



Perception of hardiness in rural men
by Ellen Frances Wirtz

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Nursing
Montana State University

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Abstract:

Hardiness is a concept used to describe persons who seem resistant to stress and disease. A review of the literature revealed that quantitative research about the concept of hardiness was plentiful but a large void existed in individuals' conceptualization and perception of hardiness, particularly from the perspective of hardy individuals. Therefore, the purpose of the study was to explore the perception and meaning of hardiness for rural men. Rosemarie Parse's nursing theory of Man-Living-Health, or the theory of human becoming, formed the framework for the research study. The theory supports the worth of the human experience as being unique and invaluable to the understanding of humankind.

A purposive sample of rural men identified as being hardy were interviewed using informal, open-ended questions to gather perceptions. The sample included men over fifty years old. A qualitative data analysis using Colaizzi's phenomenological data reduction method was used to extract themes from the interviews. The emergent themes from the participants' interviews were adaptability, positive attitude, endurance, learned experience, and lived experience of being hardy. These themes are presented following data analysis. The experience of being hardy as described by the participants is used to derive suggestions for nursing practice and nursing research with rural persons.

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APPROVAL

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This thesis has been read by each member of the thesis committee and has been found to be satisfactory regarding content, English usage, format, citations, bibliographic style, and consistency, and is ready for submission to the College of Graduate Studies.

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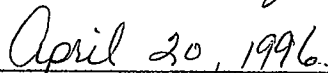
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VITA

Ellen Frances Larkoski was born on October 28, 1961, to Allan James and Frances Louise Larkoski in Austin, Minnesota. After graduating from Pacelli High School in Austin, Ellen attended Montana State University School of Nursing, Great Falls campus and graduated in 1984 with her Bachelor of Science degree in Nursing. It was then in 1984 that she married Charles William Wirtz and practiced nursing in the Seattle, Washington area. In 1988, she and her family returned to Montana where she currently resides with her husband and three sons, Joseph, Peter, and John.

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ABSTRACT

Hardiness is a concept used to describe persons who seem resistant to stress and disease. A review of the literature revealed that quantitative research about the concept of hardiness was plentiful but a large void existed in individuals' conceptualization and perception of hardiness, particularly from the perspective of hardy individuals. Therefore, the purpose of the study was to explore the perception and meaning of hardiness for rural men. Rosemarie Parse's nursing theory of Man-Living-Health, or the theory of human becoming, formed the framework for the research study. The theory supports the worth of the human experience as being unique and invaluable to the understanding of humankind.

A purposive sample of rural men identified as being hardy were interviewed using informal, open-ended questions to gather perceptions. The sample included men over fifty years old. A qualitative data analysis using Colaizzi's phenomenological data reduction method was used to extract themes from the interviews. The emergent themes from the participants' interviews were adaptability, positive attitude, endurance, learned experience, and lived experience of being hardy. These themes are presented following data analysis. The experience of being hardy as described by the participants is used to derive suggestions for nursing practice and nursing research with rural persons.

CHAPTER 1

INTRODUCTION

Hardiness is a word used in psychology, sociology, nursing, and daily life to describe those persons who seem to have a resistance to stressful situations, particularly disease. Why do some persons seem to possess this quality while others yield to the effects of disease? What is this quality of hardiness and how is it actually perceived by persons? If hardiness is a quality in persons that makes them resistant to disease, nursing care interventions could be designed to build upon the perceptions people have of their own resistance to stress and illness. Patient education programs could include ways to develop hardiness in people to promote and maintain their health status.

Purpose

The purpose of this project is to better understand the perception of hardiness. Rural men were chosen because this group is pictured as the embodiment of hardiness and may best help the nursing profession understand hardiness. I used Parse's (1981) Theory of human being and becoming, which suggests that persons choose meaning for

each situation. By asking hardy individuals about their perception of the concept of hardiness, the nursing profession will gain a better understanding of the concept of hardiness in the human experience. Hardiness may be a favorable attribute, but because of the confusion surrounding the concept, its ability to be identified and used is limited. If nurses are to use the concept of hardiness to enhance care-giving to rural clients, there must be a clearer description of the concept of hardiness from the viewpoint of the persons involved.

Background and Significance of Study

Kobasa (1979) initially defined hardiness as the personality characteristics that make a person resistant to disease during stressful periods. She identified the three characteristics of hardiness as challenge, control, and commitment. Challenge was defined as being the anticipation of change as an exciting challenge to further development. Control was delineated as the belief that one has control or influence over the events of one's life. Commitment was defined as the ability to feel deeply involved or committed to the activities of one's life. Kobasa further stated that hardiness is an intangible personality trait that may have positive health care effects. Lee (1983) in her concept analysis of hardiness indicated that hardiness could also be a harmful

characteristic if the clients were single-minded in their assertiveness and ignored sound advice from health care professionals. In a review of the literature about hardiness, Tartasky (1993) indicated that there is support for the buffering effects of hardiness against the effects of stressful life events. However, she said that the indirect effects of hardiness on adaptation to the stressful event and the individual's perception of the stressor and their chosen way to cope were also important.

Hull, Van Treuren, and Virnelli (1987) stated that the concept of hardiness is not a unitary phenomenon and that its direct effects are situation specific. Wagnild and Young (1991) indicated that hardiness is defined as a personality characteristic that enables individuals to remain healthy and adapt to illness. They also stated that the concept of hardiness is difficult to measure and "... the role of hardiness in mediating the relationships among stress and illness and health-related stressors and physiological adaptation also will be questionable and ambiguous" (p. 259).

Missing from the literature is a discussion of individuals' perceptions of hardiness. This research study focused on what hardiness means to the persons being interviewed. The themes evolving from responses to interview questions collectively describe the essence of hardiness for one group of persons.

Theoretical Framework

Parse's Man-Living-Health

Rosemarie Parse's (1981) nursing theory of man-living-health or the human theory of becoming formed the framework for this study. Parse makes the following statement:

Theory creates a unity of meaning different from the individuals' words as they stand alone the combined words make it clear that human health is an ongoing process of participation with the world. Man-Living-Health is a unitary phenomenon that refers to the person's becoming through cocreating rhythmical patterns of relating as energy is exchanged with the environment, becoming an open process, experienced by the human, and becoming is human unfolding. (p. 11, 25)

This theory supports the worth of the human experience as being unique and invaluable to the understanding of humankind. In the profession of nursing, each human being encountered is unique and unrepeatable; each person's experience has value.

Bunting (1993) studied Parse's theory and included suggestions for practical application. She encouraged "illuminating meaning; shedding light through the uncovering of the meaning of the past, present, and future . . . as clients talk about their meanings, the communicating of the impressions, thoughts, and feelings changes the meanings, making them more clear and explicit" (p. 25). Persons' definitions of a construct at any particular time is important to their perception of themselves and the world around them. Likewise, the concept of hardiness will have a particular meaning to

different groups of unique individuals. Therefore, Parse's theory is a supportive framework in which the essence of hardiness can begin to be explained for rural dwelling men.

