THE RELATIONSHIP BETWEEN PATTERNS OF SEX
ROLE IDENTITY, WORK STRESS, SOCIAL SUPPORT
AND WELLBEING IN SOUTH AFRICAN FEMALE
MANAGERS

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Abstract

A large body of research has documented the deleterious relationship between work stress and health and wellbeing. This research has also examined which factors intrinsic and extrinsic to the individual create variations in this pattern of relationship. Two notable factors in this regard are gender and social support. Previous research has indicated that gender and social support can lead to variations in the way individuals perceive, cope with and react to stress. This research has also indicated that gender can influence the extent to which individuals will effectively utilise different sources of social support. However, much of this research has focused on a dichotomous conceptualisation of gender, restricting the exploration of gender to that which is biologically defined. Research advances have been made utilising Bem’s (1974) Theory of Psychological Androgyny. This theory has acknowledged and explored socially constructed ‘within gender’ differences of masculinity and femininity, proposing that androgyny, defined as an equal balance of masculine and feminine traits within an individual, independent of biological sex, is the ideal with regard to experienced optimal health and wellbeing. While this theory has enjoyed a vast empirical base that indicates that those with an androgynous sex role identity tend to enjoy the greatest health and wellbeing; the research on psychological androgyny has not been without its limitations. Competing models of gender identity, such as the ‘Differentiated Model have suggested that gender identities are made up of both socially desirable and socially undesirable sex-typed behavioural traits; this model promoting a ‘new prescription’ for gender in the 21st century. This new prescription requires the acknowledgement of both types of sex-based behavioural traits, expanding the conceptualisation of gender to take into account both negative and positive sex-based feminine and masculine traits, that is, traits that are both socially desirable and undesirable in terms of masculinity and femininity. This new prescription thus intends to segregate and explore the relationship between socially desirable and socially undesirable sex-typed behavioural traits to health and wellbeing.

Consequently, the present study adopts this prescription in order to examine this expanded conceptualisation of sex role identity, utilising a South African sample of female managers. More specifically, the present study examines the relationship between socially desirable and socially undesirable sex role identities and perceptions of work stress, social support, psychological
wellbeing and self-esteem. In addition, the present study examines the moderating effect of social support in the relationship between indicators of work stress and wellbeing.

The Extended Personality Attributes Questionnaire (EPAQ) was revised and utilised to assess the expanded conceptualisation of both socially desirable and socially undesirable sex role identities within a South African sample of 1477 female managers accessed from two national financial institutions and one tertiary institution.

Results of the study indicate that the socially desirable, positively valenced identities fare better on health indicators than the socially undesirable, negatively valenced identities. In all instances positively valenced sex role identities perceive the least stress and have the highest level of psychological wellbeing and self-esteem as compared to the negatively valenced identities. Clearly those with negative identities, more particularly those that were negatively feminine or negatively androgynous are significantly worse off in terms of health and wellbeing than those with positive identities. Overall, the hypotheses proposing significant differences between positive identities, that is, positive androgyny and the negative femininity and negative androgyny, with a few exceptions, were supported.

Three sources of social support, that is, colleague, supervisor and partner support had a main effect on psychological wellbeing while all five sources, that is colleague, supervisor, partner, family and friend had a main effect on self-esteem. With regard to moderating effects, both colleague and supervisor support interacted with work stress to moderate the relationship between work stress and psychological wellbeing to reduce the impact of work stress on wellbeing. None of the non-work sources of support interacted to moderate the effect of work stress on psychological wellbeing. In addition no interaction effects for all sources of support were observed for self-esteem with the exception of friend support which moderated the relationship between work stress and self-esteem. However, this interaction effect was in an unexpected direction, in that friend support exacerbated the relationship; indicating that the higher the social support the lower the self-esteem.
Based on the results of the study and the methodology utilised, a number of strengths and weaknesses of the present research are identified. With regard to strengths, the present study has added to the literature on sex role identity and its implication for female managers within a South African context by identifying specific positive sex role identities and specific negative sex role identities and their relationship to health and wellbeing indicators within an occupational context. In addition, the findings of the present research suggest that there may be specific contingencies pertaining to stressor situations, the contexts within which they occur and the domains upon which they predict, which may prescribe which sex role identity may be most or least beneficial in terms of health and wellbeing.

Study limitations have both theoretical and methodological implications for future research. In particular, issues pertaining to the measurement of gender are outlined that need to be resolved by future researchers in order to effectively measure the construct of gender and its relationship to wellbeing. In addition, in order to determine which sex role identities will have the most or least beneficial health effects, future researchers need to develop and explore specificity hypotheses that enable the examination of gender in relation to specific stressors within specific socio-cultural contexts and the relationship thereof to particular predictor domains.
DECLARATION

I hereby declare that this dissertation is my own unaided work. I have not submitted it for the degree of Doctor of Philosophy to any other University

_________________

C. Bernstein
DEDICATION

To my “Sam I am”, “The Sammiest Sam” and my “Jimmy in the Jam”, Dad, I love you and will miss you always.

Wish you could still be here with me...
ACKNOWLEDGEMENTS

To my Supervisor, Professor Ruksana Osman, for your invaluable support throughout this process, your interest and investment in my work and your responsiveness to every written draft I sent you, for your detailed and, always, constructive feedback, praise and affirmation.

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