

# **The Effects of Multiple Social Roles on 3<sup>rd</sup> Level College Students' Mental Health and Perception of Stress**

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**ABSTRACT**

The Irish third level college sector is increasing especially in the current economic downturn. Many have to return to college to obtain new qualifications for a new career path. Rising tuition fees forces many students to work in order to pay for their third level education. More and more students have multiple social roles, such as employment and parenthood in addition of being a student. Research on the effects of multiple roles on individual well-being has often showed contradictory results, some supporting the Role Expansion Theory and other the Role Stress Theory. This quantitative survey study aimed to examine the impact of multiple social role occupancy on mental health as well as stress perception among college students. Research sample consisted of 210 full-time and part-time students from various faculties who filled out a questionnaire booklet that assessed life satisfaction, general health and stress perception. Results showed that female students with multiple social roles experienced higher levels of perceived stress and lower mental health, supporting the Role Stress Theory. For male students no significant results were found.

***Keywords: multiple social roles, mental health, stress, college students***

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## INTRODUCTION

Ireland has been experiencing a surge in third level student numbers over the last years and this trend is likely to continue (Higher Education Authority [HEA], 2010). With rising student numbers, the awareness of students' concerns and well-being has risen as well. Financial burdens are amongst the main worries of students and many have to work in order to finance rising tuition costs (HEA, 2010). Therefore, many students are in employment and often have to fulfil other roles such as being a parent and employee while attending college.

The experience of holding multiple roles is a common phenomenon, especially for students. Some of the social roles students occupy include being an employee, spouse, parent or caregiver of older family members (Buda & Lenaghan, 2005; Ting, Morris, McFeaters & Eustice, 2006). Literature reviewed has put much emphasis on certain social groups within a society such as women and the impact of multiple roles on their well-being, and focused particularly on two life domains, those of work and family demands (Houle, Chiocchio, Favreau & Villeneuve, 2009; Maclean, Glynn & Ansara, 2004). Whether the occupancy of multiple roles is positive or negative for an individual's well-being is not clear. Much of the literature found shows contradictory results, with some research results supporting the Role Expansion Theory which states that the occupancy of multiple roles is linked to better mental health and general well-being (Home, 1998) while others provide evidence for the Role Stress Theory which argues that multiple social roles impact negatively on an individual's well-being (Nordenmark, 2004).

Ireland's third level student population has been experiencing a considerable increase in recent years, with a surge of 45 per cent over the last 30 years of students being in higher education (Higher Education Authority [HEA], 2010). As student numbers grow, so does the

awareness about the importance of students' well-being. The Royal College of Psychiatrists published a report which showed that the student population increasingly reports about mental health problems, demonstrating that the higher education sector can be a very stressful part of an individual's life (Royal College of Psychiatrists, 2011). A recent survey carried out in Ireland revealed that many students experience financial difficulties, low rates of well-being and high presence of stress symptoms (HEA, 2010). Amongst the main worries of students are financial problems and many have to engage in part-time or full-time work in order to meet rising financial demands including the payment of tuition fees (HEA, 2010). Thus, many students are employees and further have to fulfil other role demands while attending college. The concept of the traditional full-time student is changing, especially due to the current recession many are forced to occupy more than just the role of being a student.

In particular, non-traditional students or mature students are most likely to have higher numbers of responsibilities and life roles to take on, as besides to their work roles, many have children to look after and a household to run (Fairchild, 2003). In addition to more social roles being occupied by mature students, it is also the role of being a parent that can deepen the financial burden as other costs may arise, such as child care costs while attending classes (Fairchild, 2003). Ireland's numbers regarding mature students being aged 23 or over when starting college for the first time are low with 15 per cent, however figures are expected to rise considerably within the next few years (HEA, 2010). The engagement of students in multiple social roles, therefore, will have a rising impact on students. There are two opposing theories that explain the nature of the impact of multiple roles – one arguing for negative outcomes on one's well-being, the Role Stress Theory (Home, 1998), and the other reasoning for positive consequences, the Role Expansion Theory (Nordenmark, 2004).

## **Two competing Theories: Role Expansion Theory (Nordenmark, 2004) and Role Stress Theory (Home, 1998)**

The Role Expansion Theory argues that role multiplicity is beneficial to an individual's well-being as it can lead to positive feelings about one's self-perception and an increase in one's status (Nordenmark, 2004). The increasing involvement in social roles, such as being a student, employee and parent not only generates “social and economic resources” but also leads to a feeling of high gratitude as it provides the individual with a greater meaning to life and more control over life situations (Nordenmark, 2004, p. 123). Involvement in numerous roles gives an individual more opportunity to build a stronger network of social contacts which can provide higher levels of social support which in turn can act as protection and coping mechanism against stress (Ruderman, Ohlott, Panzer & King, 2002). Further, multiple social roles facilitate higher interaction levels that give individuals more opportunities to feel worthy, and can bring about more situations in which one can practice skills that improve confidence and self-esteem (Ruderman, Ohlott, Panzer & King, 2002). Rothbard (2001) argues that the positive benefits from the experience of holding a role can be transferred and used for possible further role demands. Therefore, according to the Role Expansion Theory the benefits of multiple role occupancy outweigh the negative aspects associated with them resulting in more satisfaction rather than feelings of stress (Nordenmark, 2004).

In contrast, the Role Stress Theory argues that the occupancy of multiple roles is detrimental to an individual's health and well-being (Home, 1998). It is the combination of numerous roles which “often creates more demands than one can handle -leading to role overload” (Home, 1998, n. p.). Role overload can be defined as “insufficient time to meet all demands” (Home, 1998, n. p.). A study by Glynn, MacLean, Forte, and Cohen (2009) found

that women who experienced the perception of role overload suffered from poorer mental health levels as demands from multiple social roles affected their well-being. Multiple role occupancy can also lead to role conflict which explains the clashing demand of several sources (Home, 1998). Therefore, the responsibility to fulfil numerous roles is incompatible with time and resources available to an individual. The time and resource conflict can cause substantial stress and prolonged feelings of stress could result in detrimental effects on mental health, such as higher rates of depression (Rothbard, 2001). Thus, participation in multiple roles results in stress and can lead to a decrease in mental health. Moreover, especially parents often feel guilty for being unavailable for their children for many hours of the day (Fairchild, 2003). Fulfilling numerous roles can mean to have to make many compromises, be it in relation to careers, family or college (Fairchild, 2003). This ongoing negotiation between roles and the overlapping of roles has its consequences on the health of the role juggler.

Altogether, the effect of multiple social roles on the well-being of an individual is still controversial and not clear as many different studies have found contradictory results. Evidence for either of the two opposing theories exists and most literature has focused on work-family conflict and much emphasis has been put on women. It is vital to understand what stress and mental health means as those are main variables in this research study.

