

University of Alberta

Evidence of Resilience in Rural Alberta Women

by



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## Abstract

In Alberta, changes have occurred in health care organizations resulting in closure of many rural hospitals, downsizing, reduced accessibility to health care services, and increased burden of care for family members (Skillen, Heather, & Young, 2003). Effects of changes from restructuring in healthcare and agriculture became the focus of a study by Skillen et al., and among the themes that emerged, strength in the presence of adversity was identified. A secondary analysis searched for evidence of resilience in 16 rural Alberta women in farming and health-related work. A framework developed by Polk (1997) identified four patterns of resilience (dispositional, relational, situational, and philosophical) with their attributes and indicators. The framework was applied to the aggregate of rural women. Comparison of complementary and competing constructs illustrated the multidimensional nature of resilience. This research contributes to a deeper understanding of resilience as it applies to rural women's health.

## Preface

We are tired to death of swimming upstream alone; we want to feel grounded, connected, to be able to touch the earth and put down roots. We are searching for simplicity and balance in our lives, for comradeship and challenge in our work and our relationships. We feel a need for hope, for possibilities in the midst of despair, for integrity and wholeness in the struggle against alienation, for stability in place of rootlessness, for nurturing and closeness based on equality and respect, not on obligation and exploitation. These needs dictate the journey that leads us to community. (Forsey, 1993, p. 1)



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## TABLE OF CONTENTS

Chapter 1: Introduction	1
Restructuring in Agriculture and Healthcare	3
Stressful Life Events as Precursors to Illness	5
Interfacing: Restructuring and the Perception of Health	6
Problem Statement	8
Purpose of the Study	11
Research Question	11
Chapter 2: Review of the Literature	13
Defining Resilience	13
Complementary and Competing Constructs	15
Using Organizational Frameworks to Conceptualize Resilience	23
Levels of Nursing Theory	26
Polk's Framework of Resilience	27
Summary	28
Chapter 3: Research Methods	30
Method and Procedures	30
Design	30
Sample	31
Instruments	32
Data collection	35
Data analysis	36
Ethical Considerations	39
Limitations and Implications	40
Adaptations to Polk's Framework	41
Description of the Participants	43
Chapter 4: Patterns of Resilience: Results and Discussion	46
Polk's Framework of Resilience	46
Understanding Human Nature	47
Ways of Knowing	50
Evidence of Resilience: Dispositional Pattern	55
Evidence of Resilience: Relational Pattern	74
Evidence of Resilience: Situational Pattern	88
Evidence of Resilience: Philosophical Pattern	106

Resilience in Context	120
Chapter 5: Individual Women's Resilience: Results and Discussion	124
Ruth	125
Suzanne	128
Heather	131
Loretta	134
Linda	137
Val	139
Michelle	142
Sheila	146
Rose	149
Lorene	152
Andrea	155
Adelle	158
Karen	160
Audrey	164
Judy	167
Peggy	170
Negative Cases: Analysis and Discussion	172
Recoded case examples	174
Retained negative case examples	177
Chapter 6: Summary Discussion, Conclusion, and Recommendations	182
Reflections on Methodology	182
Methods	182
Sample	183
Instruments	183
Data Analysis	184
Limitations and Implications	185
Critique of Polk's Framework	187
Contributions to Polk's Framework	191
Emerging Themes of Aggregate-Resilience	191
Emerging Themes and Review of the Literature	192
Conclusion	197
Recommendations for Future Study	199
References	201

## LIST OF TABLES

Table 1: Patterns of Resilience	34
Table 2: Data Management Grid	35
Table 3: Emerging Themes of Aggregate-Resilience	123
Table 4: Aggregate-Resilience Summary	197

## CHAPTER 1: INTRODUCTION

Coping effectively with a variety of daily stressors is essential to the enjoyment of life, and possibly to survival. Humans encounter stress constantly, and each person responds to it individually, depending upon the nature of the stressful circumstance and individual resources available to respond to the event. Stress can be physiological or psychological, positive or negative, acute or chronic; almost anything one can name would be stressful for someone. Stress can cause frustration, or lead to fear, anxiety, or guilt, and although a stressful situation may be objectively the same for everyone involved, subjectively it will differ (Kalish & Collier, 1981).

The way we see the world is determined by our psychological goals which influence the choice, intensity, and activity of the particular psychological faculties that give shape and meaning to our world (Adler, 1927/1992). How people see events and individual appraisal of the situation (perception) is key to how events are interpreted and responded to (Lev, 1997). Everyone is capable of reconfiguring experiences to fit his or her own circumstances, and the individuality and uniqueness of a person consists of what and how each individual perceives (Adler, 1927/1992).

Four major constructs make up the metaparadigm of nursing science. These constructs are person, health, environment, and nursing. Neuman views

the person as an open system that interacts with both internal and external environmental forces or stressors, in constant change, moving toward a dynamic state of system stability or toward illness of varying degrees (George, 1995b). Hickman (1995b) describes Parse and Rogers as other nurse theorists who also assume the person to be an open being in mutual process with the universe cocreating relational patterns with others, interacting with environments, and perceiving individual realities. The person, whose reality is defined by perception responds to constant stressors that arise both internally and externally, in perpetual motion toward a dynamic state of stability or instability (Parse, 1987; Rogers, 1992).

As the profession of nursing struggles to identify its unique body of knowledge, the metaparadigm of nursing provides the foundation of knowledge development. The four major constructs: nursing, human beings, environment, and health are now incorporated in various holistic views of the discipline. From this holistic perspective, greater understanding of the human response is fundamental to the provision of care for the person within the context of his or her own experience of life, health, and illness. According to Boykin and Schoenhofer (1993), the theory of Nursing as Caring is an egalitarian model of helping that celebrates the human in the fullness of being (George, 1995a). Leininger (1991) maintains that human care is central to nursing as a discipline and as a profession, and that care is the essence of nursing. From this

perspective, caring for the whole person within the context of his or her experience and understanding, leads to the intersection and interaction of the carer and the cared for, a transactional process constantly evolving within an ever changing environment.

Examining the care giver within the context of environmental stress lends insight into processes that are working intrinsically and extrinsically to the individuals and affecting their perceptions of life around them. Farm women and rural community-based nurses live and work in environments that have undergone dramatic changes in the past few years. A recent study conducted by Skillen, Heather, and Young examined the perceptions of changing work environments, both paid and unpaid, in a population of rural Alberta women and looked at the impact on work and health after restructuring in agriculture and healthcare. Taking a holistic approach, the researchers hoped to gain insight into how the women perceived the changes, and to develop a greater understanding of the human response to restructuring (2003). This insight is essential in understanding women's experience in the rapidly changing worlds of work and industry.

### Restructuring in Agriculture and Healthcare

Over the past 30 years, the agriculture industry has undergone tremendous structural change, which has greatly impacted farmers and communities in rural areas. Globalization has had a dramatic effect on the

agricultural industry, bringing mixed blessings with an increased market share, and the downside of heightened competitiveness and lower commodity prices. The trickle-down effect on small farming operations has been cost-squeezing, from purchasing farm equipment and seed, to selling grain and livestock (Stewart, 2001). Structural changes in the national/global food system is often referred to now as “the industrialization of agriculture” and has progressed to the point where some farm economists refer to the agricultural stage of the food system as “food manufacturing” (Heffernan, 1999).

In the 1990s, legislated changes to Alberta’s health care system rocked the province when more than 200 boards for hospitals, health units, and long-term care and mental health facilities were replaced by 17 health boards (Hinings, Casebeer, Reay, Golden-Biddle, Pablo, & Greenwood, 2003). This consolidation supported the development of devolved organizational structures in which individual hospitals, for example, could no longer plan in isolation from the needs of the whole system (Lomas, Woods, & Veenstra, 1997). Health care restructuring and regionalization were promoted as a means of increasing efficiency, sustainability, and accountability in the health care system. One dramatic effect realized from the process was a shift from institutional to community home care for acute and chronic conditions (Blakley & Jaffe, 1999). This shift in perspective, the care of deinstitutionalized chronically ill or disabled, became the responsibility of families and individuals, the burden of care falling



mainly on the shoulders of women.

The National Coordinating Group on Health Care Reform and Women describe women as the majority of health care receivers and health care providers in Canada. Further, approximately 80% of paid health care workers are women and women provide most of the unpaid health care within the home. This Group notes that health care reform has had a significant impact on women in numerous ways, not the least of which has been the shift to home care. A basic assumption of home care principles is that caregiving is a family responsibility, and that women are available to take on caregiving roles (2002).

#### Stressful Life Events as Precursors to Illness

Stressful life events and their relationship to somatic and psychological illness have been well studied (Kobasa, 1979). Williams, Weibe, and Smith (1992) suggest that coping processes are mediators of the relationship between hardiness and health. According to Maddi, hardiness derives from the construct of courage in existential phenomenology; courage helps people construct meaning in their lives when confronted with decisions. Further, he contends that hardiness decreases the likelihood of stress-related physical or mental illnesses by tendencies to address stressful circumstances positively, and belief that these circumstances can be transformed into opportunities and dealt with decisively (1998, p. 152).

Hardiness is a construct that closely approximates that of resilience,

although the two are separate and distinct entities identified in the literature. Researchers have long been examining the construct of resilience in an attempt to define, understand, and identify why some people have better than expected outcomes after cumulative stressful life events (Egeland, Carlson, & Sroufe, 1993; Kaplan, 1999; Luthar, 1991; Luthar & Cicchetti, 2000; Luthar, Cicchetti, & Becker, 2000; Luthar, Doernberger, & Zigler, 1993; Mandleco & Craig, 2000; Masten, 1994; Masten, Best, & Garmezy, 1990; Polk, 1997; Rutter, 1985). Norman Garmezy, the founding father of resilience research, defines resilience as manifest competence despite exposure to significant stressors. He believes that the phenomenon does not occur in the absence of stress (cited in Rolf, 1999). Stress then, can be seen as the cause and through a process of individual interpretations and responses, resilience (or lack of it) is the effect. Resilience can be differentiated as a process leading to positive outcomes through a complex web of interactions with social supports and environments, rather than possession of certain character traits that presuppose invulnerability (Masten, 1994).

#### Interfacing: Restructuring and the Perception of Health

With the stress being realized on the family farm, many agricultural families are seeing their way of life threatened. The food manufacturing business has replaced farming as a philosophy (Heffernan, 1999). One by one, small operators are rolled over by the big economic machine. At the same time, rural communities have been impacted directly by the effects of health care

restructuring as health care jobs are lost, and indirectly as support and service industries relocate or shut down entirely (Skillen et al., 2003). One of the key issues in health care is uncertainty. The longer the restructuring process goes on, the more uncertain the outcomes. Radical change creates uncertainty in the implementation processes, the very processes which are intended to manage the change successfully (Hinings et al., 2003). On all fronts, home, economic, and social, uncertainty is omnipresent and threatening.

Although rural families may be thought of as propertied, financially secure, and homogenous, inequities are increasing in rural areas, and many families find themselves financially squeezed. Rural people often lack income security when faced with illness or disability. Many rural women caregivers have limited income due to retirement or years of unpaid employment (Blakley & Jaffe, 1999).

Most research in primary care ignores the existing evidence about the impact of gender on health care needs, preferences, and utilization. One of the problems created by ignoring this evidence is not knowing that the information is even missing (Donner & Pederson, 2004). Im and Meleis (2001) contend that a particular theoretical deficit involves gender issues embedded in women's daily lives. It is in daily living where social, cultural, and historical contexts are incorporated, and these are what shape a woman's health and illness experiences and perspectives. Graham notes that the real challenge for policy makers is to

make sensible decisions about details when information sources are inadequate, incomplete, or ambiguous. In the face of uncertainties, policy making is rarely evidence-based (1999).