Several examples in the literature of research build on the framework of Parse's man-living-health. Nokes and Carver (1991) were unable to locate studies exploring the meaning of living with AIDS. They used the man-living-health theory as a framework of reference and conducted a qualitative, descriptive study. "An exploratory study investigates the meaning of a life event for a group of subjects who share a particular experience" (Parse, 1991, p. 41). Their report included an elaboration of the context of a situation along with a discussion of retrospective happenings and prospective plans surrounding the life event.

Mitchell (1990) applied Parse's theory of man-living-health in her study on the lived experience of older persons taking life day-by-day. She stated, "the meaning older individuals assign to the lived experience of taking life day-by-day uncovers what is valued . . . Health is a process of being and becoming, it is not a definable state but a complex process of living" (p. 29). Wondolowski and Davis (1990) also applied the theory of man-living-health, in their study on the lived experience of health in the oldest old. Their description of the lived experience of health specifies that "it is a process of being and becoming, experienced by each individual in a way that is not linked to social

expectations" (p. 114). They concluded that their study indeed expanded Parse's theory by adding to the knowledge base about health as a lived experience.

Cody and Mitchell (1992) stated the following about the use of Parse's theory as a model for nursing practice:

It is the 'cutting edge'. Parse's model views a human being as a living unity freely choosing personal meanings in life situations . . . with a focus on the quality of life as it is humanly lived. The theory is concerned with human's qualitative participation with health experiences. For Parse, the central phenomenon of nursing is the human-universe-health process; in her theory, this process is viewed as human becoming, with three themes being produced: meaning, rhythmicity, and transcendence. (p. 52)

In using Parse's theory of human becoming, I explored the essence of hardiness of rural men. Cody and Mitchell (1992) stated that Parse's theory provides a theoretical perspective to enhance understanding of the lived experience and that biological manifestations are not ignored but are subsumed within the experience of the person. This perspective provides a sound theoretical background for using Parse's theory of man-living-health in an essence phenomenological study of hardiness.

Rural Dwellers

The term rural is important to this study of the essence of hardiness. Winstead-Fry, Tiffany and Shippee-Rice (1992) defined rural dwellers as those persons living in a sparsely populated area. They further identified four generally used definitions dealing with rural areas: (a) Frontier counties are those with fewer than six people per square

mile; (b) a town with a population of less than 2500 persons is rural; (c) counties with an urban population center of 50,000 persons or more is metropolitan; and (d) if the community is more than 60 minutes from a health care facility, it is rural. For this study, the term rural encompassed definitions (a), (b), and (d).

Perception

Perception is also important to the study of hardiness. Winstead-Fry et al. (1992) maintained that rural health needs are unique and have not been addressed from the perspective of the rural consumer. Grove (1981) defined perception as the mental grasp of objects, for example, through the senses; the knowledge obtained by perceiving. The focus of this study is on verbalized perception through interview.

CHAPTER 2

REVIEW OF LITERATURE

The concept of hardiness in persons was first identified in 1979. In this chapter the literature on hardiness is reviewed. To gain a full picture of what is known about hardiness in persons, I first reviewed literature from social psychology. Then research and articles from nursing literature were discussed.

Hardiness

Kobasa (1979) first described hardiness, "as a characteristic that buffers the negative effects of stressful life events" (p.1). Kobasa used the Holmes and Rahe Schedule of Recent Life Events to measure the incidence of stressful life events and the Wyler, Masuda, and Holmes Seriousness of Illness Survey to measure serious illness in the lives of executives within one company. Two groups of executives were chosen; group one (n=86) was identified as the high stress/low illness group while group two (n=75) was a high stress/high illness group. Using a composite questionnaire made up of all or parts of four standardized and two newly constructed instruments, Kobasa

demonstrated the presence of three personality characteristics in the high stress/low illness executives that were not found in the high stress/high illness group. These three characteristics--control, commitment, and challenge--have historically described the concept of hardiness.

A weakness of Kobasa's (1979) study was the sample selection. All the subjects came from one particular company, so they were a homogeneous rather than a random sample. Kobasa stated that it was difficult to make generalizable statements from the findings until replication can be made to define group differences.

Kobasa (1979) used several different tools in an attempt to measure hardiness. The Internal-External Locus of Control Scale, the Alienation versus Commitment Test, and the California Life Goals Evaluation Schedules were used to measure the constructs emerging from the personality characteristic hardiness. The resulting Hardiness Scale contained 71 items designed to measure the incidence of negative and positive elements of hardiness. Subsequent studies used shortened versions of her tool or added other tools to measure characteristics of hardiness, thus compromising the validity of the tool. In one such study, Kobasa, Maddi, and Kahn (1982) indicated they were measuring hardiness and reported only the 12-item subscale measuring commitment (p. 171).

Carson and Green (1992); McCrainie, Lambert and Lambert (1987); and Tartasky (1993) all used different versions of Kobasa's Hardiness Scale. One group of researchers

used a 50-item tool; another used a 36-item tool; while Tartasky (1993) used an abridged 20-item tool. Tartasky concluded that since "hardiness is measured by negative indicators of control, commitment and challenge . . . the presence of hardiness may indicate maladaptive behavior rather than the presence of stress-resilient qualities" (p. 226).

Quantitative research has dominated the study of the concept of hardiness.

Criticism of the studies on hardiness are many. Wagnild and Young (1991) stated

A clearer understanding of hardiness would result in a more precise measurement that would be important to increasing the popularity of hardiness as a research variable. If results of studies on hardiness continue to be questioned, we will be very cautious in applying therapeutic interventions directed toward teaching and enhancing hardiness. (p. 259)

Tartasky (1993) pointed out that Kobasa (1979, 1982) used retrospective designs.

The unreporting of illness should be considered as a limitation in any study that uses retrospective design. Tartasky (1993) further stated

The previous research on hardiness is difficult to summarize because of the number of different subscales that have been used to measure hardiness . . . (also) prior research results that demonstrate hardy individuals were less ill than on hardy persons may be incorrect as they were based on self-reports of health status (p. 226).

Funk and Houston (1987) summarized their critique of the hardiness scale:

a) there is little empirical support for the hypothesis that hardiness in fact buffers the effects of a stressful life; b) there is failure of a previous factor analysis of the hardiness subscales to reproduce the commitment, challenge, and control

dimensions of hardiness; c) the measurement instrument relies on negative indicators that may instead tap maladjustment of psychopathology; and d) there has been a frequent use of inappropriate statistical techniques in the research (p.572).

Thus, much confusion surrounds the measurement of hardiness.

Health-Related Hardiness

Pollock and Duffy (1990) described the development and psychometric analysis of the Health-Related Hardiness Scale (HRHS). They stated that the "development of the health-related hardiness construct included integration of concepts from coping, adaptation, and developmental tasks of adulthood" (p. 219). They further indicated that the "major differences between Kobasa's hardiness construct and the health-related hardiness construct are health-specific definitions for the three dimensions and measurement of the presence, rather than the absence, of these factors to determine hardiness" (p. 219). Through psychometric testing, Pollock & Duffy reduced the HRHS from 51 items to 34. Factor analysis resulted in factors of hardiness being combined (challenge/commitment); the authors suggested that further study be conducted on the scale to test the stability of its factor structure and its predictive validity among persons with health problems. Pollock and Duffy found that their tool was health specific. It measured the presence rather than the absence of the factors of hardiness and it was easy to score.

