health between women who worked outside the home or women who did not work at all (Repetti et al., 1989). Over involvement in one's career can result in strain on the marriage, especially if children are involved and the wife is taking on traditional roles in the home, leading to additional stress (Ollo-Lopez & Goni-Legaz, 2017; Skinner, 1980). No significant difference in mental health was noted in employed single and married women (Bayat, 2022; Repetti et al., 1989). Repetti et al. (1989) noted the presence of positive mental health among employed women but negative well-being among women

with children. Waldron et al. (1998) noted time away from children and access to colleagues for social support could buffer the stress of childrearing.

As a result of being subjected to racism and sexism throughout their lives, African American women often encounter emotional distress (Watson, 2015; Wiggins-Frame et al., 1999). Wiggins-Frame et al. (1999) noted African American women who attend graduate school and enter into professional employment feel cut off from their support. They tend to feel guilty for abandoning their families and friends. Many African American women acknowledge, despite their success, they feel diminished, devalued, and unappreciated. These issues may be a consequence of conflicts between their own needs and the needs of others (Watson, 2015; Wiggins-Frame et al., 1999).

Women who work long hours tend to have a greater chance of experiencing depression (Liang, 2019; Maclean et al., 2004). Women who work part-time in dual-earning families may not have the same commitment to their job and be less affected by the quality of their family role (Barnett et al., 1994; Erdogan, 2021). They have the ability to be in the office and make connections and relationships plus receive a salary to contribute to their family, yet they are still able to manage their responsibilities at home (Hamilton-Mason et al., 2009). If a woman finds her family role unsatisfactory, her source of gratification is somewhat limited (Sinha, 2017; Gove & Tudor, 1973). If the wife is employed outside the household and she is not herself fully responsible for the children and household, she could have less psychological distress than the women for whom all care of children is part of her family role (Barnett et al., 1994).

Employment was found to be beneficial for the health of African American women who had children living at home (Council, 2021; Repetti et al., 1989). They were found to be less depressed than non-employed African American women with the caveat that the contributions in the home by their husbands and their attitude toward employment have to be considered. Typically, employment outside the home seems to reduce the risk of depression for women who do not have a husband. Employment has been linked to more positive mental health for unmarried women than for married women. Employment appears to have a greater effect on women who have limited sources of income, social support, and self-esteem; for these women, employment may provide the best source of such feelings that are available to them (Repetti et al., 1989; Robinson, 2018).

Employment also has a beneficial effect on a woman's health if she has a positive attitude toward employment (Sinha, 2018; Waldron & Herold, 1986). Having supportive social relationships at work is related to improved mental health. According to Jackson (1992), Jackson et al. (1998), and Robinson (2018), single African American mothers who preferred employment to staying home experienced less role strain. Mothers who preferred employment were more satisfied with their lives but were no less depressed than mothers who preferred to stay home. Having the option to work may be the key. If economics is not a factor in the decision to work and the woman is not forced but prefers to work, having the option may be a distinguishing factor (Jackson, 1992). Education level, and the number of hours worked would also be important variables in the outcome (Jackson, 1992). Jackson (1992) also noted the more education African American

mothers had, the more positively they perceived their children. African American women with young children who did not have education beyond high school had an increased level of depressive symptomology and role strain (Jackson, 1992).

Long Work Hours

Insufficient time to meet obligations is a common complaint of many working women (Cooklin, 2016; Katz & Piotrkowski, 1983). According to Cooklin (2016) and Virtanen (2011) there is an association between long working hours and mental illness in women. The number of hours women work per week was found to be a significant predictor of work-family strain (Keith & Schafer 1980). According to Afonso et al (2017) long hours of work may adversely affect sleep. Poor sleep quality has been associated with anxiety and depression Afonso (2017).

Education

African Americans have placed a high value on education for generations (Winkle-Wagner, 2015). African American women are highly encouraged to attend college and graduate (Jones & Shorter-Gooden, 2004). Having a bachelor's degree increases employment and occupational opportunities (Rose, 2016). Wage gains were at a premium for women during the mid-20th century (Autor et al, 2008; Shambaugh et al., 2017). There was a dramatic increase of African American women enrolled in college during that time (Rose, 2016). According to Rose (2016), the greater education attainment the greater the implication for equal opportunities in America, which contributes to the belief by many Americans the greater educational attainment the more money earned, the higher the social status. Unfortunately, African American women

have not been able to maintain the same economic level as those of the majority partly because they are in a unique position historically marginalized in the larger society; being a woman and a person of color, which often leads to working more hours and harder to meet similar opportunities Winkle-Wagner, 2015).

Racism

African American women often maintain roles as custodians and have daily life stressors that all women face in addition to racism. The stresses of racism and the undervaluing of the impact of racism can increase negative outcomes (Curenton, 2018; Hamilton-Mason et al., 2009). The reluctance of Whites to admit the validity of Blacks' frustration about race contributes to emotional isolation. They may experience fear of being unmasked as inferior to their White counterparts and as a result experience low self-esteem (hooks, 1993). According to Carter et al. (2016) and Williams (1999), racism can directly affect health in multiple ways. The stress of discrimination and societal stigma of inferiority can have consequences on health.

Anxiety

According to Bandelow and Michaels (2022) and Kessler et al. (2004), anxiety disorders are the most prevalent mental health problem in this country. Anxiety disorders are the most persistent among African Americans (Breslau et al., 2006). Clinical studies by Friedman, Braunstein and Halpern (2006) suggests African American women with anxiety diagnoses appear to have the disorder for longer periods of time than their White counterparts. According to the Anxiety and Depression Association of America (ADAA), women are twice as likely to be diagnosed with an anxiety disorder compared

to men. The double minority status of gender and ethnicity places African American women at a higher risk for anxiety (Comas-Diaz & Greene, 1994). According to Neal-Barnett et al. (2011), “panic attacks are among the most prevalent form of anxiety experienced by professional African American women” (p.1). The lack of knowledge on panic attacks combined with the reluctance to seek professional help results in African American women viewing this stressful situation as something to live with (Neal-Barnett et al., 2011).

Depression

Women experience depression at twice the rate of men (Girgus & Yang (2015); Sue et al., 2010). Social factors may contribute to the higher rates of depression among women. These factors include stress from work, family responsibility, and the roles and expectations of women (Girgus & Yang, 2015; Sherrill et al., 1997). Women with children have a higher risk of mental health problems than men (Barnett et al., 1994; Panda, 2015). According to Barnett et al. (1992) and Dibaji et al. (2017), women who worked part time did not have a problem with psychological distress when they had problems at home with their partner or children. They were able to adjust their schedules; this may have mitigated the mental distress they would have otherwise experienced if they were working full-time. Sharma (1999) noted that it is not employment or parental responsibilities alone that affect women’s mental health but how the women combine the roles.

According to Lee et al. (2004) who studied multiple roles of Korean women, incompatibility between the roles of motherhood and employment increased levels of

depression. Korean families generally follow traditional values, and roles, in which the husband is the breadwinner and decision maker, and the wife is the nurturer (Lee et al., 2004). If a Korean woman identifies her work role as stressful and uses working harder as a coping strategy, she may experience more depression. The wives have roles of being a mother, spouse, and employee. The roles of mother and employee may be in conflict with their traditional values causing role strain, which might result in depression. Women who perceive their role of motherhood and career as being incompatible were reported to having higher depression (Lee et al., 2004). This may be due to the conflict between their traditional values and working outside the home (Lee et al., 2004). The perception of role-conflict and enhancement may influence a woman's mental health (Tiedje et al., 1990; Zhou et al., 2018). Women with high role enhancement and low conflict may be less depressed. Role enhancement refers to roles that are compatible and beneficial. Tiedje et al. (1990) and Zhou et al. (2018) noted regardless of perceptions of enhancement, if a woman perceived a role as conflicting, she was more inclined to experience depression.

Bromberger et al. (2004) and Robinson (2018) found higher rates of depression existed in women who experienced financial strain, unemployment, and who were unmarried. When the aforementioned variables were controlled, African American women had reduced levels of depression. Reacting to this information, researchers have suggested the numbers could be lower due to the mental health needs of African American women being misdiagnosed, under diagnosed, and under treated (Sohail et al. 2014; Snowden & Pingitore, 2001). It has been noted by Nelson et al. (2022) and

Snowden and Pingitore (2001) that African American women tend to seek mental health treatment from their primary care physicians. The physicians may not evaluate the emotional distress of African American women accurately. African American women are less likely to have health insurance coverage that would allow them to visit psychologist or psychiatrists (Snowden & Pingitore, 2002). Many African American women may prefer to receive care from their primary physician than from mental health professionals (Snowden & Pingitore, 2002). If they do obtain mental health services, they are less likely to receive evidence-based care for depression or anxiety (Snowden & Pingitore, 2002).

Cochran et al. (1999) noted that depressive symptoms of African American women compared to White women were highest for those who were poor and not married. There were higher levels of depression among married Black women of higher socioeconomic status as a consequence of their having achieved a higher economic success in mainstream society. While attempting to assimilate economically and socially African American women pay a high emotional price. This could be a result of encountering both racial and gender bias. According to Gazmararian et al. (1995), African American women typically have a greater responsibility to care for older family members than do White women. They are exposed to a broader range of stressors such as racism. African American women have developed a number of coping skills including strong religious faith and social supports (Dalgard et al., 2006). Social support remains a factor in women's mental health (Dalgard et al., 2006). Women without social support

had a high prevalence of depression. Watson & Hunter (2015) and Wiggins et al. (1999) noted African American women frequently internalize oppression.

