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Daily Hassles and Uplifts in Employed and Nonemployed Women

Patricia Larsen Aamodt

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DAILY HASSLES AND UPLIFTS IN
EMPLOYED AND NONEMPLOYED WOMEN

by
Patricia Larsen Aamodt

Bachelor of Science, Moorhead State University, 1979

A Thesis

Submitted to the Graduate Faculty

of the

University of North Dakota

in partial fulfillment of the requirements

for the degree of

Master of Science

Grand Forks, North Dakota

August
1986

This Thesis submitted by Patricia L. Aamodt in partial fulfillment of the requirements for the Degree of Master of Science from the University of North has been read by the Faculty Advisory Committee under whom the work has been done, and is hereby approved.

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This Thesis meets the standards for appearance and conforms to the style and format requirements of the Graduate School of the University of North Dakota, and is hereby approved.

A. William Johnson 6/15/86
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Title Daily Hassles and Uplifts in Employed and Nonemployed Women

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Signature Patricia Amott

Date 6-2-86

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ABSTRACT

The purpose of this study was to assess daily hassles and uplifts in women employed full time, part time, and not employed. From three pools of 100 names in each employment category, 90 subjects were randomly selected. Questionnaires related to daily hassles and uplifts and perceived stress and health were mailed to subjects and 83% of the questionnaires were returned. The resultant sample of 74 subjects was comprised of 24 full-time, 25 part-time, and 25 nonemployed women.

The means for hassles frequency, 21.52 ($SD = 13.20$), and intensity, 1.44 ($SD = 0.32$), indicated that subjects' hassles were low and mild. Means for uplifts frequency, 52.95 ($SD = 24.36$), and intensity, 1.85 ($SD = 0.36$), showed that uplifts were moderate in number and severity. The most commonly identified hassle was a concern about weight and the uplift was visiting, phoning, or writing someone.

A one-way ANOVA showed that women employed full time perceived their stress as higher than the other two groups ($F [2,71] = 7.16, p < .001$).

Health was perceived as good and was the same for all three groups of women in this study. A significant correlation between uplifts intensity and health was found ($r = .23, p < .05$). Findings from this study could be used by nurses in planning women's health maintenance programs and for identification of women at risk for illness.

CHAPTER I

INTRODUCTION

Women and men differ markedly with regard to patterns and rates of illness, longevity and causes of death (Wysocki & Ossler, 1983). Women's life expectancy has exceeded men's since the 18th century and the gap between the sexes has continued to increase (Nathanson, 1975). From birth throughout the life cycle, male mortality rates exceed those of women, in that, women live an average of 7.6 years longer than men. In general, women appear to have greater constitutional resistance to infectious and degenerative disease as well as to major illness, such as cancer and heart disease (Wysocki & Ossler, 1983; Nathanson, 1975).

However, at the same time, one of the most consistent observations in health survey research is that women report symptoms of both physical and mental illness, and utilize physician and hospital services for these conditions at higher rates than men. Until recently, the apparent contradiction between women's biological advantage and their unfavorable morbidity experience has received little attention from health researchers. The obvious lack of an adequate biological basis for these differences makes it logical to look for alternative explanations that affect health and illness (Nathanson, 1975).

Recent research has begun to focus on socially based stress peculiar to women's roles (Nathanson,1975; Revilock, 1982; Woods, 1980; Woods,1985).

Gove and Tudor (1973) proposed that contemporary women's assigned roles are more stressful than those of men; consequently, they have more illness. It has also been widely suggested that women's entry into occupational roles may increase their exposure to a source of stress that has historically afflicted males, with negative consequences for their health (House, 1974; Johnson, 1977; Nathanson, 1980; Woods & Hulka, 1979).

The past decade has been one of massive social change, especially for women. Women have entered the labor force at unprecedented rates (Woods, 1980). Wysocki and Ossler (1983) suggested that this dramatic increase of women in the labor force is "the single most outstanding phenomenon of the century" (p. 18). In 1981, the 47 million women employed in the United States (U. S.) accounted for 43% of all workers. The American Academy of Pediatrics (1984) estimate that 60% of women (35% of mothers of children less than 18 years of age, and 45% of mothers with pre-school aged children) work outside the home. If this trend is not reversed, it is likely that a majority of women in this country will be gainfully employed throughout their lives (Woods & Hulka, 1979).

Despite the women's liberation movement stimulating women to be independent and to work, the reality for the majority of women is that career adaptations have to be made to fit personal and family needs (Revilock, 1982; Weissman, Pincus, Radding, Lawrence, & Siegel, 1973). The International

Labor Office has calculated that, while the average man works 50 hours a week at work and home, employed women, world-wide, work approximately 80 hours a week (Wysocki & Ossler, 1983). They are, in effect, performing two full-time jobs. The work day of women with domestic responsibilities consists of constant shifting between the two functions and two sets of tasks. The home cannot be regarded by women as a place in which they can renew their resources; it is instead the site for their "second" work day. This workload itself can be a source of tension, fatigue, and stress which poses a serious health threat for the contemporary working women (deKoninck, 1984).

On the other hand, paid employment should not be regarded as negative in itself. For some women, paid work is a means of liberation, providing new found financial independence and it also breaks the isolation experienced by many housewives (deKoninck, 1984; Revilock, 1982). In addition, paid employment is associated with self-confidence, self-esteem, dignity, and accomplishment (Nathanson, 1980; Tebbets, 1982).

Examination of the positive aspects of paid employment for women, reveals the negative aspects of full-time homemaking. Because of the decline in social importance and the amount of labor involved in traditional housework, the full-time homemaker may feel unfulfilled, insignificant, or dissatisfied in her role (Revilock, 1982). Gainful employment outside the home has been described as the major linkage of the individual to society;

housewifery, by contrast, is devalued and socially isolating (Nathanson, 1980). The mere fact that work in the home does not enjoy the social recognition bestowed by the assignment of a monetary value can in itself be cited as a potential source of stress (deKoninck, 1984).

Research studies have yielded conflicting results regarding illness among employed women and homemakers (Waldron, 1980). An argument can be made to support the beneficial or detrimental effects of employment or nonemployment on women's health. Employment can be viewed either as a source of self-esteem and social support, buffering the woman against potential stressors in her environment, or as a source of stress (Nathanson, 1980). Although the pressure of multiple roles may be the spice of life to some, it may be overwhelming for others (Woods, 1980). Conversely, the single role of homemaker may be equally stressful to some individuals, but not to others (Weissman, et al., 1973).

Clearly both employed and nonemployed women experience doubts, frustrations, and conflicts in their attempts to define and perform their roles as women in modern society (Revilock, 1982). Some women cope with these conflicts by selecting an accommodative career pattern, such as working at a job that is less demanding than that for which they are prepared, or by restricting their scope of career possibilities. In addition, some women leave the labor force (or reduce to part-time employment) at stages in the family life cycle when demands are most intense, while others may enlist outside help

for maintenance of domestic duties (Woods, 1985). Whether these conflicts are perceived as stressful varies among women as do their methods of dealing with the conflicts.

Statement of the Problem

Those concerned with the impact of stress on health status may need to find ways of assessing stress and its effects upon health outcomes (DeLongis, Coyne, Dakof, Folkman, & Lazarus, 1982). One way to assess stress is by estimating the individual's hassles and uplifts of daily living. For example, people who seek many meaningful experiences may encounter numerous relatively minor victories and failures, and would probably experience a high incidence of hassles and uplifts. People with a higher proportion of hassles to uplifts might tend to be maladjusted, unhappy, and more frequently ill (Kanner, Coyne, Schaefer, & Lazarus, 1981).

Just as the employed woman is subjected to increasing stresses and strains of daily living, the nonemployed woman is possibly equally stressed. The purpose of this study was to assess the daily hassles and uplifts in women who are employed full time, part time, and are not employed, and to determine whether their daily hassles and uplifts, perceived stress, and perceived health are related.

Significance for Nursing

According to Huckabay (1979), the concepts of stress and adaptation are an integral part of nursing science. The essence of nursing deals with the

identification of stressors that impinge upon the patient. In addition, the process of coping with the stressors of daily living has been identified as a major theme for nursing research (Brailey, 1984; Donaldson & Crowley, 1978).

Nurses daily in all areas of employment provide care for individuals undergoing stress and its resultant sequelae. An individual needs a nurse when unusual stressors or weakened coping mechanisms make his, or her, usual coping attempts ineffective (Fawcett, 1984). As stated by Rourke (1984), "enhancing and reinforcing strengths, particularly those related to problem-solving and coping, is critical in assisting an individual/family toward a higher level of health" (p. 55). However, before a nurse can be of support to a person, he, or she, must understand the nature of the stressors impacting on the individual.

Revilock (1982) suggested that health care providers should be educated about the needs and problems of women who are full-time homemakers and employed. Providing information pertaining to the daily stresses and strains of both groups may challenge nursing practitioners to consider the relationship of daily stressors to health maintenance and illness prevention in women. The application of this information may be particularly useful in prevention teaching and for identification of women at risk for illness. Lastly, this research may increase the current body of nursing knowledge which could assist in the advancement of nursing science.