## **LITERATURE REVIEW**

### **Stress, Mental Health, Well-being and Multiple Roles**

The overall well-being of an individual is dependent of the degree of the absence or presence of stressors (Lazarus & Folkman, 1984). Lazarus and Folkman (1984, p. 19) defined stress as a “particular relationship between the person and the environment that is appraised



by the person as taxing or exceeding his or her resources and endangering his or her well being”. The demand of multiple roles can exceed the resources and therefore lead to feelings of distress. Distress is the negative form of stress which facilitates a decrease in health and is the opposite to eustress which is perceived as a positive form of stress which is often controlled and can enhance performance and well-being of an individual (Bartlett, 1998). To what extent a situation or stage of life is appraised as stressful in negative terms depends on the individual and his or her situation. According to Goode (1960), it is due to limitations in time or resources that an individual has trouble to meet different role obligations and thus stressful conflicts can arise which can cause role strain. High levels of stress can lead to a higher risk for mental health problems (Bartlett, 1998).

Mental health can be considered as being fundamental to an individual's well-being and can be defined as a “state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (World Health Organization, 2010, n. p.). Therefore, the well-being of an individual is associated with the state of one's mental health. Both stress levels and the state of one's mental health can give an indication of the general well-being of a person and therefore are important variables in the understanding of the effects of multiple roles on students.

### **Social Roles, Gender and Stress**

The relationship of multiple social roles and stress has received much attention, especially in regard to women (Lee & Powers, 2002; McLean, Glynn, & Ansara, 2004). Social roles of women have changed dramatically over the last decades in regard to employment and gender equality (Lee & Powers, 2002; Barnett, 2004). In the current social context most

women are working, but continue to be the primary care taker of children in the home and often take on major household responsibilities, thus are faced with higher demands within the family role (Lee & Powers, 2002). The second shift is a term widely used to describe this double burden that women adopt when entering the labour market while keeping “the role of both carer/homemaker and provider” (McGinnity & Russell, 2008). Research studies which analysed stress and multiple roles found that women in child rearing roles, regardless of their employment status, show significantly high levels of stress, chronic stress and role overload (Maclean, Glynn & Ansara, 2004). Single mothers in employment also suffer from high levels of stress and lower levels of well-being (Ting, Morris, McFeaters & Eustice, 2006). Women in relationships show lower numbers of chronic stress and stress levels in comparison with unemployed mothers with a partner (Maclean, Glynn & Ansara, 2004). In general, married women or women in relationships have lower levels of stress and better mental health in contrast to lone mothers (Maclean, Glynn & Ansara, 2004).

Women were long thought to have more problems holding multiple roles compared to men (Sachs-Ericsson & Ciarlo, 2000). This was often explained with women having less experience in holding more than the role of being the primary caregiver and homemaker (Gove cited in Sachs-Ericsson & Ciarlo, 2000). However, this theory of lack of experience is less likely to apply in Western societies today. In regards to men and multiple role occupancy, it was found that the role combination of being a father, employee and husband has the best effect on mental health in terms of psychiatric disorders rates, whereas young, single men showed highest rates in disorders regardless of numbers of roles held (Sachs-Ericsson & Ciarlo, 2000). Marriage or being in a relationship seems to be a significant buffer against mental disorders and stress levels, probably due to the possibility to share any

concerns and also workload (Sachs-Ericsson & Ciarlo, 2000). Coverman (cited in Ting, Morris, McFeaters & Eustice, 2006) found that a certain level of role demand is ideal for one's well-being, however too many roles can lead to higher stress and hence to conflict, which can affect satisfaction in terms of relationship and job experience. Multiple roles can also increase women's stress levels due to “experienced pressure from competing roles”, especially due to limited time for study hours and family (Mudhovozi, 2011, p. 466). Time management issues, feelings of guilt regarding the restricted hours spent with one's children, self-expectations, “lack of or negative social interactions” and academic demands all are the results of holding multiple roles and contribute to higher stress levels (Ting, Morris, McFeaters & Eustice, 2006; Mudhovozi, 2011). However, Barnett (2004, p. 162) argues that feelings of guilt regarding mother's relationship to children are ill-founded as no research exists that provided proof for children suffering either from “cognitive or social deficits” due to their mother's work engagement or do children “feel deprived, abandoned, or unloved”. It already stands out, how antithetic research on this topic is.

### **Social Roles, Age and Women**

An Australian study revealed that young and elderly women have their optimum of role level with the occupancy of one role only, while mid age women are in best health when holding three or more social roles (Lee & Powers, 2002). Highest numbers of chronic illnesses and thus poorest health were seen in “young women with none or with four or more roles, and mid-age and older women with none of the defined social roles” (Lee & Powers, 2002, p. 195). Sachs-Ericsson and Ciarlo (2000, p. 620) also found significant results in regard to age and social roles as the likelihood of any psychiatric disorder declined “for each year of age” and for parents the likelihood of mental health problems diminished with increasing age. Students from both part-time and full-time classes cover a range of different

age groups, however, age range is expected to be lower, and thus results of this study might show higher prevalence for disorder.

### **Research Support for Role Expansion Theory – The Benefits of holding Multiple Roles**

Most of the research that has been conducted on the effects of multiple roles focussed on the work-family relationship (Rothbard, 2001). Considerable evidence has been provided for advantageous outcomes of holding a family role and work role simultaneously (Barnett & Hyde, 2001). McMunn, Bartley, Hardy and Kuh (2006) found in their longitudinal study on British women born in the 1940s that “good health is more likely to be the result, rather than the cause, of multiple role occupation” (n.p.), and thus concluded that role combination of work and family over the long term promotes good health in mid-aged women in their later lives.

A longitudinal Swedish study on the health of professional women and social roles revealed that the occupancy of more social roles influenced their mental health positively, while lower numbers of social roles occupied resulted in “higher odds for poor mental well-being, psychiatric disorders, and long-term sickness absence” (Nyman, Spak & Hensing, 2012, p. 349). A further study from Sweden also concluded that the odds for better well-being increased with the number of social roles and the odds for suffering from health problems, such as insomnia and “lingering illness”, were negatively correlated with the amount of social roles occupied (Nordenmark, 2004, p. 120). The researcher emphasised the importance of society to strive for the occupancy of numerous roles, as the variety of holding several roles improves the likelihood of a healthier society and therefore could relieve a nation's health care system (Nordenmark, 2004). However, as these studies were conducted in Sweden, a country with a highly developed welfare system, the findings may be misleading as holders

of multiple roles have higher support systems in comparison to Ireland where no free child care is provided and paid parental leave is very limited.