Summary and Conclusions

A combination of roles may enhance one women's well-being while another woman may be negatively affected (Sinha, 2017; Williams et al., 2003). For some women participating in multiple roles, the reward will outweigh negative effects (Cureton, 2018; Sieber, 1974). Individuals may perceive their role identities as a source of meaning, purpose, and behavioral guidance (Cureton, 2018; Simon, 1997). Recent reports indicate women who participate in multiple roles report lower levels of mental health problems and greater levels of well-being (Barnett & Hyde, 2001). Role conflict describes roles as being incompatible. The pressure from family roles and work roles may impose demands requiring time, energy, and commitment (Liang et al., 2019; Kahn et al., 1964). The individual may have to choose between the roles if one violates the expectations of the other (Liang et al., 2019; Sieber, 1974). Role strain or overload is said to occur when too many roles exist, causing stress in the individual (Baruch & Bamell, 1986). As role obligations increase, a time barrier may force the individual to honor some roles at the expense of no honoring other roles (Cureton, 2018; Sieber, 1974).

A review of the literature about the effects of the multiple roles of women has revealed a variety of variables that can have both positive and negative influences. Early reports on role theory suggested multiple roles can result in role strain, role overload, and conflicts (Goode, 1960). Competing hypotheses state multiple roles can lead to personal growth and well-being (Thoits, 1983). Gove and Hughes (1981) found women who

worked outside the home had less stress than housewives. Robinson et al. (2018) and Waldron and Jacobs (1989) reported women benefited from being in the labor force if they were unmarried rather than married. Repetti et al. (1989) noted that employment outside the home offers opportunities to increase social networks, which could result in better mental health. Dibaji, et al. (2017) and Simon (1995) noted women with numerous social roles experienced more depression. The impact of employment, relationships, and community involvement may decrease or increase a woman's stress depending on how she prioritizes her roles (Campos, 2013; Coverman, 1989). The African American family has been dependent on the African American woman's contribution to the family while they worked at home or outside the home (Wallace et al., 1980). Role overload is associated with conflicting role obligations leading to role strain and diminished psychological health (Coverman, 1989).

Married women with young children are more susceptible to stress while they attempt to engage in multiple roles (Kasen et al., 2003; Liang et al., 2019). Women who are unable to manage their roles well or feel they are losing control and cannot achieve their desired goals may be experiencing role strain (Home, 1996). Tweed and Jackson (1981) found the housekeeping role and its association with raising children is often found to be unsatisfying and stressful. Gove & Geerkin (1977) and Liang et al. (2019), stated children have an adverse effect on parents' emotional health.

Spousal support is a major factor in the balance of a women's stress level (McBride, 1990). Women with similar roles to their husbands have been identified as having more anxiety, distress, somatic complaints, and depression than other women

(Simon, 1995). Husbands' modest contribution to housework and childcare has often been the source of strain for the wife (Council, 2021; Simon, 1995). The wife is usually responsible for the bulk of domestic chores and childcare even though she is employed outside the home. Over involvement in one's career can result in strain on the marriage, especially if children are involved and the wife is taking in traditional roles in the home (Skinner, 1980). Women working long hours tend to have a greater chance experiencing depression (Maclean et al., 2004; Xu, 2019).

The previous described findings were reported by general role theorists. The debate seemingly continues. However, little research has been conducted about the roles taken by African American women. However, the literature overall showed employed African American women had significantly lower levels of family satisfaction when they were compared to women who were not employed (Reskin & Coverman, 1985).

A review of the literature about multiple role engagement revealed a wide variety of complex variables, which can have both positive and negative influences on women. Women are involved in roles as parents, mothers, employees, and community volunteers. All of these can have an enriching or deflating effect on their mental health. This study intends to improve the understanding of various roles and how they are related to depression and anxiety for educated African American women. This study focused on African American women who have earned at least a bachelor's degree and are involved in at least three roles (i.e., mother, wife, employee). I will assess the circumstances, concerns, and problems the participants face while involved in multiple roles and determine if the roles are associated with depression and anxiety. There is very little data

on college-educated women involved in multiple roles and even less data on educated African American women specifically. In the next chapter I will discuss the research procedures in more detail.

Chapter 3: Research Method

Introduction

The purpose of this study was to assess the relationship between the roles, marital status, parental status, and employment status of educated African American women and the influence on their mental health (i.e., depression and anxiety) as a result of role strain. I used quantitative measures to assess the study variables. I will review the instrumentation in this chapter. The online survey for the study included different measures that were used to quantitatively assess depression, anxiety, and role strain of the participants. The RQs and hypotheses for the study were as follows:

RQ1: Are marital status, parental status, and employment status associated with levels of role strain, as measured by the WRSI?

H_01 : Marital status, parental status, and employment status are not associated with levels of role strain, as measured by the WRSI.

H_a1 : Marital status, parental status, and employment status are associated with levels of role strain, as measured by the WRSI.

RQ2: Is depression, as measured by the PHQ-9, associated with levels of role strain, as measured by the WRSI?

H_02 : Depression, as measured by the PHQ-9, is not associated with levels of role strain, as measured by the WRSI.

H_a2 : Depression, as measured by the PHQ-9, is associated with levels of role strain, as measured by the WRSI.

RQ3: Are levels of anxiety, as measured by the GAD-7, associated with role strain, as measured by the WRSI.

H_03 : Levels of anxiety, as measured by the GAD-7, are not associated with role strain, as measured by the WRSI.

H_a3 : Levels of anxiety, as measured by the GAD-7, are associated with role strain, as measured by the WRSI.

In this chapter, I will discuss the methods for recruiting participants and other procedures, including for data analyses. The relationship among role strain and multiple roles will be clarified by reviewing variables such as marital status, parental status, and employment status, to identify predictors of role strain of educated African American women. The purpose of this study was to assess the relationship between the roles, marital status, parental status, and employment status of educated African American women and the influence on their mental health as a result of role strain. In this quantitative study, I examined the multiple roles of educated African American women and the association of role strain with depression and anxiety. Depression, anxiety, and multiple role strain were measured. The participating women had to have at least three roles. Findings may benefit African American women, the medical community who treat African American women, and employers who are interested in improving the health and well-being of those whom they employ.

Research Design and Rationale

This was a quantitative study. I examined several variables to determine whether multiple roles of educated African American women were associated with role strain,

depression, and anxiety. The independent variables in the study were marital status, parental status, and employment status. The dependent variables were role strain, depression, and anxiety. The research design selected for the study was a cross-sectional survey design. I chose a convenience sample of educated African American women as a population sample. A cross-sectional study is used to study a given population at a specific point of time (Maninder, 2016). Researchers used a cross-sectional study design to analyze data from population-based surveys to identify the prevalence of disease in samples (Maninder (2016). Survey research is used to quantitatively describe specific information from a given population, which often involves examining relationships among variables (Salant & Dillman, 1994). I used a cross-sectional study design to acquire information about college-degreed African American women.

I administered the surveys online. The surveys measured multiple variables. Advantages of an online survey include low cost, reduced time required for implementation, and greater accessibility (Maninder, 2016). Disadvantages of the online survey for this study included the inability to generate a random sample of the general population because I sent the surveys to specific groups on the internet. It is challenging to derive causal relationships with cross-sectional analysis as it is a one-time measurement (Maninder 2016). However, it can provide useful information for further research.

Methodology

Population

According to the United States Census Bureau (2018), there were 22 million African American females in the United States in 2017. There were 14 million African American women 25 years and older. Of the 14 million African American women, 24% had bachelor's degrees or higher.

Sampling and Sampling Procedures

The convenience sample included participants from local African American sororities, women's groups, local churches, and referrals from participants. The selection criteria included African American mothers 18 years of age or older who were degreed and employed. Participants had at least one child aged 18 or younger. I posted electronic invitations to groups on social media to participate in the survey. The invitation was submitted to women's groups in which the majority of the members were college-degreed African American women. The selection criteria included that women have at least three roles (e.g., spouse, mother, and employee).

G*Power

I used G*Power software for power analysis and sample size calculations per Walden University (2020). I used G*Power 3.1.9.2 software to determine the appropriate sample size and statistical power for statistical significance. I used multiple regression analysis to determine the sample size. The effect size (f^2) was set at .15, the significance level used (alpha) to compute the confidence level (err prob) was set at 0.05, and the power was a conventional .80. The number of predictors was different for each RQ

because the number of independent variables was different. The sample size calculated was 77 for RQ1, which had three variables, and 55 for RQs 2 and 3 as they had one variable. Therefore, I sought to obtain 77 participants for this correlational study. The RQs and hypotheses were as follows:

RQ1: Are marital status, parental status, and employment status associated with levels of role strain, as measured by the WRSI?

H₀1: Marital status, parental status, and employment status are not associated with levels of role strain, as measured by the WRSI.

H_a1: Marital status, parental status, and employment status are associated with levels of role strain, as measured by the WRSI.

RQ2: Is depression, as measured by the PHQ-9, associated with levels of role strain, as measured by the WRSI?

H₀2: Depression, as measured by PHQ-9, is not associated with levels of role strain, as measured by the WRSI.

H_a2: Depression, as measured by the PHQ-9, is associated with levels of role strain.

RQ3: Are levels of anxiety, as measured by the GAD-7, associated with role strain, as measured by the WRSI?

H₀3: Levels of anxiety, as measured by the GAD-7, are not associated with role strain, as measured by WRSI.

H_a3: Levels of anxiety, as measured by the GAD-7, are associated with role strain, as measured by WRSI.

Procedures for Recruitment, Participation, and Data Collection

At the recommendation of the G Power software a minimum of 77 college educated African American women were asked to respond to a survey. The survey contained questions relating to mental health, emotional health, and physical health. I recruited respondents from across the United States including urban and rural areas. Each participant was informed that they were required to meet inclusion criteria, which included having at least three roles.

I distributed a letter announcing the project via the internet to sororities, local churches, and social and professional organizations with African American women members. Volunteers from these organizations were asked to participate and answer a one-time online survey. Prospective participants received an invitation letter (see Appendix A) and informed consent form with the survey. The Qualtrics survey contained questions to identify role strain, anxiety, and depression in African American women with college degrees. The survey consisted of 79 questions and took less than a half an hour to complete.

