

ROLE STRESS AND WELL-BEING AMONG SHIFT-WORK
NURSES : THE EFFECT OF SOCIAL SUPPORT

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ROLE STRESS AND WELL-BEING AMONG SHIFT-
WORK NURSES: THE EFFECT OF SOCIAL SUPPORT

BY

NAZARIAH SHAR'IE JANON

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ABSTRACT

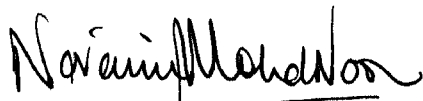
Presently, the number of Malaysian women employed in the public sectors is increasing. Though employed, the women are still responsible for the household chores and looking after the children. The present study aims to examine the effect of role stress on women's well-being and to consider the effect of social support on the relationship between role stress and well-being. Three hypotheses were developed; First, nurses with children were predicted to experience more role stress than nurses without children. Second, the higher the role stress reported by the nurses, the lower their well-being. Third, social support was hypothesized to moderate the negative effect of role stress on well-being. In order to examine these relationships, several scales were used. While role stress was measured by lack of skills, role ambiguity and overload, well-being was assessed by job satisfaction, psychological depression and somatic problems. Support was measured by both supervisor and family support. These measures were administered to 114 surgical ward nurses from three different hospitals in Kuala Lumpur. Results of the analyses indicated that married nurses with children experienced more role ambiguity than nurses without children. It was also found that role ambiguity was negatively correlated with job satisfaction. In terms of the effect of social support on the relationship between role stress and well-being, the findings tended to support the main-effect model.

ملخص البحث

إن عدد النساء الماليزيات الموظفات في الوظائف الحكومية حالياً يرتفع، ولكن رغم ذلك ما زالت مسؤولية البيت وتربية الأولاد عليهن. لذا فإن هذا البحث يسعى لدراسة تأثير الضغوط التي تسببها المسؤولية على المرأة وصحتها النفسية مع الاعتبار أن المساعدة الاجتماعية التي تجدها المرأة تقوم كواسطة بين الضغوط والصحة النفسية. قد تم افتراض ثلاث افتراضات. أولاً: المرضات اللاتي لديهن أولاد تعانين أكثر ضغوطاً من المرضات اللاتي ليس لديهن أولاد. ثانياً: كلما ازدادت المسؤوليات على المرضات كلما تدهورت صحتهم النفسية. ثالثاً: قد تكون المساعدة الاجتماعية التي تجدها المرضات متوسطة بين التأثير السلبي التي تسببها الضغوط والصحة النفسية. قد استعملت مجموعة اختبارات للبحث عن العلاقات بين هذه الافتراضات. كانت الضغوط محددة عن عدم وجود المهارات و الغموض في المسؤولية وتراكم الواجبات. أما الصحة النفسية فقد حددت في الرضاء بالعمل والكآبة والأمراض البدنية. أما المساعدة الاجتماعية فقد حددت في مشرف العمل والأسرة. قد تم توزيع الاختبارات إلى ١١٤ ممرضة في ثلاث مستشفيات في كوالالمبور. وقد أظهرت النتيجة أن المرضات المتزوجات اللاتي لديهن أولاد تعانين غموضاً في المسؤولية أكثر من اللاتي ليس لديهن أولاد. أما العلاقة بين الغموض في المسؤولية والرضاء بالعمل فعلاقة سلبية. وبينما المساعدة الاجتماعية في واسطتها بين الضغوط والصحة النفسية النتيجة أكدت جانب التأثير العام.

APPROVAL PAGE

I certify that I have supervised / read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a thesis for the degree of Master of Human Science in Psychology.



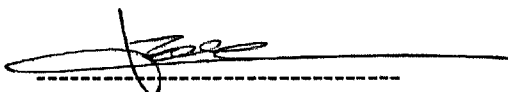
Noraini Mohd Noor
Supervisor

Date: 22/11/2000



Mahfooz Alam Ansari
Co-supervisor

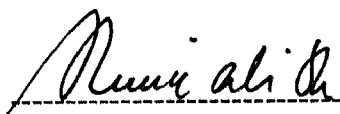
Date: 22/11/2000



Mokhdad Mohammad
Examiner

Date: 22/11/2000

This thesis was submitted to the Department of Psychology / Kulliyah of Islamic Revealed Knowledge and Human Sciences and is accepted as partial fulfillment of the requirements for the degree of Master of Human Science in Psychology.