Donner and Pederson argue that current definitions of primary health care used by Health Canada and the Canadian Health Services Research Foundation (CHSRF) are problematic because they are written in language that largely ignores the differing primary health care needs of men and women. These authors contend that outside of the women's health movement, discussions to date have largely excluded women's primary health care needs and how these might differ from the primary health care needs of men. This statement is based on the assumption that gender is not an issue in primary health care (2004). Skillen et al. identified that no comprehensive study to date had addressed the impact of restructuring on work and health, nor had assumptions about gender been factored into women's responses to work and health environments. Their research was conducted to advance knowledge about rural Alberta women's work, health, opportunities to network, and influence on policy makers (2003).

#### Problem Statement

Recently, agriculture and health care infrastructures have undergone radical reorganizational changes that have resulted in the destabilisation of rural communities, their resources, and citizens. These changes have affected rural women in their paid and unpaid work environments. The reorganization of

healthcare and agriculture have provided cumulative stressors within these communities that have shaken the foundations of rural Alberta culture. Results of a study by Skillen et al. (2003) revealed varied responses to stress, including strength and positive outcomes after the presence of cumulative stressors and significant adversity.

Success after adversity is the basis of this resilience research. To understand the process it becomes necessary to understand the intrinsic and extrinsic forces that have contributed to the outcomes, the changing worlds of agriculture and health care, and the human experience at the interface between the two. Considerable resilience research has been conducted in recent years mainly on children and adolescents with psychological and sociological underpinnings. Scant evidence of resilience research was discovered from a nursing perspective; this lack was identified as a gap in the literature.

In nursing, Neuman views the human being as an open system that interacts with both internal and external environmental forces or stressors, in constant change, moving toward a dynamic state of system stability or toward illness of varying degrees (George, 1995b). Other nurse theorists also assume the human as an open being in mutual process with the universe (Parse, 1987; Rogers, 1992) cocreating relational patterns with others. This component of nursing's metaparadigm can be summarized as people interacting with the environment, cocreating individual realities with the world around them and

responding to constant stressors that arise both internally and externally, toward a dynamic state of stability or instability. This study of resilience in rural Alberta women is believed to be consistent with the four components of the nursing metaparadigm: person, health, environment, and nursing. Insights gained from this inquiry are expected to advance knowledge of the variables that contribute to positive outcomes when women are faced with significant and cumulative stressors.

The idea of resilience was researched as a framework in which to examine the women from the study by Skillen et al. (2003). Resilience was a means to identify the existence of strength after adversity and to identify outcomes that might be better than expected considering the circumstances. The research discovered the individual indicators of resilience that were present in the study group, which had been identified in the literature as a means of understanding the phenomenon better. Resilience was defined as a dynamic process occurring after significant adversity, with complex interaction between the individual and her environment. Examining resilience as an outcome of cumulative stressors and responses contrasts the notion of resilience as a set of fixed variables that imply a trait or inherent state (Kaplan, 1999; Masten, 1994). An organizational framework developed by Polk (1997) was proposed to examine and clarify the concepts, categories, and context in which the construct emerged.

As indicated previously, scant research on resilience from a nursing

perspective was discovered. This gap in the research was addressed in this study. It was postulated that a study of resilience on rural women would advance knowledge of the variables that contribute to positive outcomes when faced by significant and cumulative stressors. Simultaneously, the effects of a changing workplace were further examined. Since the study participants were affected by both agricultural and health care restructuring, both paid and unpaid work experiences were explored as well as the impact of primary health care reform on the participants, their families, and their communities.

#### Purpose of the Study

The purpose of this qualitative investigation was to discover evidence of resilience in rural Alberta women who experienced agricultural and health care restructuring, and to address the identified gap in nursing knowledge related to resilience research pertaining to an adult population. Since there is a paucity of resilience research on an adult population and on rural women, this study will contribute to the body of knowledge regarding the phenomenon. The research was conducted with the belief that greater understanding of why some people have better than expected outcomes after significant adversity would enable caregivers to provide care to clients with a more holistic and sensitive approach.

#### Research Question

A broad research question to be answered was, "What evidence is there of resilience among rural Alberta women?" To narrow this inquiry, Polk's (1997)

organizational framework describing patterns, attributes, and indicators of resilience was used. This framework examines intrinsic and extrinsic factors in the manifestation of the phenomenon using four sub-constructs: the dispositional, relational, situational, and philosophical patterns. Specific research questions in this inquiry looked for evidence of resilience that could be identified within the four patterns described by Polk.

This study began as an investigation into the existence of evidence of resilience in a sample of rural women who had experienced agricultural and healthcare sector restructuring. Resilience in the women was examined two ways. Patterns of resilience were identified first in the group as a whole, and then individually as an expression of all four patterns. The women described their perceptions of the stress of change and how this had affected their health and well being in conjunction with their paid and unpaid work environments. In the process of unravelling the stories, an unanticipated dive into the psyche began. Through a process of deductive and inductive reasoning, the analysis revealed a uniquely feminist way of examining the literature while giving context and structure to the data. Many assumptions about common meanings were examined to add insight and depth to the study of resilience in this rural population of Alberta women.



## CHAPTER II - REVIEW OF THE LITERATURE

A review of the research literature related to resilience was conducted on the Internet, using various data bases including CINAHL, PsychInfo, and Proquest, with the key words: rural women, resilience, hardiness, coping, learned resourcefulness, and sense of coherence as a starting point. Citations were examined for relevance, which subsequently directed a secondary search on the Internet to expand on identified themes. When germinal researchers on resilience were identified, Internet and hand searches focussed on recent or relevant works; these searches honed the literature content and concluded the discovery. Although a substantial body of literature exists on the construct of resilience, it pertains almost exclusively to the study of children. One study discussed resilience among older women (Wagnild & Young, 1990), but no studies were found that identified this construct with rural women. Additionally, a dearth of the existing research originates from a nursing perspective with the foundational authors and pioneers of the construct originating from the social sciences, mainly psychology and sociology.

### Defining Resilience

Contemporary research into resilience arises from early study of schizophrenics where interest was sparked to discover why some patients fared better than others in terms of disease process and recovery. The observation of this phenomenon led to the study of resilience, with preliminary investigations

focussed on the study of school children (Rolf, 1999). The emergence of developmental psychopathology informs current research endeavours by the assertion that atypical and normative development are best studied in concert, each in the context of the other, the study of one informing and enriching the study of the other (Masten, Best, & Garmezy, 1990).

The word resilience suggests emotional stamina (Giordano, 1997), as does hardiness, coping, optimism, sense of coherence, invulnerability, and learned resourcefulness. Resilience might also be regarded as an 'inner strength' that has been described as a component of psychological health (Dingley, Roux, & Bush, 2000) or hardiness, whose critical attributes include endurance, strength, boldness, and power to control (Lee, 1983). Other similar constructs such as learned resourcefulness might be used synonymously with those mentioned or bring to mind certain personality traits that may diminish the effect of stressors on individual health (Kenney, 2000). These constructs are useful to envision adaptive behaviours but may seem static when one ponders the dynamic nature of life events. Luthar (1991) suggests that the term resilience be used to represent behaviours manifesting successful coping regardless of the presence of any emotional distress. Luthar, Doernberger, and Zigler (1993) note that resilience is not a unidimensional construct, and that among high-risk children, those who are behaviourally competent are not necessarily well-adjusted in other domains such as emotional adjustment.

Luthar, Cicchetti, and Becker (2000) note the instability of the phenomenon of resilience, citing ambiguities in definitions and terminology and the multiple domains in which resilience may or may not be present. Additionally, discrepancies in conceptualizations of resilience as a personality trait versus a dynamic process compound the problem as well as the lack of consensus around central terms used within models of resilience. Variability in definition may arise from the context in which the term is used. Kaplan (1999) poses the question, "Should resilience be defined in terms of the nature of the outcomes in response to stress or in terms of the factors which interact with stress to produce the outcomes?" (p. 19). This underscores the complexity of the construct since definition from the two perspectives can be interpreted quite differently. Kaplan elaborates on outcome as a set of variables reflecting the interaction of multiple processes of coping with and adapting to, internal and external demands.

#### Complementary and Competing Constructs

Perhaps the construct most approximating resilience is hardiness. According to Maddi (1998), "dispositional hardiness" is the tendency to address stressful circumstances by (1) accepting them as a natural, even developmentally important part of life; (2) believing one can transform them into opportunities rather than letting them become debilitating; and (3) proceeding to cope decisively with them (p. 152). Hardiness has been hypothesized to moderate the effect of stress due to high levels of three adaptive characteristics: commitment,

control, and challenge (Kobasa, 1979). A hardy person views potentially stressful situations as interesting and meaningful (commitment), sees stressors as changeable (control), regards change as a normal aspect of life rather than a threat, and views change as opportunity for growth (challenge). Possessing these characteristics is posited to enable a hardy person to remain healthy under stress (Funk, 1992). Kobasa emphasizes that these dimensions of hardiness are not mutually exclusive but rather are inextricably intertwined concepts that are similar to each other (cited in Huang, 1995). Lee (1983) identifies a combination of related critical attributes of hardiness to include:

1. Endurance - the physiological and/or psychological toughness to continue
2. Strength - the ability to resist force, stress, hardship
3. Boldness - the quality of being courageous, daring, adventurous
4. Power to Control - the ability to exercise authority or influence

Building on the foundational work of authors such as Gentry and Kobasa (1984), Williams, Weibe, and Smith (1992) agree that the interrelated hardiness components may moderate the negative effects of stress. Gentry and Kobasa hypothesize that high-hardy individuals utilize adaptive coping strategies that can transform stressful situations into more positive experiences. In contrast, low-hardy individuals may engage in maladaptive coping strategies such as cognitive or behavioural avoidance or denial. Maddi (1998) states that hardiness decreases the likelihood of stress-related illness and performance decrements by

motivating transformational (active, decisive) rather than regressive (denial-based, avoidant) coping, and beneficial health practices rather than detrimental ones. Thus, hardiness buffers strength via coping and health practices. To summarize and contrast, hardiness reflects personal traits, beliefs, and coping mechanisms to manifest positive adaptation to stress whereas, according to Luthar and Cicchetti (2000), resilience is a process or phenomenon of positive adaptation despite adversity; it is not a personal characteristic of the individual.

Miller and Keane (1987) define coping as “the process of contending with life difficulties in an effort to overcome or work through them” (p. 295). Coping mechanisms involve conscious or unconscious strategies and actions used by a person encountering stress. These can include adaptive behaviours such as activating support systems, self-discipline, talking, and expression of feelings, or maladaptive coping mechanisms such as avoidance or rationalization. Williams et al. (1992) contend that although coping is a manifestation of hardiness, it is a distinct entity since maladaptive coping is not considered to be a component of hardiness. Coping, a behaviourally derived term, reveals itself to be a function of a psychological state dependent on personal resources and traits. Alternatively, resilience is defined as manifest competence in spite of adversity; a process or phenomenon, and not a personal characteristic (Luthar & Cicchetti, 2000).

Maddi (1998) adds clarity to this comparison of related constructs by differentiating between hardiness, resilience, coherence, and optimism.

According to Maddi, resilience refers to constructive reactions to disadvantage (particularly among children), whereas hardiness is a personality disposition that increases the likelihood of resilient reactions to disadvantage. Coherence, like hardiness, underscores beliefs about the interaction between self and world. Although coherence is the tenet which lends meaning to existence, hardiness highlights the active construction of one's life through decision making and implementation of thoughtful action. Maddi contends that optimism expresses a generalized expectation of beneficial outcomes to problems regardless of coping efforts. Optimism is more likely than hardiness to include elements of naivete and complacency such as failure to recognize the seriousness of a stressor or the passive conviction that all will resolve itself automatically.

In consideration of competing constructs, it is important to examine the Salutogenic Model and Sense of Coherence framework described by Antonovsky (1987), since this model closely approximates that of hardiness. Antonovsky suggests that a sense of coherence (SOC) is the key determinant in the maintenance of health. He theorizes that individuals with a strong SOC have the ability to: (a) define life events as less stressful (comprehensibility), (b) mobilize resources to deal with encountered stressors (manageability), and (c) possess the motivation, desire, and commitment to cope (meaningfulness)(cited in Wolff & Ratner, 1999). Strong sense of coherence is theorized to enhance coping and adaptation, thereby mediating tension caused by stressors (Landsverk & Kane,

1998). However, Antonovsky hypothesizes that the strength of an individual's SOC is determined in childhood and early adulthood, with stabilization occurring at about age 30 (cited in Wolff & Ratner, 1999). This suggests a finite process that differs from the dynamic nature of resilience. Although studied primarily in children, it is hypothesized that resilience is a phenomenon that can be found at all stages in the life cycle (Luthar et al., 2000).