Instrumentation and Operationalization of Constructs

The online survey included demographic questions (see Appendix B), the GAD-7 (Spitzer et al., 2006; Appendix C), the PHQ-9 (Kroenke et al., 2001; Appendix D), and the WRSI (Lengacher, 1997; Appendix E).

General Anxiety Disorder-7

The GAD-7 was developed to screen for general anxiety in primary care settings (Spitzer et al., 2006). Spitzer et al. (2006) designed the GAD-7 to be a self-report

inventory. The inventory measures the severity of anxiety in individuals 18-95 years. The inventory takes less than 2 min to complete. No permission was required to reproduce, translate, display, or distribute the survey. The inventory discriminates between anxious and nonanxious groups. The seven items assess (a) feeling nervous, anxious, or on edge; (b) being able to stop or control worrying; (c) worrying too much about different things; (d) trouble relaxing; (e) being restless; (f) becoming easily annoyed or irritable; and (g) feeling afraid as if something awful might happen. Each item is scored on a four-point Likert Scale (0-3) with the total score ranging from 0 to 21. The GAD-7 is calculated by assigning scores of 0, 1, 2, and 3 to the response categories of “not at all,” “several days,” “more than half the days, and “nearly every day,” respectively (Spitzer et al., 2006). A total score of 0-4 indicated minimal anxiety; 5-9; mild anxiety; 10-14, moderate anxiety; and 15-21, severe anxiety. The higher the score, the more severe the anxiety. Scores greater than 10 are considered to be in the clinical range (Spitzer et al., 2006).

The GAD-7 was normed on 2,739 adults (Spitzer et al, 2006). Sixty-five percent of the participants were female (Spitzer et al, 2006). According to Spitzer et al. (2006) Eight percent of the participants were African American but there was no specification on the number of African American females. The reliability was good (Cronbach's $\alpha=.92$). The GAD had good procedural reliability, excellent internal consistency. There was good criterion validity, factorial validity, and procedural validity. The test-retest was good .83 (Spitzer et al., 2006). When the participants were interviewed by mental health professionals, the GAD-7 was found to have good procedural validity. I chose this instrument as it is considered a reliable and valid measure of anxiety severity.

Patient Health Questionnaire-9

The PHQ-9 was a self-administered version of the PRIME-MD diagnostic instrument, which measures depression in individuals 18 years and older. The PHQ-9 was developed by Dr. Kurt Kroenke and Janet Williams. It was developed as an educational grant from Pfizer, Inc. No permission was required to reproduce, translate, display or distribute. The PHQ-9 rated the frequency of the symptoms identified by the participant (Kroenke et al., 2001). The PHQ-9 screened and assigned weight to the degree of depressive symptoms affect the participants level of function (Kroenke et al., 2001). There were 9 items to measure. The assessment took less than 5 min to complete. A sample question asked is if the participant is feeling depressed. The question was answered “0” (not at all), “1” (several days), “2” (more than half the days). Or “3” (nearly every day). The columns were added for a total score, which ranged from 0-27. The total score identified the severity of depression. Scores between 5-9 represented minimal symptoms of depression; 10-14 represented minor depression; 15-19 represented major depression, moderately severe; greater than 20 represented major depression, severe.

According to Kroenke et al. (2006), the PHQ-9 was normed on 3,890 patients from 18 years and older. Fifteen percent of the participants were African American women. The internal reliability of the PHQ-9 has a Cronbach’s $\alpha = .89$ in the Primary Care Study and a .86 in the PHQ-9 Obstetrics and Gynecology Study. The PHQ-9 had good procedural reliability, excellent internal consistency. There was good criterion validity, factorial validity, and procedural validity. Test-retest reliability of the PHQ-9

was .84 within 48 hr. Validity was good and established by structured interviews by mental health professionals. The results showed the patients who scored greater than 10 on the PHQ-9 were between 7 to 13.6 times more likely to be diagnosed with depression by the mental health professional and those patients who scored less than 4 had less than 1 in 25 chance of having depression (Kroenke et al., 2001). I chose to use this measure as it was considered a reliable and valid measure of depression severity.

Working Women's Role Strain Inventory

The WRSI is a self-report inventory that assesses the degree of role strain experienced by women who juggle the roles of wife, mother, and employee (Yang et al., 2008). The WRSI was developed by Cecile Lengacher. No permission was required to reproduce, translate, display or distribute. I was unable to locate the age of the participants. However, the median age of the participants was 37 years (Lengacher, 1997). The WRSI had 44 items referring to the experiences of working women. The participants rated their level of agreement based on a 5-point Likert scale of 1-5; 1 (strongly disagree); 2 (frequently disagree); 3 (agree); 4 (agree); 5 (strongly agree) to determine the role with the greatest conflict. An example of a question on the WRSI was "My working role does not cause me strain". The participant would respond by circling the number 1-5 based on the feeling, opinion, or action. The possible numbers were totaled. The possible total score on the WRSI ranged from 44 to 220. The higher the score the greater the conflict. Sixteen items on the WRSI were calculated for Role Distress (RD) reflecting adverse strain associated with multiple roles of working and family. Twelve items on the WRSI were calculated for Role Enhancement (RE)

reflecting a positive response to multiple roles. Twelve items on the WRSI were calculated for Role Support (RS), reflecting the importance of support from family and friends.

According to Lengacher (1997) the WRSI was normed on 445 female nurses. The number of African American participants was not discussed. The content validity index was .91 suggesting the scale was suitable for identifying role strain (Lengacher, 1997). The WRSI had good procedural reliability, excellent internal consistency. There was good criterion validity, factorial validity, and procedural validity. The test- retest coefficients ranged from .61 to .91 (Lengacher, 1997). The internal consistency alpha coefficient was .93. Validity was good. I chose this instrument to assess role strain in women as it had a high reliability and validity.

Demographic Survey

Participants were also asked to complete a demographic information survey. The questions allowed me to collect information on marital status, employment status, level of education, roles, annual family income, work status, household size, and number of children living in the home. The demographic survey listed eight roles of women (i.e., mother, employee, wife/partner, church member, community organization member, daughter, student, and friend). The demographic survey also identified if there were any recent life events that occurred which could be attributed to stress.

Data Analysis Plan

This was a quantitative survey designed to examine the relationship of multiple roles on educated African American women. Participants were provided a link on social

media to an online survey that was created through Qualtrics (www.qualtrics.com). Data were exported from the Qualtrics Web site into the statistical program, SPSS. Correlation analysis was conducted to determine if there was a relationship between marital status, parental status, employment status and role strain. Correlation analyses was also conducted to determine if there was a relationship between role strain and depression and role strain and anxiety. Multivariate analyses were conducted to explore the relationship between the dependent variables and the independent variables.

Threats to Validity

Using self-report instruments to measure the relationship between roles, marital status, parental status, and employment status of the participants, there is an assumption that the participants will answer truthfully. However, there is a possibility the answers may not fully mirror the participants' feelings and behaviors. According to Cook & Campbell (1979) the threat to validity is greater than actually observing the performance of the participants in a direct measure. I am expecting the participants' responses to be as close to the truth as possible.

External Validity

According to Christensen (2000) external validity was defined as the extent to which the results of the study can be generalized and applied to other groups. This cross-sectional study of college-educated African American women between the ages of 25 and 55 with three specific roles (parent, spouse, and employed) may not reflect the same results as another group of women (Cook & Campbell ,1979).

A power analysis determined the effect size of the variables and predictability. The sample was a convenience sample and not a random sample, which limits generalizability. However, the convenience sample consisted of participants who maintain the roles needed with the characteristics necessary for the study.

Internal Validity

According to Cook & Campbell (1979), Internal Validity was related to that which is done in practice compared to what is done in an ideal situation. The self-report instruments were uniform but the possibility of the participants failing to take part or not participate in every phase of the study (fully answering all the questions) may result in mortality of the study. However, the instruments used were considered short forms, or abbreviated tools, which would not require a lot of time to complete.

Ethical Procedures

There were several ethical areas to consider while conducting this research. They include potential for harm, participant confidentiality and anonymity. I ensured full disclosure of potential outcomes so that no harm or negative consequences would happen to participants. The respondents were African American women between the ages of 25 and 55. The respondents were volunteers who chose to participate in the study. They were free to decline participation. There were a greater number of surveys collected in case there were surveys not completely answered. The respondents did not know the results of the surveys. Their data were archived. There was minimal respondent risk involved. The study relied on the accuracy and reliability of the study's reporting

measures, procedures, and protocols. All participants were provided with a list of mental health resources at the end of the survey.

Electronic surveys were assessed by Qualtrics software. The results contained the letter of consent form and survey. I received the responses. They were separated into two separate files. The files were maintained on a password protected laptop protecting their anonymity and responses. All information was maintained for a minimum of 5 years. I was the only one with access to the files. The data were stored on a flash drive and kept in a protected area. The files will be deleted by using a Window's desk cleanup utility that permanently removes files from the computer and the recycle bin. Files will be maintained for 5 years. This study relied on the accuracy and reliability of the reporting measures, procedures, and protocols. There was no threat of any identifying information being revealed in the dissemination of the research findings as names and personal information was not connected. Documents required by the Walden University Institutional Review Board (i.e., agreements to gain access to participants, treatment of human participants, and Institutional permissions) were included once they were received.

Summary

This chapter described the research methodology used for the cross-sectional study and criteria for the multiple roles along with the characteristics of the sample, the types of instruments used to assess the variables (role strain, anxiety, and depression), and demographics. It also described the procedures, RQs, null hypotheses, sample size and power analysis of the study.

Chapter 4: Results

Introduction

The purpose of the study was to assess the relationship between the roles, marital status, parental status, and employment status of educated African American women and the influence on their mental health (i.e., depression and anxiety) as a result of role strain, as measured by the WRSI, GAD-7, and the PHQ-9. With more women in the workforce and minimum change in responsibilities in the home, there is a need to review how women, specifically African American women, are experiencing stress with competing claims on their time (Campos et al., 2013). The RQs concerned the relationship between the independent variables (marital status, parental status, and employment status) and the dependent variables (role strain, depression, and anxiety).

