

## Impact of role strain on dual-earner couples' subjective well-being

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### Abstract

Today's dual-earner couples juggle multiple roles including work. A common problem for dual earner couples in today's society is increased responsibilities through work and family. Due to multiple responsibilities, dual-earner couples experience high role strain. Past studies also indicates that as role strain increases among dual-earner couples, their subjective well-being decreases. The present study was conducted in Jaipur city of Rajasthan state to find out the relationship between role strain and subjective well-being among dual-earner couples. Total 200 dual- earner couples (200 wives and 200 husbands) were selected for the study. Data were analyzed using SPSS 16.0 statistical tools. Bivariate analysis and Pearson correlation result shows that role strain and subjective well-being were negatively related to each other among both the groups. The correlation value between overall role strain and overall well-being was observed -0.177 among male spouses and -0.378 among female spouses. It was significant at 0.05 and 0.01 level respectively. This clarifies that as the overall role strain increases the overall subjective well-being decreases among both groups. It was also observed that female spouses perceived poor well-being due to high role strain as compared to their male counterparts.

**Keywords:** dual-earner couples, subjective well-being, role strain.

### 1. Introduction

One of the most commonly researched problems of dual-earner couples is work and family role strain. Many dual-earner couples experience role strain because they have multiple responsibilities i.e. work and home. The work and home interface creates much strain for the dual earner couples because of the different role expectations and demands on their time. It is not surprising that dual earner couples (especially women) suffer from role strain, poor well-being and health problems. Working women do not have time to perform the tasks of the different roles incumbent on them resulting in a compromise of some degree in one or more roles. This tends to have an impact on either their work or personal life. Consequently, as increasing numbers of women enter the paid labor force, the conditions of work, both in the home and at work, may contribute to greater risk of depression.

Having multiple roles, such as worker, mother/father, and caregiver for elderly parents, may lead to role strain (Coty and Wallston, 2008) [5]. Goode (1960). Found that people engaged in several roles experience role conflict, overload, and strain, resulting in poor well-being. Role theorists maintain that role strain can lead to decreased psychological well-being, indicating that employed women will have lower degrees of well-being due to their role strain. However, husband's participation in household chores can decrease the role strain for a working woman and can enjoy greater marital satisfaction leading to greater psychological well-being (Saenz *et al.*, 1989). On the other hand, several studies have shown that having one role or none also has adverse effects on employee well-being and can lead to increased psychological distress.

Two theories have been proposed to explain the effects of multiple roles on well-being. The role strain perspective, or scarcity hypothesis, proposes that increased numbers of roles lead to overload and strain, which can translate into negative effects on physical and psychological well-being (Goode, 1960;

Marks, 1977) [7, 11]. Sieber (1974) [20]. Recognized that role accumulation may lead to rewards that outweigh any possible negative effects. He theorized that an individual with a wide variety of role partners may be able to compensate for relationship failures by falling back on other relationships. Barnett & Hyde (2001) [2]. Revealed that women and men who fill multiple roles, as opposed to few roles, report lower levels of mental and physical health problems and greater levels of subjective well-being.

Men and women with a high level of involvement in paid work followed by a high engagement in unpaid work might have difficulties combining these two domains, which, in turn, can lead to an increased risk for experiencing strain and low level of perceived well-being (Hagqvist *et al.*, 2012) [8]. Previous studies have reported that work family conflicts are more numerous for women than for men. Irrespective of gender, work family conflicts have been shown to have a strong association with health problems (Väänänen *et al.*, 2004) [21], more so for women than for men (Canivet, 2010) [3]. High demands from work and family also tend to increase the risk of illness and absenteeism from work, with no significant difference between men and women (Sabbath, 2011) [16]. Thus keeping the above facts in mind the present study was conducted with following objective:

**Objectives** To find out the relationship between role strain and subjective well-being among dual earner couples.

### 2. Methodology

**Locale of the study** The present study was conducted in Jaipur city of Rajasthan state.

**Sample** Total 40 organisations were selected for data collection. In each zone five organisations were selected for the study purpose, which are expected to meet out the objectives of the study i.e. such organisations 1) where a good number of

females are working, 2) work has to be done as per the MNCs or large organisation management system, 3) where the employee is supposed to work hard meet out their targeted work in stipulated time and 4) minimum working hours being 8 hrs. Five female respondents and their husbands were randomly selected from each organisation after acquiring the list of workers from the organisation. Those female respondents were selected who fulfill the study criteria. The study criteria was (1) nuclear family (2) husband-wife and at least one child living together (3) youngest child below 12 years of age and (4) husband – wife each having at least eight hours job period. Total 200 dual earner couples (200 wives and 200 husbands) were selected for the study.

**Instruments**

**Role Strain:** To assess role strain of the female spouses ‘Women’s Role strain Inventory’ developed by Lengacher and Sellers in 2003 was used. To assess role strain of the male spouses’ aforesaid inventory was used after suitable gender effect modification. The questionnaires were divided in three sub-scales i.e. Role Distress, Role Enhancement and Role Support.

**Subjective Well-being:** In the study, for assessing the subjective well-being of the dual-earner couples, the Subjective Well-Being Inventory (SWBI) developed by Sell & Nagpal in (1992) [19]. Was used. Subjective well-being conceptualizes positive and negative aspects of well-being as experienced by an individual. The Inventory represents the 11 factors or dimensions of well-being or quality of life. These 11 dimensions were further grouped into two categories i. e. Positive affects (well-being) and negative effects (ill-being). The six dimensions i. e. General well-being - positive affect, expectation-achievement congruence, confidence in coping, transcendence, family group support and social support were included in positive effects and four dimensions i.e. Inadequate mental mastery, perceived ill health, deficiency in social contacts and general well-being negative affect were included in negative effects and one dimension i. e. primary group concern was included in both positive and negative effects.

**Research Design**

This descriptive research encompasses a cross-sectional study along with survey method. Survey method was organized

attempt to analyze, interpret and report the present status of a social institution, group or area.

**Procedure:** The questionnaire was distributed to the female respondents at their working places after the permission of their managing director along with written and verbal instruction that explained the nature and scope of the study. Two sets of the questionnaire were distributed to each respondent, one to be filled by female respondents and other by male respondents i.e. their spouses. Respondents were requested to complete the questionnaire without discussing their responses with others. After few days questionnaire were collected by investigator.

**Data Analysis:** Data were analyzed using SPSS 16.0 statistical tools. To analyze the relationship between perceived health problems and subjective well-being among dual-earner couples, bivariate analysis and Pearson correlation coefficient test was used.

**3. Results & Discussion:** The relationship between perceived health problems and subjective well-being among dual-earner couples were analyzed. The results in this respect are presented in following tables.

Data regarding relationship between role distress and subjective wellbeing among both groups are presented in table-1. Pearson correlation coefficient result shows that wives’ role distress is negatively correlated with four positive dimension of subjective well-being i.e. general well-being positive affect, expectation - achievement congruence, confidence in coping and primary group concern. It was significant at 0.01 level. This indicates that as role distress increases among female spouses the subjective well-being decreases in aforesaid dimensions. Wives’ role distress was also found to be positively correlated with inadequate mental mastery and perceived ill-health (negative dimensions of subjective well-being). It was significant at 0.01 level. Inadequate mental mastery was also found to be positively correlated with husbands’ role distress. It was significant at 0.05 level. This indicates that as role distress increases among both spouses negative dimension of SWB i.e. inadequate mental master yin creases (perceived ill-health also increases among female spouses).