Two studies that tested the HRHS were conducted by Pollock, Christian, and Sands (1990) and Pollock (1993). In both studies, hardiness and involvement in health-related activities were found to be significantly related to psychological and physiological adaptation, even when chronic illness or stress was involved. Furthermore, hardy persons were more likely to engage in health-related activities. The findings of these studies could be useful to the nursing profession to identify non-hardy persons and perhaps implement preventive care.

Hardiness in the Rural Setting

Few research articles address the concept of hardiness and its application to the rural setting. Bigbee (1991) suggested that hardiness could be a possible moderator in the stress-illness relationship and that hardiness held promise as a potentially useful concept relevant to rural nursing's health promotion perspective. She also questioned different manifestations of hardiness as a result of cultural and socialization influences.

Lee (1991) specifically addressed hardiness as perceived by rural adults. She conducted a descriptive study relating hardiness and life events to perceived health in farmers and ranchers. She used the 20-item version of Kobasa's (1979) Hardiness Scale; the coefficient alpha for the scale used in her study was 0.81. With regression analysis, statistical support was not found to support the buffering relationship of hardiness in the

presence of stress. However, Lee did find that the more hardy subjects obtained higher mean scores for perceived health. She emphasized the importance for nurses to provide rural clients with as much control in the management of their health as possible. Her findings also suggested that work is important for the farmers' and ranchers' mental and social health. Therefore, chronic disease management and health care promotional activities might be better supported by the rural persons if scheduled at times other than during spring and fall work or at harvest time.

Concepts Identified Within the Study of Hardiness

A void exists in a description of the actual essence of hardiness and in the investigation into the meaning of the concept. Only Lee (1983) and Lindsey and Hills (1992) have done conceptual analyses clarifying the term hardiness. Lee identified four critical components of hardiness: (a) endurance, (b) strength, (c) boldness and, (d) power to control (p. 33).

Lindsey and Hills (1992) identified seven comparable attributes of hardiness: (a) curiosity, (b) the tendency to find experiences interesting and meaningful, (c) the belief in being influential, (d) believing change is the norm, (e) believing that change is an important stimulus to development, (f) robustness and self assertiveness and, (g) endurance (p. 43).

Only two qualitative studies about hardiness were located. The first study, done by Consolvo, Brownell and Distefano (1989), used semistructured question-and-answer sessions and supported the work of Kobasa (1979). In addition to finding the three attributes of challenge, control, and commitment, Consolvo et al. identified a fourth attribute: companionship. They defined companionship as the opportunity to talk about stress with a colleague, spouse, or close friend thus leading to the ability to cope with that stress.

In a second qualitative study, King (1989) identified hardiness a little differently using a life history method. Using content analysis, King described hardiness as self reliance and a positive attitude. Indeed, there are terms that describe the concept of hardiness but further clarification is needed to better understand this concept.

Summary

In summary, there has been much quantitative work done in the area of hardiness. Most of this work is confusing because the tools developed and used specifically for the measurement of hardiness are frequently altered and new tools developed. Therefore, the consistency of measuring hardiness is in question. There is no agreement as to how many dimensions exist in hardiness. The consensus is that the concept of hardiness, if it is a characteristic that can be identified and developed, has a vast potential for positively

effecting health care delivery in the field of nursing. It has been suggested that hardiness be used in nursing education, provision of care, and in preventive health care.

A large void exists in the work on the conceptualization of hardiness. There is no research on the essence of hardiness for rural people. Indeed, Jennings and Stagers (1994) stated in their comprehensive analysis of hardiness that "all the investigators used quantitative methods except two" (p. 278). They continue on to state that "it may be more beneficial to observe hardy subjects and allow their characteristics to drive scale selection. Using qualitative approaches to conceptualize this elusive construct may be useful in differentiating hardiness from competing constructs" (p.280). Perhaps the most striking statement in Jennings and Stagers article is "greater rigor is needed in the analysis of hardiness, especially in relation to explicit theoretical models" (p. 280).

Qualitative work to establish specific populations' perception of the essence of hardiness is needed. Hull et al. (1987) stated that, "research on the concept of hardiness needed to be situation specific" (p.518). Thus this research is aimed to establish the perception of hardiness among rural males.

CHAPTER 3

METHODS

Design

A qualitative descriptive design, specifically phenomenology, was chosen to describe the essence of hardiness in rural dwelling men. Woods and Catanzaro (1988) stated that descriptive research is used to identify or describe concepts of the experience of individuals, usually through informal open-ended interviews. They go on to state that "phenomenology attempts to understand the human experience through analysis of the participant's description . . . phenomenology attempts to understand the basic structures of phenomenon as humanly experienced" (p. 134). Therefore, the phenomenological method of investigation is appropriate for this study.

Phenomenology, as defined by Thevenaz (1962) is "the science of experience . . . it concentrates on the point of contact where being and consciousness meet" (p.19). Parse (1981) defined the phenomenological method as "a rigorous inductive process of uncovering a structure of meaning of lived experiences" (p.78). Leninger (1985) stated the following

Qualitative type research refers to the methods and techniques of observing, documenting, analyzing, and interpreting attributes, patterns, characteristics, and meanings of specific phenomenon under study . . . the goal of qualitative research is to document and interpret as fully as possible peoples' viewpoints. The aim of qualitative research is understanding the uniqueness of lived experience and phenomenology offers a means by which people can constantly discover their awareness of the world and of lived experiences. (p.5)

Therefore, the meaning that is relevant forms the basis of peoples' experiences in the world. Phenomenology was used in this study to investigate the essence of hardiness from the perspective of rural men.

Population and Sample

This study used a purposive sample of 6 rural dwelling adult males in Montana. I initially contacted participants living in three different areas in Montana that fit Winstead-Fry et al.'s (1992) definition of rural. To be included in the study, potential male participants met the following criteria: (a) 50 years of age or older, (b) lived in a rural setting for greater than 20 years, (c) spoke and understood English and, (d) volunteered to participate in the study. The three initial participants in the study were known to the researcher. Additional participants were solicited from these first men, creating a snowballing effect of gathering participants. Interviews were conducted until the researcher experienced repetition in the statements describing the phenomenon being studied.

Procedure for Data Collection

The three known participants were initially contacted by telephone. Participation was strictly voluntary in nature. From the initial interviewees, additional names of potential participants were solicited. An informational letter and invitation to participate was then sent to each potential participant (Appendix A). One week following the mailing of the informational letter, the potential participants were telephoned to establish their willingness to participate in the research study. An informal face-to-face interview was arranged at a mutually agreed upon location and time.

At the interview, the investigator made introductions and briefly summarized the informational letter. The participants were then given an informed consent form to read and sign (Appendix B). It was explained in the consent that the interview was expected to last no more than 60 minutes and that participants were free to withdraw from the study at any time. Participants were asked for permission to audiotape the interviews. The interviews proceeded in an unhurried manner that encouraged and allowed participants to verbalize experiences. A semi-structured interview with open-ended questions was used to prompt participants to share their personal experience of the phenomenon of hardiness (Appendix C).