CHAPTER II

LITERATURE REVIEW

In this chapter, studies related to: (1) positive versus negative life stress; (2) employment and women's health; (3) employment and role conflict in women; and (4) role conflict and women's health are reviewed. To provide a framework for the impact of daily life stress on women's health, Lazarus' (1966) cognitive-phenomenological model of psychological stress is presented and discussed.

Positive Versus Negative Life Stress

There are substantial research studies supporting the prevalent belief within the health sciences that excessive stress is deleterious to health and is linked to disease occurrence (Baldree, Murphy, & Powers, 1982; Bell, 1977; Dodge & Martin, 1970; Dohrenwend, 1973; Dohrenwend & Dohrenwend, 1974; Holmes & Rahe, 1967; Selye, 1956). Various studies have been performed on the effects of undesirable or negative events versus desirable or positive events on stress. In a study of everyday aversions and irritations, 659 community residents, identified 507 common annoyances of daily living (Cason, 1930). Using the 507 annoyances defined by the first group, Cason had another 625 persons quantify their degree of aversion to these annoyances, thus supporting the commonality of these annoyances as everyday occurrences.

Desirable versus undesirable life events and their relationship to stress and mental distress were studied in two samples of 1,059 males (Vinokur & Selzer, 1975). They reported that life events correlated with self-reported tension and distress, with emotional disturbances manifested by depression, paranoia, suicidal proclivity, anxiety, and with increased drinking. They suggested that these relationships held primarily for undesirable events but not for desirable life events.

Lewinsohn and Talkington (1979) studied the relationship of unpleasant events to the presence of depression in 20 depressed patients and 40 non-depressed persons. They reported that the frequency of unpleasant events occurring for subjects one month prior to study was moderately related to depression. Female participants rated events as slightly more aversive than males, the depressed group consistently rated the events as more aversive than control subjects, and individuals differed systematically in the types of events they experienced as aversive. Other studies have also demonstrated that depressed individuals tend to rate life events as more aversive than non-depressed people (Lewinsohn, Lobits, & Wilson, 1973; Schless, Schwartz, Goetz, & Mendel, 1974).

Lewinsohn and Graf (1973) studied engaging in pleasant activities and its relationship to mood. Ninety subjects grouped by age and three diagnostic groups, labeled depressive, non-depressive psychiatric disorders, and normal controls, completed activity schedules and mood ratings for 30

consecutive days. A significant relationship was found between mood level and number of pleasant activities engaged in for all three groups but for depressed subjects the engagement in pleasant activities was somewhat less.

A lack of positive conditions as a source of stress has been studied. Kanner, Kafry, and Pines (1978), in samples of 89 students and 205 adult community residents, reported that presence of negative life events and absence of positive life events in work situations were related to life dissatisfaction and work tedium.

Similarly, the lack of positive conditions and presence of negative conditions was studied in burnout in a group of 32 dialysis unit nurses in a private hospital (Pines & Kanner, 1982). It was found that positive work conditions (success, tangible rewards, personal relations, and comfortable environment) were negatively associated with burnout. The negative conditions (guilt, pressure, responsibility for other people, and conflict in both work and personal life) were positively associated with burnout.

Kanner, Coyne, Schaefer, and Lazarus (1981) conducted a 12 month longitudinal study on 100 middle-aged community residents comparing their daily hassles and uplifts to major life events, psychological symptoms, and psychological well-being. Hassles were reported to be a more powerful predictor of psychological symptoms than life events. In the sample as a whole, hassles were strongly associated with negative affect scores and their

frequency with psychological symptoms, whereas uplifts were correlated with positive affect. For men, life events were positively correlated with hassles and negatively related to uplifts, whereas for women, hassles and uplifts positively correlated with negative affect, life events, and psychological symptoms.

In a similar study, the same 100 adults were studied comparing daily hassles and uplifts to major life events and somatic health (DeLongis, Coyne, Dakof, Folkman, & Lazarus, 1982). Findings were: a weak relationship existed between life events and somatic illness; both frequency and intensity of hassles were positively correlated to degree of somatic illness; hassles added significantly to the relationship of life events and somatic illness; and a weak relationship existed between uplifts and somatic health.

Other investigators have studied the undesirable stressors of daily living commonly called social stressors. Ilfeld (1977) studied the relationship of current social stressors to depressive symptoms in a cross-sectional survey of 2,299 community adults. Current social stressors encountered in everyday situations of marriage, job, neighborhood, parenthood, economic activity, and homemaking were correlated with depression. Marital stressors had the highest correlations with depression followed by stressors of parenting, job, and financial obligations.

In 1978, Pearlin and Schooler studied 2,300 subjects for their efficacy of coping in relation to role strains of marriage, parenting, household

economics, and occupation. They reported that individuals' coping styles were most effective when dealing with problems within the close interpersonal role areas of marriage and child-rearing and least effective when dealing with the more impersonal problems found in occupation.

In a longitudinal study (Pearlin, Lieberman, Menaghan, & Mullen, 1981), 2,300 adults were interviewed at the onset and again four years later about chronic strains experienced in their social roles, their use of coping repertoires and personal resources, and their degree of psychological functioning and distress. The investigators proposed that life events can lead to negative changes in peoples' roles resulting in diminished self-concept, which can lead to symptoms of stress. However, coping and social supports can attenuate these outcomes.

In this section, studies examining positive versus negative life events have been reviewed. These studies have documented that negative stressors are more detrimental to health than positive stressors and that individuals are affected most by their close personal environments of daily living.

Employment and Women's Health

According to the 1972 National Health Survey, women have higher rates than men for almost all indices of morbidity and utilization of health care services (Nathanson, 1980). This data includes: number and incidence of acute conditions; restricted activity; overall days of bed disability; physician

visits; and short-stay hospital discharges.

Gove and Tudor (1973) summarized data from mental health community surveys and statistics from psychiatric treatment centers covering a 14 year period. They reported that more women (than men) had mental illness and had more transient situational personality and psychosomatic disorders.

In 1972, Rivkin examined data on women from a world-wide study and reported that there was lower morbidity among married women than among the single, widowed, or divorced. Working women had less morbidity, fewer disability days, and less anxiety than women who did not work. Working women with children had higher utilization of services, fewer disability days, and higher anxiety than those without children. Women with no children and women who were poor reported the most morbidity. Similarly, Geersten and Gray (1970) suggested that the presence of pre-school children in the home disinclines women to adopt the sick role.

After examining national statistics covering a ten year period, Waldron (1980) reported that housewives were more likely to have a chronic condition or activity limitation due to chronic conditions than employed women. She also noted that employed women had less days of restricted activity or bed rest due to illness than housewives.

In yet another study, Nathanson (1980), utilizing data on 12,797 middle-aged women, found that employed women were less likely to engage in illness behavior, reported fewer days of restricted activity and fewer

physician visits, and reported themselves in better health than housewives. In addition, employed women with children at home had the smallest average number of restricted activity days, while housewives with no children at home had the most.

Feld (1963), in a study of 438 white married females with children, compared feelings of adjustment between the working and nonworking mothers. She reported that the working women reported fewer physical symptoms and showed more self-acceptance than the housewives. Welch and Booth (1977) also found that rates of reported illness were higher among housewives than among employed women.

Sharp and Nye (1963) compared the mental health of 152 employed and nonemployed mothers, who were first time admissions to three state mental hospitals. They reported that a higher percent of employed mothers were diagnosed as psychoneurotic, whereas a significantly higher percent of nonemployed mothers were diagnosed as psychotic. They concluded that mentally ill employed mothers have different personality types than mentally ill nonemployed mothers.

Other authors have suggested that women who are employed part time may have the best overall psychological health (Ferree, 1976; Rapoport & Rapoport, 1978; Welch & Booth, 1977). However, data have not revealed any differences in physical health and part time employed women (Welch & Booth, 1977).

Employment and Role Conflict in Women

Various studies have been done on stressors and role conflicts involved in the lives of employed and nonemployed women. Rapoport and Rapoport (1969) in studying the dual-career family reported that employed women take on two careers, the domestic and the occupational, and defined this as role proliferation, not role change.

In 1978, Waldron reported that employed women on the average are more the Type A Coronary-prone Behavior (hard-driving, time-pressured style of life) pattern individuals than housewives. In addition, a woman who has the Type A behavior pattern is more likely to seek, or to keep, a job even when she feels overburdened by the combined demands of job and home.

In studying 135 women on the rewards of housework and paid work, Ferree (1976) noted that fulltime housewives were more dissatisfied and thought themselves to be worse off than women with jobs. Respondents indicated that housework did not lead to a sense of competence, social connectedness, or self-determination equal to that produced by paid employment.

Ilfeld (1976) studied the characteristics of current social stressors in 392 employed women and 811 nonemployed women. He reported that employed women's top three stressors were: having more to do than they can handle; too little time for household jobs; and no free time for themselves. Nonemployed women, on the other hand, indicated that lack of appreciation,

disinterest, fatigue from housework, loneliness, lack of enjoyment, and not using their talents were priority stressors for homemakers.