Learned resourcefulness which is another construct with common threads to this discussion may be defined as a personal characteristic that is acquired through interactions with others and demonstrated in one's abilities to manage daily activities independently (Zauszniewski, 1995). Rosenbaum (1983) used the term learned resourcefulness to describe a repertoire of coping strategies which consisted of cognitive-behavioural skills to effectively cope with adversity (cited in Zauszniewski, 1995). By definition, learned resourcefulness is a personal characteristic acquired through interactions with others, and refers to perceptions and attitudes. Resourcefulness, once learned, becomes a cognitive-behavioural tool (Zauszniewski, 1995) which can contribute to resilience, but does not constitute resilience because it is an individual trait (Luthar et al., 2000).

Inner strength, a component of psychological health related to resilience, has defining attributes that are revealed through a process of growth and transition, deepening of self-knowledge, realization of one's needs and one's resources to meet those needs, a connectedness with others, and focussed

interaction with the environment (Dingley et al., 2000). Similar to Antonovsky's Sense of Coherence and the concept of coping, inner strength is an expression of outward capacity related to intrapsychic processes of introspection, reflection, and self-acceptance (Dingley et al., 2000). Egeland, Carlson, and Sroufe (1993) suggest that rather than being a childhood given or a function of particular traits, the capacity for resilience develops over time and in the context of environmental support.

Hope has been associated with optimism, good health, and the ability to adjust or cope with serious or life-threatening events (Girard, 2003). It gives life meaning, direction, and focus, and a sudden loss of hope can lead to death. Hope is also described as an energized mental state resulting in a proactive approach to life, accompanied by a belief that negative situations are temporary (Borneman, Stahl, Ferrell, and Smith, 2002). It is theorized that hope is a prerequisite for effective coping (Gibson, 2003), and presence of hope contributes to quality of life within the context of social support (Borneman et al., 2002). Hope can be theorized to be a large component of resilience by providing an expectation of a positive outcome. Conversely, hopelessness is associated with depression and individuals experiencing this are often overwhelmed with life situations and the inability to cope effectively with them (Girard, 2003). The interrelatedness of optimism, coping, inner strength, and hope are apparent. These all contribute to, but are different from, the phenomenon of resilience.



Resilience is thought to be a dynamic process that waxes and wanes throughout the lifespan, and enters into various domains of competence, thus differing from the SOC framework. Additionally, resilience is inextricably bound to one's sense of self, but cannot be reduced to this. Garmezy (1999) states that competence is really the term for a variety of adaptive behaviours and that resilience is manifest competence despite exposure to significant stressors (cited in Rolf, 1999).

This discussion underscores the lack of consensus by scholars as to the precise and operational definition of resilience. Rutter (1985) proposes a model where resilience and vulnerability are at opposite ends of a continuum, and individual response to stressors falls at some point along the continuum. Kaplan (1999) also identifies vulnerability as the polar opposite of resilience. In earlier research, the term "invulnerable" was sometimes used synonymously for resilience. However, Luthar et al. (2000) caution that conceptions of resilience as absolute or global, as opposed to relative, have changed over the years. The term "invulnerable" is misleading because it implies that risk evasion is absolute or unchanging. Generally, the term "resilient" has now replaced the term "invulnerable" because it more accurately describes the *relative* as opposed to the *fixed* nature of the construct. Protective factors, which are correlates of resilience, may reflect preventative or ameliorative influences by positively moderating risk or adversity. Conversely, vulnerability factors are characteristics that increase

the net impact of risk factors or stressors on individual functioning or development, and can be thought of as negative moderators of risk or adversity (Wright, 1998).

Discrepancies exist in the conceptualization of resilience as a *trait* versus a *dynamic process* because the term has been used interchangeably to refer to each of these (Luthar et al., 2000). A construct developed by Block and Block (1980) describes ego-resiliency, which is a set of traits reflecting general resourcefulness and sturdiness of character, with evidence of flexibility of functioning in response to varying environmental circumstances (as cited in Luthar et al., 2000).

However, Luthar (1996) contends that ego-resiliency and resilience differ on two major points. Ego-resiliency is a personality characteristic of the individual, whereas resilience is a dynamic developmental process. Ego-resiliency does not necessarily presuppose exposure to significant adversity whereas resilience does (Luthar et al., 2000).

While some researchers describe resilience as a process, Drummond, Kysela, McDonald, Alexander, and Fleming, prefer to regard the resiliency dynamic as an open process of daily stressors which are managed through the use of acquired familial response patterning. The presence and use of protective patterns of response constitute resilience indicators (1996). Citing Masten, Luthar et al. (1993) caution that factors that serve protective functions for a particular social competence domain may have vastly different impacts in other spheres of

competence. Using an organizational-developmental framework, Egeland, Carlson, and Sroufe (1993) view resilience or competence as the ability to use internal and external resources successfully to resolve stage-salient developmental tasks. This view is congruent with those of Drummond et al. (1996) if internal and external resources are assumed to have been developed within the context of familial and social exchange.

Masten (1994) cautions that the term “resiliency” carries the connotation of a personality trait. As a trait it can be inadvertently perceived that some individuals do not “have what it takes” to overcome adversity. This suggests that the term resilience should be used exclusively when referring to the maintenance of positive adjustment under challenging circumstances. Luthar et al. (2000) concur and support the use of the term *resilience* when referring to the process or phenomenon, reserving the term resiliency for reference to a specific personal attribute or trait. With emphasis on accepted nomenclature, the construct itself becomes clarified and further defined from similar related constructs.

#### Using Organizational Frameworks to Conceptualize Resilience

Through the process of concept synthesis, defining characteristics of resilience are classified by Polk (1997) as patterns, and postulated as a four-dimensional construct consistent with the simultaneity paradigm of nursing science (Parse, 1987). These constructs are the *dispositional* pattern, the *relational*

pattern, the *situational* pattern, and the *philosophical* pattern and manifest a larger underlying pattern of resilience, each contributing individually and collectively to a personal web of support for each individual. Based on Polk's interpretation of the concept synthesis, an organizational framework for conceptualizing a middle-range theory of resilience is proposed.

Mandleco and Craig (2000) examine the inconsistencies in resilience research regarding theory and definition. They state that the inadequacies and confusion often arise from assumed "commonsense" definitions. The authors suggest an alternative framework which builds on previous work including that of Polk (1997). In their study of resilience in children, Mandleco and Craig (2000) state that factors affecting resilience can be organized according to origins internal or external to the individual; both are necessary, in varying degrees, for resilience to occur. Internal or intrinsic factors affecting resilience include biological and psychological components. External or extrinsic factors generated from outside an individual form the remainder of the framework.

The organizational perspective described by Egeland et al. (1993) provides a conceptual model for examining the complex relationships among risk and protective mechanisms, prior adaptation, and resilience. The way in which early developmental tasks are resolved are thought to serve a strong and enduring risk or protection function. These authors believe that rather than being a childhood attribute or a function of particular traits, the capacity for resilience develops over time in the context of environmental supports. The expression of resilience

is a complex interaction of genetic, biological, psychological and sociological factors. Consequently, any constitutional or environmental factors may serve as protective, vulnerability, or risk variables, directly or indirectly influencing response to stress.

Luthar et al. (2000) describe the paucity of existing resilience research related to biology. They note that biological factors affect psychological processes, and psychological experiences modify brain structure and functioning. Additionally, valuable insights in cross-disciplinary research integrating developmental psychology, anthropology, sociology, and cultural psychology augment understanding of the context-specific nature of protective and vulnerability processes. The authors also note that although most research in this area has been focussed on children, there is value in resilience research at different phases of human development. Resilience can be achieved at any point in the life cycle.

In summary, existing resilience research has been examined for content and theme with foundational researchers honing the definition and attributes. Complementary and competing constructs have been examined to help clarify similarities and differences. Focussed primarily on children, resilience research has directed current thinking to include intrinsic (internal) and extrinsic (external) factors as key forces in the development of resilience (Egeland et al., 1993; Garmezy, 1999; Mandelco & Craig, 2000; Polk, 1997). Resilience is a dynamic, context-specific phenomenon (Egeland et al., 1993; Luthar & Cicchetti, 2000; Luthar et al., 2000). Intrinsic factors include biological and psychological

processes; extrinsic factors include relationships, environment, and social supports ( Egeland et al., 1993; Luthar et al., 2000; Mandleco & Craig, 2000; Polk, 1997).

### Levels of Nursing Theory

Polk (1997) introduces a middle-range theory based on the four dimensional construct derived from a concept synthesis of relevant literature. Types of theory range from metatheory, which is the most global perspective of a discipline, to grand theory, which includes conceptual frameworks such as Martha Roger's Science of Unitary Human Beings (1989) and Parse's Theory of Human Becoming (1992).

Middle-range theory can be tested in clinical practice (Hickman, 1995) and presents a limited scope with a limited number of variables. Middle-range theory, according to Blegen and Tripp-Reimer (1997) expressly recognizes what must be learned. The relationships between concepts in middle-range theories are horizontal linkages. Ideally, this relationship would be unidirectional and causal but the complexity of nursing requires theory with nondirectional and reciprocal relationships. In addition, middle-range theory must address a phenomenon that is toward the middle of a continuum of scope, with the metaparadigm concepts on one end and practice theory on the other end. Practice theory is regarded by many authors as the strongest form of theory. This theory originates from practice, and is strengthened by research to inform practice (McKenna, 1999).

Im and Meleis (1999) note a perceived disconnection between theory, research, and practice citing one possible reason as the tension between theoretical vision and clinical wisdom. They propose situation-specific theories in addition to present theoretical bases in nursing as a method of incorporating diversities and complexities in nursing phenomena. These complexities include sociopolitical, cultural, and historic contexts of nursing encounters. The authors propose that situation-specific theory can be based on the assumptions of post-empiricism, critical social theory and feminism, and/or hermeneutics. The six properties of situation-specific theories are: 1) low level of abstraction, 2) reflection of specific nursing phenomena, 3) context, 4) connection to research and/or practice, 5) incorporation of diversities, and 6) limits in generalization. An integrative approach to development of situation-specific theories includes: 1) a nursing perspective, 2) the links among theory, research, and practice, and 3) a conceptual scheme based on internal and external dialogues.

#### Polk's Framework of Resilience

Polk's framework begins with a concept synthesis to clarify the operational definition of resilience. Strongly influenced by humanistic theorists such as Parse, Newman, and Rogers, Polk (1997) postulates a middle-range theory of resilience as a four-dimensional construct consistent with the simultaneity paradigm of nursing science. The simultaneity paradigm views humankind as unitary beings in continuous mutual interrelationship with the environment and whose health is a negentropic unfolding (the open system

growth process of becoming more complex and efficient). Parse (1992) states that her own work and that of Rogers (1992) are representative of the simultaneity paradigm (cited in Hickman, 1995). The complexity of human beings is reflected in the simultaneity paradigm of nursing science, recognizing that individuals are more than and different from the sum of their parts, changing mutually and simultaneously with the environment (Polk, 1997).

Polk's model of resilience lies between the grand theories proposed by Parse (1992) and Rogers (1989) and practice model theory that would generate specific nursing behaviours or intervention. A relatively new addition to the discipline of nursing, situation-specific theories could be placed on the continuum between middle-range and practice theory.

#### Summary

A search for literature related to resilience was conducted on the Internet, using various data bases with the key words: rural women, resilience, hardiness, coping, learned resourcefulness, and sense of coherence as a starting point. Citations were reviewed for relevance, which subsequently directed a secondary search to expand on identified themes. Although a substantial body of literature exists on the construct of resilience, it pertains almost exclusively to children and adolescents. One study discussed resilience among older women (Wagnild & Young, 1990) but no studies were found to identify the construct with rural women.