**Table- 1:** Pearson correlation value (Bivariate Analysis) depicting relationship between Subjective Well-being and Role Distress based on gender N= 400 (200+200)

S. No.	Dimensions of Subjective Well-Being	Wife (Female) Role Distress	Level of Significance	Husband (Male) Role Distress	Level of Significance
1	General Well-Being- Positive Affect	-0.209	0.01	-0.007	NS
2	Expectation-Achievement Congruence	-0.286	0.01	-0.106	NS
3	Confidence in Coping	-0.311	0.01	-0.019	NS
4	Transcendence	-0.044	NS	-0.059	NS
5	Family Group Support	-0.138	NS	0.002	NS
6	Social Support	-0.061	NS	-0.061	NS
7	Primary Group Concern	-0.199	0.01	-0.032	NS
8	Inadequate Mental Mastery	0.318	0.01	0.160	0.05
9	Perceived Ill Health	0.187	0.01	0.117	NS
10	Deficiency in Social Contacts	-0.060	NS	0.084	NS
11	General Well-Being Negative Affect	0.063	NS	-0.133	NS

A striking feature of this table is that wives' role distress is highly significant with their subjective well-being compared to husbands. This clarifies that wives experienced higher level of role distress and lower level of well-being as compared to their counterparts and husbands perceive life as functioning more smoothly and joyfully compared to their wives. This could be due to the fact that working women have multiple responsibilities from work and family. Parents (especially women) are responsible for caring for the children's best interests, education, wellness, housecleaning, clothing care, food preparation, and financial management. Multiple role involvement leads to role strain. Couples' (especially women's) greater exposure to family role strains is partially responsible for their higher rates of distress. The increased levels of engagement in multiple roles are burdensome and increases strain among women and decrease their well-being. Due to

multiple responsibilities women are unable to attain their expectation in life which may lead to reduction in the irconfidence level. High role distress may also affect their family life and relationships within the family. The combination of employment and family roles may have detrimental effects on their mental and physical health. Fava, *et al.* (2003) [6]. Analyzed the concept of psychological well-being and its relationship to distress and personality traits. Mean-level differences by gender showed that in general, women significantly presented with lower levels of well-being and higher levels of distress and personality disturbances. Rani and Darolia (2011) [14]. Found that work interference with family (WIF) and family interference with work (FIW) both correlate negatively with general well-being. This indicates the work-family conflict had significant negative influence on Indian women's general well-being.

**Table 2:** Pearson correlation value (Bivariate Analysis) depicting relationship between Subjective Well-being and Role Enhancement based on gender N= 400 (200+200)

S. No.	Dimensions of Subjective Well-Being	Wife (Female) Role Enhancement	Level of Sig.	Husband (Male) Role Enhancement	Level of Significance
1	General Well-Being- Positive Affect	0.179	0.05	0.107	NS
2	Expectation-Achievement Congruence	0.170	0.05	0.095	NS
3	Confidence in Coping	0.181	0.05	0.106	NS
4	Transcendence	0.017	NS	0.025	NS
5	Family Group Support	0.056	NS	0.048	NS
6	Social Support	0.114	NS	0.099	NS
7	Primary Group Concern	0.163	0.05	0.075	NS
8	Inadequate Mental Mastery	-0.181	0.05	-0.107	NS
9	Perceived Ill Health	-0.158	0.05	-0.110	NS
10	Deficiency in Social Contacts	0.063	NS	-0.039	NS
11	General Well-Being Negative Affect	0.088	NS	-0.051	NS

Table- 2 highlights that a significant positive correlation between wives' role enhancement and four positive dimensions of subjective well-being i.e. general well-being positive affect, expectation - achievement congruence, confidence in coping and primary group concern. It was significant at 0.05 level. This means that as the role enhancement increases the Subjective Well-Being also increases among female spouses. A significant negative relationship was observed between wives' role enhancement and two negative dimensions of subjective well-being i.e. inadequate mental mastery and perceived ill-health. This means that as role enhancement increases the negative dimensions of SWB i.e. inadequate mental mastery and perceived ill-health decreases among female spouses. This indicates that as role enhancement increases negative dimensions of SWB decreases and positive dimensions of SWB increases among wives. This is the good indicator of SWB.

There is no significant correlation (either negative or positive) between role enhancement and all dimensions of subjective well-being among husbands. The aspect of role enhancement is based upon Sieber's (1974), role accumulation hypothesis, which proposes that multiple roles contribute to better health and focus on the rewards or privileges associated with multiple role involvement. He further revealed that involvement in multiple roles allows for rewards and privileges, overall status security, resources for status enhancement and role performance and enrichment of personality. Thus, as the role

enhancement increases subjective well-being also increases among respondents.