A mixed method research study investigated the well-being of managerial women in regard to the interplay of numerous social roles (Ruderman, Ohlott, Panzer & King, 2002). Both research approaches found that the accumulation of social roles helped women in management positions to achieve more in work due to transferring skills from various other social roles into their role as a professional (Ruderman et al., 2002). As a result of the experience gained from roles such as being a parent, spouse or friend helped to cope with higher demands of coexisting roles in their everyday lives and enhanced their self-esteem, confidence and led to better overall psychological well-being (Ruderman et al., 2002).

However, as this study was carried out amongst women in managerial positions, income levels were likely to be in higher scales. This is a major limitation as those women are in a better financial position in comparison to the fiscal situation of students and enabled to afford better or more child care, better health, better care, better overall support systems etc. Moreover, it exclusively focussed on women. Barnett (2004) disregarded earlier research that supported the Role Stress Theory in female work-family relationship as a myth that widely exists mainly due to media depiction of women being unable to cope with role demands. According to her, too much emphasis is put on negative outcomes of juggling various roles, with the aim to suppress the more positive outcomes (Barnett, 2004). However, particularly in the student-work relationship research evidence for the Role Stress Theory is undeniably present.

## **Multiple Roles and Students**

Little attention has comparably been paid to students and the relationship between the multiplicity of social roles and mental health as well as stress levels, possibly due to an assumption that students generally only hold one role that of being a student. Much of the existing research focused on mature students as this group of student population is thought to have most involvement in multiple social roles as many are parents and employees at the same time (Fairchild, 2003; Giancola, Grawitch, & Borchert, 2009; Gigliotti, & Huff, 1995; Home, 1998). Although less common among full-time students, the Eurostudent Survey found that at least 26 per cent indicated to be involved in regular employment in Ireland (HEA, 2010). More than half of both full-time and part-time students stated that their involvement in paid work has an impact on their success in college (HEA, 2010). The higher the workload of both college and paid work, the lower was the satisfaction (HEA, 2010). Therefore, it is clear that the occupancy of social roles as students and workers impacts on both, full-time and part-time students.

Much research undertaken on students has focused on stress, coping behaviour and social supports in general (Edwards, Hershberger, Russell, & Markert, 2001; Goldman & Wong, 1997), ignoring the possible relationship between stress and multiple roles among college students. Moreover, research on mental health of students has been undertaken separately (Houghton, Keane, Murphy, Houghton, and Dunne, 2010; Üner, Özcebe, Telatar, & Tezcan, 2008), again without taking the impact of multiple role occupancy in consideration. Therefore, most studies that were carried out considered stress and mental health in isolation, without correlating those variables with the occupancy of multiple roles. Studies which have examined the relationship between the multiplicity of student's social roles and their well-being have provided mainly support for negative effects, in contrast to

research done on work-family conflict.

### **Research Support for Role Stress Theory in Students' Lives**

The few studies conducted on the effects of multiple roles on students revealed much support for the Theory of Role Stress, providing evidence that multiple roles lead to an increase in problems in a person's life (Buda & Lenaghan, 2005; Ting, Morris, McFeaters, & Eustice, 2006). One study focused on the simultaneous occupancy of two roles, comprising the role as a student and the role as a worker only (Buda & Lenaghan, 2005). The study found that the conflict between work and study relationship caused stress and role strain which had a negative impact on the students' well-being (Buda & Lenaghan, 2005). As hours of paid work increased, so did stress levels and further well-being diminished. The study also found that students were more satisfied when more time was available for their college studies (Buda & Lenaghan, 2005).

Further research on multiple role occupancy and stress levels of students also concluded that working students scored significantly higher on stress perception compared to non-working students and provided support that work impacted negatively on students' well-being (Ting et al., 2006). This often was related to lack of time to meet all role demands on a daily basis (Ting et al., 2006). Further, the study focused on students' everyday life concerns and listed “time”, “juggling roles”, “general finances” and “being able to afford school” as their main worries (Ting et al., 2006, p. 45). This might be an indication that students' well-being might exacerbate further in the near future, as many will be required to put more time and effort into the role as an employee due to the current economic downturn. Both studies of Ting et al. (2006) and Buda and Lenaghan (2005) investigated the relationship of multiple roles and students.

However, a major limitation is the restricted spectrum in regard to participants of the study. Solely students from specific degrees were included, with one examining undergraduate business students, while the other researched undergraduate social work students. Therefore, investigating students from certain disciplines or degree levels only might provide a limited insight. This present research aims to implement a more comprehensive and random approach with the inclusion of students from different levels and different areas.

In conclusion, student numbers will rise in the coming years and in a time of financial constraints and rising tuition fees more and more students will see themselves forced to take up employment. Especially mature student numbers will grow as many will be required to re-enter education in order to be competitive in the job market. These changes emphasise the importance of a better understanding of the effects of the occupancy of multiple roles on the students' well-being.

Extensive research on this topic focussed on the work-family relationship with much emphasis on women. Overall, results were often contradictory and did not provide a clear picture in terms of the nature of the effects of multiple roles. More importantly, a very limited number of research studies have examined the correlation of multiple roles and students' well-being. Studies were quite restricted in their approaches taken, focussing on specific degrees only. The intention is to deal with this gap in the literature, taking on a more holistic approach by considering a multitude of degrees. As recent studies on students indicated that more social roles meant higher stress levels (Ting et al., 2006; Buda & Lenaghan, 2005), this research aims to support the Role Stress Theory. No study has focussed on correlations between mental health of students and number of roles occupied. As this study aims to



support the Role Stress Theory, it hypothesises that mental health will be negatively correlated with the number of social roles held by a student. Mental health has many dimensions and assessment can be measured in many ways. This dissertation will focus on life satisfaction and general health as mental health indicator. Both have been linked with depression and thus qualify as mental health measurements (Guney, Kalafat, Boysan, 2010; Goldberg, 1992). As women are believed to hold more roles than men, more specifically it is hypothesised that mental health will be negatively correlated with the number of social roles held by female students, but not for male students. Therefore the following are the three hypotheses to be tested in this research study:

#### Mental Health

- (1) It is predicted that there will be a positive correlation between the number of roles held by a student and general health scores for females, but not for males.
- (2) It is hypothesised that there will be a negative correlation between number of social roles held by a student and life satisfaction for females, but not for males.

#### Perceived Stress

- (3) It is predicted that there will be a positive correlation between number of social roles held by a student and perceived stress levels.

Overall, the aim of this dissertation is to examine the impact of multiple role occupancy such as being a parent, a spouse and a student, on mental health levels and stress levels of college students. Specifically, this research aims to find whether there is a relationship between the number of social roles occupied by third level college students from a college in Dublin and their mental health and stress perception in relation to gender. The researcher

believes that the conduction of the study will provide valuable information for the development of more supportive environments and understanding to contribute to third level students' well-being.