Ashiq Ali Shah
Head
Department of Psychology

Date: 22/11/2000



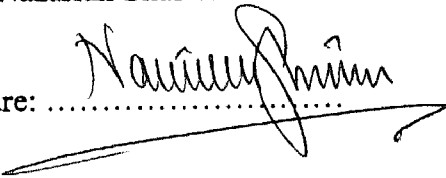
Mohd Aris Hj. Othman
Dean
Kulliyah of Islamic
Revealed Knowledge
& Human Sciences

Date: 25/11/2000

DECLARATION

I hereby declare that this thesis is the result of my own investigations, except where otherwise stated. Other sources are acknowledged by proper citations giving explicit references and a bibliography is appended.

Name: Nazariah Shar'ie bt. Janon

Signature: 

Date: 22/11/2000

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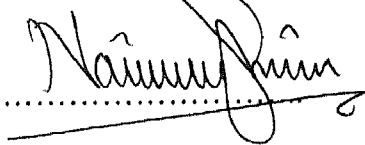
Role Stress and Well-being among Shift Work Nurses: The Effect of Social Support.

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This thesis is dedicated to:

***Late memory of my father,
Janon bin Hasan***

***My mother,
Sarayah Dollah***

***My Husband,
Mohammad Zaidy Darapar***

***and
My daughter
Nur Syazana Alya Zaidy***

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CHAPTER 1

INTRODUCTION

Malaysia has a population of about 18 million people (7th Malaysia Plan, 1996-2000). Of this number, half are women. Although 48% of the women are of a working age (15-64 years), they only constitute a third of the total labour force. Over the last decade, the number of women in the paid labour force has increased, from 45.8% in 1990 to 47.1% in 1995, an increase of 1.3%. Noor (1998) attributed this increase to three main reasons: more educational opportunities, the implementation of the New Economic Policy (NEP) which aims to eradicate poverty and reconstruct Malaysian society from a primarily agricultural based commodity to secondary-industrial based, and the rapid economic development and industrialisation.

The rapid economic changes have brought about a shift in women's traditional roles. The traditional role, which expects women to be responsible for the tasks within the house and men as the breadwinner are no longer applicable to Malaysian families, especially those living in the urban areas. Although the majority of the urban residents are dual-earner families, women are still the ones who are responsible for the household chores and looking after the children. This situation creates problems for women because they have to juggle many roles (i.e., worker, wife, and mother). The conflicting demands arising from the family role and the work role may affect their sense of well-being.

Multiple roles can have both positive and negative effects on women's well-being. Barnett, Marshall, and Singer (1992) reported that multiple roles have a positive effect

on women's well-being. They found that married women with multiple roles experienced less distress than women without multiple roles in relation to the decline in job-role quality. Paying more attention to their family role and less invested to their job has made them more impregnable to the impact of decrease in job role-quality. Cleary and Mechanic (1983) discovered that employed married women experienced more distress with children living together. In addition, Aneshensel, Frerichs, and Clark (1981) reported that the presence of children in the family increased the level of depression among women. Thus, the presence of children in the family is negatively related to women's well-being by increasing their family obligations.

In Malaysia, Noor (1997) found that the mental health of employed women is good. This is so because they perceived their multiple roles as duties and responsibilities which is expected of them by tradition and culture. Personal satisfaction and fulfilment are secondary. Although her samples worked in the academic and clerical areas had to juggle both family and work roles simultaneously, they reported low distress and high happiness scores. Further, women's happiness scores increased when they perceived their husbands as supportive. With the exception of Noor's (1997) study, there is no research conducted in Malaysia that has examined the relationship between role stress and well-being. This is one reason for carrying out the present study. The focus of the study, however, was on shift work nurses.

The study aimed to examine the effects of role stress on nurses' well-being. This is important area to look at because shift work may cause difficulties in these women in terms of balancing the demands arising from the family and work roles. As

consequence, their well-being may be affected. Behar et al. (1989) found that nurses with one or two children who work night shift are more tired upon waking and more irritable than those working on day shifts. In relation to this, social support may help to buffer the effects of stress. Studies have found that social support can buffer the effect of stress on well-being (Etzion, 1984; Gore, 1978; La Rocco, House, & French, 1980). The present study also considered the moderating effect of family and supervisor support on the relationship between role stress and well-being. The implication of examining the moderating effect of social support is to highlight the significance of family and supervisor support in the relationship between role stress and well-being among shift work women.