A subsequent literature review was conducted on the levels of nursing



theory in order to gain a better understanding of where Polk's (1997) theory is situated in relation to grand theory and practice theory. Polk (1997) asserts that her proposed framework is consistent with the simultaneity paradigm of nursing science. Theoretical underpinnings of this paradigm were examined in the literature as a way of understanding the framework chosen for this study.

## CHAPTER III - RESEARCH METHODS

### Method and Procedures

#### *Design*

A secondary data analysis was used to examine evidence of resilience in 16 semi-structured interviews conducted in an exploratory descriptive study in 2000-2001 (Skillen et al., 2003). The present inquiry studied the relationships between intrinsic and extrinsic factors related to resilience within a framework developed by Polk (1997). Original transcripts of interviews that focussed on individual perceptions of the impact of healthcare and agricultural restructuring provided evidence of the phenomenon. Resilience was examined as an outcome, since the inquiry was limited to the existing data which provided a “snapshot” in time. This approach was believed to be reasonable because data were predicted to reveal evidence of positive outcomes after significant stress. It was believed this perspective best fit the existing data since secondary interviews were not conducted.

Secondary analysis is the use of an existing data set to find answers to a research question that is different from the question asked in the original study (Hinds, Vogel, & Clarke-Steffen, 1997). This secondary analysis expands the data from the original study by examining it in a new context. Skillen et al. (2003) studied the effect of the changing workplaces of women in healthcare in farming, and this inquiry examines the outcomes of that change process to identify resilience in a sub-set of the original sample of women.

Secondary analysis has several advantages. It is cost effective because the data are already collected and transcribed. Szabo and Strang (1997) maintain that it is a credible method of generating nursing knowledge. These authors also point out that secondary analysis allows the researcher to study a phenomenon without adding to respondent burden. This form of analysis provides maximum use of data, and may allow the opportunity to view the data set with detachment that was not possible by the original researcher. Thorne (1994) asserts that a secondary analysis can extend the larger context within which research findings can be appreciated.

Thorne (1994) reminds us that bias remains a potential hazard in secondary analysis because it holds the potential to intensify or exaggerate existing biases in the original data set. She also describes contextual factors as worthy of consideration. For example, the intangible set of mental processes used by the original researchers to interpret data in the intended context may be absent in textual or auditory accounts. Other potential problems with secondary analysis involve ethical questions that are always present in studies with human subjects, and peculiarities within the data set.

#### *Sample*

The sample was a sub-sample of the original study by Skillen et al. (2003). It consisted of transcribed verbatim semi-structured interviews with 16 rural women employed in nursing or allied healthcare, and farming. Although the original study featured interviews with 34 women, this study focussed only on

the women who worked in both health care and farming, and excluded women who worked in farming or nursing alone. The sample group included rural women from more than one region in the province. Of the 16 participants, 12 worked in public health or home care nursing, one worked as a personal care attendant, and the three remaining participants worked in health-related occupations.

#### *Instruments*

In the original inquiry, qualitative methods were used. Semi-structured interviews were conducted using an interview guide. Data were subjected to validation and amplification in focus groups using purposive sampling. A comparative component occurred throughout the data analysis to capture similarities and differences within and between groups and identify themes and issues (Skillen et al., 2003). The original data collection procedures were compatible with the proposed secondary analysis since the original question asked about the effects of restructuring. The second inquiry was directed by the first to identify these effects (following events of significant adversity) and sought evidence of resilience from the responses.

Data from the initial inquiry were available in a format such that the analysis of this study could proceed without jeopardizing the outcome of the original study. Resilience was identified using Polk's (1997) framework as described in Table 1. Polk's work provided the attributes and indicators to identify features of resilience, and the Table was expanded to become a grid

whereby each interview was transposed into the framework. Four columns were created and titled: 1) interview identifiers, 2) identifier quotes, 3) context of quote, and 4) interpretive comments. The creation of this grid enabled the researcher to organize each interview into intrinsic and extrinsic elements of resilience alongside evidence and analysis of the findings. This grid is illustrated in Table 2.

A personal log was kept to detail and document feelings, thought processes, and questions. This is an important aspect of confirmability and objectivity, since explicitness about inevitable biases must be acknowledged. Miles and Huberman (1994) urge that the researcher be explicit and as self-aware as possible about personal assumptions, values and biases, and affective states, and how these affect the interpretation of data. This was accomplished by recording impressions and biases while listening to the audio tapes prior to and at the conclusion of analysis. A comparison was made between the two recordings and against the coding patterns of the data to identify differences, changes, and biases.

A methodologic journal was also kept to record analytical procedures. The researcher recorded information in this journal about methodological decisions that were made and the reasons for making them. Entries were made when problems were encountered with Polk's (1997) framework. Lincoln and Guba (1985) remind us that this information is important for consistency in an audit trail.

Table 1  
Patterns of Resilience

Pattern Description	Attributes	Indicators
<b>Dispositional Pattern:</b> represents physical and ego-related psychosocial attributes that contribute to the manifestation of resilience	physical  psychosocial	- intelligence - scholastic aptitude - good health, healthy physical appearance, athletic competence - temperament that elicits positive attention  - sense of mastery, awareness of global self-worth - positive self-esteem, self-confidence, belief in self-efficacy - autonomous, self-reliant
<b>Relational Pattern:</b> refers to characteristics of roles and relationships that influence resilience	intrinsic  extrinsic	- confides in others - derives comfort from others - relates to positive role models - develops personal intimacy with others; deep commitment to relationships - has multiple interests and hobbies - demonstrates commitment to education, job, social activities - seeks community support - displays positive social interactions with family and others
<b>Situational Pattern:</b> represents the characteristic approach to situations or stressors	- cognitive appraisal skills - problem-solving ability - capacity for action when facing a situation	- demonstrates realistic assessment of capacity to act and the expectations/consequences of action - displays awareness of what can/can't be accomplished and the capacity to specify more limited goals - perceives changes in the world - demonstrates active problem-oriented coping; internal locus of control - reflects on new situations - demonstrates flexibility, perseverance, resourcefulness - demonstrates novelty seeking, curiosity, creativity; an exploring nature
<b>Philosophical Pattern:</b> manifested by personal beliefs and values	-belief that self-knowledge is valuable	- believes that good times lie ahead - finds positive meaning in experiences - believes that lives are worthwhile and meaningful - believes that own contributions are valuable - believes that life has purpose - believes that each person's life-path is unique - believes in importance of maintaining a balanced perspective of one's life

Adapted from Polk, L.V. (1997). Toward a middle-range theory of resilience. *Advances in Nursing Science*, 19(3). Copyright held by Aspen Publishers Inc.

Table 2  
Data Management Grid using Polk's (1997) patterns of resilience

Pattern Description	Attributes	Indicators	Interview identifiers	Interview quotes	Context of quote	Interpretive comments
<b>Dispositional Pattern</b>	physical psychosocial	see Table 1				
<b>Relational Pattern</b>	intrinsic extrinsic	see Table 1				
<b>Situational Pattern</b>	cognitive appraisal skills, problem solving ability, capacity for action	see Table 1				
<b>Philosophical Pattern</b>	beliefs and values	see Table 1				

Adapted from Polk, L.V. (1997). Toward a middle-range theory of resilience. *Advances in Nursing Science*, 19(3). Copyright held by Aspen Publishers Inc.

### Data Collection

Data were previously collected, transcribed, and interpreted within the context of the original study which asked, "What are the effects of agriculture and health care restructuring for rural Alberta women's health and work environments?" (Skillen et al., 2003). Methods of data collection included semi-structured interviews using an interview guide. Three researchers participated in the original study, and interview styles varied from semi-structured to unstructured. Thirty-four rural women in public health nursing, home care nursing, allied healthcare, and farming in several regions of the province

participated in the first phase of the original study. The second phase involved focus groups, but these data were not included in the current study because it was believed that the evidence of resilience would be found in the individual interviews. The 16 interviews included in this study were conducted with women who work in both health care and farming, as opposed to farming or nursing alone.

#### *Data Analysis*

The original data were transcribed verbatim and checked for accuracy against the audio tapes. In the secondary analysis, the researcher listened to the tapes to recheck the transcripts line by line for accuracy and to get a sense of intention and emotion that was not possible by reading the transcripts alone. A personal journal was kept to document feelings and experiences of the researcher so that personal preconceptions, beliefs, and values could be examined during the analysis. Additionally, a log was maintained for methodologic consistency as previously discussed.

After the transcripts and tapes were reviewed for consistency and accuracy, qualitative content analysis was conducted on the narrative data to identify recurring regularities or themes. Line by line analysis was conducted searching for evidence of pattern indicators. Deductive reasoning was used since it was predicted that the construct would be evident and identifiable in the data and could be organized within the selected framework. However, Polk's



framework did not clearly define the indicators which made it necessary to incorporate inductive reasoning to make generalizations about specific indicators and findings after they were defined.

The data were coded according to categories and the categories included indicators of resilience as outlined in the four-pattern framework described by Polk (1997). The components of this framework were postulated to contribute individually and collectively to a personal web of support, which provided the context in which resilience coexisted with adversity. Validation of understanding of the thematic interpretation was achieved by gaining the perspectives of the original researchers.

Quality of the original data set was enhanced by using multiple data sources (public health and home care nurses, and farm women). Polit and Hungler (1997) describe four types of triangulation: data source triangulation (multiple key informants interviewed about the same topic), investigator triangulation (multiple individuals collect, analyse and interpret a single set of data), theory triangulation (multiple perspectives used to interpret a single data set), and method triangulation (multiple methods used). Skillen et al. (2003) utilized three of these methods: data source, investigator, and method triangulation.

Szabo and Strang (1997) identify four issues of rigor: consistency, neutrality, truth value, and applicability. Each issue can be evaluated using

specific criteria as described by Guba and Lincoln (1981). The specific tests of rigor are auditability, which establishes consistency; confirmability, which establishes neutrality; credibility which establishes truth value; and fittingness, which establishes applicability. Thorne (1994) reminds us that the constant comparative method of interspersing periods of objectivity and subjectivity, distance and immersion, can be applied to engagement in text as well as to the human interaction. In lieu of confirmation, elaboration, and clarification with original informants, the original researchers were considered as key informants.

Credibility or truth value was established through revisions to the modified grid when errors of omission were noted. Data were rich and descriptive. Data linked well with the attributes and indicators of Polk's model in spite of significant overlap in some patterns. Negative evidence was sought for and identified, and these cases were analysed using a framework developed by Strauss and Corbin (1990) and adapted by Skillen and Wilson (2004). The original researchers were contacted to validate findings about emerging themes. One of the original researchers provided feedback on the findings throughout the analytical process.

Auditability (consistency) was enhanced by clarifying the defining indicators and making the interpretations explicit. The research questions were clear. Coding checks of the indicators were made with another researcher who was also working with Polk's (1997) framework to enhance accurate

interpretation. This researcher also provided peer review of the findings.

Fittingness was determined by including rich description for readers to assess potential transferability or appropriateness for their own settings (Lincoln & Guba, 1981; Miles & Huberman, 1994). Narrative sequences were preserved in their original context. The limiting effects of the resilience framework were identified, and the findings were discussed (Miles & Huberman, 1994).

#### Ethical Considerations

For the original study, researchers provided an information sheet to informants and obtained informed written consent. The women were informed that they were free to withdraw from the study at any time without fear of retribution or withholding of health care and that their identities would be kept confidential. Details of how the data were to be collected, grouped, and stored were provided as part of the consent process. Risks and benefits were discussed. Participants were informed of the intent of the researchers to share the study results with colleagues and students, women's groups, health regions, and nurses' groups. The women were also informed that any further analysis would require prior ethics approval (Skillen et al., 2003).

The four basic rights of subjects from the original study were protected by ethics approval which was conducted with due process through The Health Research Ethics Board of the University of Alberta and Capital Health Authority. These rights include freedom from harm/exploitation (beneficence), the right to

self-determination/full disclosure (respect), the right to fair treatment (justice), and the right to privacy/confidentiality. Ethical approval for this secondary analysis was sought through The Health Research Ethics Board of the University of Alberta. An expedited review was conducted since it was a project involving no contact with human subjects.