In comparing 26 noncareer and 15 career women employed full time, Holahan and Gilbert (1979) reported that greater role conflict was found for the noncareer as opposed to the career group. In 1975, Weaver and Holmes compared work satisfaction in 629 full-time employed and full-time homemaker women. They found that white females who were housewives and perceived their income to be below average tended to be more satisfied with their work than women who had full time jobs.

Revilock (1982) studied the mental health status of employed and nonemployed mothers with pre-school children in 87 women. She reported that the majority of employed mothers preferred and enjoyed working, had low ratings of role conflict, and had higher energy levels than homemakers. The majority of homemakers enjoyed their role, and foresaw high role conflict should they get a job. However, half of the homemakers indicated that they would prefer to work.

Studies examining employment and role conflict in women have been reviewed and show the degree of role conflict appears to emanate not only from their employment but their family situations as well.

Role Conflict and Health in Women

Other researchers have investigated the impact that role conflict and

multiple roles have on the health of women. Weissman, Pincus, Radding, Lawrence, and Siegal (1973), in studying 46 educated nonemployed women, found that one-third of the women suffered from mild to moderate depression related to career disruptions and role conflict. In 1972, Cole and LeJeune found that women who perceived themselves as inadequate wives and mothers were more likely to define their health as poor than women who were satisfied with their role performance.

Tebbets (1982), in studying the mental health of 43 low income single mothers, found that women with more extensive work histories had lower depression scores than those who worked less. In addition, it was noted that the frustrated desire to work was associated with high depression.

In a three week prospective study of 96 women to examine illness episodes and women's roles, Woods (1980) reported that number of children and support in their roles best explained the number of illness episodes they had. She found that women with multiple roles and spouse support had less incidence of illness than those who had less demands on their time.

On the other hand, Woods and Hulka (1979) surveyed 259 women to determine the extent to which women's roles are associated with their symptom reporting and their illness behavior. A positive and significant relationship was reported between the number of women's role responsibilities and the number of symptom complexes reported. Women who were employed or who had an ill child were significantly less likely to cut

down on their activities because of symptoms than women without these responsibilities. Family pressures were also found to be more important to the generation of symptoms of illness than the women's employment status.

Woods (1985), in studying roles, employment and sex role norms in 140 married women, reported that the number of women's roles or employment was not associated with mental ill health. Women who had traditional sex role norms and little task sharing support from a confidant had the poorest mental health. The nontraditional (modern feminist) woman, on the other hand, had better mental health regardless of her roles as spouse, mother, or employee.

The effects of sex role norms and women's roles on health status have also been studied. Gump (1972) reported that women with nontraditional sex role norms have higher ego strength scores than their traditional counterparts. Nevertheless, in the Powell and Reznikoff (1976) study, it was reported that women with nontraditional norms had a higher degree of psychiatric symptoms. However, in the Levy (1976) study, relationships between sex role norms and psychiatric symptoms were not found, but psychosomatic symptoms were noted as being more frequent in women with traditional norms.

The literature reviewed indicates that negative and positive stressors affect women's health. Employed women experience role conflict arising not only from their employment but their family life as well. These dual roles,

then, may have a bearing on how women perceive the daily hassles and uplifts that occur in their lives.

Theoretical Framework

According to the cognitive-phenomenological model of psychological stress developed by Lazarus (1966), stress is defined as a relational or transactional concept describing certain kinds of adaptive commerce between any system and an environment (Lazarus & DeLongis, 1983; Lazarus & Launier, 1978). Folkman (1984) stated that "stress is a relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resource and as endangering his or her well-being" (p. 840). In this transactional and process oriented viewpoint, the person and the environment are seen in an ongoing, constantly changing relationship of reciprocal action with person and environment acting on each other (Folkman, 1984; Folkman & Lazarus, 1980).

Lazarus has defined the processes that mediate this relationship as appraisal and coping (Lazarus, 1966). Through appraisal the event (transaction) is evaluated with respect to what is at stake (primary appraisal) and what coping resources and options are available (secondary appraisal).

Primary appraisals are judgements that categorize transactions as irrelevant (having no significance for the individual's well-being), benign-positive (not taxing or exceeding the person's resources), or stressful, which can be one of three types: (a) harm-loss, which refers to damage that

has already occurred; (b) threat, which is harm or loss that has not yet occurred but is anticipated; and (c) challenge, which refers to an anticipated opportunity for mastery or gain (Coyne & Lazarus, 1980; Folkman, 1984; Folkman & Lazarus, 1980; Lazarus & Launier, 1978). Primary appraisals are also affected by personal and situational factors.

Secondary appraisals refer to coping, which include physical, social, psychological, and material assets which are evaluated with respect to the demands of the situation. Primary and secondary appraisal converge to shape the meaning of every encounter and determine the degree to which a person experiences psychological stress (Coyne, Aldwin, & Lazarus, 1981; Folkman, 1984).

Appraisal processes determine coping consistent with the person's agenda. Coping efforts serve two main functions: problem-focused coping refers to management of the problem causing the distress and emotion-focused coping refers to coping efforts aimed at reducing emotional distress (Coyne, et al., 1981; Folkman, 1984).

Coping efforts are made in response to stress appraisals. However, appraisal and coping continuously influence each other throughout an encounter. For example, an appraisal of harm/loss, threat, or challenge stimulates coping efforts that change the person-environment relationship by altering the relationship itself (problem-focused coping) and/or by regulating emotional distress (emotion-focused coping). The changed relationship

leads to new appraisals or reappraisals, which in turn engender further coping efforts. The identification of appraisal as a determinant of coping, or coping as a determinant of appraisal, is thus provisional depending upon where one interrupts the ongoing, dynamic relationship between the two (Folkman, 1984).

In this study, the cognitive-phenomenological model of psychological stress justified daily living as a potential source of stress. According to this model, a person is most affected by the encounters of daily life. The lives of full-time employed, part-time employed, and nonemployed women were assessed by their daily hassles and uplifts. Assessment of both hassles, the ongoing stress and strains of daily living, and uplifts, the daily positive experiences, determined perceptual differences among persons. The endorsement of a hassle or an uplift reflected how the person appraised encounters of living. The transaction between the person and the environment of daily living was evaluated by its relationship with perceived stress and perceived health in the employed, and nonemployed, woman.

CHAPTER III

METHODS

This exploratory study was designed to obtain information about the daily hassles and uplifts in women employed full time, part time, and those who are not employed. In addition, this study sought to determine whether daily hassles and uplifts, perceived stress, and perceived health were related. Women with a high number of daily hassles and a low number of uplifts were expected to have higher stress levels and poorer health than those with few daily hassles and many uplifts.

Assumptions

Assumptions underlying this study were: (a) stress can be deleterious to health; (b) daily hassles are stress provoking; (c) daily uplifts mediate stress induced by daily hassles; and (d) respondents answered honestly.

Definition of Terms

For the purpose of this study, the following definitions were used:

Daily hassles: the irritating, frustrating, distressing daily demands that can be few or many in number that range from minor annoyances to fairly major pressures, problems, or difficulties.

Daily uplifts: the daily positive experiences that make people feel good, often referred to as the counterparts to daily hassles.

Full-time employed: working for financial gain for 40 hours per week or for 72 hours per a two-week period.

Part-time employed: working for financial gain less than 40 hours per week or for 72 hours per a two-week period.

Nonemployed: not working for financial gain.

Perceived health: the subject's self-rating of their current health status.

Perceived stress: the subject's self-rating of their current level of stress.

Limitations

Participation was limited to women who are employed full time, part time, or not employed. Only subjects whose names were furnished through recommendation were invited to participate. Excluded from this study were: (a) non-English speaking women; (b) those aged under 18 or over 65 years; and (c) subjects who were not generally healthy.

Sample

This study was conducted in an urban community and its surrounding area (population 120,000) of a rural Midwestern state. A list of 100 females for each employment category (employed full time, part time, and not employed) was generated by snowball sampling. Twenty-five female acquaintances served as nominators of potential subjects. These nominators were selected from various employment, marital, educational, and occupational groups. Each nominator was asked to submit a total of 12 names, four from each of

the three employment categories and could include their own (Appendix A). From each list of 100 names, 30 randomly selected individuals were invited to participate in this study, bringing the total number of invited participants to 90.

Of the 74 subjects who responded, 24 were employed full time, 25 were part time, and 25 were not employed. Ages ranged from 26 to 64 years and the mean age was 39.7. Sixty-one subjects were married, seven were divorced, four were single, and two were widowed. The number of children reported by subjects ranged from none to six (average age = 14.01 years, $SD = 13.64$). At least 89% ($n = 66$) of subjects reported post high school education; most of these were employed in white collar jobs, as categorized according to the United States Standard Occupational Classifications (SOC) or were full-time homemakers (Boyer & Savageau, 1985). Other demographic information for subjects is shown in Appendix B.