In this chapter, I provide the results of the quantitative study. Using SPSS software package Version 27, I obtained descriptive statistics including means, standard deviations, frequencies, and percentages. The chapter will include textual and tabular presentation of the data results. SPSS was used to conduct parametric and nonparametric tests such as t-tests, one-way analysis of variance (ANOVA), Pearson's product-moment correlations, and Kruskal-Wallis and Mann-Whitney U tests to examine the RQs and the hypotheses, which were as follows:

RQ1: Do marital status, parental status, and employment status influence levels of role strain, as measured by the WRSI?

H_{01} : Marital Status, parental status, and employment status are not associated with levels of role strain, as measured by the WRSI.

H_a1: Marital status, parental status, and employment status are associated with levels of role strain, as measured by the WRSI.

RQ2: Is depression, as measured by the PHQ-9, associated with levels of **role** strain, as measured by the WRSI?

H₀1: Depression, as measured by the PHQ-9, is not associated with levels of role strain, as measured by the WRSI.

H_a2: Depression, as measured by the PHQ-9, is associated with levels of role strain, as measured by the WRSI.

RQ3: Are levels of anxiety, as measured by the GAD-7, associated with role strain, as measured by the WRSI?

H₀3: Levels of anxiety, as measured by the GAD-7, are not associated with role strain, as measured by the WRSI.

H_a3: Levels of anxiety, as measured by the GAD-7, are associated with role strain, as measured by the WRSI.

Data Collection

After receiving Institutional Review Board approval (no. 07-06-22-0032350), I posted surveys on social media (i.e., Facebook groups). The surveys opened on July 19, 2022, and closed on September 20, 2022. The Facebook groups were targeted to African American women with college degrees. Surveys were also available to women in an African American nursing sorority and the Walden University participant pool. The surveys were designed for college-educated African American women with multiple

roles. Of the 135 surveys viewed and/or started, only 82 were completed, giving a 61% completion rate.

I used G*Power 3.1.9.2 to determine the appropriate sample size and statistical power for statistical significance. I used multiple regression analysis to determine the sample size. The effect size f^2 was 0.15, the alpha significance level was 0.05, and the power was a conventional .80. The number of predictors was different for each RQ because the number of independent variables was different. The sample size calculated was 77 for RQ1, which had three variables, and 55 for RQs 2 and 3 as they had one variable. I wanted to obtain a minimum of 77 participants and ended with 82 women with multiple roles.

Demographics

I collected demographic information on the participants to provide information about the population. Eighty-two college-educated African American women completed demographic questionnaires. Sixty-five percent of the women in the study had a master's degree. Ninety-nine percent of the women had children. Thirty-two percent of the women had one child, and 29% had two or three children. Almost all participants (98%) of the women in the study were employed. All participants reported their overall health as being fair or above. Forty-five percent of the women participants reported minimal depression, 34% reported mild depression, 15% reported moderate depression, 5% reported moderately severe depression, and 1% reported severe depression. Seventy-one percent had a family income between \$76,000 and \$100,000. Of those who responded to the employment question relating to their spouse, all indicated that their spouses were

employed. The largest group of participants (34%) stated that their spouse had an associate's degree, and the next largest group of participants (31%) indicated that their spouse was a 4-year college graduate. Seventy-one percent of the women had a family income of \$76,000 to \$100,000. The majority reported good overall health (71%). The majority reported good health for their husband (60%). The majority reported excellent health status for their children (55%). Table 1 reports the demographic information.

Table 1*Frequencies and Percentages for Categorical Study Variables*

Variable	<i>n</i>	%
Marital status		
Single	3	3.7
Married/Living together	79	96.3
No. of children		
No children	1	1.2
1 child	26	32.1
2 children	24	29.6
3 children	24	29.6
4 children	6	7.4
5 children	1	1.2
Parental status		
Not a parent	1	1.2
Parent	81	98.8
Employment status		
Unemployed	2	2.4
Employed	80	97.6
Patient Health Questionnaire-9 depression severity		
Minimal depression	37	45.1
Mild depression	28	34.1
Moderate depression	12	14.6
Moderately severe depression	4	4.9
Severe depression	1	1.2
Educational level		
Some graduate school	2	2.4
College graduate	6	7.3
Master's degree	53	64.6
Doctorate	21	25.6

Variable	<i>n</i>	%
Family income		
\$25-\$50K	3	3.8
\$51-75K	12	15.2
\$76-\$100K	56	70.9
Greater than \$100K	8	10.1
Spouse employment status		
Employed	74	100.0
Spouse education level		
Associate's degree	24	34.3
Some graduate school	6	8.6
College graduate	22	31.4
Master's degree	12	17.1
Doctorate	6	8.6
Health status overall		
Poor	0	.0
Fair	11	13.4
Good	58	70.7
Excellent	13	15.9
Health status of husband		
Poor	1	1.3
Fair	12	15.4
Good	47	60.3
Excellent	18	23.1
Health status of children		
Poor	0	.0
Fair	0	.0
Good	33	42.3
Excellent	45	57.7

Note. Frequencies not summing to 82 reflect missing data.

Table 2 contains the continuous variables. The WRSI has four categories of role strain: overall role strain, role distress, role enhancement, and role support. Overall WRSI scores ranged from 30 to 121 with a mean of 76.54 ($SD = 22.46$). The role distress scores ranged from 8 to 53 with a mean of 29.04 ($SD = 11.42$). The role enhancement scores ranged from 14 to 45 with a mean of 29.39 ($SD = 7.49$). The role support scores ranged from 3 to 33 with a mean of 18.38 ($SD = 5.87$). The PHQ-9 scores ranged from 0 to 24 with a mean score of 6.29 ($SD = 4.63$). The PHQ-9 Depression Severity scores ranged from 1 to 5 with a mean score of 1.83 ($SD = .94$). The GAD-7 scores ranged from 0 to 21 with a mean score of 6.15 ($SD = 4.85$). The ages of the participants ranged from 22 to 61 with a mean of 43.44 years ($SD = 7.78$). The ages of the spouses ranged from 30 to 63 with a mean of 45.97 ($SD = 7.80$). The number of children ranged from 1 to 5 with a mean of 2.16 ($SD = 1.03$). The years of marriage ranged from 1 to 38 with a mean of 14.35 years ($SD = 8.31$).

Table 2*Means and Standard Deviations for Continuous Study Variables*

Variables	<i>N</i>	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>
Working Woman's Role Strain Inventory: Overall scale	82	76.54	22.46	30	121
Working Woman's Role Strain Inventory: Role Distress	81	29.06	11.42	8	53
Working Woman's Role Strain Inventory: Role Enhancement	82	29.39	7.49	14	45
Working Woman's Role Strain Inventory: Role Support	82	18.38	5.87	3	33
Patient Health Questionnaire	82	6.29	4.63	0	24
General Anxiety Disorder	82	6.15	4.85	0	21
Age	82	43.44	7.79	22	61
Number of children	82	2.13	1.03	0	5
Spouse age	74	45.97	7.80	30	63
Years of marriage	75	14.35	8.31	1	38

Note. *Ns* not equal to 82 reflect missing data.

Data Analysis

A descriptive analysis of the study variables was conducted using tabulations of categorical variables to provide frequencies and percentages. For continuous study variables, frequencies, means, standard deviations, and minimum and maximum values

were reported. The primary analysis was conducted to answer the study RQs using bivariate analyses to explore the individual relationships and comparisons between the independent and dependent variables in the study. The analysis was then expanded to include more exploratory and multivariate analysis of the dependent variables.

Significance levels were set at .05 alpha level. The analysis was conducted using IBM SPSS version 27 (IBM Corp. Released 2020).

RQ1 asked, are marital status, parental status, and employment status associated with levels of role strain, as measured by the WRSI? To test these factors, mean differences in the WRSI based on marital status was analyzed using an independent sample t-test which reported whether a significant difference in means between the two groups existed at the .05 level. Means and standard deviations for all groups and p-values were reported for these analyses.

Two separate analyses were used to test the number of children and parental status influence on the WRSI. For the first test, the number of children was correlated with the WRSI using a Pearson Product-Moment Correlation to determine if a relationship existed at the .05 level. This analysis assessed to what extent and in what direction did the WRSI scale move given an increase in children for a participant. Associations were expressed using correlation coefficients (r) that varied from -1 to 1 with an r approaching 0 indicating no relationship exists. For the second test, the number of children was recoded as a binary variable that captured whether a participant either had or did not have children (parental status) and an independent sample t-test was conducted to determine if there was a statistically significant mean difference in WRSI by parental

status at the .05 level. Last, to test employment status an independent sample t-test was conducted to determine if there was a statistically significant mean difference in WRSI by employment status at the .05 level. Non-parametric equivalents to the parametric tests mentioned above were also conducted to ensure statistical significance did not vary due to potential non-normality and dependence of ordinal measured categories. Non-parametric tests do not have as stringent assumptions of the data in this regard. Accordingly, Mann-Whitney U tests were analyzed along with independent sample t-tests and Spearman's rho correlations analyzed along with Pearson's correlations. If statistical significance varied across parametric and non-parametric tests, the results of the non-parametric test would be reported as well to provide a more valid interpretation.

RQ2 asked, Is depression, as measured by the PHQ-9, associated with levels of role strain, as measured by the WRSI? Two separate tests were used to test the relationship between depression and the WRSI. For the first test, the PHQ-9 depression scale was correlated with the WRSI using a Pearson Product-Moment Correlation test. This analysis was used to establish the strength and direction an increase in depression had on the WRSI scale. For the second test, the PHQ-9 depression scale was categorized into clinically validated ordinal levels of depression which had six levels that ranged from no depression to severe depression. To analyze this against the WRSI, a one-way ANOVA was implemented that assessed whether the mean level of the WRSI was significantly different for levels of depression. Means and standard deviations for all groups and F-test statistics and p-values were reported for the overall test. Spearman's

rho and the Kruskal-Wallis non-parametric equivalents were also tested to ensure there was no variation in statistical significance, respectively.