Transcripts were received without identifying information of the participants to ensure anonymity. Audio tapes contained some clues to first names or geographical location of the women but this information was not included in this study. Pseudonyms were used for data organization, ease of reading, and discussion purposes.

#### Limitations and Implications

This study was limited by the fact that it was a secondary analysis of existing data. Follow-up interviews to clarify or expand the data did not occur. Additionally, the sample size was relatively small and limited to southern and central regions of the Province. The findings were not generalizable to a larger population. The data were also limited in creating a sense of person for the woman over time, as the single view obtained through the semi-structured interview provided only a “snap-shot” of the individual in that moment, after the stressful events had occurred. It was not always possible to get a sense of how the person was before the perceived stressor, nor was the researcher in this study fully able to appreciate the intrinsic and extrinsic variables as they contributed to

the phenomenon of resilience during a one hour interview. The framework used to examine the four patterns of resilience: dispositional, relational, situational, and philosophical, was limited by Polk's (1997) own interpretations of the construct. Conclusions drawn after the fact reflected the dynamic nature of resilience. Manifest competence in one domain did not imply competence in all domains (Luthar et al., 2000).

#### Adaptations to Polk's Framework

Polk's (1997) framework was adapted from the text into a table outlining pattern descriptions, attributes, and indicators (Table 1). This Table was further modified for content analysis with the creation of four additional columns: interview identifiers, identifier quotes, context of quote, and interpretive comments (Table 2). During content analysis and in consultation with one of the original researchers, problems with the modified grid were identified. This researcher and an assistant were conducting simultaneous research using the modified grid, and discrepancies were found between the instrument and the original text. Discrepancies were related to descriptions of the attributes and completeness and wording of the indicators (Skillen & Wilson, 2004). Corrections were made to the modified grid to ameliorate the discrepancies and data were reviewed again for appropriateness.

No changes in the content analysis were required as alterations to the modified grid were considered to be minor wording changes only. For example,

the indicator “internal locus of control” was added to the situational pattern as a component of active problem-oriented coping. This change was considered important in order to clarify Polk’s (1997) original intention and for ease in reading but it did not affect the content analysis, since active problem-oriented coping is a demonstration of locus of control. To further clarify, adaptive coping could be considered an indication of an internal locus of control since the outcomes are considered to be of a positive nature. Maladaptive coping might indicate an external locus of control. In the situational pattern “an exploring nature” was added to the last indicator since it had been inadvertently omitted from the original text.

Another change involved moving the dispositional indicator of “temperament that elicits positive attention” to the physical attributes rather than in psychosocial attributes where it had been placed in the original modified grid. Although this might be a matter for debate, it was necessary to make the change to remain true to Polk’s (1997) framework. Other revisions occurred in the relational pattern where “derives comfort from others” was added and “displays sense of trust” was dropped. Displaying a sense of trust was thought to be a necessary component of “confides in others” which was already included in the indicators. Additionally “deep commitment to relationships” was added to accompany “develops personal intimacy with others” since it had been inadvertently omitted in the original modified grid and is included in Polk’s

framework. This did not affect the content analysis since the essence of intimacy derived from the literature, includes a commitment component in the relationship (Prager, 1995, cited in O'Sullivan, 2004). Under philosophical pattern "values" was added to the pattern description to accompany personal beliefs as these are related but distinctly different constructs (Adler, 1927/1992) which contribute to one's philosophy in life.

#### Description of Participants

Using secondary analysis as a method of inquiry, a subset of the original sample population was used as the data source (Skillen et al., 2003). The study featured participants from more than one region of the province. Most of the health care workers were in nursing, one participant was an allied health care professional, and two worked as administrative support in health care. The nursing participants worked in community-based services. None of the participants were working directly in acute-care services at the time of the interview.

Most of the nurses had been in the profession for many years, and reflected at least the average age of a registered nurse, which in 2002 was 44.2 years (CNA, 2003). Several were approaching retirement. Information regarding age was either made explicit during the interviews or implied by way of correlating life events, time on the job, or ages of children. All participants had spouses and children, lived on relatively small farm operations (defined by one

participant as being less than 1200 acres); all had experienced agricultural and health care sector restructuring to some degree through the 1990s. Although not explicitly asked, it appeared as though all the women were in stable, long-term relationships. There were no data suggestive of divorce or subsequent marriages.

Many of the women had lived on a farm or in a rural setting for most of their lives. They were raised to honour or respect the traditional role of farm wife. A polarized rural perspective was evident in the majority of the interviews which magnified the negative effects of the changing agricultural fortunes for the small farmer. Most participants spoke of how farming was a “way of life”, albeit not necessarily a financially sustainable one. Perceived financial necessity was one of the main motivational factors for the women seeking work off the farm. Autonomy, socialization, and the reciprocity of human companionship were also listed as reasons for paid employment off the farm. Most participants regarded changing trends in agriculture and effects of restructuring to be the harbinger of ruin to their farming way of life. Many women felt that the present generation of farmers would likely be the last of their kind.

The face of agriculture is changing and this is reflective of the times in which we live. Alberta was built on the prosperity realized by the hard work of farmers and ranchers (Langford, 1997). Rural communities are undergoing tremendous change as a result of the restructuring of the farm community which has been their mainstay (Stewart, 2001). Women are trying to preserve the family



farm by finding paid employment off the farm. The participants in this study found common ground in their paid and unpaid employment settings and described personal and social effects of drastic changes in healthcare and farming.

## **CHAPTER IV -PATTERNS OF RESILIENCE: RESULTS AND DISCUSSION**

The purpose of this study was to discover evidence of resilience in rural Alberta women who experienced agricultural and health care restructuring, and address the identified gap in nursing knowledge related to resilience research in an adult population. Resilience is defined as a dynamic process in which individuals display positive adaptation despite exposure to significant trauma or adversity. Resilience does not represent a personality trait or attribute (Luthar & Cicchetti, 2000). The phenomenon is dynamic and context-specific (Egeland et al., 1993; Luthar & Cicchetti, 2000; Luthar et al., 2000). In this study, resilience is examined as an outcome, which Kaplan (1999) describes as a set of variables reflecting the interaction of multiple processes of coping with and adapting to internal and external demands. Resilience is a psychological construct determined by the interaction of genetic, biological, psychological, and sociological factors in the context of environmental support (Egeland et al.). A framework describing patterns, attributes, and indicators of resilience (Polk, 1997) is used in this study to organize the data and conduct a content analysis to search for evidence of resilience in the study population.

### **Polk's Framework of Resilience**

Through a process of concept synthesis, Polk (1997) clustered phenomena of resilience, and developed her framework of four patterns. Attributes and indicators are described, but not defined in the framework, which leads the

reader to make assumptions as to what the author might have been thinking. This is especially problematic for psychosocial indicators in the dispositional and philosophical patterns, where interpretation is clearly a matter of individual interest and understanding of identified constructs. For example, in the dispositional pattern, temperament, sense of mastery, global self-worth, positive self-esteem, and self-efficacy are undefined in Polk's framework. Therefore, it becomes necessary to return to the literature to provide parameters for interpretation of indicators identified in the data. A time consuming and tedious process, this self-interpretation lends itself to numerous extrapolations that may not have been intended by Polk in the development of her original framework. Additionally, this unintended consequence of using the framework lends itself to researcher bias, since definitions may be assigned to constructs that simply resonate with subsequent researchers, with the possibility of being far-removed from the original intent.

#### Understanding Human Nature

In order to arrange the data within Polk's (1997) framework, it is necessary to examine the theoretical underpinnings of the indicators. The constructs that are offered as indicators are open to interpretation, therefore it is necessary to revisit the literature for clarification. This process is individually driven as well. In this study, clarification was sought to define psychosocial components with a language easily understood by readers and subsequent researchers. Through this

process of definition, the question arose as to how people might actually know what they know, and how this is incorporated into one's sense of self. Toward this end, the works of Alfred Adler (1927/1992) were chosen to define predominant individual psychological aspects described by Polk. Self-understanding was placed within the context of the ways of knowing described by Belenky, Clinchy, Goldberger, and Tarule (1986). These works appear first in the findings of the dispositional pattern but are woven throughout the findings in other patterns as well.

Adler (1927/1992) states that the categories of "temperaments" are an old classification of psychological phenomena and character traits, and it is difficult to know just what is meant by temperament. According to Adler, clearly defined temperaments are seldom found; for the most part, one deals with mixtures of two or more types. Adler also reminds us that the understanding of human nature can never be learned by examining isolated phenomena that have been taken out of their whole psychological context.

Psychosocial attributes are characteristics reflective of personal competence and a sense of self. Polk (1997) lists personal competence, a sense of mastery, positive self esteem and self-discipline, a greater degree of self-control and self-regulation, ego-strength, global self-worth, self-confidence, and self-efficacy as some of the attributes. Also included are independence, autonomy, self-sufficiency, and self-reliance as well as others. These attributes are

summarized in Table 1, which is by no means all-inclusive of factors supporting evidence of resilience in individuals.

Adler (1927/1992) asserts that the psyche is connected with movement. The evolution and progress of all psychological phenomena are conditioned by the mobility of the organism. This mobility stimulates, encourages, and requires subsequent intensification of mental activity. He maintains that we are constantly striving towards a goal, and a person's mental life is determined by his or her goal. This is founded on the assumption that the goal-directed organism can interpret and organize thinking to adapt and achieve goals.

In this primitive frame of reference, one might now begin to ponder the origins of how knowledge is gained. Indeed, scholars continue to debate this issue. For purposes of this study, we will assume common language, comprehension, socialization, and education according to cultural norms. This assumes a standardized approach to fundamental knowledge that includes some level of formal or informal education in healthcare, as well as the socialization provided in the educational and workplace settings.

The dispositional pattern described by Polk (1997) contains a large psychosocial component, the indicators of which revolve around a person's conceptualization of self. Since this is an aggregate of interpretations, identifying ways of knowing in the study participants is highly speculative based on responses given in a single interview. Responses provide clues for identifying

personal beliefs about the self, psychosocial attributes, intrinsic and extrinsic variables in the expression of resilience, and cognitive appraisal and problem-solving skills. The data provide only a glimpse into the world of the participants. In order to gain understanding of their perspective, it is imperative to try to meet them where they are – in essence, to try to know what they know.

### Ways of Knowing

In a study of various ways that women develop knowledge, Belenky et al. (1986) identified five ways of knowing: silence, received knowledge, subjective knowledge, procedural knowledge, and constructed knowledge. Silence, according to Belenky et al., is the inability to find meaning in the words of others. Women in this pattern feel passive, reactive, and dependent. They see authorities as being all-powerful if not overpowering, and see blind obedience to authorities as being of utmost importance for staying out of trouble and insuring their own survival. Silent women have little awareness of their intellectual capabilities, and live selfless and voiceless amidst those around them.

None of the women in this study were in this position of silence. All had self-awareness of their intellectual capabilities, and all could voice opinions to varying degrees, about their work and their lives. Although some were intimidated by authority, none displayed blind obedience, and all found meaning in the words of others.

The second position of knowing, received knowledge, is listening to the

voices of others. In this pattern, women feel confident about their ability to absorb and store the truths received from others. Feeling capable of hearing, understanding, and remembering, women at the position of received knowledge have faith that if they listen carefully enough, they will be able to do the 'right thing' and avoid conflict with others. They look outward for moral knowledge, and their moral judgements conform to those of society – or whatever leadership they choose to follow. Sense of self is either embedded in external definitions and roles, or in identifications with institutions, disciplines, and methods. This can typically mean adherence to sex-role stereotypes, or second-rung status as a woman with a man's mind.