## METHOD

### *Materials*

Materials for data collection for this quantitative research have been chosen to suit the purpose of this correlational study. Questionnaires were the chosen method for data collection. The questionnaires were reviewed beforehand and for this correlational research three standardised questionnaires were found suitable. All three questionnaires have been used in numerous previous research studies and have, therefore, been tested for reliability and validity. The following questionnaires were found suitable for this correlational study:

- General Health Questionnaire (GHQ-12), (Goldberg, 1992)
- Satisfaction with Life Scale (SWLS), (Diener, Emmons, Larsen and Griffin, 1985)
- Perceived Stress Scale (PSS), (Cohen, Kamarck, Mermelstein, 1983)

As presented earlier, the aim of the study was to find a correlation between number of social roles occupied and mental health among college students. Mental health has many dimensions and can be measured in many ways. Assessment of mental well-being was based on three variables, general health, life satisfaction and perception of stress. To measure the level of social roles among students, an index for multiple social roles was constructed. This index ranged from 0 to 4. The higher the score, the more roles were occupied by the student.

In order to measure stress levels, the Perceived Stress Scale (PSS) (Cohen, Kamarck, Mermelstein, 1983) was used. Three versions of the PSS exist, with 14, 10 and 4 items. For this study, the PSS10 was adopted due to convenient length of the questionnaire for this study. The PSS10 is a 10-item scale that measures feelings and thoughts of perceived stress within the last month (Cohen et al., 1983). Questions such as “feeling upset”, “unable to

control things in life”, “feeling stressed” have response ratings that use a 5-point rating scale that ranges from “never 0” to “very often 4” (Perceived Stress Scale 10 in Cohen et al., 1983). The higher the score, the more stressed an individual is.

The 12-item General Health Questionnaire (Goldberg, 1992) is widely used to identify potential non-psychotic psychiatric disorders. The original version of the GHQ-12 was developed by Goldberg in 1978 to measure psychological distress or to quantify the degree of psychological strain in an individual (Goldberg, 1992). The GHQ-12 is sensitive for detecting psychological strain and is an effective and validated method for determining the prevalence of psychological health in the society (Goldberg, 1992). The rating scale is a behaviourally anchored rating scale that consists of the options: “better than usual”, “same as usual”, “worse than usual” and “much worse than usual”. A Likert scoring method was applied to this four-point scale, with “Better than usual” representing 0 points and “much worse than usual” representing 3 points, with higher scores corresponding to poorer health.

Life satisfaction was assessed through the Satisfaction with Life Scale (SWLS) (Diener, Emmons, Larsen and Griffin, 1985). This scale is a 5 statement item that evaluates the level of life satisfaction measured on a seven-point rating scale. The results can fall between a range of 5 to 35 points, with a higher score indicating higher satisfaction with life.

### *Design*

Quantitative survey design was used for this study applying questionnaires and research design was of a non-experimental correlation approach. Predictor Variable (PV) for correlational research measured were number of social roles held, which included being an employee, parent, spouse and family caregiver to an elderly relative. Social roles ranged from

an index of 0 to 4, the higher the index, the more roles were occupied by the student. General health, life satisfaction and level of stress perception were Criterion Variables (CV). The three CVs were measured by standardized and reliable questionnaires that have been constructed for measurement of these variables.

### *Participants*

Participants of this research were 225 students of a third level college in Dublin of which 210 students (N=210) filled out questionnaires entirely, and thus 15 questionnaires were filled out incorrectly or with sections left blank and therefore counted as invalid. Study sample consisted of males (N=70) and females (N=140) with ages ranging from 17 to 56 years, and a mean age of 25 years for males and 29 years for females. Students were selected from a number of different faculties, lectures and years in order to achieve a random student sample and thus to ensure representativeness of the sample. A stratified random sampling method was used, with strata being based on college students from 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> year level, from both daytime and evening classes, and from different faculties including Arts, Counselling, Business and Marketing. The sample was taken from a private third level college which offers a wide range of evening classes in contrast to many public institutions as an equal number of daytime and evening students was aimed to be achieved.

### *Procedure*

Student classes were randomly selected between faculties and DBS lectures. Questionnaires were handed out to both evening and daytime students during class. Faculties and lecturers were contacted prior to data collection and approval was being sought. No inducement was offered to the students for participation. However, contact details of the researcher were provided with the offer to receive a copy of the results which might have

triggered a higher incentive to participate. Participation was voluntary and anonymous, which was clearly stated to the students prior to the hand out of questionnaires. As it was important to receive data from both evening and daytime students, data was collected at different times. Instructions were given by the researcher which included how to use the scales. Further, important to mention is the sole use of self-administered questionnaire which was a limiting factor, as response rates tend to be lower. However, to avoid subject loss, questionnaires were not handed out close to breaks, such as lunch time or early in the mornings as numbers might have been lower due to students arriving late in class or being tired and therefore fill out questionnaires incomplete. It took about 5-7 minutes to complete the questionnaire booklet.

#### *Data Analysis*

Answers from questionnaires were entered into statistics software SPSS 18 for a quantitative research analysis. Descriptive analysis was conducted for the different variables included in the method section, such as general health and stress perception. Further, frequencies were run for levels of social roles occupied and divided into gender categories, students from 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year, full-time and part-time students. Moreover, SPSS 18 was used to run correlations through SPSS 18 Pearson R Correlation analysis.

#### *Ethical considerations*

This research was strictly executed under the college's ethical guidelines in order to avoid any physical or psychological harm on the participants of this study. The research proposal was reviewed by the college's Ethics Committee and hence, approval was given only if standards were being met. The questionnaires used in this research were also be reviewed by the Research Project Supervisor and the Head of Social Science Research Projects prior to data collection in order to avoid violations of ethical issues. Lecturers were

contacted prior to the handing out of questionnaires to confirm permission. Students were asked for their consent prior to participation in the study. Participants were informed as fully as possible about the nature and purpose of the research. Participation was voluntary to ensure subjects will not feel upset, hurt or harmed by the study and withdrawal from the study was possible at any time. The participation was further fully anonymous with no names on questionnaires, which further protected the subjects by not sharing information outside this particular study. Moreover, to comply with ethical standards, no students under the age of 18 took part.

## RESULTS

The aim of this dissertation was to examine the impact of simultaneous multiple role occupancy such as being a parent, a spouse and an employee, on mental health and stress levels of college students.

### Descriptive Statistics

All participants of this research study were asked to answer questions in relation to social role occupation. This included student status, work status, parent status, family carer status and relationship status. The frequencies and percentages of the responses are listed in the following tables below.

*Table 1: Frequencies and Percentages for Student Status*

Gender of Participant			Frequency	Percent
Male	Valid	Full-Time	58	82.9
		Part-Time	12	17.1
		Total	70	100.0
Female	Valid	Full-Time	82	58.6
		Part-Time	58	41.4
		Total	140	100.0

Participants of the research study were asked to indicate whether they are full-time or part-time students. As can be seen from Table 1, more women were enrolled in part-time courses with over 41 per cent, in comparison to men with just over 17 per cent enrolled in a part-time course.