RQ3 asked, Are levels of anxiety, as measured by the GAD-7, associated with levels of role strain, as measured by the WRSI? To test the relationship between general anxiety and the WRSI, the GAD-7 anxiety scale was correlated with the WRSI using a Pearson Product-Moment Correlation test. This analysis was used to establish the strength and direction an increase in anxiety had on the WRSI scale. A Spearman's rho non-parametric equivalent was also tested to ensure there was no variation in statistical significance.

Additionally, three follow-up exploratory analyses were also implemented. A correlation analysis was conducted to explore the relationship between all other factors in the data with the dependent study variables to see if there were additional important relationships that could be established. A Pearson Product-Moment Correlation was conducted using the number of children, family income, participant age, spouse age, and years of marriage with the subscales of the WRSI, the overall WRSI composite, GAD7, and PHQ-9 scales. Lastly, two multivariate analyses were conducted using the independent variables from RQ1 (employment status, parental status, and marital status) and testing their effects on: 1) each of the subscales of the WRSI (role distress, role enhancement, and role support) and 2) on the overall WRSI composite, the GAD7, and the PHQ-9. These multivariate analyses were implemented using a three-way multivariate analysis of variance (MANOVA) which can test independent effects on multiple continuously measured dependent variables simultaneously. Accordingly, the

MANOVA can test the univariate effects of the independent variables on the dependent variables and also the multivariate effect of the independent variables on all three dependent variables simultaneously. Means and standard deviations for all groups and F-test statistics and p-values were reported for the univariate and multivariate tests. I examined the assumptions using the Levene's test to ensure the group variances were similar. The Levene's test was used with the WRSI scale as it related to marital status and employment status.

Results

Research Question 1

RQ1: Are marital status, parental status, and employment status associated with levels of role strain, as measured by the WRSI?

H_{a1}: Marital status, parental status, and employment status are associated with levels of role strain, as measured by the WRSI.

A Levene's test was conducted to ensure that group variances were similar, and the results of that test indicate that they all were equal. An independent sample t-test was conducted to assess the mean differences in the WRSI scales between married/living together and single participants. Prior to running the t-test the WRSI needed reverse scoring on specific questions to tally the scores correctly. Questions 2, 3, 6, 7, 8, 9, 10, 11, 17, 19, 20, 22, 23, 26, 31, 35, 36, 37, 38, 39, 40, and 41 are reverse coded to that higher numbers represent greater amounts of strain.

The results of these analyses are shown in Table 3. The results of the t-tests show that none of the WRSI scales had statistically different means between these groups at the

.05 alpha level. The results of this test suggest that there are no group differences in role strain between single and married/living together participants.

Table 3

Means and Standard Deviations for Woman's Role Strain Inventory (WRSI) by Marital Status

Outcomes by Marital Status	<i>n</i>	<i>M</i>	<i>SD</i>	<i>p</i>
Working Woman's Role Strain Inventory: Overall scale				.281
Single	3	90.33	27.02	
Married/Living Together	79	76.01	22.30	
Working Woman's Role Strain Inventory: Role Distress				.362
Single	3	35.00	12.17	
Married/Living Together	78	28.83	11.41	
Working Woman's Role Strain Inventory: Role Enhancement				.247
Single	3	34.33	10.07	
Married/Living Together	79	29.20	7.40	
Working Woman's Role Strain Inventory: Role Support				.434
Single	3	21.00	5.20	
Married/Living Together	79	18.28	5.90	

Note. Ψ Equal variances not assumed statistics reported.

A correlation analysis was conducted to assess the relationship between the WRSI scales and the number of children a participant has. The results of these tests are shown in Table 4. The results of the correlation tests show that none of the WRSI scales had statistically significant association with the number of children a participant has at the .05 alpha level. All of the correlations were very small effect sizes (all $r_s < .10$). The results

of this test suggest that there is no relationship between the number of children a participant has and role strain. The statistical significance of these tests was consistent across both parametric and non-parametric tests.

Table 4

Pearson's Product–Moment Correlations of Number of Children with Woman's Role Strain Inventory (WRSI)

Correlations	Number of children <i>r</i>
Working Woman's Role Strain Inventory: Overall scale	.001
Working Woman's Role Strain Inventory: Role Distress	-.042
Working Woman's Role Strain Inventory: Role Enhancement	-.039
Working Woman's Role Strain Inventory: Role Support	.077

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

As an added test of this relationship, the number of children was recoded into a categorical variable with two groups: non-parent and parent. An independent sample t-test was conducted to assess the mean differences in the WRSI scales between non-parents and participants that are parents. The results of these tests are shown in Table 5. A Levene's test was not conducted due to the lack of variance in the "Not a parent" group. As an added measure to account for low group sample sizes, non-parametric Mann-Whitney U tests were also conducted. The results of the t-tests show that the overall, role distress, and role enhancement WRSI scales had statistically different means

between these groups at the .05 alpha level. For the overall scale, mothers have significantly less role strain ($M = 75.99$, $SD = 22.03$) compared to non-parents ($M = 121.00$), $p < .05$. For the role distress subscale, although the parametric tests showed non-significance, the non-parametric test did indicate a significant difference ($p = .049$) suggesting that mothers have significantly less role strain ($M = 28.81$, $SD = 11.27$) compared to non-parents ($M = 49.00$). For the role enhancement subscale, mothers have significantly less role strain ($M = 29.20$, $SD = 7.33$) compared to non-parents ($M = 45.00$), $p < .05$. The role support subscale was not significant in either parametric or non-parametric tests. These results indicate that there is considerably more role strain for non-parents compared to parents and these results diverge from the results of the number of children analysis due to what is likely the categorical nature of the effect of parenthood – e.g., whether you have 1 child or 5 children, the impact of role strain is lower than if you have no children.

Table 5

Means and Standard Deviations for Woman's Role Strain Inventory (WRSI) by Parental Status

Outcome by Parental Status	<i>n</i>	<i>M</i>	<i>SD</i>	<i>p</i>
Working Woman's Role Strain Inventory:				
Overall scale				.046
Not a parent	1	121.00	-	
Parent	81	75.99	22.03	
Working Woman's Role Strain Inventory:				
Role Distress				.079
Not a parent	1	49.00	-	
Parent	80	28.81	11.27	

Outcome by Parental Status	<i>n</i>	<i>M</i>	<i>SD</i>	<i>p</i>
Working Woman's Role Strain Inventory:				
Role Enhancement				.035
Not a parent	1	45.00	-	
Parent	81	29.20	7.33	
Working Woman's Role Strain Inventory:				
Role Support				.140
Not a parent	1	27.00	-	
Parent	81	18.27	5.82	

Note. The Levene's test of equal variances was not conducted due to the lack of variance in the "Not a parent" group.

A Levene's test was conducted to ensure that group variances were similar, and the results of that test indicate that they all were equal. An independent sample t-test was conducted to assess the mean differences in the WRSI scales between unemployed and employed participants. The results of these tests are shown in Table 6. The results of the t-tests show that none of the WRSI scales had statistically different means between these groups at the .05 alpha level. The results of this test suggest that there are no group differences in strain between single and married/living together participants.

Table 6

Means and Standard Deviations for Woman's Role Strain Inventory (WRSI) by Employment Status

Outcome by Employment Status	<i>n</i>	<i>M</i>	<i>SD</i>	<i>p</i>
Working Woman's Role Strain Inventory:				
Overall scale				.730
Unemployed	2	82.00	38.18	
Employed	80	76.40	22.31	
Working Woman's Role Strain Inventory:				
Role Distress				.750
Unemployed	2	26.50	20.51	
Employed	79	29.13	11.32	
Working Woman's Role Strain Inventory:				
Role Enhancement				.436
Unemployed	2	33.50	16.269	
Employed	80	29.29	7.33	
Working Woman's Role Strain Inventory:				
Role Support				.380
Unemployed	2	22.00	1.41	
Employed	80	18.29	5.91	

Note. Ψ Equal variances not assumed statistics reported.

Research Question 2

RQ2: Is depression, as measured by the PHQ-9, associated with levels of role strain, as measured by the WRSI?

H_{a2} : Depression, as measured by the PHQ-9, is associated with levels of role strain, as measured by the WRSI.

A correlation analysis was conducted to assess the relationship between the WRSI scales and the PHQ-9 scale and its ordinal severity measure. The results of these tests are shown in Table 7. The results of the correlation tests show that all of the WRSI scales had a statistically significant positive association with the PHQ-9 scale and severity measures at the .05 alpha level. All of the correlations were moderate to strong effect sizes (all r s ranged from .332 to .558). The results of this test suggest that there is a positive relationship between depression and role strain such that as levels of depression increase, so too does role strain, or vice versa. The statistical significance of these tests was consistent across both parametric and non-parametric tests.