This pattern of knowing is evident in the data, based on individual responses to questions in the initial study. A common identity among the women is that of a 'farm wife'. The values and morals they espouse are consistent with the community members' expectations of that role. Gender-bias is identified as time-held traditions that dictate what a woman's work should be and what her role in the family entails. Also evident is the perception of a double-standard that expects and demands more from women than men. All the women in this position of knowing can identify the inequities of gender-bias, but they feel helpless to change things, and frequently place their hope for change not within their own grasp, but in that of their children.

The third way of knowing described by Belenky et al. (1986) is subjective

knowledge. In this position, women move away from an externally oriented perspective on knowledge, and truth becomes personal, private, and subjectively known or intuited. Truth now resides within the woman's realm of thought, and she negates answers that the outside world provides. Whereas in the position of received knowledge women derive a sense of self or 'who am I' from the definitions that others supply, subjectivist women shift away from this perspective and no longer adopt the values of the community or fulfill the expectations of those they care about. At this position, quest for self, or at least a space for growth of self is key. Women in this way of knowing usually feel strongly that they 'know', but are ineffective at expressing themselves or influencing others to listen.

The data reveal numerous examples of this position of knowing. Quest for self is apparent in many responses, as is a strong sense of self-identity and autonomy. However, women speak of how they know something but are unable to influence change because of years of tradition, community expectations, or their own resignation to the way things are.

The fourth way of knowing is procedural knowledge, and distinguishes itself from subjective knowledge in that the knower now believes that intuitions may deceive, gut reactions may be irresponsible or unreliable, and no one's gut feeling is infallible. Some truths are truer than others. Conscious, deliberate, systematic analysis becomes prominent. Things are not always the way they



seem, and truth often lies beneath the surface and must be discovered.

Procedural knowledge has components of separate and connected knowing, first described by Gilligan (1982) and her colleague Lyons (1983) (cited in Belenky et al., 1986). These are two different conceptions or experiences of the self, essentially as autonomous (separate from others), or essentially in relationship (connected to others). At the heart of separate knowing, is critical thinking, with a strong sense of doubt. Connected knowing builds on the subjectivist's conviction that the most trustworthy knowledge is derived from personal experience rather than what authorities dictate. Since knowledge comes from experience, capacity for empathy is critical, as is seeing others in their own terms and having a strong sense of belief in other people's points of view.

When this position of knowing is identified in the data, self-assurance and confidence in self-expression are displayed, as is a sense of power and optimism. Evidence of a higher level of education is suggested. Women have a strong belief that change is possible to achieve through personal action.

The last position of knowing described by Belenky et al. (1986) is constructed knowledge, which is an effort to reclaim the self by integrating knowledge felt intuitively with knowledge learned from others. Individuals at this position of knowing understand that answers vary depending on the context in which they are asked and on the frame of reference of the person doing the asking. Women become aware that questions and answers vary across time,

cultures, disciplines, and individuals.

These ways of knowing position the women in the world, and affect all the patterns of resilience. For example, intrinsic variables in any pattern are determined by an individual's sense of self. Extrinsic variables also depend on self-development and expression as evidenced in activities, work, social situations, and social interactions with family and others. It is not possible to accurately identify the position of knowing of the study participants based on a single one or two hour encounter. The discussion of knowledge development is intended to provide some context for the interpretation of the evidence of resilience within the four patterns described by Polk (1997). However, context is diminished simply by the nature of a secondary analysis, but preserved in the sense that the audio tapes were reviewed with the transcripts to get a sense of intention and expression. Comments on the women's ways of knowing (Belenky et al., 1986) are based on the researcher's interpretation of the audio and textual data.

A return to the literature was necessary to define all the psychosocial indicators that were used in the modified grid (Table 1) from those listed by Polk (1997). Numerous authors are cited as the discussion continues in order to expand, illuminate, and conceptualize the constructs used. This was essential in order to flesh out Polk's framework, and to provide substance for content analysis. For example, Polk provided a list of constructs revealed by her concept

synthesis such as intelligence, self-esteem, self-worth, belief in self-efficacy, and so on, but did not provide details on how these constructs were to be operationalized. Polit and Hungler (1997) define operationalization as “the process of translating research concepts or constructs into measurable phenomena” (p. 462). This study attempts to identify rather than measure the constructs in an effort to gain understanding of intrinsic and extrinsic variables that affect the expression of resilience.

#### Evidence of Resilience - Dispositional Pattern

Indicators of the dispositional pattern are found in all 16 interviews. Initially, two negative case examples were identified, but subsequent analysis showed one case was miscoded into the wrong pattern. Since many of the indicators overlapped with other patterns, the likelihood of this occurring was high. Negative cases identified in the data are described in this chapter. These cases are examined in more detail in Chapter 5 (a discussion of the results on resilience for each woman), in order to add to the credibility of the data set and to challenge the emerging categorization theory (Polit & Hungler, 1997) of resilience described by Polk (1997). The retained negative cases are contrasted by positive case examples for the same participants as evidence of the indicators and as a means for comparison and consideration of the multifaceted, and context specific nature of resilience.

*Intelligence and Scholastic Aptitude as Indicators of Resilience*

By definition, all the study participants have certain attributes. For example, in order to be a nurse, allied health worker, or administrative support worker, each one has to possess at least average if not above-average intelligence. Scholastic aptitude is also included as a given, as each participant has undertaken some type of formal study and achieved satisfactory standing in order to be functioning in positions of paid employment. Specific inquiries as to levels of intelligence or scholastic aptitude are not present in the original data set, justifying a minimal, acceptable expression of both based on credentials and/or job qualifications.

*Health as an Indicator of Resilience*

Perception of good health was seen as relative to others or relative to the potential for disease or disability. A strong sense of well-being and psychological health is described as an important component of overall good health. Some women spoke of the mind-body connection with a holistic vision of what health meant to them personally. Paid and unpaid work environments were recognized as significant factors affecting the expression and perception of health as well as the importance of healthy relationships with significant others.

Audrey, a home care nurse, describes her beliefs about what constitutes health and displays components of subjective knowledge as her truths are personal and subjectively known. There is a sense of quest and introspection and

one can imagine a woman who is able to create and recreate knowledge over time:

Health would be total mental-physical . . . your mental well-being and . . . I suppose, your extra-curricular activity too. You know, like everything . . . isn't just a one-sided work, you have to look at the whole picture. So to me that's health. . . . If you're mentally not there, then physically your work suffers, right? And physically if you're not there and you have the demands of say, the farm totally or farm and a job, and you have to work . . . your health is gonna suffer and I think that by an outside activity, I guess, is your relationship with your family and your husband, if there isn't anything there and everybody's a workaholic, then emotionally you'll both suffer and your health is suffering. (Audrey)

Sheila had previously retired from many years of working in a long-term care facility. She planned to stay at home with her husband. She wanted him to start scaling back and to think about retirement. Once at home she became regarded as extra help and her workload actually increased. Eventually she returned to the paid workforce because she saw that her intentions for retirement were not realistic and in doing so, she demonstrates components of procedural knowledge. She achieves knowledge through experience, yet in connection with others, develops a strong sense of empathy which helps her to understand her spouse's need to continue farming. She reveals her optimism in regard to positive effects of physical labour and expands to include a holistic view of health in general:

I guess for me, working on the farm was always a good healthy thing for me. I always felt like it was a good exercise and so that was part of why I enjoyed it - the physical part of it. And I think it made me a better nurse because I had a strong body for doing what's required, especially in a

long-term care facility. . . . When I went back into nursing . . . because I want my husband to cut back on farming and start to retire, I just said, "Whatever you can handle you plan for farming. Don't count me in all the work force." . . . I feel really good and I'm in good health. . . . I would say that you are healthy if you're physically healthy, but I think you need to be spiritually and emotionally healthy as well. So I sort of look at all of that. And 'cause so often if you're not emotionally happy it comes out in physical kinds of ways. So, I just feel like the physical work of the farm has been a good part of that. Like I get migraine headaches and I just sometimes think that if I just keep busy physically - I just have lots of trouble with them . . . working physically helps to relieve some anxiety. (Sheila)

A common occurrence in the data was the nurses comparing their own health against their clients. By definition, home care is required when self-care becomes compromised. Due to the nature of the nursing work in home care, a wide range of debilitation and conditions were encountered. Some of the nurses were able to visualize themselves in opposite roles and thus appreciate their relative good health, showing empathy, a component of procedural knowledge (connected knowing) (Belenky et al., 1986).

. . . right now I'm glad I don't have a chronic . . . I hope I've looked after myself well enough or respected myself well enough or maybe I should say *learned* to respect myself well enough and at this point I haven't developed something chronic, with high blood pressure or, you know, that could be . . . (Audrey)

In relation to her health Ruth, a home care nurse, described that in spite of chronic back pain she felt she was in "relatively good" health. In the following narrative she describes a subjective sense of good health, but it is not clear if she has critically appraised the present threats to her continuing sense of well-being :

. . . . well, by my definition I certainly have all my 5 senses. I'm able to do my own ADLs [activities of daily living]. I do participate in activities, certainly not to the degree that I would like to because I have back problems related to work, and don't have days that are 100% pain free. So that I find very restricting. I find work pretty stressful most of the time, and I have high blood pressure. And I think a lot of that, probably half and half, [is] related to work and related to what my lifestyle is, and the fact that, yes, I am overweight . . . I certainly know that there's hereditary factors involved as well. And I can't be as active as I would like to be, I don't have the time. Or I think I don't have the time. . . (Ruth)

Despite some problems such as obesity and lack of physical fitness many of the participants felt that they were generally in good health. Health interpretations originated from perspectives such as the absence of disease to optimal functioning with chronic conditions. Linda, a public health nurse, describes her interpretation of health with a belief that she is healthy as long as medical intervention is not required. A strong sense of subjectivism is present as well as a sense of compromise:

I consider myself healthy if there is something that does not interfere with my functioning life. I don't really have to see a physician. . . . overall [my health] is good for being overweight, that's probably my biggest problem right now. . . . I don't have to take any medications; being able to do most of the things that I need to do. (Linda)

Rose, a public health nurse, defined health as being able to make the most of circumstances that befell her. She described health as having a motivational factor that contributed to her overall sense of fulfilment due to her achievements. Being active was a key component to her subjective perception of health:

I think I'm in fairly good health. . . . I feel good. I wake up and want to do stuff that day, and go to bed satisfied that I've done everything that I've

wanted to do that day. . . . basically, I could feel good when I . . . do the best for what's around me, and I do. I don't have any chronic conditions or acute conditions right now. I feel good. I [value most] that I can do what I want to do and what I like to do. I'm a pretty activity-oriented person, so if I lost that I think that would be lack of health for me. (Rose)

Peggy reveals optimism and acceptance in spite of debilitating illness. To her the fact that she is able to participate in her family's lives makes her grateful for the function she has. Her sense of self is grounded in her belief that she can participate in relationships with her spouse and children in spite of limited physical abilities. The dialogue reveals a strong sense of subjectivity:

My health, I would say I'm very healthy other than when I was a child I had rheumatoid arthritis so that has affected my joints, and I had two hip replacements. I don't complain about that. It's not anything I need to complain about 'cause there's a lot to be thankful [for] . . . my joints . . . always are gonna be like that. Other than, I guess, . . . maybe taking some time to rest when I can and that kind of thing. But other than that, it's just the way it is and that's the way it's gonna be, so I don't worry about it too much. . . . I can do most anything that I want without having to worry . . . . I'm healthy enough to spend time with my kids, and able to go to their activities and their sports, and to participate with them while I can. (Peggy)

In summary, as an indicator of resilience good health was identified as being present by all the participants in spite of actual medical conditions such as hypertension and being overweight and in one case, a debilitating illness. There were components of denial and critical appraisal, and most included other aspects of health such as emotional and spiritual realms. The positions of knowledge described by Belenky et al. (1986) provide a 'watermark' which underlies the dialogue but is not quite apparent. The reader can only speculate



on ways of knowing due to limitations of the data.