*Table 2: Frequencies and Percentages for Work Status*

Gender of Participant			Frequency	Percent
Male	Valid	Full-Time	14	20.0
		Part-Time	17	24.3
		Casual	3	4.3
		Unemployed	36	51.4
		Total	70	100.0
Female	Valid	Full-Time	35	25.0
		Part-Time	56	40.0
		Casual	6	4.3
		Unemployed	43	30.7
		Total	140	100.0

As can be seen from Table 2 above, similar percentages of males and females were in full-time employment while studying. More women (40 per cent), however, tend to work on a part-time basis in opposition to men (24 per cent), while men were more likely to be not employed during their third level education.

*Table 3: Frequencies and Percentages for Parent Status*

Gender of Participant			Frequency	Percent
Male	Valid	Yes	7	10.0
		No	63	90.0
		Total	70	100.0
Female	Valid	Yes	42	30.0
		No	98	70.0
		Total	140	100.0

Table 3 indicates that 30 per cent of female students have children, whereas only 10 per cent of men identified themselves as a parent.

*Table 4: Frequencies and Percentages for Family Care Giver Status*

Gender of Participant			Frequency	Percent
Male	Valid	Yes	11	15.4
		No	59	84.3
		Total	70	100.0
Female	Valid	Yes	49	35.0
		No	91	65.0
		Total	140	100.0

Table 4 represented responses to the question “Do you take care of any family members on a regular basis?”. 35 per cent of women stated that they were informal care giver, while only 15 per cent of men answered in the affirmative.

*Table 5: Frequencies and Percentages for Relationship Status*

Gender of Participant			Frequency	Percent
Male	Valid	Married	5	7.1
		Divorced/Separated	1	1.4
		Single	46	65.7
		Co-habiting	9	12.9
		Other	9	12.9
		Total	70	100.0
Female	Valid	Married	30	21.4
		Divorced/Separated	4	2.9
		Widow/Widower	2	1.4
		Single	70	50.0
		Co-habiting	15	10.7
		Other	19	13.6
		Total	140	100.0

As can be seen from table 5 above, 50 per cent of women indicated that they were single compared to 65 per cent of men. 21 per cent of women were married in comparison to only 7 per cent of men.

*Table 6: Means, Mode and Standard Deviations for Total Numbers of Social Roles held by a Student*

Male	N	Valid	70
		Missing	0
	Mean		1.0143
	Mode		.00
	Std. Deviation		1.02848
	Minimum		.00
	Maximum		4.00
Female	N	Valid	140
		Missing	0
	Mean		1.7571
	Mode		2.00
	Std. Deviation		1.26872
	Minimum		.00
	Maximum		4.00

As can be seen from table 6 above, the most common number of social roles held by a male student was the role of being a student only, while female students most commonly occupied two social roles in addition of being a student. The average number of roles held by women was  $M = 1.7$  numbers ( $SD = 1.26$ ), while men occupied one social role ( $M = 1.01$ ,  $SD = 1.02$ ) only in addition of being a student.

*Table 7: Frequencies and Percentages of Total Numbers of Social Roles held by a Student*

Gender of Participant			Frequency	Percent
Male	Valid	.00	27	38.6
		1.00	22	31.4
		2.00	16	22.9
		3.00	3	4.3
		4.00	2	2.9
		Total	70	100.0
Female	Valid	.00	27	19.3
		1.00	36	25.7
		2.00	37	26.4
		3.00	24	17.1
		4.00	16	11.4
		Total	140	100.0

Table 7 above shows that in general, female students occupied more social roles in comparison to male students. In particular regarding the occupation of three and more roles women scored higher than men. While just over 7 per cent of males held three or more roles in addition of being a student, this was the case for over 28 per cent of female participants.

*Table 8: Means and Standard Deviations for all Variables used in the Analysis*

Gender of Participant		N	Minimum	Maximum	Mean	Std. Deviation
Male	General Health Total	70	.00	24.00	12.44	5.10
	Life Satisfaction Total	70	10.00	35.00	23.27	5.23
	Perceived Stress Total	70	2.00	27.00	16.32	5.35
Female	General Health Total	140	2.00	33.00	15.30	6.36
	Life Satisfaction Total	140	7.00	35.00	22.37	6.70
	Perceived Stress Total	140	1.00	35.00	20.22	6.54

As Table 8 above indicates, the mean score for men regarding General Health scores was  $M = 12.44$ , ( $SD = 5.10$ ), compared to a higher mean score for women which was  $M = 15.30$  ( $SD = 6.36$ ). Life Satisfaction scores were lower for women with a mean of  $M = 22.37$  ( $SD = 6.70$ ), compared to males means score of  $23.27$  ( $SD = 5.35$ ). Perceived Stress means were higher for women with  $M = 20.22$  ( $SD = 6.54$ ) in contrast to a mean of  $M = 16.32$  for men ( $SD = 5.35$ ). Thus, overall women showed stronger prevalence of poorer mental health.

### **Inferential Statistics**

Inferential statistics included correlational analysis of the three Criterion Variables (General Health scores, Life Satisfaction and Stress Perception).

### *Correlational analysis*

#### Hypothesis 1:

It was predicted that there will be a positive correlation between the number of roles held by a student and general health scores for females, but not for males. Correlational analysis indicated that there was a significant positive correlation for females  $r = .189$ ,  $N = 140$ ,  $p < .025$ , but not for males,  $r = .032$ ,  $N = 70$ ,  $p > .05$ . Therefore, hypothesis 1 was supported.

#### Hypothesis 2:

It was hypothesised that there will be a negative correlation between number of social roles held by a student and life satisfaction for females, but not for males. Correlational analysis showed for females  $r = -.234$ ,  $N = 140$ ,  $p < .005$ , and for males  $r = .110$ ,  $N = 70$ ,  $p > .05$ . Therefore, hypothesis 2 was supported, as only females indicated a highly significant negative relationship, while for males the correlation was of a non-significant positive relationship.

#### Hypothesis 3:

It was predicted that there will be a positive correlation between number of social roles held by a student and perceived stress levels. Correlational analysis indicated a non-significant negative relationship for males  $r = -.025$ ,  $N = 70$ ,  $p > .05$ , however, it indicated a highly significant positive relationship with females  $r = .225$ ,  $N = 140$ ,  $p < .005$ . Therefore, hypothesis 3 was partially supported.