A subsequent meeting time was arranged at the time of the first interview that allowed the participants to determine if the description obtained captured the original experience. This is a method of establishing validity in qualitative research. Webb (1992) stated that a study is credible when the descriptions of human experience presented to the study participants are indeed recognized as their own. Credibility also lies in identifying and documenting recurrent themes in the explanations provided by the participants (Leininger, 1985). The ability of another researcher to come to comparable and not conflicting conclusions was accomplished through discussion with the members of my thesis committee.

Interview Questions

Informal, face-to-face interviews were conducted. Open-ended questions were used to gather perceptions and understanding of hardiness (Appendix C). This is a valid way of data gathering to describe phenomenon (Woods and Catanzaro, 1988). Demographic data were also gathered from the participants in the research study (Appendix D).

Protection of Human Subjects

The rights of the human subjects were protected throughout this research study. Participation was strictly voluntary and confidentiality and anonymity were assured. No

names appeared on the interviews and the transcribed interviews were identified by number. The researcher retained the key to the numbered interviews and this key was kept in a locked file. The nature of the study was fully explained to the participants prior to written consent being obtained. Participants were informed that they could chose not to answer any question and were free to withdraw from the study at any time.

The names, addresses, and phone numbers of the participants were known only to the investigator and thesis committee chairperson. Demographic data were collected separately from the interviews and interviews were numbered to insure participant confidentiality. Taped recordings were destroyed following transcription. The consent forms will be kept in a locked file at Montana State University College of Nursing for five years then destroyed. No names or identifying data were used in the data analysis. This study met criteria established by the Human Subjects Review Committee of Montana State University College of Nursing, Bozeman, Montana.

No physical risks were identified for the participants. Potential psychological risks were involved because the participants could experience anxiety through revealing personal experiences and thoughts in an interview about the phenomenon. Interviews were conducted in a private setting to minimize these psychological risks.

There were no immediate benefits to the participants. Some participants could perceive the clarification of their perceptions of a phenomenon as beneficial. Participants

might also perceive satisfaction in the ability to participate in nursing research to further the knowledge and practice of nursing. It is believed that the benefits of this research study exceeded the risks to the participants.

Data Analysis

The data were analyzed with a seven-staged reductive process for phenomenological analysis developed by Colaizzi (1978). The steps are summarized as follows

1. Participant's descriptions are read in order to acquire a feeling for them.
2. Significant statements are extracted that directly pertain to the investigated phenomenon.
3. Meanings are formulated from the significant statements. The formulations discover and bring out the hidden meaning of the phenomenon.
4. Clusters of themes are organized. This allows for the emergence of themes common to all of the subject's descriptions.
5. An exhaustive description of the phenomenon results from the integration of the above results.
6. The exhaustive description of the phenomenon is as unequivocal a statement of the essential structure of the phenomenon as possible.

7. A final validating step is achieved by returning to the participants and asking if the description formulated validated the original experience.

Woods and Catanzaro (1988) stated that data collected in a qualitative investigation are generally very abundant and that extracting emergent themes reduces the bulk of the data and allows the researcher to assemble workable units and analyze more readily. The process of reducing data involves seeking recurring themes in the data representing patterns. Inductively generated themes emerged from data and remain grounded in those data (Woods & Catanzaro, 1988). An exhaustive description of the emergent themes from the target population follows.

CHAPTER 4

FINDINGS

Demographic Data

A purposive sample was used for this study (n=6). All participants were Caucasian, married, males with an age range of 50 to 78 years and a mean age of 66 years. One participant had an eighth grade education, two had high school diplomas, two had received Baccalaureate degrees, and one had obtained a Master's degree. The mean years of education for the participants was 14 years. Occupations of these men included small business owner, rancher, retired school superintendent, and farmer. The distance these participants traveled to obtain health care ranged from 2 to 28 miles, with a mean distance of 14 miles to the nearest health care facility. The nearest community to these men ranged from 0 to 28 miles; the size of the nearest community ranged from 23 to 25,000 residents.

Each of these men have a story and a unique perception and lived experience of being hardy. To protect the anonymity of each man but to allow each experience of being hardy to come alive in this research, each man has been given a fictitious first name.

Their stories and perceptions remain true to the information shared with the researcher through the interview process. A background sketch of each participant follows.

Allan was the first participant to share his perception of hardiness with the researcher. He was a 50-year-old small business owner and rancher, residing eight miles away from a community of 25,000 people. He had a Bachelor of Science degree in business and had lived 38 of his 50 years in the state of Montana. Allan was married, had four children, and was articulate in his verbalization of his perception of hardiness. Allan had served in the armed forces.

Bruce, the uncle of Allan, was a 73-year-old retired horse breaker, ranch hand, sheep shearer, and prospector. He was married, had four children, and lived six miles from a community of 25,000 people. He had lived 70 of his 73 years in the state of Montana; the three remaining years he served in the army. Even though retired, Bruce still breaks horses and has two with which he is currently working.

Carl was a 60-year-old rancher who had raised cattle for the last 32 years in Montana. Carl was married, had three children, one of whom currently works the family ranch, in preparation of ownership in the near future. He has ranched in this location for the last 32 years and keeps an average of 200 head of cattle. Carl has a Bachelor of Science degree in agricultural education and taught for two years before ranching. The

nearest town, population 1,100 people, is 13 miles from his ranch. The nearest health care provider is 40 miles away.

Don is a 78-year-old man, originally from North Dakota but moved to Montana in 1937 and has lived here for the last 58 years. He has been a school teacher and superintendent of schools. He is retired now and lives with his wife in a community of 23 people. Don has two children and has obtained a Master's degree in education.

Ed is a 66-year-old man, currently a farmer and pig rancher. He is in the process of mentoring his son to take over the management of the family farm. Ed has an eighth grade education and has lived the last 52 years of his life in Montana. Ed is married and has three children and lives 28 miles from the nearest community of 125 people.

Fred is the last participant to be interviewed. He is a 65-year-old farmer who lives in a community of 125 people. He has two children and is married. Fred has a high school education and has live 61 of his 65 years in the same community in Montana.

Emergent Themes

Using the seven step reduction process noted earlier from Colaizzi (1978), meaningful statements were extracted from the text of the interviews. These meaningful statements were clustered and the result was five reoccurring themes in these men's experiences. These themes frequently overlapped and intertwined, but as the interviews

were reduced, distinct themes did emerge. These themes were 1) adaptability, the ability to change and adjust to what life offered; 2) positive attitude, the ability to see opportunity and challenge in life circumstances rather than threat; 3) endurance, the ability to remain firm, steady, determined, or committed to something in their lives; 4) learned experience of being hardy, being mentored or observing others, primarily parents depicting hardiness; consequently leading to 5) lived experience of being hardy through own life circumstances and experiences, of doing what needed to be done.