Instruments

Participant Characteristics (PCQ) was an 11-item questionnaire developed for this study to obtain demographic information such as age, marital status, education, occupation and annual income. In addition, questions related to perceived level of stress and general health status were asked (Appendix C). Age was quantified using the raw score. Marital status was coded on a 4-point scale (1 = single, 2 = married, 3 = divorced / separated, 4 = widowed); employment status on a 3-point scale (1 = not

employed, 2 = part-time employed, 3 = full-time employed); and education on a 4-point scale (1 = 8 years or less, 2 = 9 to 12 years, 3 = 13 to 16 years, 4 = 17 years or more). Occupations were categorized according to the SOC and coded on a 7-point scale (1 = homemaker, 2 = white collar, 3 = blue collar, 4 = service workers, 5 = farm workers, 6 = unemployed, 7 = student). Annual income was categorized on a 4-point scale from 1 = \$19,999 or less to 4 = \$60,000 or more. General levels of stress were coded on a 3-point scale (1= low; 2= medium; 3= high). General health status was coded on a 3-point scale (1= poor; 2= fair; 3= good).

The Hassles and Uplifts Scales (HUS) is a 252-item questionnaire (Appendix D) that measures hassles and uplifts experienced in daily life (Kanner, Coyne, Schaefer, & Lazarus, 1981). The Hassles Scale (HS) comprises 117 items in which respondents are instructed to indicate the occurrence and degree of events which have "hassled" them in the past month. Items on the questionnaire are scored via a Likert-type scale ranging from 1 = somewhat severe to 3 = extremely severe. The scale is scored by counting the number of checked items (frequency) and by the value assigned each item by the respondent (severity). The frequency score ranges from 0 to 117 and the severity score from 0 to 351. A cumulative intensity score is derived from the mean severity reported by the respondent for all items checked, which can range from 0 to 3. The Uplifts Scale (US) comprises 135

items in which respondents are instructed to indicate the occurrence and degree of events which have "uplifted" them in the past month. Similarly, these items are scored via a Likert-type scale ranging from 1 = somewhat often to 3 = extremely often. As with the Hassles Scale, this information creates a frequency score (ranging from 0 to 135) and an intensity score (ranging from 0 to 3). At the end of the scale, space is provided to elicit any missed hassles or uplifts and any changes in respondents' lives which may have affected their answers.

Kanner et. al. (1981) reported that the HUS was developed over a period of four to five years by review of the literature on events that affect hassles and uplifts in daily living and by inclusion of additional hassles and uplifts suggested by Nofsinger (1977), after studying patients with high life event scores.

Criterion-related validity for the HUS has been reported. After administering the Bradburn Morale Scale (BMS) and the Hopkins Symptom Checklist (HSCL) to 100 community residents, Kanner et. al. (1981) found that uplifts frequency correlated positively ($r = .25$, $p < .05$) with positive affect of the BMS as well as uplift intensity ($r = .33$, $p < .001$). Hassles frequency correlated positively with the HSCL at two months ($r = .60$, $p < .001$) and again ten months later ($r = .49$, $p < .001$). Negative affect on the BMS significantly correlated with hassles frequency ($r = .34$, $p < .001$). Moreover,

after using subjects' scores on the Berkman Life Events questionnaire (BLE) administered to 52 women one month prior to their entry into the study and again ten months later, Kanner et. al. (1981) found that hassles were significantly correlated with life event ratings on the HSCL administered at two months and again ten months later. These correlations ranged from $r = .29$, ($p < .05$) to $r = .46$, ($p < .01$). Furthermore, a stepwise regression analysis showed that hassles were significant predictors of psychological symptoms. Correlation coefficients ranged from $r = .48$, ($p < .01$) to $r = .69$, ($p < .001$).

After administering the scales to college students, Canadian health professionals and middle-aged community residents, Kanner et. al. (1981) reported that ten "themes" unique to each sample but consistent with age and occupation of subjects in each group were identified. Through these sample variations, discriminant validity was enhanced.

Reliability was established by administering the HUS to 100 middle-aged community residents each month for nine consecutive months. The test-retest reliability coefficients for hassles frequency between adjacent months were .79 and .48 for hassles intensity; and .72 for uplifts frequency and .60 for uplifts intensity (Kanner, et. al., 1981).

Procedure

Using a table of random numbers, 30 subjects were selected from each of the three lists (employed full time, part time, and not employed). Each

participant was mailed the Personal Characteristics questionnaire, the Hassles and Uplifts Scales, and a letter explaining the study (Appendix E). Subjects were asked to return the questionnaires in the provided stamped, addressed envelope. Each questionnaire was coded which allowed for follow-up of nonrespondents.

Using the procedure outlined by Kanner, et. al. (1981), subjects were asked to first circle the hassles or uplifts that have happened to them in the past month. Then they were asked to indicate (from 1 = somewhat severe to 3 = extremely severe) how severe each of the circled items had been for them. In addition, subjects were asked to list further hassles and uplifts and other changes in their lives that may have affected how they answered the scales. Upon completion of the HUS, subjects indicated their personal characteristics on the PCQ by checking items or by writing in their responses in the provided spaces. Next, respondents were invited to circle the appropriate number that indicated their level of perceived stress and health.

Following Dillman's (1978) suggestion, a follow-up postcard (Appendix F) was sent to all study participants ten days after the original mailing. The purpose of this was to thank early respondents and remind nonrespondents of the importance of returning the questionnaires.

Seventy-four subjects returned completed questionnaires resulting in a response rate of 83%. According to Babbie (1973), a response rate of 70% is

very good and therefore no further reminder mailing to nonrespondents was instituted. Two questionnaires were returned that were not usable: one was uncompleted with the explanation, "I do not have the time currently to complete this"; and the other was returned blank without any explanation. The number of subjects by employment category included: 24 (80%) full-time; 25 (83%) part-time; and 25 (83%) nonemployed subjects. The total number of nonrespondents was 14 (15%).

Ethical Considerations

Participation in this study was voluntary. A letter, along with the questionnaires, was sent to each subject describing the study, the type of information sought, how participant names were generated, and how much time was required for participation. Return of the questionnaires implied the participant's consent to participate.

Prior to implementation of the research, the protocol of the study was reviewed by the Human Subjects Review Board at the University of North Dakota. Subjects were also informed that all data would be confidential and that, when reporting findings, no identification would be used. A code number on the data collection sheet ensured that subjects' anonymity was maintained.

CHAPTER IV

RESULTS

Data in this study were analyzed using the Statistical Analysis System (SAS) computer program. Utilizing descriptive statistics, means and standard deviations were first obtained for the frequency and intensity of daily hassles and uplifts, stress, and health scores. One-way analyses of variance (ANOVA's) were implemented to test differences of these measures between the three employment groups. The ten most commonly mentioned hassles and uplifts for the total sample and for each employment group were ranked according to frequency of response. Content analysis was used to group respondents written comments. Lastly, Pearson product-moment correlations were used to determine the degree of association between selected hassles and uplifts with stress and health respectively.

Hassles and Uplifts

The mean for hassles frequency was 21.52 (SD = 13.20) indicating that the entire group of subjects reported a low number of hassles during the past month. The mean for hassles intensity was 1.44 (SD = 0.32) which shows that subjects rated their severity of hassles as mild. The mean for uplifts frequency was 52.95 (SD = 24.36), indicating a moderate number of uplifts during the past month, with a moderate degree of severity (M = 1.85, SD = 0.36). Summary statistics by employment category for frequency and

intensity of hassles and uplifts are presented on Table 1. One-way ANOVA's show that no significant differences between employment categories for hassles (frequency and intensity) and uplifts (frequency and intensity) were found (Table 2).

The most commonly reported hassle for the total sample was "concerns about weight" and was also a major concern for the full-time and the nonemployed groups. In the part-time employed group, "misplacing or losing things" was the most commonly reported hassle. In turn, "visiting, phoning, or writing someone" and "vacationing without spouse or children" were ranked first or second as the most commonly reported uplifts for the total sample and also for the full-time employed and the nonemployed groups. In the part-time employed group, "visiting, phoning, or writing someone" was the most commonly reported uplift (Appendix G).

Pearson-product moment correlations reveal that hassles frequency was significantly related to intensity ($r = .40, p < .001$), uplifts frequency correlated with intensity ($r = .25, p < .05$), and hassles frequency was significantly related to uplifts frequency ($r = .25, p < .05$). The relationship between the intensity of hassles and uplifts was not statistically significant (Table 3).

Content analysis of the final question on the Hassles and Uplifts Scales (HUS), "Has there been a change in your life that affected how you answered

Table 1

Summary Statistics of Means and Standard Deviations of Hassles, Uplifts, Stress, and Health for 74 Women by Employment Category

Measures	Total Sample (n = 74)		Full-time Employed (n = 24)		Part-time Employed (n = 25)		Not Employed (n = 25)	
	M	SD	M	SD	M	SD	M	SD
<u>Hassles</u>								
Freq. ^a	21.52	13.20	24.25	14.31	21.40	13.59	19.04	11.63
Inten. ^b	1.44	0.32	1.42	0.28	1.42	0.31	1.48	0.38
<u>Uplifts</u>								
Freq. ^a	52.95	24.36	51.12	23.95	53.72	26.62	53.96	23.28
Inten. ^b	1.85	0.36	1.79	0.45	1.86	0.29	1.91	0.34
<u>Stress</u>	1.79	0.64	2.1	0.56	1.56	0.5	1.68	0.40
<u>Health</u>	2.85	0.35	2.83	0.38	2.92	0.27	2.8	0.4

^aFreq. = frequency

^bInten. = intensity

Table 2

One-Way Analyses of Variance Between 74 Women by EmploymentCategory for Hassles, Uplifts, Stress, and Health

Measure	Source	df	SS	MS	F
<u>Hassles</u>					
Frequency	Between groups	2	332.99	166.49	0.95
	Within groups	71	12397.46	174.61	
Intensity	Between groups	2	0.06	0.03	0.28
	Within groups	71	7.78	0.11	
<u>Uplifts</u>					
Frequency	Between groups	2	120.25	60.13	0.10
	Within groups	71	43224.63	608.80	
Intensity	Between groups	2	0.18	0.09	0.67
	Within groups	71	9.70	0.14	
<u>Stress</u>					
	Between groups	2	5.03	2.51	7.16*
	Within groups	71	24.93	0.35	
<u>Health</u>					
	Between groups	2	0.19	0.10	0.74
	Within groups	71	9.17	0.13	

* $p < .001$

this scale?," show that participants did report similar life changes. The most common responses were environmental changes (relocation, vacations, new jobs), health problems, lack of control over situations, pregnancy, and death.