The aspect of role enhancement is based upon role accumulation (expansion) hypothesis. Marks, 1977 and Sieber, 1974 suggested that the performance of multiple roles provided the individual with rewards and privileges that assisted in managing multiple roles; this was believed to outweigh the negative effects of role accumulation. Barnett and Hyde (2001) presented the expansionist hypothesis of this argument suggesting that the advantages of multiple roles far exceed the detrimental effects and yield an overall positive influence on one's well-being. They concluded that both men and women benefit by engaging in multiple roles in terms of their mental health.

Table- 3 depicts there is significant negative relationship between role support (aspect of role strain) and the three positive dimensions of subjective well-being i.e. expectation - achievement congruence, confidence in coping and family group support among female spouses. It was significant at 0.01 level. Role support was also found to be positively correlated with inadequate mental mastery and perceived ill health (negative dimensions of SWB) among female spouses. It was significant at 0.01 level. This means that as the role strain increases due to low role support the inadequate mental mastery and perceived ill health (mental and physical health problems) also increases among female spouses.

**Table 3:** Pearson correlation value (Bivariate Analysis) depicting relationship between Subjective Well-being and Role Support based on gender N= 400 (200+200)

S. No.	Dimensions of Subjective Well-Being	Wife (Female) Role Support	Level of Significance	Husband (Male) Role Support	Level of Significance
1	General Well-Being- Positive Affect	-0.069	NS	-0.035	NS
2	Expectation-Achievement Congruence	-0.241	0.01	-0.096	NS
3	Confidence in Coping	-0.282	0.01	-0.014	NS
4	Transcendence	-0.011	NS	-0.051	NS
5	Family Group Support	-0.234	0.01	0.033	NS
6	Social Support	-0.069	NS	-0.138	NS
7	Primary Group Concern	-0.127	NS	-0.124	NS
8	Inadequate Mental Mastery	0.330	0.01	0.112	NS
9	Perceived Ill Health	0.194	0.01	0.123	NS
10	Deficiency in Social Contacts	-0.059	NS	-0.016	NS
11	General Well-Being Negative Affect	-0.030	NS	0.008	NS

It is clear from the above table there is no significant correlation (either negative or positive) between role support and subjective well-being among husbands because the value is not significant. This could be due to the fact that male spouses experienced low level of role strain in the aspect of role support because they receive more support from their spouses and family members as compared to female spouses. So, male spouses' well-being neither increases nor decreases due to role support (role strain). Schuster *et al.* (1990) [18]. Found that women were more affected by family strain than men when predicting depressed mood, they also found that family strain was related to negative mood and health problems exclusively

for women. Rook, *et al.* (1991) [15]. Revealed that women experience a 'burden of Care' in regards to social networks; they are more vulnerable to the emotional strain of network members' problems. Walen & Lachman (2000) [22]. Found some differences among men and women and the relationship between social exchanges and well-being. Positive and negative social exchanges were more strongly related to psychological well-being than to health. For both sexes, partner's support and strain and family support were predictive of well-being measures; partner's strain was also predictive of health problems. However, family strain was predictive of well-being and health outcomes more often for women.

**Table 4:** Pearson correlation value (Bivariate Analysis) depicting relationship between Subjective Well-being and Overall Role Strain based on gender N= 400 (200+200)

S. No.	Dimensions of Subjective Well-Being	Wife (Female) Overall Role Strain	Level of Significance	Husband (Male) Overall Role Strain	Level of Significance
1	General Well-Being- Positive Affect	-0.216	0.01	-0.058	NS
2	Expectation-Achievement Congruence	-0.310	0.01	-0.120	NS
3	Confidence in Coping	-0.342	0.01	-0.055	NS
4	Transcendence	-0.035	NS	-0.055	NS
5	Family Group Support	-0.177	0.01	-0.005	NS
6	Social Support	-0.107	NS	-0.119	NS
7	Primary Group Concern	-0.223	0.01	-0.092	NS
8	Inadequate Mental Mastery	0.362	0.01	0.154	0.05
9	Perceived Ill Health	0.236	0.01	0.141	0.05
10	Deficiency in Social Contacts	-0.080	NS	0.045	NS
11	General Well-Being Negative Affect	-0.016	NS	-0.033	NS
12	Overall Subjective Well-being	-0.378	0.01	-0.177	0.05