Each participant in this study equated adaptability or the ability to adjust with being hardy. Fred stated it this way:

In general, throughout their life, if people are hardy, they are going to be more flexible . . . adaptability makes them more hardy... it is a mind set of looking for how you can do something rather than making excuses for what you can't . . . it's an 'I can' sort of attitude and I just haven't figured it out yet.

Several of the men interviewed spoke about adapting to whatever job was available to gain income. This illustrates the openness to adapt to the situation at hand. Bruce stated:

From there I went prospecting and mining and still breaking a few horses and working on ranches occasionally. I would take extra work, I even worked on a section one time (Northern Pacific), in between jobs, just for the extra money.

Carl did his own improvising:

You tend to do other things to try to help yourself. I converted some older buildings here because I didn't have the cash to build new ones . . . it's nothing fancy, it's strictly chain-saw carpentry but it's functional.

Don alluded to the adaptability of people that live in harsh climates when he stated:

I always think of people that live in the northern climates as being hardy, otherwise they wouldn't be able to live in Minnesota or North Dakota in the wintertime.

Adapting meant something a little bit different to Fred:

Say you need a new piece of machinery. You say that you can, we will make this old one over . . . it works much better than the new one some times . . . you made due with what you had on hand . . . patience is 90% of farming. That is one thing that you got to have a lot of because things just never go the way they are expected to go.

The rich description these men shared truly illustrates the lived experience of adapting to life.

A positive attitude and the ability to see opportunity in life situations was a striking characteristic and most repetitive theme throughout each of the interviews. This attitude was vividly described in just a few words by Fred:

You can say that something looks tough to do but then you look at it long enough and think about it long enough and decide, well I'm gonna try it and generally you will get it done, it's all a matter of wanting to. You have to be positive all the time.

Bruce portrayed a delightfully positive attitude:

I don't know how I could call it 'tough times', I enjoyed everything I did. I picked the hardest things to learn right from the start, I wanted to learn everything I could . . . It was a great life and you just make your own happiness . . . I never heard any of them holler about it being a tough life, there weren't any tough times for us . . . there is one thing I hate to do is to get with these old-timers and all they can talk about is 'my leg hurts, my back hurts, I had an operation'. It's ridiculous. Why can't they talk about the weather and how beautiful it is outside.

Don related an experience he had in the armed services that he thought helped him to become hardy:

I guess you let come what may. I was in the service for five years so I learned to live with sergeants in the south Pacific and I spent 18 months in the jungles. I don't know that I really ever worried about the worst coming. I have been pretty optimistic. I never thought I'd, I never had any doubt that I would get back home again. I try not to let things get me down and I try to look at the bright side. I don't think you can be negative about life, you have to be positive, you have to be positive that you can handle it.

Ed stated with simple phrases that a positive outlook on life was essential:

We always ate good, I mean there was things we wanted but we waited . . . I got ten dollars from my brother to get home on. You can have a lot of fun doing stuff without spending a lot of money . . . It didn't hurt us . . . If you say that you don't want to do that or I don't like to do that, it's just going to make it miserable . . . I just made up my mind that it wasn't that bad and the pay was the same . . . On a job, I hate to say no to anyone who wants help. I will sure try to do it . . . I'm willing to put out a little extra.

Fred echoed the thoughts of the other participants about a positive attitude:

You have to have a lot of faith in yourself and in your own ability to do what you have to do. Well, you can say, 'Well, hey, this is, it looks tough, and then you look at something long enough and think about it long enough and decide, well, I'm gonna try it', and generally you will get it done. It's just a matter of wanting to.

The attitude of each and every participant in this research study was vividly positive.

Another of the five emergent themes was endurance or the ability to remain firm, steady, or committed to something in these men's lives. These men primarily indicated that their commitment was to their family or their farm/ranch. Bruce stated

First thing, I always seen that the family had groceries and clothes . . . anything I say I will back up because it's the truth. If I said it I would stand behind it, it's the only way to go.

Carl also shared his steadfastness to his ranch:

A calf has got to get on his feet, almost immediately, oh, within the first hour of his life . . . I have had one, I've kind of boosted him around with my foot like that . . . I think that is two different commitments, one is your livelihood and the other is your love . . . I think it is a love for what you do . . . it tends to get the adrenalin pumping a little . . . it pleases you too.

Ed reflected an endurance and commitment to his family and life in general:

It's awful that you're disciplining' them like we did . . . the boys, they thank us now . . . they grumbled and groaned but now they thank us for doing it. I mean, they learned and it didn't hurt them . . . I haven't given up, I keep fighting. So, I can't do what some of them can do but I will sure get in there and try. So I guess I am hardy that way . . . I would like to see the place (the farm) go on and on forever, but I don't know how it is going to be with the next generation.

Fred also implied that he remained firm to the family and the farm:

I started farming in 1955 and I have been at it ever since. It's been, I wouldn't trade it for anything . . . I guess a lot of prayin' was done in those tough times, I know that . . . you just don't get things until times are better. The '80s were real tough years, I mean they were drought years, it was pretty much statewide, in North Dakota too. Prices weren't that great and you got two whammies hitting you at the same time, it's pretty tough. When you have kids in college at the same time and you wonder, 'How am I going to get through', but we made it . . . if you don't believe in yourself, what do you believe in? . . . every time they (hardy people) get knocked down they tend to get back up, not that they don't get knocked down, they keep on keeping on.

Learned experience, or learning by example, was a theme that emerged from the interviews. All six of the men that participated in this study identified one or both of their

parents as mentoring or modeling hardiness, as they know and live it. Allan said:

Hardiness goes to my heritage . . . I am only two generations removed from the sod, the old country. I know a lot about the history of the family and my grandfather came to start a new life in the Pittsburg steel mill and then came out to Montana and worked the land. On my Dad's side, my grandfather was a sheep shearer, but what those people were is 'scrape-by' survivors at the end of the frontier or the end of the settlers era, so they were self sufficient . . . I am a product of what I picked and chose from them . . . especially my mother, then what I determined to be valuable in other people. My uncle L., for some of the same qualities that I saw in my mother because she demonstrated the ability to do with very little materials goods, demonstrated how to live with quality, a quality life. Others I used as examples overcame great hardship and adapted and kept on keeping on . . . I was trained in the skills . . . that older generation, they had to depend on things like taking care of themselves physically, a lot of home remedy type stuff, cooperation amongst themselves, working things out, survival things/skills . . . if you have those skills in your background, it gives you a great sense of confidence and self-security. You are not helpless.

Bruce noted the mentoring of hardiness in his family also.

My dad sheared sheep also, and all my uncles sheared sheep and a lot of them are bronc-riders. It was just a pattern of life.

Carl was mentored also by his family:

There is a genetic factor there. My dad's dad was very hardy. I remember him very well and they rode horses until they were in their mid-eighties, in cold weather conditions and things not being fun types things, they just did it because there was a job that needed to be done out there . . . he would do whatever it took to tolerate bad weather or a bad horse . . . he could step right onto a very tall horse when he was 85 years old, get right on him, that people, I mean that his grandchildren could hardly get on and he never missed a day of work . . . they (daughter and son-in-law) have picked up some pointers and want to run this ranch one of these days. They want to be the next generation to move in here.