## DISCUSSION

The aim of this dissertation was to examine the impact of simultaneous multiple role occupancy such as being a parent, a spouse and an employee, on mental health and stress levels of college students. Specifically, this research aimed to find whether there was a relationship between the number of social roles occupied by third level college students from a college in Dublin and their mental health and stress perception. Mental health is multidimensional and this research study measured mental health levels through General Health and Life Satisfaction scales (Guney, Kalafat, Boysan, 2010; Goldberg, 1992). Further, Perceived Stress levels were measured to provide a more comprehensive picture on the well-being of students. Thus, in this present study three hypotheses tested the relationship of third level students' multiple role occupancy and their General Health, Life Satisfaction and Perceived Stress levels in order to see if multiple role occupancy has either positive or negative outcomes on the well-being of a student. Overall, the aim was to see whether support for the Role Stress Theory (Home, 1998) could be found, which maintains that multiple social roles impacts negatively on individual well-being.

For the first hypothesis it was predicted that there will be a positive correlation between the number of social roles held by a student and general health scores for females, but not for males. Results indicated a significant positive relationship for women, but not for men, thereby supporting the hypothesis. These findings are in line with the Role Stress Theory (Home, 1998) which argues that the occupancy of multiple roles is detrimental to an individual's health and well-being due to potential role overload and role conflict of clashing demands from numerous social roles. Women are thought to hold more social roles compared to men, particularly since the second wave feminism and the increasing numbers of women entering the labour market, many women take on a second shift as their domestic work load

or child care work load remains constant (McGinnity & Russell 2008; Sachs-Ericsson & Ciarlo, 2000; Rothbard, 2001; Lee & Powers, 2002). Glynn, MacLean, Forte, and Cohen (2009) found that women who experienced the perception of role overload suffered from poorer mental health levels as demands from multiple social roles affected their well-being, and thus the present research study is concurrent with Glynn et al.'s (2009) findings. In this present study, female students occupied on average more social roles ( $M = 1.75$ ) than male students ( $M = 1.01$ ) and showed overall poorer mental health in both General Health and Life Satisfaction variables. It could be argued that due to women's' higher prevalence of poorer mental health in general, tendency to evaluate their numerous social roles more negatively compared to individuals with better overall mental health might be stronger (Plaisier, 2009). Therefore, this might be a contributing factor to the outcome of the research study and should be considered when interpreting results as "negative thoughts and feelings are core symptoms" of disorders associated with lower mental health (Plaisier, 2009, p. 142).

However, it can also be argued that women are more often engaged in unpaid care taking responsibilities and this could be one explanation for lower General Health scores. In this present research study, 65 per cent of female students were either a parent and/or family caregiver to an elderly person. In comparison, this was the case for just over 25 per cent of male students, which indicates that women are still primary informal caregiver within a family. The social role of unpaid care giving does not receive the same appreciation and valuation compared to a paid occupation and thus might lead to lower levels of job satisfaction which in turn can decrease the potential of satisfaction acting as a buffer against stressful situations of high role demands (Plaisier, 2009). Additionally, as women are more engaged in childcare responsibilities, this might also increase susceptibility towards feelings of guilt in terms of their unavailability for their children and subjective feelings of neglect



towards their role of childcare duty when working or studying as argued by Fairchild (2003), Mudhovozi (2011), Glynn, Maclean, Forte and Cohen (2009), and therefore having an effect on well-being.

As the Role Stress Theory (Home, 1998) and the Role Expansion Theory (Nordenmark, 2004) are contradictory when discussing the effects of multiple roles on an individual, the present findings only partially confirm previous results and are thus in contrast to findings from Nyman, Spak and Hensing (2012) whose results showed multiple occupancy of social roles was correlated with better mental health for women as scores for depressive and anxiety disorders were lower. Longitudinal data from a sample of mid-aged women found that general health among women tended to be better when more social roles were occupied, thus supported the Role Expansion Theory (Barnett & Hyde, 2001), which also contradicts current findings of the present study. Furthermore, results of this study challenges findings of Nordenmark's study (2004) who found that for the two genders "both the number of social roles and an increase of social roles [were] negatively correlated to the risk of suffering from insomnia and a lingering illness, and the risk of having to take medicine for a lingering illness" (p. 123).

A reason for differences in findings could lie in cultural differences, in societal values, norms and expectations attached to gender roles that might have changed differently across countries (Sachs-Ericsson & Ciarlo, 2000). For instance, social democratic countries with strong state support systems such as Sweden found significant support for the Role Expansion Theory in comparison to findings in the present study which took place in the rather liberal Ireland. In Scandinavian countries female labour participation is very high and stereotypical ideals of gender roles are more likely to have faded more so compared to

Ireland (Nordenmark, 2004), thus, could explain why Irish women have lower levels of General Health. Irish womens' experience of satisfaction or stress is different when holding multiple roles than it might be for a Swedish woman, who in comparison might not see herself as the primary responsible caretaker within a family anymore. As suggested in Sachs-Ericsson and Ciarlo (2000), "it is not simply the roles individuals occupy that affect their mental health, but the sociological implications of each roles that varies across countries" (p. 624). Therefore, cultural and societal norms could be one explanation for different findings as these factors might impact the perception of a certain social roles, especially the roles of a working mother in Ireland.

Hypothesis two predicted that there would be a negative correlation between number of social roles held by a student and life satisfaction for females, but not for males. Hypothesis two was supported as results showed a highly significant negative relationship for female students and a non-significant positive correlation for male students. Again, results from female students support the Role Stress Theory (Home, 1998), as multiple roles led to a decrease in life satisfaction and were thus not beneficial to the well-being of women. This is in strong contrast to a study of Ruderman, Ohlott, Panzer and King (2002), who found that managerial women experienced advantages of combining multiple social roles due to the benefits of transferring skills from one role to another and therefore had more resources to cope with various role demands which further enhanced their self-esteem and confidence.

Moreover, findings from the present research contradict two studies from Sweden which both found poor mental well-being was associated with lower numbers of social roles, while increasing numbers of social roles were correlated with better mental health (Nyman, Spak & Hensing, 2012; Nordenmark, 2004). Findings from the present study, however, do

not indicate that female students benefit from their multiple role occupancy, while it does not seem to impact on male students' well-being. Interesting to note is that 40 per cent of women from this study were in part-time employment which should not be put in comparison with rather secure, high pay scale of managerial positions of females which were participants of Ruderman's et al. study (2002) and professional women of Nyman's et al. research study (2012). Higher pay and more secure job positions might allow for less financial strain and more choice for delegating roles to other individuals. Moreover, it should be noted that Ireland is not a country of a highly developed welfare support system in comparison to Scandinavian countries. This might suggest that women in Ireland indeed might struggle more with high demands of co-existing roles as less state intervention is available due to a lack of benefits from support systems that possibly could reduce strain of womens' many role demands. Support systems mentioned in Nordenmark's (2004) study are "paid leave when children are ill, a working-day reduction to six hours while the children are younger than eight years, and public provision of free full-time day-care facilities for children" (p.124).