Theoretical Framework

Social support has been found to have a very significant impact on one's well-being (Cooke & Rousseau, 1984; Gore, 1978; La Rocco & Jones, 1978; McLean, 1986). First, social support can have a direct effect on the psychological, physiological, and behavioral responses of people, regardless of the presence of stressors. Second, social support can serve as a buffer on the relationship between stressors and stress reactions where the high social support from others can moderate the negative effects of stress on well-being (Boumans & Landeweerd, 1992).

La Rocco, House, and French (1980) have put forward a model explaining the potential relationships between occupational stress, social support, and health. According to this model, any environmental demand that exceeds the abilities of the individual is perceived as stressful. For example, an individual who has to do more

work than he or she can manage to complete in a specific period of time. This situation will influence individuals to perceive their job as stressful and this is termed as "perceived job stress" (Figure 1). When individuals perceive their job as stressful it may adversely affect their general feelings about work, leading to job dissatisfaction. Job dissatisfaction, a "job-related strain" can lead to reduced mental and physical health (arrows A & B). Perceived job stress can also influence physical and mental health directly (arrow C).

The following model depicts the relationship among stress, social support, and well-being.

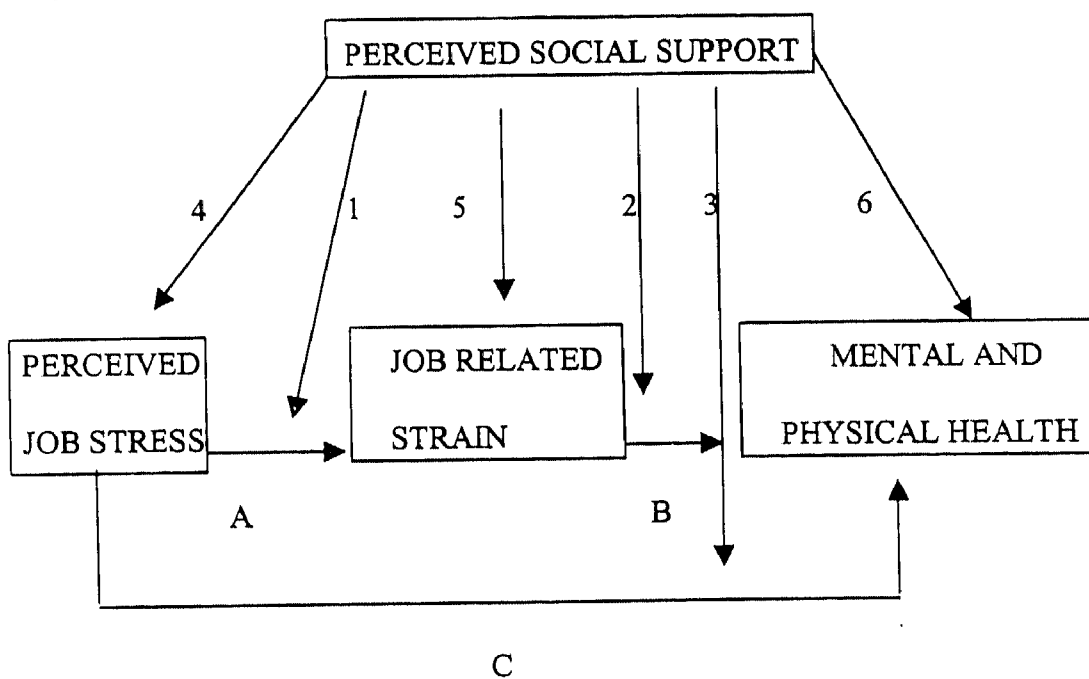


Figure 1: A Model of the Potential Relationships among Perceived Occupational Stress, Social support, and Health (Source: LaRocco, House, & French, 1980).