Table 7

Pearson's Product–Moment Correlations for Depression (PHQ-9 Scale) with Woman's Role Strain Inventory (WRSI)

Correlations	PHQ-9 Scale <i>r</i>	PHQ-9 Severity <i>r</i>
Working Woman's Role Strain Inventory: Overall scale	.558 ***	.540 ***
Working Woman's Role Strain Inventory: Role Distress	.555 ***	.520 ***
Working Woman's Role Strain Inventory: Role Enhancement	.593 ***	.579 ***
Working Woman's Role Strain Inventory: Role Support	.334 **	.332 **

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

As an added test of this relationship, the PHQ-9 severity measure was included in a one-way ANOVA to assess the mean differences in the WRSI scales between the PHQ-9 severity categories. The results of these tests are shown in Table 8. The results of the one-way ANOVAs show that all of the WRSI scales had a statistically significant overall mean differences across the PHQ-9 severity categories at the .05 alpha level. Typical post-hoc testing to see where pairwise mean differences existed could not be conducted due to only one participant being in the severe category. To overcome this issue, pairwise non-parametric Mann-Whitney U tests were conducted to assess the statistical

significance of the comparisons. A Bonferroni correction was applied to account for the use of multiple tests. The post-hoc tests indicate that for the overall WRSI scale there is a significant mean difference between the minimal depression ($M = 66.49$, $SD = 18.54$) and the moderate depression ($M = 97.42$, $SD = 13.32$) groups, $p < .05$. There was also a significant difference between minimal depression ($M = 66.49$, $SD = 18.54$) and moderately severe depression ($M = 99.75$, $SD = 13.48$) groups, $p < .05$.

For the role distress subscale of the WRSI, the only statistically significant pairwise mean difference was between minimal depression ($M = 24.08$, $SD = 9.72$) and the moderate depression ($M = 39.50$, $SD = 7.75$), $p < .05$. For the role enhancement subscale of the WRSI, there were statistically significant pairwise mean differences between minimal depression ($M = 25.24$, $SD = 5.91$) and mild depression ($M = 30.46$, $SD = 7.29$), moderate depression ($M = 36.00$, $SD = 4.47$) and moderately severe depression ($M = 38.00$, $SD = 4.32$), all $ps < .05$. For the role support subscale of the WRSI, there were no statistically significant pairwise mean differences in post-hoc analysis. The results of these tests suggest that generally speaking, as levels of depression severity increase, levels of role strain increase – mirroring the results of the correlation analysis with the PHQ-9 scale.

Table 8

Means and Standard Deviations for Woman's Role Strain Inventory (WRSI) by Depression (PHQ-9 Categorical Levels)

Outcome by PHQ-9 Severity	<i>N</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>
Working Woman's Role Strain Inventory: Overall scale				8.60	< .001
Minimal depression	37	66.49 ^a	18.54		
Mild depression	28	76.18 ^b	22.25		
Moderate depression	12	97.42 ^b	13.32		
Moderately severe depression	4	99.75 ^b	13.48		
Severe depression	1	115.00 ^b	-		
Working Woman's Role Strain Inventory: Role Distress				7.69	< .001
Minimal depression	37	24.08 ^a	9.72		
Mild depression	27	29.00 ^b	11.25		
Moderate depression	12	39.50 ^b	7.75		
Moderately severe depression	4	39.75 ^b	4.99		
Severe depression	1	47.00 ^b	-		
Working Woman's Role Strain Inventory: Role Enhancement				10.27	< .001
Minimal depression	37	25.24 ^a	5.91		
Mild depression	28	30.46 ^b	7.29		
Moderate depression	12	36.00 ^b	4.47		
Moderately severe depression	4	38.00 ^b	4.32		
Severe depression	1	39.00 ^b	-		

Outcome by PHQ-9 Severity	<i>N</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>
Working Woman's Role Strain Inventory: Role Support				3.12	.020
Minimal depression	37	17.16 ^a	5.07		
Mild depression	28	17.57 ^a	6.35		
Moderate depression	12	21.92 ^a	3.87		
Moderately severe depression	4	22.00 ^a	8.60		
Severe depression	1	29.00 ^a	-		

Note. Note. Means with different superscripts differ significantly, $p < .05$. Statistical significance for the post-hoc tests from which the superscripts were derived were drawn from pairwise non-parametric Mann-Whitney U results due to the lack of variance in the “Severe depression” group. Post-hoc significance was adjusted using Bonferroni corrections for multiple tests.

Research Question 3

RQ3: Are levels of anxiety, as measured by the GAD-7, associated with levels of role strain, as measured by the WRSI?

Ha3: Levels of anxiety, as measured by the GAD-7, are associated with role strain, as measured by the WRSI.

A correlation analysis was conducted to assess the relationship between the WRSI scales and the GAD-7 scale. The results of these tests are shown in Table 9. The results of the correlation tests show that all the WRSI scales had a statistically significant positive association with the GAD-7 scale and severity measures at the .05 alpha level.

All the correlations were moderate to strong effect sizes (all r s ranged from (.349 to .543). The results of this test suggest there is a positive relationship between anxiety and role strain such that as levels of anxiety increase, so too does role strain, or vice versa. The statistical significance of these tests was consistent across both parametric and non-parametric tests.

Table 9

Pearson's Product–Moment Correlations for General Anxiety (GAD-7 Scale) with Woman's Role Strain Inventory (WRSI)

Correlations	GAD-7 Scale <i>r</i>
9	
Working Woman's Role Strain Inventory: Overall scale	.526 ***
Working Woman's Role Strain Inventory: Role Distress	.534 ***
Working Woman's Role Strain Inventory: Role Enhancement	.502 ***
Working Woman's Role Strain Inventory: Role Support	.349 **

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

The Pearson bivariate correlation analysis of the independent and demographic variables with the WRSI overall and subscales, and anxiety and depression measures showed some statistically significant relationships. The results of these tests are shown in Table 10. Parental status and years of marriage seemed to have an impact on the WRSI and its subscale measures. Specifically, if a respondent had children (regardless of the number) this was negatively correlated with levels of the Women's Role Stress Inventory (WRSI) overall scale ($r = -.221, p < .05$). This finding suggests that children reduce

levels of overall stress. Similarly, a negative correlation was found for parental status and the WRSI Role enhancement subscale ($r = -.233, p < .05$) suggesting that children reduces levels of role enhancement stress. Last, years of marriage was also a statistically significant finding in the correlation analysis ($r = -.248, p < .05$) indicating that as years of marriage increase, levels of role enhancement stress decrease.

Table 10

Pearson Correlations between Independent Variables and Dependent Variables

IV with DV	WRSI Overall <i>r</i>	WRSI Role Distress <i>r</i>	WRSI Role Enhancement <i>r</i>	WRSI Role Support <i>r</i>	GAD 7 <i>r</i>	PHQ 9 <i>r</i>
Marital status	-.120	-.103	-.129	-.088	.060	.083
Parental status (binary)	-.221 *	-.196	-.233 *	-.164	.003	-.114
Employment Status	-.039	.036	-.087	-.098	.054	-.007
Number of children	.001	-.042	-.039	.077	.080	-.065
Family income	-.133	-.154	-.073	-.105	-.185	-.045
Age in years	-.173	-.126	-.193	-.067	.068	-.132

	WRSI Overall	WRSI Role Distress	WRSI Role Enhance- ment	WRSI Role Suppo rt	GAD 7	PHQ 9
IV with DV	<i>r</i>	<i>r</i>	<i>r</i>	<i>r</i>	<i>r</i>	<i>r</i>
Spouse age in years	-.054	-.050	-.071	.055	-.053	-.052
Years of marriage	-.140	-.144	-.248 *	.113	.031	-.090

Note. * $p < .05$, ** $p < .01$, *** $p < .001$.

The three-way MANOVA on the WRSI subscales using the marital, parental, and employment status independent variables did not reveal any statistically significant multivariate effects. The results of these tests are shown in Table 11. Specifically, the multivariate effect of marital status, $F(3, 75) = .005$, $p = .999$, $\eta^2 < .001$; parental status, $F(3, 75) = 1.11$, $p = .352$, $\eta^2 = .042$; and employment status, $F(3, 75) = 1.68$, $p = .178$, $\eta^2 = .063$ did not show statistically significant effects or meaningful effect sizes. In addition, there were no statistically significant univariate effects of these independent variables on the WRSI subscales. It should be noted that the small sample sizes for the single, non-parent, and unemployed groups for these independent variables likely contributed to the non-significant findings.

Table 11

Multivariate Analysis of Variance of Women's Role Stress Inventory Subscales by Independent Variables

WRSI subscales by IVs	<i>N</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>
Marital status					
WRSI Role Distress				.01	.913
Single	3	35.00	12.17		
Married / Living Together	78	28.83	11.41		
WRSI Role Enhancement				.00	.960
Single	3	34.33	10.07		
Married / Living Together	78	29.37	7.29		
WRSI Role Support				.01	.942
Single	3	21.00	5.20		
Married / Living Together	78	18.40	5.84		
Parental status					
WRSI Role Distress				2.26	.137
Not a parent	1	49.00	-		
Parent	80	28.81	11.27		
WRSI Role Enhancement				3.21	.077
Not a parent	1	45.00	-		
Parent	80	29.36	7.23		
WRSI Role Support				1.60	.210
Not a parent	1	27.00	-		
Parent	80	18.39	5.77		

WRSI subscales by IVs	<i>N</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>
Employment status					
WRSI Role Distress				.09	.770
Unemployed	2	26.50	20.51		
Employed	79	29.13	11.32		
WRSI Role Enhancement				.66	.420
Unemployed	2	33.50	16.26		
Employed	79	29.46	7.22		
WRSI Role Support				.79	.377
Unemployed	2	22.00	1.41		
Employed	79	18.41	5.85		

Note. Multivariate effect of marital status: $F(3, 75) = .005, p = .999, \eta^2 < .001$.
 Multivariate effect of parental status: $F(3, 75) = 1.11, p = .352, \eta^2 = .042$. Multivariate
 effect of employment status: $F(3, 75) = 1.68, p = .178, \eta^2 = .063$.

The three-way MANOVA on the WRSI, GAD 7, and PHQ 9 scales using the marital, parental, and employment status independent variables did not reveal any statistically significant multivariate effects. The results of these tests are shown in Table 12. Specifically, the multivariate effect of marital status, $F(3, 76) = 1.39, p = .254, \eta^2 = .052$; parental status, $F(3, 76) = 2.35, p = .079, \eta^2 = .085$; and employment status, $F(3, 76) = .35, p = .788, \eta^2 = .014$; did not show statistically significant effects or meaningful effect sizes. In addition, there were no statistically significant univariate effects of these independent variables on the WRSI, GAD-7, and PHQ-9 scales. It should be noted that the small sample sizes for the single, non-parent, and unemployed groups for these independent variables likely contributed to the non-significant findings.