This is in stark contrast to services available for women in Ireland. Further it is also mentioned that students are provided with "favourable study loans" by the state for third level education which eases financial pressure (Nordenmark, 2004). Therefore, support system are more widely and to a greater extent available in Nordic countries and therefore are more likely to impact positively on the experience of multiple role occupancy and explain different outcomes compared to this study research.

As predicted, occupation of multiple social roles was not associated with higher prevalence or incidence of lower Life Satisfaction among male students in this present study. This indicates that the number of social roles may not be relevant for the incidence of lower

or better mental health in males. One explanation for this might be the overall lower total number of social roles occupied by male students, with the majority holding the role of being a student alone (38.6 per cent) and 31.4 per cent holding one additional role to that of being a student which supports the notion that women hold more roles than men. This finding is also in contrast to the study of Nordenmark (2004) and Sachs-Ericsson and Ciarlo (2000), whose results both indicated a beneficial effect of multiple roles for both genders, however, this study did not confirm beneficial effects for men. One explanation might be that total numbers of social roles were relatively low for male students in this study and thus might have not had an impact on correlations and outcomes of well-being.

In the present study, both correlation analyses regarding General Health and Life Satisfaction showed a higher prevalence for poorer mental health for women and female students were more prone to lower mental health when combining multiple roles. This is in contrast to findings of Sachs-Ericsson and Ciarlo (2000), whose results showed that “multiple roles were generally found to be associated with lower rates of disorders for both men and women” (p. 623). Important to note, however, is that in Sachs-Ericsson and Ciarlo’s (2000) study participants mean age was 42.6 years, which is considerably higher in comparison to the younger student population of this present study. It could be argued that older persons have developed better coping mechanisms to role strain due to experience (Sachs-Ericsson & Ciarlo, 2000).

Furthermore, it can be claimed that higher mean age of participants in Sachs-Ericsson and Carlo’s study (2000) impact on lower rates of disorders as the same study revealed that the likelihood of mental health problems diminishes with increasing age. Therefore, contrasting results could be mainly due to the age difference of students and the on average

older age cohort of randomly selected participants of the general public which were subjects of a great bulk of supporting research for the Role Expansion Theory (Nordenmark, 2004; Sachs-Ericsson & Ciarlo, 2000). As older people are more likely to retire, have more difficulties finding a job, have increasing health problems, and higher intakes of medication could suggest that lower numbers of social roles meant a decrease in well-being and thus could explain supporting findings for the Role Expansion Theory (Nordenmark, 2004), while studies on students, who are generally younger, found more overall more support for the Role Stress Theory (Buda & Lenaghan, 2005; Ting, Morris, McFeaters, & Eustice, 2006).

Lastly, it was hypothesised that there will be a positive correlation between number of social roles held by a student and perceived stress levels. Analysis showed a non-significant negative relationship for males, however, indicated a highly significant positive relationship for females and therefore hypothesis three was only partially supported. Thus, present findings indicated that female students reported more often perceived stress than male students in regards to social roles occupied. These findings are consistent with a study of married female undergraduates who felt increasingly stressed due to rising demands of various social roles (Mudhovozi, 2011). Maclean, Glynn and Ansara (2004) found that women who had children were under increased risk of stress regardless whether being in a partnership or single.

Additionally, Ting, Morris, McFeaters, and Eustice (2006) had concluded that students with children have more difficulty to schedule classes as they found it harder to combine child care with college and thus increased their stress levels. In this present study, especially female students occupied the role of being a parent and thus provide support for the theory that time management issues and restricted time for study due to child care duties

can lead to higher stress levels especially for mothers.

A further study that is in line with present findings indicated that the role of being a student and an employee at the same time caused higher stress levels and role strain which negatively impacted on students' well-being (Buda & Lenaghan, 2005). However, both studies mentioned did not look into gender differences and therefore the difference in male and female results from the present research study lack theoretical understanding. One explanation for womens' higher stress levels might be the lower quality of work amongst women as higher numbers are being employed in part-time positions which generally offer poorer wages, poorer job characteristics and less career progress (Plaisier, 2009). Employment might have a less favourable impact on womens' well-being compared to men as males are more often employed in full-time, secure and well-paid positions (Plaisier, 2009), and therefore work aspects might contribute to explain why stress perception is higher in female students when compared to male students in terms of social role occupancy. Another research study supporting this idea is that of Glynn, Maclean, Forte and Cohen (2009) which found that higher job quality was associated with better mental health.

## **LIMITATIONS**

This study has a number of limitations that should be kept in mind when interpreting the results. One of the major limitations is the small sample size and that only one geographical location for data collection was used, for instance all data was collected at one college in Dublin. Further, numbers of female and male participants were rather uneven with a male/female ratio of 70/140, when ideally the number of participants would have been more evenly distributed across gender in order to achieve higher generalisability.

Moreover, the study would have benefited from specifically asking a question regarding whether children are still living with their parents, as it can be argued that grown-up children that moved out of their family home do not have the same impact on a parent and might not be regarded as a social role as such. The age of the children might also play a role, as younger children may be more demanding and put more strain on parents as indicated by Home (1997), who found that for mothers, children under the age of thirteen increased role strain. Certain social roles and their interplay could not be studied in more depth due to time restrictions.

However, certain social roles and their interplay might be an important issue when looking at the correlation of social roles and well-being as the role of being a parent might have a different impact on a students' well-being than the role of an employee and thus give an insight to what social role impacts most negatively on a student's well-being. Furthermore, it is important to note that no causal inferences can be made between the multiple occupancy of multiple roles, mental health and stress perception as analyses were purely based on results of correlations. In addition, all data used in this present study was based on self report questionnaires, thus some variables such as stress perception or health related questions might have been susceptible for the effect of differences in personal evaluation and characteristics regarding honesty and openness.

## **FURTHER RESEARCH**

Future studies should aim to use a randomly selected sample of the entire country of Ireland and its third level institutions to ensure generalisability. In addition, further research could focus on the quality of social roles held by a student, as this may influence how an individual perceives the role and thus can impact on well-being. Moreover, as studies for

instance (Ruderman, Ohlott, Panzer & King, 2002) have found that quantity and quality of social support can have a great impact on either positive or negative perception of combining multiple social roles, the inclusion of a social role quality assessment could lead to a greater understanding. In particular, the lack of parental support system and extremely high child care costs in Ireland might be a contributor to lower mental health in women in Ireland as women might still see themselves as the primary responsible caregiver within a family.

Additionally, qualitative research such as carrying out in-depth interviews could reveal more detailed information and might be useful when examining the meaning of social roles to individuals. In-depth interviews provide more room for a holistic approach and might discover themes that were not covered in this present research. Different meanings that individuals might attach to their roles occupied, especially in terms of stereotypical gender roles, could allow for more insight to the impact of these. Further, an increase in measures of well-being and mental health variables, for instance anxiety or hopelessness scales, might allow for a more comprehensive study than the three criterion variables used in this research study.