Stress

Perceived stress mean scores of the total sample was 1.79 ($SD = 0.64$), indicating a moderate degree of stress (Table 1). As presented on Table 2, a significant difference between groups for degree of stress was noted when a one-way ANOVA was performed ($F [2,71] = 7.16, p < .001$). To identify which group reported the most stress, Neuman-Keuls multiple range tests were performed. The critical difference (C. diff.) at alpha .05 was .41. The results show that subjects employed full time had higher stress levels than those who worked part time (C. diff. = .60) and those who were not employed (C. diff. = .53). Significant relationships between the intensity of selected hassles or uplifts and stress were found (Table 4). For instance, the intensity of "problems with your children" ($r = .59, p < .001$) correlated positively with stress, whereas "getting enough sleep" ($r = -.48, p < .001$) correlated negatively.

Health

The mean for perceived health for study subjects was 2.85 ($SD = 0.35$), which indicated that most rated their health as good (Table 1). Differences between groups for health via a one-way ANOVA were not statistically

Table 3

Correlation Coefficients of Hassles, Uplifts, Stress, and Health in 74 Women
Employed Full Time, Part Time, or Not Employed

	HF	HI	UF	UI	S	H
Hassles Frequency (HF)	-	.40**	.25*	-.20	.16	-.11
Hassles Intensity (HI)		-	.04	.20	.21	-.09
Uplifts Frequency (UF)			-	.25*	.03	.07
Uplifts Intensity (UI)				-	.01	.23*
Stress (S)					-	.13
Health (H)						-

* $p < .05$

** $p < .001$

Table 4

Correlation Coefficients of Selected Hassles (H) and Uplifts (U) with Stress in
74 Women Employed Full Time, Part Time or Not Employed

Item	Stress r
<u>Total Sample (n = 74)</u>	
(H) Problems with your children	.59**
(U) Getting enough sleep	-.48**
<u>Full-Time Employed (n = 24)</u>	
(H) Not enough time to do the things you need to do	.56*
(U) Getting enough sleep	-.46*
<u>Nonemployed (n = 25)</u>	
(H) Health of a family member	-.69*
(H) Troubling thoughts about your future	-.69*
(U) Getting enough sleep	-.54

*p < .05
**p < .001

Table 5

Correlation Coefficients of Selected Hassles (H) and Uplifts (U) with Health in
74 Women Employed Full Time, Part Time or Not Employed

Item	Health r
<u>Total Sample (n = 74)</u>	
(U) Relating well with friends	.32*
<u>Full-Time Employed (n = 24)</u>	
(H) Concerns about owing money	-.73**
(U) Giving a compliment	-.49*
<u>Part-Time Employed (n = 25)</u>	
(H) Not enough time to do the things you need to do	-.75**
(H) Not enough personal energy	-.75**
(U) Visiting, phoning, or writing someone	-.47*
<u>Nonemployed (n = 25)</u>	
(U) Visiting, phoning, or writing someone	-.47*
(U) Successfully avoiding or dealing with bureaucracy or institutions	-.47*

*p < .05

**p < .01

significant (Table 2).

A significant correlation between uplifts intensity and health ($r = .23, p < .05$) was found as shown in Table 3. In addition, the intensity of "relating well with friends" ($r = .32, p < .05$) significantly correlated with health. Significant relationships between the intensity of selected hassles or uplifts and health did occur in all three employment groups and are shown on Table 5.

CHAPTER V

DISCUSSION

Seventy-four women stratified by employment category (full-time, part-time, and nonemployed) were surveyed to obtain information about their daily hassles and uplifts. In addition, this study sought to determine whether daily hassles and uplifts, perceived stress, and perceived health were related. The assumptions of this study were that stress can be deleterious to health, daily hassles are stress provoking, and daily uplifts attenuate stress incurred resultant to being hassled. Furthermore, women with a high number of daily hassles and a low number of uplifts were expected to have higher stress levels and poorer health than those with few daily hassles and many uplifts.

Although no significant differences were found between the three employment groups for hassles frequency and intensity, some differences were apparent. The full-time employed reported the highest number of hassles and lowest number of uplifts. The nonemployed reported the lowest number of hassles and the highest number of uplifts. The low frequency of hassles with mild intensity and moderate frequency of uplifts with moderate intensity were similar to that reported by DeLongis, Coyne, Dakof, Folkman, and Lazarus (1982).

Overwhelmingly, the most consistent hassle identified by respondents, regardless of employment category, was "concerns about weight". One could

speculate that there were various reasons why these women ranked weight as a major hassle. For instance, there is the societal expectation that obesity is detrimental to health. Moreover, there is a contemporary emphasis on slim, non-obese, muscular physiques. Therefore, it may be that for some subjects, weight control was perceived to be difficult. Interestingly, a similar finding was reported by Kanner, Coyne, Schaefer, and Lazarus (1981) when they compared daily hassles and uplifts with psychological well-being in middle-aged male and female community residents.

Slight differences in the ten most commonly reported hassles between groups were noted. While most subjects reported hassles related to "preparing meals" and "too many things to do," the full-time employed women reported economic concerns such as, "concerns about job security"; "owing money"; and "retirement." In turn, the part-time employed and nonemployed women reported that "planning meals"; "problems with your children"; and "health of a family member" were priorities. Moreover, both full-time and part-time employed women reported "not enough time to do the things you need to do" which may be related to the multiple roles working women assume on a daily basis.

The uplifts of "visiting, phoning, or writing someone"; "hugging and/or kissing"; and "vacationing without spouse or children" were shared by all groups, suggesting that intimate interpersonal relationships and occasional time-outs from family responsibilities were valued by these women.

Conversely, full-time employed women reported "liking fellow workers"; "boss pleased with your work"; "being complimented"; and "confronting someone or something" as important which may be related to their work. As expected, part-time employed women ranked family and job related items as common uplifts. The nonemployed women reported their uplifts came from family and other interpersonal relationships. The pattern of prioritizing hassles and uplifts found in this study are similar to other research findings. As noted by Kanner, et al. (1981), "listing and comparing top hassles and uplifts puts emphasis on repeated, or chronic, events ... and by focusing on content patterns, hassles and uplifts themes emerge which distinguish one group from another" (p. 15).

Except for the nonsignificant relationship found between the intensities of hassles and uplifts, significant relationships between the frequency and intensity of hassles and frequency and intensity of uplifts were found. This later finding is consistent with other studies (DeLongis, et al., 1982; Kanner, et al., 1981).

The finding that full-time employed women perceived themselves as more stressed than the other two groups could indicate that higher levels of stress were experienced. This contention is borne out by the fact that the identified hassle, "not enough time to do the things you need to do" was significantly related to stress in this group. According to Rapoport and Rapoport (1969), employed women take on two careers, the domestic and the

occupational, resulting in role proliferation and elevated stress levels. Ilfeld (1976), in studying current social stressors in employed and nonemployed women, reported employed women's top stressors were that they had too much to do in too little time. Similarly, in this study, full-time employed women identified "not enough time" and "too many things to do" as their primary hassles of daily living.

The negative correlation between the intensity of the uplift "getting enough sleep" and stress in the full-time and the nonemployed women is of particular interest. This relationship could imply that as sleep declined, stress increased. According to Kozier and Erb (1983), sleep is necessary for mental and emotional equilibrium and well-being and necessary to alleviate stress, anxiety, and tension. Interestingly, no relationship between "getting enough sleep" and stress was found for the part-time employed women, which may indicate that they were the least stressed.

Numerous authors have suggested that women's entry into occupational roles may induce stress and have negative consequences for their health (House, 1974; Johnson, 1977; Nathanson, 1980). In this study, despite the significantly higher degree of stress in the full-time employed women, their perceived level of health was the same as the others. It can be suggested that despite the added stress of working, certain mediating factors exist that ultimately protect or enhance health. One factor in the work setting may be the presence of social support (Waldron, 1980). Various authors

have found significant relationships between spouse and/or friend support and incidence of illness in women (Woods, 1980, 1985). In this study, the intensity of the uplift, "relating well with friends," was significantly related to health. Therefore, it can be proposed that the presence of adequate support systems is beneficial.