Figure 1 also indicates how social support, acting as a conditioning variable, defined as a characteristic of an individual or a situation that conditions the relationship

between variables (La Rocco, House, and French, 1980) can influence the relationship between perceived job stress and health outcomes. According to the model, social support can act in one of two ways on the relationship between stress and outcome. First, social support can directly influence job stress, job-related strain, and health outcomes (arrows 4, 5, & 6). Second, it can moderate or buffer the relationship between job stress and job-related strain (arrow 1), between job-related strain and health outcomes (arrow 3), and between job stress and health outcomes (arrow 2). The two effects differ in terms of their influencing process. In the direct-effect model, social support affects job stress, job-related strain, and health outcomes directly. On the other hand, in the buffering-effect model, social support influences the relationship between job stress and mental and physical health. The implication that can be made is different effects of social support are influenced by different factor. For example, Cohen and Wills (1985) reported that network availability has a main effect on well-being, whereas, emotional support has a moderating effect.

Conceptual Definitions

Stress

The concept of stress is defined in many ways, such as change in life events (e.g., death of one's spouse), life hassles (e.g., misplacing the car keys), and incongruity between environmental demands and personal capacity. It is the third definition to which the present study refers. Traditionally, women were only responsible for tasks within the household but when they enter the labour force their responsibility seems to increase. If they are not capable of satisfying the demands arising from both the family role and the work role, stress will occur. The continuous discrepancy between

the demands of multiple roles and the capacity to fulfil them can influence women's well-being.

Stressors

A stressor is defined as the antecedent that leads to stressful outcomes. In the present study, the stressors are role stress that refers to lack of skills and knowledge, role ambiguity, and overload. Terry, Nielsen, and Perchard (1993) found that high levels of role conflict and role ambiguity were associated with low levels of psychological well-being and job satisfaction.

Outcome

The outcome of the present study is well-being. Well-being refers to both mental and physical health. If both mental and physical health is good, this indicates that an individual is in the state of well-being, healthy and contented. According to the dictionary of psychology and psychiatry, mental health is defined as "a state of mind characterized by emotional well-being, relative freedom from anxiety and disabling symptoms, and capacity to establish constructive relationships and cope with the ordinary demands and stress of life" (Goldenson, 1984, p. 451). On the other hand, physical health is understood as the situation in which the physical body is free from any somatic illness. Noor (1995) has used the term "well-being" while referring to women's physical and mental health condition.

The outcomes of stress can be seen in various modes. The psychological model claims that an individual is mentally and physically healthy when he or she functions

according to majority, cultural and biological expectations. The physiological model, on the other hand, emphasizes good functioning of human autonomy. The present work uses job satisfaction and role strain as the measures of outcome. It is assumed that when the individual is free from role strain and is satisfied with work, he or she is healthy--mentally as well as physically.

Moderator

A moderator is defined as a qualitative (e.g., sex) or a quantitative variable (e.g., level of social support) that influences the direction and/or strength of the relation between a predictor variable and an outcome variable (Baron & Kenny, 1986). In the present study, social support is used as the moderating variable. It is conceptualized as the attachment, integration, reassurance of worth, reliable alliance and guidance that are received from supervisor and family. Terry, Nielsen, and Perchard (1993) found that work-based support (e.g., supervisor support) buffered the effect of work stress on well-being. Vanfossen (1981) discovered that spouse support is significant in buffering the effect of imperfect role relationships at work and in parenting.

Objectives

The present study has three major objectives. The first objective is to examine the effect of role stress on nurses' well-being . The second is to compare the role stress of nurses with children to that of nurses without children at home. Finally, the study investigates the effect of social support on the relationship between role stress and well-being.

CHAPTER 2

LITERATURE REVIEW

This chapter describes past research examining the effects of multiple roles, role stress, and social support on well-being. It is divided into three parts; the effects of multiple roles on well-being, the effects of role stress on well-being, and the effects of social support on well-being.