*Temperament as an Indicator of Resilience*

Integral to the dispositional pattern described by Polk (1997) is the physical attribute of a temperament that elicits positive attention from primary caretakers. Infants who are considered more cuddly and affectionate by their parents and other caretakers are found to be more resilient. Since this study pertains only to adult women and data analysis is secondary in nature, a dearth of evidence related to this topic was discovered in the transcripts. However, one might extrapolate that certain characteristics described in the data could indicate the presence of a flexible temperament that would elicit positive attention from those people who are in relationship with study participants. Through patterning and content analysis identified participants might be considered altruistic, giving, caring, or attractive to others.

As a basic tenet of the grand theory Nursing as Caring, Boykin and Schoenhofer (1993) assume that all persons are caring and that the capacity for caring grows throughout one's life. The ways in which one expresses caring are continually developing. The more opportunities one optimizes fully to know oneself as caring, the easier it becomes to allow self and others the space and time to further develop caring. The degree of authentic awareness of self as a caring person influences how one is with others (cited in George, 1995a). This can be examined in relation to self-development and ways of knowing described by

Belenky et al. (1986). Understanding of self and self-knowledge affects the expression of knowledge to others and could be assumed to a large degree, to affect how others perceive us, our actions, and our temperament.

The following example illustrates this point, even though the temperament that others may find so appealing may be costing this nurse an element of her health. In order to accommodate others, Val is giving up a part of herself that needs personal attention. With a history of depression, she is aware of the insidious nature of it. Over the years she has made some internal changes to reduce the effect of what others think of her, admitting that she cares less now about what people actually think. She is tired, but works every summer, perhaps in an effort to please her colleagues. Her narrative suggests that caring what others think may still be a larger problem than she currently realizes. Belenky et al. (1986) might describe this as a position of subjective knowing, where truth is known but there is no public voice:

I get to work and I think I'm handling that okay. But I'm not handling things at home very well. I'm so behind. It's actually quite pathetic. And I don't know why. . . . I've even thought now, "Am I bordering on depression?" Or you know, sometimes I can't really see a way out. . . . Sometimes I just sort of feel like I've given up on a lot of it. Even get myself really behind. Now I think a part of that may be because - I work here all summer because the girls here have little children. So I make sure I work all summer. My holidays are just coming up . . . I think probably I'm kind of tired out. . . . and I'm just too far behind. I'm more and more behind. I'm more disorganized! I used to be a very organized person.  
(Val)

Many of the indicators of the attributes described by Polk (1997) were

intertwined with others. For example, in discussing components of health, Michelle elaborates to include elements of what she considers a healthy relationship, which may be integral to the kind of temperament that elicits positive attention from others.

. . . I guess I think you need your mental well-being and your emotional well-being and your spiritual well-being as well as your physical well-being. I guess that's why I'm in public health. I see that as something I can work on more in public health. I did in the other areas too, but more so here. . . . I really like long-term care. I think there's the relationship part of it too. I really like, it sounds, well - it's really not gruesome - but I really like palliative care and long-term care. I felt that I could give of myself to the clients, and they could trust me, and they gave of themselves to me. There was relationship building there. (Michelle)

Michelle continues to describe her emotional health in terms of healthy relationships with others. With deep introspection she ponders her relationships and how they might be better. One might consider this to be indicative of a flexible temperament, an indicator of resilience according to Polk (1997):

. . . I don't think I'm as emotionally healthy as I should be. . . . I work better with my clients, my family - but sometimes with coworkers - I just can't get - it's the relationship. You can't get past superficial, and that bothers me. I start to say to myself, . . . " You can't change somebody else, you can only change your reactions to somebody." And I'm having trouble changing my reaction! . . . And sometimes changing yourself will change how you interact with somebody else, sometimes it won't. I guess the other thing that is really hard for me is to let go. So if it doesn't work out, move on. That's what my kids are trying to tell me. . . . But if you can't make a relationship work, maybe it never *will* work, and maybe that's okay. Let it be. (Michelle)

#### *Sense of Mastery/Awareness of Global Self Worth as Indicators*

Swann and Brown (1990) state that persons develop their self-concept by

comparing themselves to others in their chosen reference groups. This social comparison is key in the development of self-concept and enhances coping abilities, emotional adjustment, self-esteem, and psychological well-being. The authors caution that social comparison may not be successful in the development of self-concept without the process of social exchange (cited in Langford, Bowsher, Maloney, & Lillis, 1997).

Self-esteem and self-worth are often used interchangeably in the literature. Polk (1997) distinguishes between the two in her description of the indicators of the dispositional pattern but a thorough search of the literature failed to illustrate concrete distinctions. Regardless of the distinctions if they do exist, socialization provides the forum for the nurturance and expression of global self-worth. This process of social exchange impacts expression of resilience in all the patterns described by Polk, and is reintroduced for consideration in the relational pattern below.

While discussing her personal meaning of health, Adelle, a home care nurse, displays a strong sense of mastery regarding capacity and personal action. A sense of empathy is also present suggesting a position of procedural knowledge (Belenky et al., 1986).

I would consider that the . . . majority of my work would [have] a positive effect on my health in that it's things that I . . . choose to do, and that give me the most satisfaction . . . overall I've been really . . . fortunate to be healthy and that in working in the health field, you just see so much negative and you think of all the things that could possibly be there for

you. And to not have those things is a very positive thing. You should be able to go about your life without restriction. On that . . . I just think of some of the people that I've seen with ALS and with MS and those kinds of things that are so debilitating. And to think I can get up and catch a plane and go wherever I want. . . . And I can even get up and do my house cleaning, even though I don't want to. (Adelle)

Self-worth and mastery represent constructed emotional states in individuals based on their beliefs about themselves formed through evolution of knowledge and social exchange. Adler (1927/1992) defines a belief system as an organized psychological but not necessarily logical representation of each person's countless beliefs about physical and social reality. Social reality, ranging from the most private of experiences to the most public of forums, validates or denies how we perceive ourselves in the world. Professional support in the workplace is seen to have profound effects on the expression of self-worth. Similarly, validation at home for unpaid labours contributes to an overall sense of self-worth and mastery demonstrated by Heather in the following example:

I really feel like I'm able to contribute . . . in two fields. I feel like I do a good job of my work here, and I guess I've heard others say that in various ways, from my supervisors and my coworkers and so on. And I also feel like I do a good job - what I do at home. We have a big yard, we have a lot. I love my flowers. I love my gardening, and so I work hard to do that and you know, I feel like I'm appreciated in those areas as well. But I can leave those things and go help with the . . . poultry when it arrives. (Heather)

Validation at home is not always apparent, as is evident from the following response. Positive self-worth is demonstrated, although apparently self-generated, since family members do not seem to recognize her emotional

needs. The nurse-participant is able to recognize her emotional limits and withdraw in order to maintain her self-esteem and to regain her strength. Lorene recognizes the impact of her education on her ability to respond. The reader might sense that this participant is situated precariously on the perch between positive and negative self-worth, underscoring once more, the dynamic nature of life events and the importance of individual perception and response to stressors:

I find if I get very stressed and if I don't get enough rest, and people pull at me, then I get sick. I physically start to get sick. I get irritable. I get snappy with people and I recognize that I have to pull back, even if I have to take a day off from work and just do things that need to be done for myself. That seems to recoup me for a little bit. Whether it's being out in the garden or whether it's going to a movie, those are the things I'm aware of now as I'm getting older, that I need to do for myself. Because bloody well nobody else thinks of doing it for me. . . . As I'm getting older and I'm more aware of how I react in different situations, I know what to do for myself. Probably education has a lot to do with it too, being in healthcare. . . . I feel I have a real advantage because of my education and being a nurse. But I still feel like everybody else does when things bother me. I still have those same emotions. I'm just . . . a little more knowledgeable on how to deal with it a little better. (Lorene)

Gender roles remain prominent forces with the women in the study.

Several believe they have egalitarian relationships with their spouses, yet they agree that in farming and in healthcare, power resides with the men. Showing great tenacity, a home care nurse nearing retirement recounts her life experience as she has known it in relation to how being a woman has shaped her work experience. In this brief narrative, we can imagine Loretta at the place of received knowledge (Belenky et al., 1986) Although there is a sense of private authority

there may be no public voice with which to convince others or change the power gradient as it still exists today:

I'll tell you this, the men would not do what the women do on a farm with money; you know, women are expected, because it's a thing that's come down through the ages. But a lot of farms wouldn't be as good as they are without the women there doing what they're doing. . . . [are men recognizing that?] Of course not! Some are. Because they're outside working all day on the combine or whatever they're doing, and then they come in and they're so tired they don't think you've done anything all day. I sound like a male basher, don't I? (Loretta)

*Positive Self-Esteem, Self-confidence, and Belief in Self-efficacy as Indicators of Resilience*

Self-esteem, a positive regard of oneself, is a universal need for every human being and is a key component in restoring and maintaining mental and physical health (Meisenhelder, 1985). High self-esteem individuals tend to use denial defence and to repress or dismiss negative information about themselves. Conversely, low self-esteem individuals tend to use expressive defence and be more sensitized to negative self information (Ootim, 1998). Jenny (1990) states that self-esteem is part of our personal identity. Self-esteem helps us evaluate situations by representing the extent to which we believe ourselves to be capable, significant, successful, and worthy. Indicators of impaired self-esteem include behaviours such as devotion to routine, awe of authority, retreat from initiative, negative self-talk, resistance to change, and an oppressed attitude, all of which have characterized nurses (Jenny, 1990).

Regarding women's and nurses' oppression, Ehrenreich and English (1973)

affirm that "Our oppression as women health workers today is inextricably linked to our oppression as women. Nursing, our predominate role in the health system, is simply a workplace extension of our roles as wife and mother" (p. 43). Roberts (1983) concurs and suggests that "the view of nurses as oppressed is supported by the fact that nurses lack autonomy, accountability, and control over the nursing profession" (p. 26).

Undeniably, the past 20 years have seen many positive changes for nurses and women but the balance of social and professional power is still embodied within the male gender. The effect of lifelong socialization processes for the women in this study cannot be overlooked: socialization as female children, women in society, farm women, and nurses. Participants in the study reflect at least the average age of a nurse in 2002 which was 42.2 years (CNA, 2003). One might safely assume that most had been educated and socialized in ways that maintain the status quo.

Self-efficacy theory posits that knowledge itself may not be associated with changing behaviour but a person's perception of his or her capabilities is an important characteristic in predicting behavioural responses (Lev & Owen, 2002). Bandura (1997) maintains that perceived self-efficacy or belief in one's capabilities, regulates human functioning in major ways: cognitive, motivational, and mood or affect.

The psychosocial indicators described by Polk (1997) in the dispositional



pattern are all related to a positive, enabled sense of self and self-efficacy. One might argue that in the absence of these cornerstone constructs, a sense of mastery, global self-worth, self-confidence, autonomy, and self-reliance would also be diminished or absent. It is difficult if not impossible to examine the indicators in isolation since one is seen to influence others in a constantly changing internal dialogue.

Self-efficacy theory originates in social cognitive theory (Bandura, 1986). Reflective of a person's confidence to be able to perform certain tasks, it is posited that evaluation of self-efficacy happens in such a way that if coping is successful one's self-efficacy is enhanced. Alternatively, if coping is ineffective feelings of hopelessness inhibit further motivation (cited in Lev & Owen, 1996). Confidence in ability to perform tasks on the farm is evidence of self-efficacy in the following example:

... I think we have to be responsible for ourselves. No one is going to do it for us, so I think we just have to be aware and hopefully we are making some good choices. ... A lot of it is common sense you know. ... you know how to spot danger about some things, and just from being around machinery. I mean, it has a loader that can heat up, or it has a blade on it, you just be careful and don't be stupid. (Andrea)

As an example of self-confidence and belief in self-efficacy, consider the following exemplar of Suzanne, a home care nurse, discussing conflict resolution in the workplace. Conscious, deliberate, systematic analysis is described in her methods which according to Belenky et al. is apparent at the position of

procedural knowledge. The knower understands that things are not always as they seem, and the truth often lies beneath the surface and must be discovered (1986).