One of the prominent findings of table-4 is that a significant negative relationship between females' overall role strain and five positive dimensions of subjective well-being i.e. general well-being positive affect, expectation - achievement congruence, confidence in coping, family group support and primary group concern exists. It was significant at 0.01 and 0.05 level. This indicates that as role strain increases among female spouses the positive dimensions of subjective well-being decreases. Both spouses' overall role strain was found to be positively correlated with negative dimensions of SWB i.e. Inadequate Mental Mastery (mental health problems) and perceived ill-health (physical health problems). It was significant at 0.05 and 0.01 level. This indicates that as role strain increases among both spouses the negative dimension of SWB i.e. Inadequate Mental Mastery (mental health problems) and perceived ill-health (physical health problems) also increases.

This also clarifies that the correlation value between overall role strain and overall well-being is -0.177 among male spouses and -0.378 among female spouses. The value obtained was significant at 0.05 and 0.01 level respectively. This indicates that there is a negative correlation between overall role strain and overall well-being. The relationship found between the overall role strain and overall subjective well-being of both groups are most in the same direction. This clarifies that as the overall role strain increases the overall subjective well-being decreases among both groups. The results indicate that female spouses perceived poor well-being due to high role strain as compared to their male counterparts. This could be due to the fact that women have a Dual role to play, when they take up jobs they have to take care of their homes along with their outside employment. This leads to scarcity of time and energy which may put strain on them and affect their mental and physical well-being. Male spouses

experienced lower level of role strain as compared to female spouses. So, their well-being is not affected as females. The Scarcity hypothesis proposes that the combination of 'too many' roles and role demands leads to negative effects on the individual's well-being. According to Alderman (1994) <sup>[1]</sup>. Respondents who do not report role strain when they are involved in multiple roles have higher life satisfaction compared with respondents who do report experiencing role strain. Lenaghan & Sengupta (2007) <sup>[9]</sup>. suggested that role-overload was more likely to be indirectly related to lower feelings of well-being than role-ease. Therefore, when college students with paid work experienced role-overload, it may begin a cognitive emotional chain of experiences that eventually reduced the feelings of well-being. Studies of working families show that work-life imbalance due to heavy workloads leads to decreased psychological well-being stemming from increased stress at home and at work (Offer and Schneider, 2011) <sup>[13]</sup>. Miller *et al.* (2000) <sup>[12]</sup> concluded that there were differences, in the strains experienced by men and women, specifically mental well-being and physical well-being, with men exhibiting better mental and physical well-being than women.

#### 4. Conclusions

It can be concluded that role strain and subjective well-being were negatively related to each other among both the groups. Wives' role strain was negatively correlated with positive dimensions of well-being (general well-being positive affect, expectation - achievement congruence, confidence in coping, family group support and primary group concern) and positively correlated with negative dimensions (inadequate mental mastery and perceived ill-health) of well-being. This indicates that as role strain increases among female spouses their well-being positive affects decreases and negative affects increases. This is the sign of poor well-being.

A significant relationship was also observed between husbands' overall role strain and their overall subjective well-being but the correlation was not highly significant as female spouses. This clarifies that husbands perceived good well-being. Husbands perceived life as functioning more smoothly and joyfully compared to their wives and experienced more life satisfaction and frequent joy as compared to their wives. Female spouses experienced poor well-being because Indian women still perform major role in parental and homecare responsibility.

These multiple responsibilities put strain on them and affect their mental and physical well-being. Compared to men, women are expected to work more as homemakers and caregivers. Thus, while facing incompatibility between work and family roles, women may feel more role strain than men. These situations could be harmful to one's mental and physical well-being.

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