A significant relationship between uplifts intensity and health was found. Similarly, Kanner, et al. (1981), in studying middle-aged community residents, reported that uplifts correlated with positive affect, whereas hassles were significantly related to negative affect scores and psychological symptoms. DeLongis, et al. (1982) found that uplifts correlated with overall health status and hassles were significantly related to somatic symptoms. However, in this study, no relationship between hassles and health was found.

The findings of this study support the cognitive-phenomenological model of psychological stress developed by Lazarus (1966). The daily lives of full-time, part-time, and nonemployed women were assessed for their daily hassles (proximal measures of stress) and uplifts (mediators of stress). The higher degree of stress reported by women employed full time lends credence to Lazarus' propositions of primary and secondary appraisals of daily events and its effects upon one's perception of stress. In turn, perceptions related to stress and health represent the adaptive commerce between the individuals and their environments.

Differences in perceptions of the hassles, uplifts, stress and health in

women is valuable information for nursing practitioners. It can be useful in the understanding of the daily stressors and mediating variables of stressors in women's daily lives. This can enable nurses to enhance and reinforce existing strengths in women, thereby supporting individualized coping with the aim to maintain health or prevent illness. This information, then, could be used in health maintenance programs and for identification of women at risk for illness.

Conclusions

Salient findings of this study indicate subjects reported a low number of hassles with mild severity and a moderate number of uplifts with moderate severity. The most commonly reported hassle was "concern about weight" and the uplifts were "visiting, phoning, and writing someone"; "hugging and/or kissing"; and "vacationing without spouse or children." The full-time employed women reported significantly higher perceived stress levels than other women. All subjects perceived their health as good. Both uplifts intensity and the uplift, "relating well with friends," were significantly related to perceived health.

Several factors may limit the generalizability of this study: the lack of true random sample, the small sample size, and the fact that most respondents were married, had similar educational backgrounds, and all resided in one small urban community of a rural Midwestern state.

Recommendations for Further Research

Recommendations are to: (a) restudy these same three groups of women in one year to note for changes over time; (b) replicate this study using a larger sample size in each of the employment categories; (c) conduct the study in a larger urban community; (c) develop finer instruments to measure perceived stress and health; (d) examine the relationships between selected variables such as, education, financial income, marital status, number and ages of children, occupation, sleep, and the desire to work with daily hassles and uplifts, perceived stress and health; and (e) study male counterparts of the married subjects on same variables.

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APPENDIX A

LETTER TO PARTICIPANT NOMINATORS

Date

Dear

As you know, I am a graduate student at the University of North Dakota pursuing a Master of Science Degree in Nursing. For my thesis, I am conducting an exploratory study on the daily hassles and uplifts in women who are employed and not employed. In addition, I want to see if hassles and uplifts, perceived stress, and perceived health are related.

I have selected you as a nominator for my sample pool participants. As a nominator, will you please submit to me the names and addresses of 12 women for inclusion in the pools. I need 4 women who are employed full time, 4 women employed part time, and 4 women who are not employed. They must be between the ages of 18 to 65 years and women who are generally healthy. You can choose to include your own name.

My definitions for employment status are as follows:

full-time employed: working for financial gain for 40 hours per week or 72 hours per a two-week period.

part-time employed: working for financial gain for less than 40 hours per week or 72 hours per a two-week period.

nonemployed: not working for financial gain.

I am generating a pool of 100 names in each of the 3 categories (300 total for all 3 groups). From each pool of 100 names, I will randomly select 30 women to participate. Each participant will be sent two questionnaires: (a) the Hassles and Uplifts Scales; and (b) the Participant Characteristics questionnaire. Approximately 45 minutes of time will be required to complete the questionnaires. All information will be kept strictly confidential and participants are welcome to receive the results of the study.

I will be contacting you within one week for your nominations. Thank you for your assistance.

Sincerely,

Pat Aamodt, R.N.
3256 Longfellow Rd.
Fargo, N.D. 58102
Phone: 235-6427

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APPENDIX B

Table 6

Selected Characteristics of 74 Women Employed Full Time, Part Time, or Not Employed

Characteristics	Total Sample	Full-time Employed Subjects	Part-time Employed Subjects	Not Employed Subjects
<u>Age in Years</u>				
20 - 29	10	5	2	3
30 - 39	39	11	13	15
40 - 49	9	3	5	1
50 - 59	10	5	3	2
60 - 65	6	0	2	4
<u>Marital Status</u>				
Single	4	3	0	1
Married	61	16	24	21
Div./ Sep.	7	3	1	3
Widowed	2	2	0	0
<u>Number of Children</u>				
Childless	10	9	0	1
1 - 2	35	7	17	11
3 - 4	27	8	8	11
5 or more	2	0	0	2
<u>Ages of Children</u>				
0 - 5 yrs.	21	3	10	8
6 - 12 yrs.	19	5	6	8
13 - 18 yrs.	6	1	4	1
19 yrs. +	18	6	6	6

Table 7

Selected Characteristics of 74 Women Employed Full Time, Part Time, or Not Employed

Characteristics	Total Subjects	Full-time Employed Subjects	Part-time Employed Subjects	Not Employed Subjects
<u>Years of Education</u>				
under 8 years	0	0	0	0
9 - 12 yrs.	8	1	3	4
13 - 16 yrs.	51	15	19	17
17 yrs. or more	15	8	3	4
<u>Occupation^a</u>				
White Collar	45	24	21	0
Blue Collar	1	0	1	0
Service Worker	3	0	3	0
Homemaker	24	0	0	24
Student	1	0	0	1
<u>Spouses' Occupation^a</u>				
White Collar	44	11	17	16
Blue Collar	5	3	2	0
Service Worker	1	1	0	0
Farm Worker	8	1	3	4
Student	1	0	1	0
Unemployed	2	0	1	1
<u>Annual Income</u>				
under 19,999	7	2	3	2
20,000 - 39,999	38	12	14	12
40,000 - 59,999	19	7	6	6
60,000 or more	9	3	2	4

^aU. S. Standard Occupational Classification definitions

PARTICIPANT CHARACTERISTICS

To help me describe women who are participating in my study, I am requesting your assistance. For each set of items, please check, specify, or circle the response appropriate to your situation. Thank you.

Check your responses:

Marital Status:

- (1) Single
- (2) Married
- (3) Divorced or Separated
- (4) Widowed

Employment Status:

- (1) Not Employed
- (2) Part-time Employed
- (3) Full-time Employed

Annual Household Income:

- (1) \$19,999 or less
- (2) \$20,000 - \$39,999
- (3) \$40,000 - \$59,999
- (4) \$60,000 or more

Years of Education:

- (1) 8 years or less
- (2) 9 to 12 years
- (3) 13 to 16 years
- (4) 17 years or more

Specify your responses:

Age: _____ Number of Children: _____ Ages of Children: _____

Occupation: _____ Spouse's Occupation: _____

Circle your responses:

Please rate your general level of stress as:

- (1) low (2) medium (3) high

Please evaluate your general health status as:

- (1) poor (2) fair (3) good

THE HASSLES SCALE

Directions: Hassles are irritants that can range from minor annoyances to fairly major pressures, problems, or difficulties. They can occur few or many times.

Listed on the following pages are a number of ways in which a person can feel hassled. First, circle the hassles that have happened to you in the past month. Then look at the numbers on the right of the items you circled. Indicate by circling a 1, 2, or 3 how SEVERE each of the circled hassles has been for you in the past month. If a hassle did not occur in the last month do NOT circle it.

HASSLES	SEVERITY		
	1. Somewhat severe	2. Moderately severe	3. Extremely severe
1. Misplacing or losing things.....	1	2	3
2. Troublesome neighbors.....	1	2	3
3. Social obligations.....	1	2	3
4. Inconsiderate smokers.....	1	2	3
5. Troubling thoughts about your future.....	1	2	3
6. Thoughts about death.....	1	2	3
7. Health of a family member.....	1	2	3
8. Not enough money for clothing.....	1	2	3
9. Not enough money for housing.....	1	2	3
10. Concerns about owing money.....	1	2	3
11. Concerns about getting credit.....	1	2	3
12. Concerns about money for emergencies.....	1	2	3
13. Someone owes you money.....	1	2	3
14. Financial responsibility for someone who does not live with you.....	1	2	3

HASSLES	SEVERITY		
	1. Somewhat severe	2. Moderately severe	3. Extremely severe
15. Cutting down on electricity, water, etc.....	1	2	3
16. Smoking too much.....	1	2	3
17. Use of alcohol.....	1	2	3
18. Personal use of drugs.....	1	2	3
19. Too many responsibilities.....	1	2	3
20. Decisions about having children.....	1	2	3
21. Non-family members living in your house.....	1	2	3
22. Care for pet.....	1	2	3
23. Planning meals.....	1	2	3
24. Concerned about the meaning of life.....	1	2	3
25. Trouble relaxing.....	1	2	3
26. Trouble making decisions.....	1	2	3
27. Problems getting along with fellow workers.....	1	2	3
28. Customers or clients give you a hard time.....	1	2	3
29. Home maintenance (inside).....	1	2	3
30. Concerns about job security.....	1	2	3
31. Concerns about retirement.....	1	2	3
32. Laid-off or out of work.....	1	2	3
33. Don't like current work duties.....	1	2	3
34. Don't like fellow workers.....	1	2	3
35. Not enough money for basic necessities.....	1	2	3
36. Not enough money for food.....	1	2	3
37. Too many interruptions.....	1	2	3
38. Unexpected company.....	1	2	3
39. Too much time on hands.....	1	2	3

