



Influence of work–family–school role conflicts and social support on psychological wellbeing among registered nurses pursuing advanced degree



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ABSTRACT

Purpose: The purpose of the study was to determine how work–family–school role conflict and social support influence psychological well-being among registered nurses pursuing an advanced degree.

Methods: A cross-sectional, correlational study design was used. Convenience sampling was used to recruit 320 registered nurses pursuing an advanced nursing degree at 13 hospitals in Korea, from June to October 2011. Data were analyzed using structural equation modeling with the AMOS program. Confirmatory factor analyses were conducted to evaluate the measurement model prior to the testing of study hypotheses before and after controlling for extraneous variables.

Results: The fit parameters of the modified model ($\chi^2/df = 2.01$, GFI = 0.91, AGFI = 0.89, CFI = 0.92, SRMR = 0.068, and RMSEA = 0.065) indicated its suitability as the research model. This model explained 45% of the variance in work-related psychological well-being and 52% of the variance in general psychological well-being. Both social support and work–family–school role conflict exerted significant effects on work-related psychological well-being and general psychological well-being.

Conclusion: The findings of the present study imply that work–family–school role conflict influences the psychological well-being of registered nurses pursuing an advanced degree. It is necessary for nursing administrators to develop strategies to help registered nurses to manage their multiple roles and improve both their work-related psychological well-being and their general psychological well-being.

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1. Background

Pursuing education for learning new knowledge and skills and improving one's career is an important part of life in the economic environment of the 21st century (Kirby, Biever, Martienz, & Gomez, 2004). Registered nurses (RNs), as health-care professionals, are faced with multiple roles in their lives both at work and at home, and especially when they decide to also pursue an advanced degree. An RN pursuing an advanced degree in nursing involves assuming a student role in addition to his/her professional career role and family role. The role strain theory (Goode, 1960) suggests that individuals can find engaging in multiple roles overly demanding due to the limited amounts of time and energy available. An individual performing more roles is more likely to experience role conflict and have poor psychological well-being (Goode, 1960). When an RN with a professional career marries and decides to become a student, interrole conflict and poor well-being are possible outcomes of the resulting multiple roles.

The effect of work–family (WF) role conflict on psychological well-being among professional workers has been widely explored empirically in recent decades. The WF role conflict was a predictor of psychological well-being (Gipson-Jones, 2009). The role conflict leads to low job satisfaction (Lu, White, & Barriball, 2007), and can positively affect emotional exhaustion and denationalization (Adam, Gyorffy, & Susanszky, 2008). Patel, Beekhan, Paruk, and Ramgoon (2008) demonstrated that nurses who were more satisfied with their jobs and private lives had lower levels of all three dimensions of WFC: time-based, strain-based, and behavior-based conflict. In a systematic review, Adriaenssens, De Gucht, and Maes (2015) identified interrole conflict as an important predictor of burnout among nurses. Cortese, Colombo, and Ghislieri (2010) found that, however, while job satisfaction was lower in the presence of the role conflict, WF role conflict can be decreased by supportive management.

Many studies have shown the effects of different types of social support on psychological well-being. Perceived supervisory social support, organizational social support, and spousal support have been found to affect burnout, job satisfaction, life satisfaction, and depression (Yildirim & Aycan, 2008). Ariapooran (2014) suggested that hospital nurses who received higher levels of social support from peers and

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family had lower levels of burnout and compassion fatigue. Hamama (2012) reported a reduced degree of burnout among social workers who received social support from colleagues, supervisors, and managers. A study involving Chinese female nurses (Wu, Ge, Sun, Wang, & Wang, 2011) found that social support from family and peers had a direct mediating effect on life satisfaction, while Lin, Probst, and Hsu (2010) indicated that female psychiatric nurses receiving higher levels of social support had lower levels of depression.

There is also empirical evidence that several variables affect psychological well-being, including age (Adriaenssens et al., 2015; Hamama, 2012), clinical experience (Hamama, 2012), marital status (Lin et al., 2010; Willet, Hayes, Zaha, & Fuddy, 2012), education level (Wu et al., 2014), performing shift work (Adriaenssens et al., 2015), and having children (Grzywacz, Frone, Brewer, & Kovner, 2006).

Psychological well-being among professional workers is one of the most important issues for managers. A high level of general psychological well-being (e.g. life satisfaction) was found to be associated with work-related psychological well-being (e.g. job satisfaction) (Bryant & Constantine, 2006). Consequently, in the present study, psychological well-being was divided into WRPWB (job satisfaction and burnout) and GPWB (life satisfaction and depression).

The purpose of the study was to determine the relationships among WFS role conflict, social support, and psychological well-being among RNs pursuing an advanced degree. The relationships are presented graphically in Fig. 1. The following specific methods were applied in this study:

- (1) To test a proposed model of WFS role conflict, role related social support (RRSS), work related psychological well-being (WRPWB), and general psychological well-being (GPWB).
- (2) To examine the direct and indirect effects of exogenous variables (RRSS, WFSC, and WRPWB) on endogenous variables (WFS role conflict, WRPWB, and GPWB).
- (3) To verify whether model fit and relationships between the variables change after controlling for demographic characteristics.