Don addressed the topic of mentoring and hardiness when asked who his role models were:

They might be those old fellows down there bowling that are 85 and 90 years old. They are my role models now.

Fred identified his parents as being among his examples of modeling hardiness to him:

Mother, she would try to raise a garden and of course, that was our thing, we had to survive, chickens and raising a garden . . . Dad, there was absolutely nothing that he wouldn't do . . . he was never a part of deciding that it couldn't be done.

Lived experience constituted that richness in life that people gathered from being a part of life circumstances. These men identified lived experiences as doing what needed to be done to live and taking what life had to offer. Allan stated:

Individual humans are adaptable to those conditions or environments that they are sufficiently motivated to adapt to . . . people are products of their environment . . . environmentally developed thing . . . developed characteristics because you have to . . . I have gotten much harder with age because of the experience that comes with age. It's the experience that comes with time . . . age seems to decrease your idealism and enables you to become more hardy, more flexible, more resilient.

Bruce had the experience of life circumstances developing hardiness:

To me it just means you were tough enough to live with the circumstances and the weather, its all it is (hardiness) . . . do you want to talk to the wife a little? She's tougher than me, those women are tough.

Carl noted that his lived experience of hardiness was associated with the weather:

We've seen some very tough weather conditions and we have to work outside in that weather. We are outside more when the weather is bad then when it is good . . . I suppose some of that is learned.

Don commented on the lived experience of hardiness:

People probably become hardy because it is necessary.

Ed paralleled living and becoming hardy:

I guess we just adapted . . . so I think hardiness is taking life as it comes.

Fred lived life to develop into a hardy person also:

I always knew if I wanted to, I could make this grade. I can pass, I could do it.

In summary, five themes were extracted from the rich descriptions of six rural men's perception of hardiness. These themes were 1) adaptability; 2) positive attitude; 3) endurance; 4) learned experience; and 5) lived experience. These themes seem to intertwine and overlap, but by using the participants own rich descriptions of hardiness, clear and distinct themes were identified. These themes then illuminate meaning for practical application of the concept of hardiness to the profession of nursing and to the promotion of health.

CHAPTER 5

DISCUSSION

What is the perception of hardiness in rural men? The findings of this study reveal that, for a group of six men who lived in Montana, hardiness is having the characteristics of adaptability, a positive attitude, endurance, learned experience, and lived experience. These themes emerged from this research that explore and describe the perception and experience of hardiness. The rich description of hardiness from these men is valuable for the human experience and is unique and priceless. These emergent themes may be applicable to the general population in developing ways to resist disease and maintain health. Investigating the perception of hardiness with six rural men sensitizes the reader to the phenomenon being studied. Illuminating meaning around hardiness serves to generate understanding among people.

I purposefully chose rural men who had lived in the state of Montana for more than twenty years. To me, these participants seemed to be the epitome of hardiness. The themes gathered from the rich descriptions the men shared about their lived experience of being hardy collectively describe the essence of hardiness for these rural men.

Sandelowski (1994) stated "Quotes can illuminate the subtleties of experience . . . getting as close as possible to human experience is a central goal of both qualitative research and nursing inquiry; they help to individuate speakers rather than blur them into data" (p. 480).

The design of this research, phenomenology, was excellent and appropriate to attempt to capture a beginning knowledge about hardiness. The sample was exquisite because these six men articulated their lived experience of hardiness.

The quotes included in the text of this work support the emergent themes of adaptability, positive attitude, endurance, learned experience, and lived experience. The rich descriptions illustrate the subtle differences and the similarities in the men's own descriptions. The descriptions also illustrate the situation specific nature of the phenomenon.

A description of hardiness has been obtained from six men believing that they themselves were hardy. Through investigating these men's experience of being hardy, the nursing profession has gained new knowledge, understanding and discovered insights into the phenomenon of hardiness.

In the classic piece of work done by Kobasa (1979), she identifies the three personality characteristics of hardiness as challenge, control and commitment. In this research, I have found the personality characteristics of hardiness for these six rural men

to be somewhat different. These men described challenge but unlike the simple explanation of Kobasa's, a new, expanded, and clarified explanation was offered.

Challenge parallels with positive attitude, in that these men felt the challenge in life's circumstances but also had the ability to see opportunity in situations. Challenge did not imply a foolhardy dare.

Kobasa (1979) described control as a personality characteristic of hardiness and I considered adaptability to be similar. Kobasa's definition of control seemed to have an active, almost forceful connotation. Adaptability, as described by the six rural men, conveyed a more peaceful acceptance of life and an attitude of working with life to get things done.

Commitment, as Kobasa identified, was also described by the six men. Endurance and remaining firm, in a general sense, was the theme illuminated by these men's stories.

Interestingly, the concept of living and learning to be hardy did not appear in the other research work on hardiness. Each of these men spoke of a mentor who modeled hardiness. Each of these men talked about being taught how to deal with life through example.

The environment these men chose to live in also influenced their development into hardy individuals. References to the severity of the weather, the difficulty of farm life and the inability to identify tough times in their lives have aided these men to become

hardy. This theme builds on what Parse (1981) stated in her nursing theory:

"Man-Living-Health is a unitary phenomenon that refers to the person's becoming through cocreating rhythmical patterns of relating as energy is exchanged with the environment" (p. 25). Would these men have become hardy had they not lived in a state with severe weather conditions? Would these men have become hardy if parents had not been models of hardiness to them?

In the research reviewed prior to this work, Lee (1983) identified four critical components of hardiness: (a) endurance, (b) strength, (c) boldness and, (d) power to control (p. 33). Lindsey and Hills (1992) identified seven attributes of hardiness: (a) curiosity, (b) the tendency to find experiences interesting and meaningful, (c) the belief in being influential, (d) believing change is the norm, (e) believing that change is an important stimulus to development, (f) robustness and self assertiveness and, (g) endurance (p.43). These attributes are similar to those found in this research. Endurance was consistently found in the above investigative pieces. The first five attributes listed above of Lindsey and Hills (1992) suggest a positive attitude and adaptability but do not label it as such. Neither Lee nor Lindsey and Hill found the learned or mentored experience of being hardy identified. This suggests that further research is needed to clarify the potential nature or nurturing aspect of the phenomenon of hardiness.

Bias in this research was minimized by using quotes from the men interviewed and returning to the participants to confirm authenticity and agreement of the emergent themes. Guba (1978) states "the naturalistic inquirer takes the expansionist stance. He seeks a holistic view that will permit him to describe a phenomenon as wholes . . . reflect their complexity" (p.13). Using quotes from the participants indeed reflected the intertwining complexity of the experience of life.

This research investigation illicited the perception of hardiness in rural men. The interview questions were not designed to explore the negative aspects of hardiness. The five themes that emerged from the text of the stories of these men could have a negative side.

An example of the negative side of hardiness is the theme of adaptability. These men did not describe adaptability in the negative aspect. Potentially it could be considered negatively as a passivity and a lack of active participation in life or the inability to enjoy life. Additionally, a positive attitude could mask a person's ability to be objective and recognize the value of both positive and negative influences in life.