HASSLES	SEVERITY		
	1. Somewhat severe	2. Moderately severe	3. Extremely severe
40. Having to wait.....	1	2	3
41. Concerns about accidents.....	1	2	3
42. Being lonely.....	1	2	3
43. Not enough money for health care.....	1	2	3
44. Fear of confrontation.....	1	2	3
45. Financial security.....	1	2	3
46. Silly practical mistakes.....	1	2	3
47. Inability to express yourself.....	1	2	3
48. Physical illness.....	1	2	3
49. Side effects of medication.....	1	2	3
50. Concerns about medical treatment.....	1	2	3
51. Physical appearance.....	1	2	3
52. Fear of rejection.....	1	2	3
53. Difficulties with getting pregnant.....	1	2	3
54. Sexual problems that result from physical problems.....	1	2	3
55. Sexual problems other than those resulting from physical problems.....	1	2	3
56. Concerns about health in general.....	1	2	3
57. Not seeing enough people.....	1	2	3
58. Friends or relatives too far away.....	1	2	3
59. Preparing meals.....	1	2	3
60. Wasting time.....	1	2	3
61. Auto maintenance.....	1	2	3
62. Filling out forms.....	1	2	3

HASSLES	SEVERITY		
	1. Somewhat severe	2. Moderately severe	3. Extremely severe
63. Neighborhood deterioration.....	1	2	3
64. Financing children's education.....	1	2	3
65. Problems with employees.....	1	2	3
66. Problems on job due to being a woman or man..	1	2	3
67. Declining physical abilities.....	1	2	3
68. Being exploited.....	1	2	3
69. Concerns about bodily functions.....	1	2	3
70. Rising prices of common goods.....	1	2	3
71. Not getting enough rest.....	1	2	3
72. Not getting enough sleep.....	1	2	3
73. Problems with aging parents.....	1	2	3
74. Problems with your children.....	1	2	3
75. Problems with persons younger than yourself	1	2	3
76. Problems with your lover.....	1	2	3
77. Difficulties seeing or hearing.....	1	2	3
78. Overloaded with family responsibilities.....	1	2	3
79. Too many things to do.....	1	2	3
80. Unchallenging work.....	1	2	3
81. Concerns about meeting high standards.....	1	2	3
82. Financial dealings with friends or acquaintances.....	1	2	3
83. Job dissatisfactions.....	1	2	3
84. Worries about decisions to change jobs.....	1	2	3
85. Trouble with reading, writing, or spelling abilities.....	1	2	3

HASSLES	SEVERITY		
	1. Somewhat severe	2. Moderately severe	3. Extremely severe
86. Too many meetings.....	1	2	3
87. Problems with divorce or separation.....	1	2	3
88. Trouble with arithmetic skills.....	1	2	3
89. Gossip.....	1	2	3
90. Legal problems.....	1	2	3
91. Concerns about weight.....	1	2	3
92. Not enough time to do the things you need to do.....	1	2	3
93. Television.....	1	2	3
94. Not enough personal energy.....	1	2	3
95. Concerns about inner conflicts.....	1	2	3
96. Feel conflicted over what to do.....	1	2	3
97. Regrets over past decisions.....	1	2	3
98. Menstrual (period) problems.....	1	2	3
99. The weather.....	1	2	3
100. Nightmares.....	1	2	3
101. Concerns about getting ahead.....	1	2	3
102. Hassles from boss or supervisor.....	1	2	3
103. Difficulties with friends.....	1	2	3
104. Not enough time family.....	1	2	3
105. Transportation problems.....	1	2	3
106. Not enough money for transportation.....	1	2	3
107. Not enough money for entertainment and recreation.....	1	2	3
108. Shopping.....	1	2	3

HASSLES	SEVERITY		
	1. Somewhat severe	2. Moderately severe	3. Extremely severe
109. Prejudice and discrimination from others.....	1	2	3
110. Property, investments or taxes.....	1	2	3
111. Not enough time for entertainment and recreation.....	1	2	3
112. Yardwork or outside home maintenance.....	1	2	3
113. Concerns about news events.....	1	2	3
114. Noise.....	1	2	3
115. Crime.....	1	2	3
116. Traffic.....	1	2	3
117. Pollution.....	1	2	3

HAVE I MISSED ANY OF YOUR HASSLES? IF SO, WRITE THEM IN BELOW:

118. _____ 1 2 3

ONE MORE THING: HAS THERE BEEN A CHANGE IN YOUR LIFE THAT AFFECTED HOW YOU ANSWERED THIS SCALE? IF SO, TELL ME WHAT IT WAS:

Kanner, A. D., Coyne, J. C., Schaefer, C., & Lazarus, R. S. (1981). Comparison of two modes of stress management: Daily hassles and uplifts versus major life events. Journal of Behavioral Medicine, 4, 1-39.

THE UPLIFTS SCALE

Directions: Uplifts are events that make you feel good. They can be sources of peace, satisfaction, or joy. Some occur often, others are relatively rare.

On the following pages, circle the events that have made you feel good in the past month. Then look at the numbers on the right of the items you circled. Indicate by circling a 1, 2, or 3 how OFTEN each of the circled uplifts has occurred in the last month. If an uplift did not occur in the last month, do NOT circle it.

UPLIFTS	HOW OFTEN		
	1. Somewhat often	2. Moderately often	3. Extremely often
1. Getting enough sleep.....	1	2	3
2. Practicing your hobby.....	1	2	3
3. Being lucky.....	1	2	3
4. Saving money.....	1	2	3
5. Nature.....	1	2	3
6. Liking fellow workers.....	1	2	3
7. Not working; (on vacation, laid-off, etc.).	1	2	3
8. Gossiping; "shooting the bull".....	1	2	3
9. Successful financial dealings.....	1	2	3
10. Being rested.....	1	2	3
11. Feeling healthy.....	1	2	3
12. Finding something presumed lost.....	1	2	3
13. Recovering from illness.....	1	2	3
14. Staying or getting in good physical shape.....	1	2	3
15. Being with children.....	1	2	3
16. "Pulling something off"; getting away with something.....	1	2	3

UPLIFTS	HOW OFTEN		
	1. Somewhat often	2. Moderately often	3. Extremely often
17. Visiting, phoning, or writing someone.....	1	2	3
18. Relating well with your spouse or lover.....	1	2	3
19. Completing a task.....	1	2	3
20. Giving a compliment.....	1	2	3
21. Meeting family responsibilities.....	1	2	3
22. Relating well with friends.....	1	2	3
23. Being efficient.....	1	2	3
24. Meeting your responsibilities.....	1	2	3
25. Quitting or cutting down on alcohol.....	1	2	3
26. Quitting or cutting down on smoking.....	1	2	3
27. Solving an ongoing practical problem.....	1	2	3
28. Daydreaming.....	1	2	3
29. Weight.....	1	2	3
30. Financially supporting someone who does not live with you.....	1	2	3
31. Sex.....	1	2	3
32. Friendly neighbors.....	1	2	3
33. Having enough time to do what you want.....	1	2	3
34. Divorce or separation.....	1	2	3
35. Eating out.....	1	2	3
36. Having enough (personal) energy.....	1	2	3
37. Resolving inner conflicts.....	1	2	3
38. Being with older people.....	1	2	3
39. Finding no prejudice or discrimination when you expect it.....	1	2	3

UPLIFTS	HOW OFTEN		
	1. Somewhat often	2. Moderately often	3. Extremely often
40. Cooking.....	1	2	3
41. Capitalizing on an unexpected opportunity.....	1	2	3
42. Using drugs or alcohol.....	1	2	3
43. Life being meaningful.....	1	2	3
44. Being well-prepared.....	1	2	3
45. Eating.....	1	2	3
46. Relaxing.....	1	2	3
47. Having the "right" amount of things to do.....	1	2	3
48. Being visited, phoned, or sent a letter.....	1	2	3
49. The weather.....	1	2	3
50. Thinking about the future.....	1	2	3
51. Spending time with family.....	1	2	3
52. Home (inside) pleasing to you.....	1	2	3
53. Being with younger people.....	1	2	3
54. Buying things for the house.....	1	2	3
55. Reading.....	1	2	3
56. Shopping.....	1	2	3
57. Smoking.....	1	2	3
58. Buying clothes.....	1	2	3
59. Giving a present.....	1	2	3
60. Getting a present.....	1	2	3
61. Becoming pregnant or contributing thereto.....	1	2	3
62. Having enough money for health care.....	1	2	3
63. Traveling or commuting.....	1	2	3
64. Doing yardwork or outside housework.....	1	2	3