2. Methods

2.1. Design and Samples

A cross-sectional, correlational research design was used in this study. Convenience sampling was used to recruit 320 RNs participating in a graduate education program or an RN-BSN program at 13 university hospitals in Korea, from June to October 2011. The inclusion criteria for the subjects were (1) female Korean RNs, (2) clinical experience of ≥ 1 years, (3) currently working as a nurse, and (4) attending in a master's, doctoral, or RN-BSN program.

This study employed structural equation modeling (SEM), which involves tests that are sensitive to sample size and to the magnitude of differences in covariate matrices (Kline, 2010). Sample sizes in the

literature generally range from 200 to 400 subjects for models with 10–15 indicators. Kline (2010) considered samples smaller than 100 to be invalid in SEM. Stevens (2009) reported the rule of thumb of including at least 15 cases per measured variable or empirical indicator.

This study included 4 latent constructs and 6 measured variables as controlling variables, with 15 empirical indicators used for the latent constructs, resulting in 21 variables. Based on the rule reported by Stevens (2009), the sample needed to comprise at least 315 cases, and so the 320 RNs included in the present study were sufficient.

2.2. Instrumentation

2.2.1. Work–Family–School Role Conflict

WFS role conflict was divided into three indicators [work–school to family role conflict (WS-FC), family–school to work role conflict (FS-WC), and family–work to school role conflict (FW-SC)] and measured using the Work–Family–School Role Conflict Scale (Xu & Song, 2013). The use of three subscales was designed to measure the role conflict among RNs with multiple roles related to their work, family and school. The scale was verified as having good construct validity and high internal consistency, with Cronbach's alpha coefficients of 0.70, 0.76, and 0.83 for the three subscales, and of 0.82 for the total scale (Xu & Song, 2013). The reliabilities were also confirmed in the present study, with Cronbach's alpha coefficients of 0.85, 0.70, 0.75, and 0.82 for the total scale and the three subscales, respectively.

The construct validity of WFS role conflict scale was examined using confirmatory factor analysis (CFA), which produced the following results for the model: $\chi^2/df = 2.35$, $p < 0.001$, goodness-of-fit index (GFI) = 0.96, adjusted goodness-of-fit index (AGFI) = 0.92, comparative-fit index (CFI) = 0.97, standardized root-mean-square residual (SRMR) = 0.054, root-mean-square error of approximation (RMSEA) = 0.067, and 90% confidence interval of RMSEA (90% RMSEA) = 0.045–0.089. Except for the value of χ^2 , all of the evaluation results for the scale were satisfactory.

2.2.2. Role-Related Social Support

The RRSS was measured in three subscales (social support from family, social support from work, and social support from friends) using the Role-Related Social Support Scale (Xu & Song, 2013). A 5-point Likert scale was used for the responses to each item (from 1 = strongly disagree to 5 = strongly agree). The scale was verified as having good construct validity and appropriate internal consistency. Cronbach's alpha coefficients for the internal consistencies of social support from family, social support from work, social support from friends, and the total scale were 0.63, 0.67, 0.73, and 0.75, respectively (Xu & Song, 2013). The reliabilities were also confirmed in the present study, with Cronbach's alpha coefficients of 0.75, 0.63, 0.63, and 0.70 for the total scale and the three subscales, respectively.

The CFA produced the following results for the model: $\chi^2/df = 1.21$, $p = 0.089$, GFI = 0.98, AGFI = 0.97, CFI = 0.98, SRMR = 0.033,

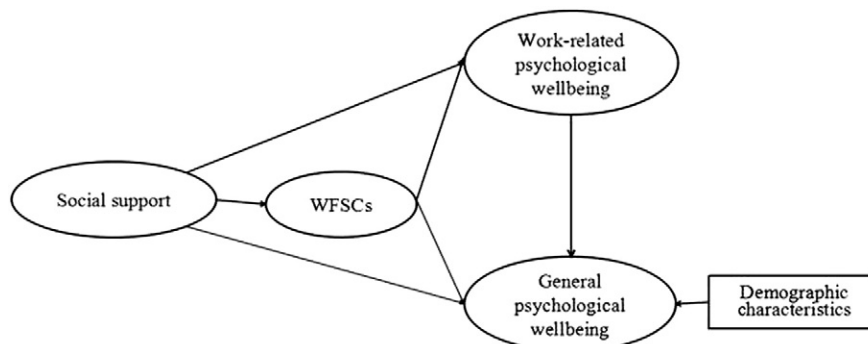


Fig. 1. The hypothesized model. Note: WFSC = work–family–school role conflict.

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