The theme of endurance could also have a negative aspect. The idea of keeping on at all costs was shared in the participant's stories and in some health conditions, to keep going on and enduring could potentially damage the health status of an individual.

Learned and lived experience can be a positive or negative influence in life's journey. When it is stubbornness rather than endurance that is learned, health status outcomes are negative. For example, if a person chose to endure the signs and symptoms of a heart attack, the result would not indicate a hardy person in a positive sense but a stubborn person with a potentially negative outcome, if not a fatal outcome.

Knowledge of the lived experience of being hardy is valuable to the delivery of nursing care. The client's story gives nurses insight into the whole person and allows for delivery of nursing care to the complete person.

Limitations

Limitations to this work exist. People have differing perceptions of reality and even though the findings of this research may not be generalizable, the findings may be applicable to other male rural populations living in a similar environment. If other populations share perceptions and meanings of hardiness with this particular group, steps to develop this important personality characteristic could be developed.

From this study nurses may gain illumination of the phenomenon of hardiness from these rural men. However, when using the interviewing process, I am limited by my perceptions as participants convey theirs to me. I may not have perceived their perceptions as they do.

Implications for Practice

The implications and applications to the practice of nursing are numerous. If we start with our clients' story, we develop a data base on which to build when providing care and education for the client. Clients have a past, present, and future; these experiences form the unique individuals for whom we provide nursing care. If we assist clients in the identification of perceptions of health and hardiness in life experiences, there is potential for promotion of health and a decrease in illness. With the identification of hardiness characteristics, clients could be coached in the development and use of hardiness.

With further exploration and description of hardiness, children and young adult programs could focus on the development of hardiness. Parenting groups and senior groups could learn about strategies to develop hardiness. Stress reduction classes could focus on enhancing individual coping and hardiness characteristics and capitalize on those positive traits in people's lives. The identification of individual perceptions of hardiness and the assistance of the individual in the development of those characteristics requires a time commitment for health care providers. This time commitment is necessary and valuable to the provision of optimal nursing care based on the unique individual.

In general, the nursing profession could build on people's own perceptions of resistance to illness. It makes good sense to build on people's strengths. The promotion and development of hardiness may lead to empowerment of persons to maintain their own health status. Perhaps experiences could be orchestrated to assist in the teaching and development of hardiness in individual's lives.

This research gives the profession of nursing insight into the phenomenon of hardiness from the unique individuals themselves. By identifying hardiness, we can sensitize other nurses, clients, and society about the phenomenon of hardiness and provide experience for the development of this phenomenon in a variety of settings.

Implications for Research

This research indicates the additional need of qualitative research in the area of hardiness. Further illumination is needed with a variety of other subcultures to broaden the meaning and clarification of hardiness in individuals. A clear delineation between the negative and positive aspects of hardiness needs further clarification. Identifying a generation of rugged individuals is not the intent of this nursing research. Persons willing to share the rich experience of their lives to assist others toward positive health outcomes is the desire. Operant tools then need to be developed from the emergent qualitative data

to assist health care providers identify hardiness. Programs then could proceed from this work to assist in the development of hardiness in people.

Five of the six men I interviewed cited examples of women in their lives as being hardy. Research is needed to investigate the lived experience of hardiness in women.

More knowledge with each subculture in areas of beliefs, values, health care services and family interaction is needed. This would assist professionals in developing interventions for the promotion and maintenance of optimal health status.

The experience of being hardy is a unique and priceless phenomenon. Those people with whom we share meaning can also share their experiences of life with us. Parse (1981) states "human health is an ongoing process of participation with the world . . . becoming is human unfolding" (p. 25). By sharing, both nurses and clients enrich each other's lives.

REFERENCES

- Bigbee, J. (1991). The concept of hardiness as applied to rural nursing. In A. Bushy (Ed.). Rural nursing Vol. 1. (pp. 39-58). Newbury Park, CA: Sage.
- Bunting, S. (1993). Rosemarie Parse: Theory of health as human becoming. Newbury Park, CA: Sage.
- Carson, V., & Green, H. (1992). Spiritual well-being: A predictor of hardiness in patients with acquired immunodeficiency syndrome. Journal of Professional Nursing. 8(4), 209-220.
- Cody, W. K., & Mitchell, G. J. (1992). Parse's theory as a model for practice: The cutting edge. Journal of Advanced Nursing Science. 15(2), 52-65.
- Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. Valle, & M. King, (Eds.). Existential phenomenological alternative for psychology. New York: Oxford University Press.
- Consolvo, C. A., Brownwell, V., & Distefano, S. M. (1989). Profile of the hardy NICU nurse. Journal of Perinatology. 9(3), 334-337.
- Funk, S., & Houston, B. (1987). A critical analysis of the hardiness scale's validity and utility. Journal of Personality and Social Psychology. 53(3), 572-578.
- Grove, P. (Ed.).(1981). Webster's third new international dictionary of the English language unabridged. Springfield, MA: Merriam.
- Guba, E. (1978). Toward a methodology of naturalistic inquiry in educational evaluation. Los Angeles, CA: Center for the Study of Evaluation, UCLA Graduate School of Education.

Hull, J. G., Van Treuren, R. R., & Virnelli, S. (1987). Hardiness and health: A critique and alternative approach. Journal of Personality and Social Psychology, 53(3), 518-530.

Jennings, B. M., & Stagers, N. (1994). A critical analysis of hardiness. Nursing Research, 43(5), 274-281.

King, P. A. (1989). A woman of the land. Image: Journal of Nursing Scholarship, 21(1), 19-22.

Kobasa, S. C. (1979). Stressful life events, personality, and health: an inquiry into hardiness. Journal of Personality and Social Psychology, 37(1), 1-11.

Kobasa, S., Maddi, S., & Kahn, S. (1982). Hardiness and health: A prospective study. Journal of Personality and Social Psychology, 42(1), 168-177.

Lee, H. J. (1983). Analysis of a concept: Hardiness. Oncology Nursing Forum, 10(4), 32-35.

Lee, H. J. (1991). Relationship of hardiness and current life events to perceived health in rural adults. Research in Nursing & Health, 14, 351-359.

Leininger, M. M. (Ed.). (1985). Qualitative research methods in nursing. Orlando, FL: Grune & Stratton.

Lindsey, E., & Hills, M. (1992). An analysis of the concept of hardiness. The Canadian Journal of Nursing Research, 24(1), 39-50.

McCrairie, E., Lambert, V., & Lambert, C. (1987). Work stress, hardiness, and burnout among hospital staff nurses. Nursing Research, 36(6), 374-378.

Mitchell, G. J. (1990). The lived experience of taking life day-by-day in later life: research guide by Parse's emergent method. Nursing Science Quarterly, 3(1), 29-36.

Nokes, K. M., & Carver, K. (1991). The meaning of living with AIDS: A study using Parse's theory of man-living-health. Nursing Science Quarterly, 4(4), 175-179.