UPLIFTS	HOW OFTEN		
	1. Somewhat often	2. Moderately often	3. Extremely often
65. Having enough money for transportation.....	1	2	3
66. Health of a family member improving.....	1	2	3
67. Resolving conflicts over what to do.....	1	2	3
68. Thinking about health.....	1	2	3
69. Being a "good" listener.....	1	2	3
70. Socializing (parties, being with friends, etc.).....	1	2	3
71. Making a friend.....	1	2	3
72. Sharing something.....	1	2	3
73. Having someone listen to you.....	1	2	3
74. Your yard or outside of house is pleasing.....	1	2	3
75. Looking forward to retirement.....	1	2	3
76. Having enough money for entertainment and recreation.....	1	2	3
77. Entertainment (movies, concerts, TV, etc.).....	1	2	3
78. Good news on local or world level.....	1	2	3
79. Getting good advice.....	1	2	3
80. Recreation (sports, games, hiking, etc.).....	1	2	3
81. Paying off debts.....	1	2	3
82. Using skills well at work.....	1	2	3
83. Past decisions "panning out".....	1	2	3
84. Growing as a person.....	1	2	3
85. Being complimented.....	1	2	3
86. Having good ideas at work.....	1	2	3
87. Improving or gaining new skills.....	1	2	3

UPLIFTS		HOW OFTEN		
		1. Somewhat often		
		2. Moderately often		
		3. Extremely often		
88. Job satisfying despite discrimination				
due to your sex.....	1	2	3	
89. Free time.....	1	2	3	
90. Expressing yourself well.....	1	2	3	
91. Laughing.....	1	2	3	
92. Vacationing without spouse or children.....	1	2	3	
93. Liking work duties.....	1	2	3	
94. Having good credit.....	1	2	3	
95. Music.....	1	2	3	
96. Getting unexpected money.....	1	2	3	
97. Changing jobs.....	1	2	3	
98. Dreaming.....	1	2	3	
99. Having fun.....	1	2	3	
100. Going someplace that's different.....	1	2	3	
101. Deciding to have children.....	1	2	3	
102. Enjoying non-family members living				
in your house.....	1	2	3	
103. Pets.....	1	2	3	
104. Car working/running well.....	1	2	3	
105. Neighborhood improving.....	1	2	3	
106. Children's accomplishments.....	1	2	3	
107. Things going well with employee(s).....	1	2	3	
108. Pleasant smells.....	1	2	3	
109. Getting love.....	1	2	3	

UPLIFTS	HOW OFTEN		
	1. Somewhat often	2. Moderately often	3. Extremely often
110. Successfully avoiding or dealing with bureaucracy or institutions.....	1	2	3
111. Making decisions.....	1	2	3
112. Thinking about the past.....	1	2	3
113. Giving good advice.....	1	2	3
114. Praying.....	1	2	3
115. Meditating.....	1	2	3
116. Fresh air.....	1	2	3
117. Confronting someone or something.....	1	2	3
118. Being accepted.....	1	2	3
119. Giving love.....	1	2	3
120. Boss pleased with your work.....	1	2	3
121. Being alone.....	1	2	3
122. Feeling safe.....	1	2	3
123. Working well with fellow workers.....	1	2	3
124. Knowing your job is secure.....	1	2	3
125. Feeling safe in your neighborhood.....	1	2	3
126. Doing volunteer work.....	1	2	3
127. Contributing to a charity.....	1	2	3
128. Learning something.....	1	2	3
129. Being "one" with the world.....	1	2	3
130. Fixing/repairing something (besides your job)....	1	2	3
131. Making something (besides your job).....	1	2	3
132. Exercising.....	1	2	3
133. Meeting a challenge.....	1	2	3

APPENDIX E

LETTER TO SURVEY PARTICIPANTS

Date

Dear

I am registered nurse who has lived in Fargo area for the last 12 years and I am currently conducting a survey related to the daily hassles and uplifts and perceptions of stress and health in women. This study is a major part of my master's program at the University of North Dakota.

I obtained your name and address from a mutual friend and your name was selected via a random process from the list of names. Your participation will provide valuable information for nurses and other health care persons in identifying women who are at risk for illness and in planning health maintenance programs. Your participation is voluntary.

I am asking you to complete, at your convenience, two questionnaires which should take approximately 45 minutes of your time. The first questionnaire, Personal Characteristics, is short and asks for personal information on yourself and also to rate your general level of stress and health status. The next questionnaire, the Hassles and Uplifts Scales, consists of events of daily life in which you are to indicate if you have experienced any of these events and to what degree within the past month.

The questionnaires are coded to insure that your responses will remain completely anonymous and when reporting findings, no identification will be used. You are welcome to the results of the study if you desire.

Since my graduate studies must be completed within a designated time frame, I hope that you will complete the questionnaires and return to me by March 10, 1986. A stamped, addressed envelope is enclosed for your convenience. If you have any questions, feel free to contact me.

Thank you very much for your valuable time and consideration!

Sincerely,

Pat Aamodt, R.N.
3256 Longfellow Rd.
Fargo, N.D. 58102
Phone: 235-6427

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APPENDIX F

FOLLOW-UP PARTICIPANT POSTCARD

Date
3256 Longfellow Rd.
Fargo, N. D. 58102

Dear Participant:

Ten days ago two questionnaires concerning your personal hassles and uplifts in daily life were mailed to you. If you have already completed and returned the questionnaires, please accept my sincere thanks. If you have not mailed the questionnaires at this time, please consider doing so. It is extremely important that your responses be included in this study, as you are a member of a representative sample of women. If by some chance you misplaced the questionnaire, please call me collect at (701) 235-6427 and I will mail another set to you.

Thank you for your cooperation in this project.

Sincerely,

Pat Aamodt, R.N.

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APPENDIX G

Table 8

Most Commonly Reported Hassles and Uplifts for 74 Women Employed Full Time, Part Time or Not Employed

Items	Subjects Responding	Rank
<u>HASSLES</u>		
Concerns about weight	50	1
Misplacing or losing things	39	2
Preparing meals	38	3
Too many things to do	37	4.5
Health of a family member	37	6
Not enough time to do the things you need to do	34	7.5
Not enough personal energy	33	9
Troubling thoughts about your future	33	10
The weather	32	
Concerns about owing money	31	
<u>UPLIFTS</u>		
Visiting, phoning, or writing someone	66	1
Vacationing without spouse or children	63	2
Hugging and/or kissing	60	3
Getting enough sleep	59	4
Being complimented	57	5
Being visited, phoned, or sent a letter	56	6.5
Successfully avoiding or dealing with bureaucracy or institutions	56	8.5
Eating out	55	10
Giving a compliment	55	
Boss pleased with your work	54	

Table 9

Most Commonly Reported Hassles and Uplifts for 24 Women Employed Full Time

Items	Subjects Responding	Rank
<u>HASSLES</u>		
Concerns about weight	17	1
Not enough time to do the things you need to do	15	2.5
Too many things to do	15	
Troubling thoughts about your future	12	4
The weather	11	
Not enough personal energy	11	6.5
Concerns about job security	11	
Concerns about owing money	11	
Preparing meals	10	9.5
Concerns about retirement	10	
<u>UPLIFTS</u>		
Vacationing, without spouse or children	21	
Being complimented	21	2
Visiting, phoning, or writing someone	21	
Hugging and/or kissing	19	
Liking fellow workers	19	5
Getting enough sleep	19	
Boss pleased with your work	18	
Successfully avoiding or dealing with bureaucracy or institutions	18	8
Giving a compliment	18	
Confronting someone or something	17	10

Table 10

Most Commonly Reported Hassles and Uplifts for 25 Women Not Employed

Item	Subjects Responding	Rank
<u>HASSLES</u>		
Concerns about weight	16	1
The weather	14	2.5
Planning meals	14	
Not enough personal energy	13	4
Problems with your children	12	5.5
Health of a family member	12	
Too many things to do	11	
Preparing meals	11	8.5
Misplacing or losing things	11	
Troubling thoughts about your future	10	10
<u>UPLIFTS</u>		
Visiting, phoning, or writing someone	23	1
Vacationing without spouse or children	22	2
Being visited, phoned, or sent a letter	21	
Relating well with your spouse or lover	21	4.5
Being with children	21	
Getting enough sleep	21	
Hugging and/or kissing	20	
Successfully avoiding or dealing with bureaucracy or institutions	20	8.5
Relating well with friends	20	
Giving a compliment	20	

Table 11

Most Commonly Reported Hassles and Uplifts for 25 Women Employed Part Time.

Item	Subjects Responding	Rank
<u>HASSLES</u>		
Misplacing or losing things	18	1
Concerns about weight	17	2.5
Preparing meals	17	
Health of a family member	15	4
Inconsiderate smokers	13	5
Not enough time to do the things you need to do	11	
Too many things to do	11	
Problems with your children	11	8
Physical appearance	11	
Planning meals	11	
<u>UPLIFTS</u>		
Visiting, phoning, or writing someone	22	1
Hugging and/or kissing	21	2.5
Being with children	21	
Vacationing without spouse or children	20	4.5
Eating out	20	
Boss pleased with your work	19	
Spending time with family	19	
Being visited, phoned, or sent a letter	19	8
Cooking	19	
Relating well with your spouse or lover	19	

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