Table 12

Multivariate Analysis of Variance of Women's Role Stress Inventory, Anxiety, and Depression Scales by Independent Variables

DVs by IVs	<i>N</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>
Marital status					
Woman's Role Strain Inventory (WRSI)				.00	.957
Single	3	90.33	27.02		
Married / Living Together	79	76.01	22.30		
9 Patient Health Questionnaire (PHQ9)					
Single	3	4.33	5.86	2.64	.108
Married / Living Together	79	6.37	4.61		
General Anxiety Disorder (GAD7)					
Single	3	4.67	1.53	.41	.526
Married / Living Together	79	6.20	4.93		
Parental status					
Woman's Role Strain Inventory (WRSI)				2.84	.096
Not a parent	1	121.00	-		
Parent	81	75.99	22.03		
Patient Health Questionnaire (PHQ9)					
Not a parent	1	11.00	-	3.14	.081
Parent	81	6.23	4.63		
General Anxiety Disorder (GAD7)					
Not a parent	1	6.00	-	.11	.741
Parent	81	6.15	4.88		

DVs by IVs	<i>N</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>
Employment status					
Woman's Role Strain Inventory (WRSI)				.15	.702
Unemployed	2	82.00	38.18		
Employed	80	76.40	22.31		
Patient Health Questionnaire (PHQ9)				.00	.967
Unemployed	2	6.50	2.12		
Employed	80	6.29	4.68		
General Anxiety Disorder (GAD7)				.25	.622
Unemployed	2	4.50	.71		
Employed	80	6.19	4.90		

Note. Multivariate effect of marital status: $F(3, 76) = 1.39, p = .254, \eta^2 = .052$.
 Multivariate effect of parental status: $F(3, 76) = 2.35, p = .079, \eta^2 = .085$. Multivariate effect of employment status: $F(3, 76) = .35, p = .788, \eta^2 = .014$.

Summary

In this chapter, the results of the data analyses were presented. Demographic information was calculated from 82 African American women participants. Sixty-five percent of the women had master's degrees. Ninety-nine percent of the women had children. Thirty-two percent of the women had one child, 29% had 2 or 3 children. Ninety-eight percent of the women were employed. Through Independent T-tests and Pearson's Product-Moment Correlations the analysis showed that none of the WRSI scales had statistically different means between the groups (Overall Strain, Role Distress, Role Enhancement, and Role Support). There were no group differences in strain between single and married/living together participants. There was no significance

between the number of children participants had and role strain at the .05 alpha level. The number of children was recorded into categorical variables with two groups: non-parent and parent. It was found that Overall, Role Distress, and Role Enhancement of the WRSI scales had statistically different means between groups at the .05 alpha level. The overall scale for mothers has significantly less role strain ($M=75.9$, $SD=22.03$) compared to non-parents ($M=121.00$), $p<.05$. The Role Distress subscale, parametric tests showed non-significance, the non-parametric test indicated a significant difference ($p=.049$), suggesting mothers have significantly less role strain ($M=28.81$, $SD=11.27$) compared to non-parents ($M=49.00$). The Role Enhancement subscale mothers have significantly less role strain ($M=29.20$, $SD=7.33$) compared to non-parents ($M=45.00$), $p<.05$. There was no significance in either parametric or non-parametric test in the Role Support subscale. The results indicate there is considerably more role strain for non-parents compared to parents. An independent T-test indicated there are no group differences in strain between single and married women. A correlation analysis indicated a statistically significant positive association with the PHQ-9 and severity measures at the .05 alpha level. The correlations were moderate to strong effect sizes (r_s ranged from .332 to .558). The results suggested a positive relationship between depression and role strain. As the levels of depression increase, so does role strain and vice versa. A correlation analysis indicated statistically significant positive association with the GAD-7 and severity measures at the .05 alpha level. The correlations were moderate to strong (r_s ranged from .349 to .543) the results suggested a positive relationship between anxiety and role strain. As the levels of anxiety increase, so does role strain and vice versa.

A number of tests were performed to establish and confirm the results as the number of participants in the study was small. The results of the study indicate that depression, as measured by the PHQ-9, is associated with levels of role strain, as measured by the WRSI. Anxiety, as measured by the GAD-7, is associated with role strain, as measured by the WRSI. Marital status and employment status were not associated with role strain, as measured by the WRSI. However, nonparent status has a significant association with role strain, as measured by the WRSI.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of the study was to assess the relationship between multiple roles, marital status, parental status, and employment status of college-educated African American women and the influence on their mental health as a result of role strain, as measured by the WRSI, GAD-7, and the PHQ-9. With women occupying additional roles without obligations in the home diminishing there is a need to review how women, specifically African American women, are experiencing stress with competing claims on their time (Ahmadifaraz, 2013). The RQs concerned the relationship between the independent variables (marital status, parental status, and employment status) and the dependent variables (role strain, depression, and anxiety).

Results indicated that there was a significantly positive correlation between depression and role strain as well as anxiety and role strain. Marital status and employment status were not associated with role strain. However, the participant who was not a parent reported more role strain than those participants who were parents, indicating that there is a difference between parental status (parent or nonparent) and role strain. . This chapter provides the purpose of the study and the interpretation of the findings. The results will be summarized. The chapter addresses the limitations of the study, recommendations, and the gap in the research. It concludes with implications for positive social change and gives some direction for future research with the aim to eradicate the mental health disparities encountered by African American women who experience depression and anxiety while involved in multiple roles.

Interpretation of the Findings

There were three main findings of this study. The first was that marital status and employment status did not affect role strain. This finding is consistent with some of the existing literature that indicates that married and employed women typically experience positive emotions and less stress due to the lack of financial concerns. According to Campos (2013), marriage is beneficial to women's health and well-being. Typically, African American women do not see a conflict between mothering and employment the same as European American women do (Cureton et al, 2018). African American mothers tend to experience a more positive attitude when they combine working and mothering. Marital satisfaction is an important variable to consider when studying mothers with multiple roles. Low marital satisfaction should be associated with negative emotions. Waldron et al. (1998) found that being married had health benefits because it generally contributed to increased social support and financial resources. Employment outside the home generally increases income and improves access to health care and mental health (Bayat, 2022). These results are in accordance with existing literature on role strain, including Spinwall and Standinger (2014), who found there to be no significant difference in strain with employed women. The results of the study indicated there was no significant difference when associating marital status and employment status with role strain. According to Bradshaw (2014) individuals who were employed had access to additional resources that contributed to overall well-being.

Parental status was another important factor . The only nonparent participant showed a significant mean difference between parental status and role overall strain, role

distress, and role enhancement categories. This finding suggests that women without children are exposed to role strain. According to Bayat et al. (2022), having children does not increase the rate of stress and anxiety and may protect some women from depression. The more confident participating women felt as parents the less strain between work and family roles. According to Barnett (1994), poor marital or parental role quality has more of an effect on psychological distress than employment. When marital and parental experiences are positive, there is no significance between job experiences and psychological distress. However, when marital and parental relationships are negative there is a significant relationship between job experiences and distress (Thomas et al., 2017). Relationship strain may lead to a greater risk for depression and anxiety. Even though African American women in the study did not show a correlation of strain associated with parental, marital, and employment status, they often encounter stress from relationships that leads to health-compromising behaviors, research shows (Thomas et al, 2017).

The second finding from the study was that depression severity levels were associated with role strain, which is consistent with Cochran et al. (1999). These authors noted that married Black women of higher socioeconomic status may experience depression due to the attempts at achieving higher economic success in mainstream society. African American women who attempt to assimilate economically and socially may pay a high emotional price. Employed African American women often view being in the labor force as part of their identity. It improves their economic status and provides feelings of equality. (Woods-Giscombe, 2008). They are often discriminated against at

work and frequently hold positions that are not commensurate with their educational background. They are faced with subtle biases and microaggressions (Williams, et al. (2014). They are often viewed as holding a position only to supplement the family income rather than as a possible primary support making it difficult for upward mobility. African American women face double jeopardy as they are both female and minority, which may interfere with their economic opportunities. Interpersonal factors such as social support/kin networks are associated with lower levels of depression (Leach et al., 2008). However, greater social support or networks can provide more opportunity for negative experiences, which may lead to depression (Leach et al., 2008)

This study showed a significantly positive correlation between the PHQ-9 overall scores and PHQ-9 depression severity levels with role strain inventory overall scores and all subsequent role strain subscale scores. These results suggest that women with increased overall depression scores have higher role strain scores. The depression severity levels were also highly positively correlated with role strain scores. The PHQ-9 categorical severity level variables were based on the scale ranges from the PHQ-9 scoring instructions that define five ordinal categories of depression: minimal, mild, moderate, moderately severe, and severe depression. There was a significant relationship between depression and overall role strain, role distress, role enhancement, and role support. Generally, women with higher levels of depression had statistically significantly higher strain (role distress, role enhancement, or role support). The role strain mean increased as the severity of depression increased. The results are in accordance with

Waldron et al.'s (1998) theory of role strain and depression where negative health effects of women's roles may lead to poorer health.

The third significant finding from the study was that levels of anxiety were associated with role strain. According to Comas-Diaz and Green (1994), being a double minority puts the participant at a higher risk of anxiety. Their conclusion is in accordance with Leach et al. (2008), who noted that interpersonal relationships create opportunities for depression and anxiety. Lewis (1989) observed that African American women may use their extended kin network such as friends, spouse, and religious community as a tool to manage or reduce role strain. However, these same networks can increase anxiety and stress if the relationship is negative or if the friend encounters negative experiences. African American women may feel the need to help others and take on multiple roles and responsibilities. They believe they should not disappoint those in their kin circle or let their guard down. They have been responsible for caring and nurturing their spouses, children and aging family members—all while doing so without the strategies to enable them to balance all the role responsibilities. Often African American women feel they are expected to be strong when in actuality they do not feel that way (Schiller, et al, 2012). According to Woods-Giscome (2020), feelings of obligation may cause distress because they are putting their own needs aside to tend to others.