Overall, research on the impact of multiple roles of students is vital to contribute to a better understanding of social role combinations, as research has shown that third level student population increasingly reports about mental health problems (Royal College of Psychiatrists, 2011), demonstrating that role demands might add to perceived pressure within the college population. In particular, as Ireland is struggling with the current economic recession, financial difficulties might add further strain on students in the near future.



## CONCLUSION

Role combinations and students holding more than one social role such as being a student, employee, and a parent at the same time are not an exception anymore. Especially mature students who combine numerous social roles during their later education. However, theories are conflicting and have not provided a clear picture about the effects of social role combinations. The Role Expansion Theory (Nordenmark, 2004) argues for beneficial effects on an individual's well-being as multiple roles facilitate higher social interaction levels and lead to positive feelings about one's self-perception and confidence. In contrast, the Roles Stress Theory (Home, 1998) argues that the occupancy of multiple roles is detrimental to an individual's well being as demands from numerous roles lead to role overload with time and resource conflict.

The aim of this research study was to find out how multiple occupancy of social roles impact on third level students' mental health and stress level perception. Analysis has examined the relationship between multiple role occupancy and measures of General Health, Life Satisfaction and Perceived Stress levels. Overall, findings showed that women held more social roles than men and women had a stronger prevalence of poorer mental health and higher stress levels. Male participants, however, did not show effects of multiple roles on their well-being. Thus, support for the Role Stress Theory (Home, 1998) was only found in female students who seemed to be affected by the demand of multiple roles and provided support for the notion that numerous roles lead to a conflict rather than opportunity for positive health outcomes.

As numbers of third level college students are expected to increase considerably over the next few years, in particular, mature students who are likely to be heavily engaged in

multiple social roles, further research is needed to ensure success and well-being of this growing population. Especially in times of a economic recession in which many students are under heavy financial constraints and rising tuition fees at the same time will see many students forced to work considerable amounts of hours while studying for a degree and thus mental health linked with the impact of social roles is an important issue that needs more attention in the student landscape.

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## Appendix I

### MULTIPLE SOCIAL ROLES – STRESS OR SUCCESS

This study is concerned about how the occupancy of multiple social roles impact on a student's well-being. Please answer each section as honestly as you can, do not spend too long thinking about each question as there are no right or wrong answers. Any information that you give will remain strictly confidential, you are not required to write your name anywhere on this survey. I hope you find this interesting, and I would like to thank you in advance for your time and co-operation.

Please complete the following demographic information.

Gender: Male ☐ Female: ☐

Age: \_\_\_\_\_

Student Status: Full-Time ☐ Part-Time ☐

Are you working Full-Time ☐ Part-Time ☐ Casual ☐  
Not employed ☐

Do you have children? Yes ☐ No ☐

Do you take care of any family members on a regular basis? Yes ☐ No ☐

What is your relationship status?

Married ☐ Divorced/Separated ☐ Widow/widower ☐

Single ☐ Co-habiting (not married but living together) ☐

Other ☐ \_\_\_\_\_



Read each item carefully. Using the scale shown below each question, please select the answer that best describes you by ticking the box:

Have you recently been able to concentrate on whatever you're doing?

Better than usual	Same as usual	Less than usual	Much less than usual

Have you recently lost much sleep over worry?

Not at all	Same as usual	Rather more than usual	Much more than usual

Have you recently felt that you are playing a useful part in things?

More so than usual	Same as usual	Less than usual	Much less than usual

Have you recently felt capable of making decisions about things?

More so than usual	Same as usual	Less than usual	Much less than usual

Have you recently felt constantly under strain?

Better than usual	Same as usual	Less than usual	Much less than usual

Have you recently felt you couldn't overcome your difficulties?

Better than usual	Same as usual	Less than usual	Much less than usual

Have you recently been able to enjoy your normal day to day activities?

Better than usual	Same as usual	Less than usual	Much less than usual

Have you recently been able to face up to your problems?

Better than usual	Same as usual	Less than usual	Much less than usual

Have you recently been feeling unhappy and depressed?

Better than usual	Same as usual	Less than usual	Much less than usual

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Have you recently been losing confidence in yourself?

<b>Better than usual</b>	<b>Same as usual</b>	<b>Less than usual</b>	<b>Much less than usual</b>

Have you recently been thinking of yourself as a worthless person?

<b>Better than usual</b>	<b>Same as usual</b>	<b>Less than usual</b>	<b>Much less than usual</b>

Have you recently been feeling reasonable happy, all things considered

<b>Better than usual</b>	<b>Same as usual</b>	<b>Less than usual</b>	<b>Much less than usual</b>

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. For each question circle one of the following options:

0 = never      1 = almost never      2 = sometimes  
3 = fairly often      4 = very often

In the last month, how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
In the last month, how often have you felt that you were unable to control the important things in life?	0	1	2	3	4
In the last month, how often have you felt nervous and stressed?	0	1	2	3	4
In the last month, how often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4
In the last month, how often have you felt that things were going your way?	0	1	2	3	4
In the last month, how often have you found that you could not cope with all the things you had to do?	0	1	2	3	4
In the last month, how often have you been able to control irritations in your life?	0	1	2	3	4
In the last month, how often have you felt that you were on top of things?	0	1	2	3	4
In the last month, how often have you been angered because of things that happened that were outside of your control?	0	1	2	3	4
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

Below are five statements that you may agree or disagree with. Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 7 – Strongly agree
- 6 – Agree
- 5 – Slightly agree
- 4 – Neither agree nor disagree
- 3 – Slightly disagree
- 2 – Disagree
- 1 – Strongly disagree

- \_\_\_\_\_ In most ways my life is close to my ideal.
- \_\_\_\_\_ The conditions of my life are excellent.
- \_\_\_\_\_ I am satisfied with my life.
- \_\_\_\_\_ So far I have gotten the important things I want in life.
- \_\_\_\_\_ If I could live my life over, I would change almost nothing.

If you are concerned with or affected by any of the raised issues please do not hesitate to contact the following organisations:

Samaritans Phone: **1850 60 90 60** or Text to **087 260 9090** or email [jo@samaritans.org](mailto:jo@samaritans.org)

The Samaritans provide 24-hour non-judgmental emotional support to anyone experiencing distress, despair or suicidal thoughts.

Aware Helpline: **1890 303 302**

Aware is a national voluntary organisation providing support through depression.

My Mind Phone: **01 44 33 961**

My Mind is a community based mental health organization offering accessible and affordable mental health services.

I would once again like to thank you for taking part in this study and would remind you that all information here will remain strictly confidential. If you would like to know more about this study, please do not hesitate to contact me at below email address.

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