- Parse, R. R. (1981). Man-living-health. New York: Wiley.
- Parse, R. R. (1991). Human becoming: Parse's theory of nursing. Nursing Science Quarterly, 5(1), 35-42.
- Pollack, S. (1993). Adaptation to chronic illness: A program of research for testing nursing theory. Nursing Science Quarterly, 6(2), 86-92.
- Pollack, S., Christian, B., & Sands, D. (1990). Responses to chronic illness: Analysis of psychological and physiological adaptation. Nursing Research, 39(5), 300-304.
- Pollock, S., & Duffy, M. (1990). The health-related hardiness scale: Development and psychometric analysis. Nursing Research, 39(4), 218-222.
- Sandelowski, M. (1994). The use of quotes in qualitative research. Research in Nursing and Health, 17(6), 479-482.
- Tartasky, D. S. (1993). Hardiness: Conceptual and methodological issues. Image: Journal of Nursing Scholarship, 25(3), 225-229.
- Thevenaz, P. (1962). What is phenomenology? Chicago: Quadrangle Books.
- Wagnild, G., & Young, H. (1991). Another look at hardiness. Image: Journal of Nursing Scholarship, 23(4), 257-279.
- Webb, C. (1992). The use of first person in academic writing: Objectivity, language and gatekeeping. Journal of Advanced Nursing, 17(6), 747-752.
- Winstead-Fry, P., Tiffany, J., & Shippee-Rice, R. (Eds.). (1992). Rural Health Nursing. New York: National League for Nursing Press.
- Wondolowski, C., & Davis, D. K. (1990). The lived experience of health in the oldest old: A phenomenological study. Nursing Science Quarterly, 4(3), 113-118.
- Woods, N. F., & Catanzaro, M. (1988). Nursing research: Theory and practice. St. Louis, MO: Mosby.

APPENDICES

APPENDIX A
INVITATION TO PARTICIPATE

January 1995

Hello,

My name is Ellen Wirtz and I am a graduate student at Montana State University pursuing a Master's Degree in Nursing. Throughout my studies I have become interested in work that has been done in the area of hardiness. The focus in my schooling is rural health care and I am conducting some research this spring investigating what rural dwelling men's thoughts and ideas are concerning the concept of hardiness. Specifically, I want to know what rural men think hardiness is and if they consider themselves hardy and why.

As a rural man, [your name has been suggested to me by _____] or [you have volunteered to participate] and I invite you to assist me in investigating the concept of hardiness. The criteria for this research project are 1) you must be male, 2) you must be over the age of fifty, and 3) you must have lived in a rural locale for at least twenty years. I am defining rural as living in a county with less than 50,000 persons, or living in a community of less than 2500 people, or living more than 60 miles away from a health care facility. If you meet these criteria, I hope you will agree to participate in this study.

Attached is a brief description of the research study and a consent form. In the next week, I will be telephoning you to set up a date, time, and place to conduct the interview, if you chose to participate.

Thank you for considering participation in this research study. I look forward to talking with you. Please do not hesitate to contact me if you have any questions.

Sincerely,

Ellen F. Wirtz, R.N.
MSU Graduate Student
College of Nursing
Bozeman, Montana 59717
(406)-994-3783

Attachment

APPENDIX B
CONSENT FORM

Consent Form

Project: Perception of Hardiness in Adult Rural Dwelling Men

Purpose:

The purpose of this project is to investigate the concept of hardiness in adult rural dwelling men. It is believed that hardiness may be a characteristic that allows people to withstand stress and illness. I want to investigate the thoughts and ideas of a specific group and gather your ideas and definitions of hardiness. I am targeting rural dwelling men because I believe your experiences are unique and valuable.

Participation:

Participation in this research study is strictly voluntary and involves an interview to identify your personal view of hardiness. Interviews will be tape recorded for transcription and will be erased after transcription is completed. It is expected that the interviewing process will take no longer than 60 minutes. We will meet a second time for no longer than 60 minutes to determine if the interview transcription accurately captures your view of hardiness. You will be free to make clarifications if needed. You are free to ask questions, decline to answer any question, or withdraw from the interview at any time. The questions will investigate perceptions of the concept of hardiness and gather some simple background information.

Benefits:

There are no immediate benefits to the participant in this study, although one may gain an understanding into one's own thoughts and feelings of the concept of hardiness. Your participation may also benefit the practice of nursing and rural health care. There is no financial compensation nor financial cost to the participants.

Risks:

There are no physical risks to the participants in this study, but there may be some anxiety associated with the interviewing process, revealing personal thoughts and feelings associated with the concept of hardiness. There is also the inconvenience because of the time needed to do the interview. Should you experience any anxiety, you

are free at any time to ask that the interview be stopped.

Protection of Subjects:

The anonymity of the participants will be maintained at all times. All the information obtained from this study will remain confidential. On the interview transcript, you will be identified by number and the key to these numbers will be available only to the investigator and her advisor. The interviews will be tape recorded; these tapes will be erased after transcription. The transcriptions, consent forms, and the background information will be coded and stored in separate locked files at Montana State University College of Nursing, accessible only to the nurse researcher and her thesis committee. You will not be identified in any publication, report, or presentation resulting from this research. You may call the researcher at any time with questions or concerns involving this research. You are free to request a copy of the completed study.

I have read the above statements and I voluntarily consent to participate in this research study. I understand that I am free to ask questions and stop the interview at any time or withdraw from the interview. I understand that the interview will be recorded for clarity. I have been given a copy of this consent form.

Signature of Participant

Date

Ellen F. Wirtz, RN, nurse researcher
 Montana State University
 Bozeman, MT 59717
 (406)994-3783

Date

APPENDIX C
INTERVIEW GUIDE

Interview Guide

Introduction:

In the last fifteen years, there has been a number of studies dealing with the term hardiness. You may have heard this word before and probably have some sort of personal definition of the term. Some people have researched the concept of hardiness in relationship to rural people, but almost no one has asked individuals for their own description of the term. I believe that each person's experience is unique and valuable; that each person has a story that is also valuable. I believe life is a lived and exciting experience and I am interested in your definition of hardiness. Rural male Montanans are the specific group I am focusing on today and that is why I would like to ask about hardiness. I believe nursing will benefit from the unique perceptions and experiences of rural dwelling males' description of hardiness.

Shall we begin the interview?

Demographic Data

1. During difficult times, what things did you do to make it through these times?
2. Tell me what hardiness means to you.
3. Do you perceive your crops or animals to be hardy?
4. Can you give me some examples of hardiness?
5. Do you know anyone who you think is hardy?
6. Tell me about that person. Are there others?
7. Do you consider yourself hardy?
8. What is it like to be hardy?
9. What has assisted you to be hardy?
10. Would you say you are healthy?
11. Do you think there is a connection between hardiness and health?

12. Is there anything else that you would like to add?

Thank you for your patience and for sharing your thoughts with me.

APPENDIX D
DEMOGRAPHIC DATA

Demographic Data

Birth Date:

How many years have you live in your present location?

Occupation:

How close is the nearest town to your home?

How large is the nearest town?

If you had an emergency, where would you go?

How far is it to that place?

What is your highest level of education?