This study showed a significantly positive correlation between levels of anxiety, as measured by the GAD-7, and role strain (overall strain and for all individual roles), suggesting that women with high levels of anxiety have high levels of role strain. The results contribute to the existing literature on role strain and anxiety. They expand on the

work of Barnett and Baruch (1985), who found that role strain and anxiety are modestly significantly related. In regard to parental status and years of marriage, there was a negative correlation on role enhancement, suggesting that children (regardless of the number) reduced overall stress. Children also reduced the levels of role enhancement stress. The longer a woman was married the levels of role enhancement stress decreased.

According to Watson and Hunter (2015), African American women are more likely to report feelings of sadness, hopelessness and worthlessness than women of other races. Income levels, educational attainment and exposure to life event stressors put them at a higher risk for depression and psychological distress (Woods-Giscombe et al. (2020). Issues such as internalized racism, microaggressions, emotional isolation and devaluation while trying to maintain cultural ethics of promoting toughness and self-sacrifice is challenging and creates contradictory feelings that cause chronic stress and trauma (Woods-Giscombe et al. (2008). African American women often internalize oppression from racism they experience on a daily basis. They may fear being unmasked as inferior by their White counterparts and, as a result, experience low self-esteem despite their success.

The null findings of marital, parental, and employment status being associated with role strain suggests other reasons for strain in African American women. Other studies suggest role strain can be effected by social and kin networks and not by parental status, marital status, and employment status (Thomas, 2015). When considering depression and anxiety being associated with role strain, the correlation analysis revealed

a significant finding. Based on other findings, many African American women present an image of strength, suppress emotions, and resist being vulnerable or dependent, which may result in anxiety and depression (Woods-Giscombe et al., 2016). Anxiety and depression may influence the way they respond to stressful situations or respond to questions relating to role strain.

Limitations of the Study

Limited current literature was available for this study. Most of the literature available regarding role strain was written in the 1980s and 1990s. It was as if role strain was a trend and not an ongoing interest of the academic and employment population. The participants in many of the studies were limited to the majority population and not geared toward African American women and definitely not the educated African American woman.

The questionnaires used, WRSI, PHQ-9, and GAD-7 were answered by women at a single point in time, which reflects current role strain. However, the results of their strain may have changed over time. The questions on the Women's Working Role Strain Inventory may not be designed for educated African American women who have multiple roles. Historically African American women have had limited gender divided roles and expectations. There have been expectations for them to economically assist the household and hold down numerous responsibilities of the home. The role strain associated with depression and anxiety was not associated with children or marital status. Questions geared toward the emotions and culture of participants may need to be added to the questionnaire or make it a qualitative study to acquire additional information.

Even though the survey was posted online in numerous groups where educated African American women were members a small sample size resulted. With the number of participants there was even a smaller number of respondents who were unmarried or unemployed. A larger sample size may have produced more significant findings related to the dependent variables.

Recommendations

This study did not find a significant relationship between marital status and role strain. There was no significant association with the number of children and role strain. However, there was a significant difference between parental status of the only non-parent and role strain overall, role distress, and role enhancement. More research is warranted with non-parents as they scored significantly greater on the WRSI inventory overall categorically than women with children. The first recommendation for further study would be to capture a larger non-parent sample to have a better comparison of role strain between groups.

There was a significant correlation between depression and role strain and anxiety and role strain. It was found that 79% of the respondents had minimal/mild depression. If marriage or children are not associated with the depression in African American women what is? It would be interesting to find the causality of the role strain as it relates to the participants' depression and anxiety. Follow-up questions may be needed to address some of the answers the participants gave on the questionnaires. Discovering the cause of the anxiety and depression may assist in discovering the participants role strain.

More studies need to be done on African American mothers and depression. Many of the previous studies have been of other groups. Investigating how the participant feels about her ability to perform her roles effectively (self-efficacy) may play into role strain. The quantitative cross-sectional design may not be the best approach for future studies as a causal relationship cannot be inferred from the findings.

Implications

White women are significantly more likely than Black women to report having experienced major depression within a 12-month time frame (almost 9% vs 5.5% respectively) and to have experienced a mood disorder at some point in their lives (almost 22% vs nearly 14% respectively) (Psychiatry Advisor, 2015). A. Many African American women are often found to practice the cultural behavior of “self-silencing”, while internalizing emotions, which has been linked to depression and anxiety (Beauboeuf-Lafontant, 2007). Social cultural differences between African American and White mothers may make a difference in the results of the questionnaires. The family dynamics of extended kin family networks may be different for African American mothers, and it may play a part in their mental health. Their responses to the questions on the Role Strain questionnaires may be different. According to Curenton et al. (2018) African American mothers have had a more positive attitude toward combining work and motherhood.

The results from this study may assist mental health initiatives, focused on educating African America women, of the association of role strain, anxiety and depression, along with identifying benefits, disadvantages of roles in their lives.

Moreover, enlightening mental health professionals and the community of cultural behaviors and making them aware of the association between role strain, anxiety, and depression. The results of this study revealed the only non-parent respondent had a higher statistically significant role strain score than the parent. Based on the percentage 3of African American mothers with depression sharing this information with them may assist in removing the stigma associated with mental health problems. It may help them to acknowledge that anxiety and depression are not signs of weakness but may be response to stressors. This may encourage women to seek treatment prior to symptoms becoming too severe.

This study may assist with training mental health professionals who treat and have influence on women and improve communication with patients who are suffering silently due to cultural behaviors. The results suggest African American women with increased depression also had higher role strain scores. Moreover, women with increased anxiety scores had higher role strain scores. Mental health practitioners can become more aware of the possible interventions that would address anxiety and depression in educated African American women. There is a need for more dialogue with patients to be more aware of the causes of anxiety and depression in the lives of their patients. This study may encourage professionals and patients to have a clearer line of communication geared specifically toward anxiety and depression.

Conclusion

Women juggle many roles and competing demands. This study has not determined if the roles are beneficial or detrimental to educated African American

women's mental health. However, there is a relationship between depression and overall strain, role distress, role enhancement, and role support. There is also a relationship between anxiety and role strain. In conclusion, educated African American women with multiple roles may not be affected by the roles they are involved in but there are factors that are increasing depression and anxiety in these women who hold numerous roles.

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Appendix A: Introduction Letter

The Effects of Multiple Roles on Educated African American Women

ELIGIBILITY: Be part of an important quantitative research study

- Are you an African American woman with a bachelor's degree or greater?
- Are you between 25 and 55 years of age?
- Do you participate in at least three roles (e.g., mother, spouse, employee, entrepreneur, student, caregiver, volunteer)?
- Do you have at least one child under the age of 18 years old?

If you answered YES to the above questions, you may be eligible to participate in this research study.

The purpose of this study is to determine how multiple roles and role strain may affect the African American college-educated woman.

Your participation in this research is voluntary. As a participant in this study, you will be asked to answer a number of questions about your health, the roles in which you participate, recent feelings, and your support system. The survey will take less than a half an hour to complete. Your participation is completely confidential and anonymous.

Your time is very much appreciated. If you are interested, please click the link below or send an email to [redacted] to request a hard copy.

CONTACT INFORMATION: This study is being conducted by Andrea Alston-Brundage a Ph.D. student at Walden University. If you have any questions, you may contact the researcher via phone at [redacted], or email at [redacted]<mailto:>. If you want

to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss your concerns. Her phone number is [redacted]. Walden University's approval number for this study is 07-06-22-0032350, and it expires on September 20, 2022.

https://multiplerolesaaw22.qualtrics.com/jfe/form/SV_d6XKh8N9kpJjEc6

Appendix B: Demographic Survey

Please complete the information in the attached survey. This portion of the survey will assist me in understanding general characteristics of the participants in the study.

Family Characteristics:

Age:

Occupation:

Please Circle One

Marital Status:

- a. Single
- b. Married
- c. Living together
- d. Separated
- e. Divorced
- f. Widowed

Spouse/Partner Information

Age:

Occupation:

Years Together:

Gender and Age of Children:

#1. Boy _____ #2 Boy _____ #3 Boy _____ #4 Boy _____ #5 Boy _____
Girl _____ Girl _____ Girl _____ Girl _____ Girl _____

Education Level:

- a. Some College
- b. Associate's Degree
- c. College Graduate
- d. Some Graduate school
- e. Master's Degree
- f. Doctorate

Spouse/Partner's Highest Level of Education:

- a. Some College
- b. Associate's Degree
- c. College Graduate
- d. Some Graduate School
- e. Master's Degree
- f. Doctorate

Economic Status

Your Income

Less than \$25,000 ____

\$25-50K ____

\$51-75K ____

\$76-100K ____

>\$101K ____

Spouse/Partner's Income

Less than \$25,000 ____

\$25-50K ____

\$51-75K ____

\$76-100K ____

>\$101K ____

How many hours on average do you work per week? _____

Recent Life Events/Stressors (within the last 12 months) Check all that apply.

Death of a loved one

_____ Change in job status

_____ Change in marital relationship

_____ Addition to family

_____ Change in housing status/location

_____ Change in child's status (academics, grades, new school)

_____ Change in health status (self)

_____ Change in health status (loved one)

_____ Other

Have you recently been diagnosed (within the last 2 years) with depression _____;

anxiety_____

Have you previously been diagnosed (greater than 2 years) with depression _____;

anxiety_____

Health Status	Poor	Fair	Good	Excellent
Your overall health	_____	_____	_____	_____
Spouse/Partner's overall health	_____	_____	_____	_____
Children	_____	_____	_____	_____