Multiple Roles and Well-being

A substantial amount of research has been carried out to examine the relationship between multiple roles and women's well-being (Barnett & Baruch, 1985; Barnett, Marshall, & Singer, 1992; Cooke & Rousseau, 1984; Lai, 1995; Verbrugge, 1983). Verbrugge (1983) reported that multiple roles (i.e., employment, marriage and parenthood) have no detrimental effects on health, either negative or positive. In addition, Barnett, Marshall, and Singer (1992) stated that multiple roles reduce the effect of job stress; they found that married women are less reactive to the changes in job-role quality than unmarried women or married women without children. This is because such rewards as challenge, helping others, and decision taking authority are found by married women within their own family, whereas women without family roles need to find these rewards from the work place. If the job does not provide these rewards, women without family roles will experience more distress than women with family roles. However, Cleary and Mechanic (1983) found that job strain and doing housework chores together with bringing up children increase distress among married women. They found that employed married women experience slightly less distress than unemployed married women. But, having children in the house is stressful to

both categories of women and undermines the advantages of employment. The effect of children living with the family becomes stronger among working women from lower income families. Aneshensel, Frerichs, and Clark (1981) stated that women become more depressed when children are living with the family. When there are children at home, women's family-role obligations increased. Furthermore, Lai (1995) reported that in China, female mental health status is related to stress arising from work and family roles.

Therefore, it is hypothesised that married nurses with children (performing the roles of worker, wife, and mother) experience more role stress (as measured by role conflict, role ambiguity, and overload/underload) than nurses without children (performing only the worker role/worker role and wife).

Role Stress and Well-being

The role position of a person within the work organisation can be a potential source of stress, besides other factors such as stressors intrinsic to the job, relationships with others at work, the climate and structure of the organisation, career development pressures, and the interface between work and home (Kahn & Cooper, 1993). According to Otto (1986), one of the situations that influences individuals to perceive their role as stressful is when there is lack of fit between expectations of others and personal capacities for meeting them. It may be due to the lack of suitable learning experience or the lack of physical energy of the individual. Role stress is defined in this study as the discrepancies between environmental demands and personal resources. The experience of disparity is manifested by role ambiguity and role

overload. Role ambiguity occurs when an individual does not have adequate information about his/her work role. Overload exists when an individual has too many tasks to be completed within a short time (Kahn & Cooper, 1993; Katz & Kahn, 1978; Ross & Altmaire, 1994).

Role ambiguity and role overload have been shown to influence the individual's psychological well-being. For example, Caplan and Jones (1975) reported that role ambiguity was positively associated with anxiety, depression, and resentment. Discrepancies between one's wishes and behaviour have a negative correlation with feelings toward the job and people associated with it (Katz & Kahn, 1978). Ganster, Fusilier, and Mayes (1986) stated that work stressors such as role conflict, role ambiguity, and skill underutilization are associated with indices of mental and physical health. This is consistent with the findings of Terry, Nielsen, and Perchard (1993) that high levels of both role conflict and role ambiguity were associated with low levels of psychological well-being and job satisfaction. Posner and Randolph (1980) reported that role ambiguity and role conflict have an unfavourable effect on nurses' and respiratory therapists' job satisfaction and perception of their overall units' effectiveness. However, role ambiguity and not role conflict influences perceptions of individual performance.

With regard to role stress, nurses have been shown to experience role ambiguity and role overload. The major problem concerns their work schedules. A non-standard shift schedule not only requires nurses to be awake and active at an inappropriate time during the circadian cycle but also prevents them from fulfilling family

responsibilities and involvement in society. Although nurses are given first day rest following the night shift, it is not adequate. Totterdell et al. (1995) reported that recovery from a shift did not occur by the end of the first day but may occur by the end of the second rest day. Due to many problems associated with night shift, Barton (1994) found that nurses could tolerate to work shifts if they are given freedom to choose to work at night. This technique is more effective than permanent night shift or rapid day-night rotating schedules. This is because by working at night, they have a convenient time for domestic-related commitments, for example, taking care of their young children. However, working in the non-standard shift schedule implies a very limited social network. Nurses could not participate in any community activity or social gathering because the time does not coincide with their free time. Due to this condition, the family is the only source of social support outside the work place, which they can rely on. At the work place, the supervisor is the only person whom night shift nurses can refer to if they have problems related to their job because the other experts are not available at night.

Nurses were chosen as the sample of the present work because the nature of their work is very challenging. Not only do they have to work in three different shifts rotationally that frequently interrupt their biological rhythm but also they have to deal with patients who need to be nursed. If the nurses are not committed to their work and their mental health is weak, they could not concentrate on their work and the patients would be in danger. Therefore, this study would provide with some insight into the well-being of nurses that may be useful for the organisations.