. . . if I have an issue with them [supervisor] I can easily go to them and talk to them about it. But . . . I can go higher up too. . . . That's the appropriate way to go . . . first to say, "hey, this is how I feel . . . this is where I'm at." . . . If I could be smart enough and show my case strong enough, you know there would be some hope of changing the situation. If it's a minor thing, it's easy to change, you just change the process. . . . But if it involves cash, and lots of it . . . then you have to have your good data . . . you have to make your case. Well, you have to be a good orator/narrator, you know - persuader. But I don't like to do that unless - I like to do that based on fact and not on how good I am at presenting my case . . . because that's not . . . ethical. You know, just if you happen to be good at making your point, when, you know, is it a point that needs to be made? (Suzanne)

The following negative case illustrates lack of self-esteem, self-confidence, and self-efficacy. This case will be examined in detail in Chapter 5 but is useful here to illustrate how the participant positions herself in the world. Karen does not feel capable of being heard by others and feels powerless or disinclined to speak. Bound by gender roles, the dialogue reveals a woman in the position of received knowledge where her sense of self is derived from definitions supplied by others (Belenky et al., 1986).

I haven't really experienced a lot of avenues myself. . . . I haven't really had someone say, . . . "Would you be a part of this? We don't want things to happen." Or like, nobody asked me when my doctor left. . . . I don't see myself as having any kind of power to be heard, even in terms of policies or changes or anything that's being made. . . . I hadn't thought of . . . voicing my opinion about . . . women's health. . . . It wouldn't even be an issue. . . . I never really had any sense of being heard. . . . maybe I'm sounding negative but women . . . in rural Alberta aren't really a voice.

You know? . . . farming, in and of itself is very much a man's world.  
(Karen)

*Autonomy and Self-Reliance as Indicators of Resilience*

Autonomy is described as "freedom of action" (The Concise Oxford English Dictionary, 2001, p. 90). It is also an ethical principle derived from moral theory which asserts that a capable and competent individual is free to determine and to act in accordance with a self-chosen plan (Keatings & Smith, 2000). Gordon and Song's (1994) retrospective qualitative study states that success against the odds was found to be related to an autonomous self-directedness in resilient subjects (cited in Kumpfer, 1999). Polk (1997) identifies autonomy through the process of concept synthesis and it might be assumed that in this context, autonomy can be thought of as a philosophically-based indicator evidenced by overt behaviours. The philosophical pattern considers values and beliefs overtly but one must realistically decide if it is possible to separate actions from beliefs. Rokeach (1968) tells us that once a value is internalized it becomes consciously or unconsciously, a standard or criterion for guiding action. Kalish and Collier (1981) note that purpose is a concept that involves the interaction of values and behaviour and ask, "Which comes first, the behaviour or the value?" (p. 16). Does behaviour tend to be consistent with previously developed values, or are values developed in order to justify behaviour? The authors contend that the two mechanisms operate together and affect each other. The concept of

purpose incarnates values in the world of behaviour.

The previous heading cited a negative case example from Karen who was essentially unaware of her abilities to speak out and be heard or to effect change outside of her small circle at home. Although many of the indicators of the dispositional pattern are not apparent, consider the following example as an indicator of autonomy and self-reliance:

. . . we went back into farming and you know, that independent lifestyle . . . you work hard and the rewards are probably very minimal compared to what they would be in working for someone else with an 8 to 5 job. . . I always say, "well, I will work outside the farm so I can . . . do that independent part or that living on your own." . . . Even when we've gone into the banker, . . . they'll go, ". . . I just don't understand why you are doing what you're doing because you're paying to live on the farm, [that] is what you're doing." And you know, we've talked about it, and that is very important to both of us, . . . that independence. (Karen)

The following example illustrates both the principle and action of autonomy, and suggests a subjective position of knowing. For Judy, truth comes from within her and she can move beyond expectations and values of others. The quest for self-expression and self-development is evident:

I have always worked off the farm and it's probably because I . . . need that security of income . . . my work is what keeps me going for my farm, my farming life. Because, I'm a good farm wife. Is that respect? I'm not loyal in that respect to my husband. He always wants me to quit and I just, I can't do that yet. I need that security. I use my job as a crutch . . . I have always wanted to take care of myself. And so I've always worked, or tried to. Maybe that's why I always try to better myself by taking courses, . . . because if anything happened to my husband, I want to be able to take care of myself and my children. . . I've always not wanted to be dependent – totally dependent on my husband, and I feel sorry for those farm women that are . . . any woman who is. (Judy)

The following example was initially coded as a negative case example in the situational pattern. It was originally thought to have elements of maladaptive coping in regard to time and stress management. However, through negative case analysis (further discussed in Chapter 5), it was discovered to more closely approximate the indicators of autonomy and self-reliance in the dispositional pattern.

Responding to the question “what are the negative effects from your work on your health?” Linda demonstrates questionable and possibly maladaptive coping skills in regard to time constraints versus healthy choices. She clearly is exercising autonomy to choose a course of action:

Fall time can be busy – with the flu in the school and immunization. I find sometimes I forget, so I have to do a lot of writing down. I find that sometimes I’ll skip a meal just to get something done. I’ll delay – I’ll put off something, ‘cause it’s not a priority . . . maybe exercise is probably a good thing. . . . If I had more time to do things I enjoy just for pure enjoyment; if I had more time to exercise – and motivation to exercise.  
(Linda)

In summary, the dispositional pattern is an aggregate of physical and psychosocial attributes. Positive expression of the indicators is a complex interaction of numerous factors. Development of self, voice, and mind are key components to the psychosocial indicators, and to a large extent, the physical indicators as well. Our perception of the world around us and how we are situated in that world defines our experience.

### Evidence of Resilience - Relational Pattern

Attributes and indicators of resilience within Polk's (1997) relational pattern remain open to individual interpretation, but are of a more concrete nature than the psychosocial indicators in the dispositional pattern. For example, deriving comfort from others, confiding in others, deep commitment to relationships, are implied or made explicit in the data, and interpreted within the context of the reader's own experience. Variations in expression most likely represent a cross-section of the study participants, based on the homogeneity of the cultures (farming and healthcare) in this aggregate of rural Alberta women. Literature reviews for clarification of the indicators in this pattern enhance understanding of commonly used terms such as confiding in others, intimacy, and various types of support .

Evidence of resilience in the relational pattern was found in all 16 interviews. Initially, two negative case examples were identified. Subsequent analysis of these two segments revealed that they were miscoded for this pattern, and recoded correctly to the situational and philosophical patterns. These segments are identified in this chapter, and further discussed in Chapter 5.

The relational indicator of relating to positive role models was not explicit in the data although it was implied by participants speaking respectfully of family members, colleagues, and community members. Close confiding relationships and the development of personal intimacy are indicators of intrinsic attributes,

and listed in Table 1. Accepting, trusting, and a deep commitment to relationships is fundamental in the reciprocal expression of personal sharing of thoughts, feelings, or information.

Josselson (2000) states that for women, a sense of personhood arises from motivation to nurture and enhance relatedness to others. She posits that identity in women is an ongoing process of balancing and rebalancing needs of the self and investment in the needs of others. Psychological growth in connections with others involves finding out more interesting and challenging ways of being with them, knowing them better (while knowing oneself better), discovering meaningful forms of feeling known and validated as oneself. It also involves nurturing moments of mutuality and trust, and maintaining connection over time and distance. According to Josselson, loyalty and fidelity to others are the cornerstones of identity.

Key to understanding intrinsic variables is their inextricable connection. A fundamental assumption is that a sufficient level of trust exists in which to allow oneself to become vulnerable by confiding in others and accepting assistance. Mandelco and Craig (2000) describe an interactional or transactional relationship existing *within* the internal and external factors affecting resilience, and suggest a similar relationship *between* internal and external factors.

The antecedent to intimacy, confiding in others, and giving comfort/allowing comfort, is a sense of social-connectedness or social

networking. Social networking is the means through which social support is delivered and works in harmony with social embeddedness (connectedness people have with others within their social network) and social climate. Without a structure of people (network) with a strong element of connectedness (embeddedness) sufficient to create an atmosphere of helpfulness and protection (social climate), social supportive behaviours can not occur (Langford et al., 1997).

Broadly stated, social support has been defined in the literature as the assistance and protection given to others especially to individuals (Langford et al., 1997). Assistance may be tangible (as in financial aid) or intangible (as in emotional support), and is hypothesized by Langford et al. to be reciprocal. Further, it is a resource offered with the expectation of reciprocity and occurs between at least two individuals. Defining attributes are emotional support (numerous aspects), instrumental support (provision of goods, services, or aid), informational support, appraisal support, and affirmational support.

#### *Confiding in Others as an Indicator of Resilience*

In most cases, data revealed cooperative and reciprocal relationships between study participants and their spouses. A strong sense of trust and partnership was often evident with spouses, families, and coworkers. Rose, a public health nurse, describes the connectedness and interdependency that exists in her relationship with her husband. The situation describes some of the process



of decision-making in regard to whether or not to farm:

Well, my husband said to me - we had been married for twelve years before we came to the farm, and he said to me, "Do you think we could do this?" We hadn't talked a lot about it. We sort of talked about it and then put it on hold cause the idea was that we would go farm when his dad retired. You know, it wasn't big enough to sustain two families, so we wouldn't do that full time. . . . He said, "Do you think you would ever live on a farm? . . . Would that be okay with you?" And he has asked that periodically and he has said that . . . if there was no way that I was going to be willing to be on a farm, there's no way he would farm. How would you? How would you do it? He said, "how . . . could I farm?", without me being there. All the other things that need to happen around living like have a house, have meals, have clean clothes . . . do the things with the kids when he's not available. He just said it wouldn't have happened. . . . In his head it was a no. And I guess in my head, I don't know too many bachelor farmers. There are some I guess, but it must be very lonely. I mean if you're having a bad day or a good day and you can't share it, it would be . . . very hard I think. (Rose)

*Deriving Comfort from Others as an Indicator of Resilience*

A deep commitment to relationships was a consistent thread throughout the data. Partnership, sacrifice, and unflagging personal support for others in the social network was evident. The following exemplar illustrates emotional and appraisal support and implies instrumental and informational support. (Langford et al., 1997). Judy, a personal care attendant, describes an aspect of her relationship with her spouse:

[We] have been through a lot since we started farming. We lost a quarter section - or a half section of land, and that was a very stressful time in our life, and there were many, many farmers during that time of the year, that was in the early '80s, taking their own lives - farmers. And I was very worried about my husband at that time. . . . It was very stressful. But if we didn't have such a good relationship I don't think that - I can see why, I could see the stress. If he wasn't there to help me with my stress, I

wouldn't be here. So I don't just manage it by myself, but if I didn't manage it, I would be crazy. We have to [work as a team]. You have to when you're farming. You have to help, you have to be each other's crutch, and if you're not, if one person has to take on all of it . . . I know people . . . farm wives that don't have anything to do with the farm and I can't understand that, because it must be horrible for their husbands too. (Judy)

*Relating to Positive Role Models as Evidence of Resilience*

Emotional and informational support (Langford et al., 1997) was evident in the workplace with numerous examples of appreciation and support of colleagues. The indicator of relating to positive role models (Polk, 1997) is implied but not explicit in the following dialogue from a public health nurse in response to the question about how she is able to influence change:

. . . there is a chain of command and I have to bring it to my immediate supervisor. I've brung [sic] a lot of things to my public health group, 'cause I know I can get them on board. And the things that we do bring forward are very common sense things that there's no reason for anyone to object to doing here - and away we go. We're a very committed group. . . . The girls that I work with are very outstanding individuals. You don't find them everywhere. And I make a point of, every time I have a meeting, of saying that, because I appreciate each and every one of them for what they bring. And we all need that. . . . But I think that I have a real special group that I work with. . . . we're all nurses but very different. . . . they go above and beyond what is required of a job . . . they go into their evenings, they miss their breaks, they miss their lunches because their clients are their priority. (Lorene)

*Developing Personal Intimacy with Others; Demonstrating Deep Commitment to*

*Relationships as Indicators of Resilience*

In order to consider the indicator of personal intimacy with others one must first define what is meant by the term. Prager (1995) defines intimacy as a

relationship between two people that involves self-disclosure at some level and describes intimate interactions, intimate relationships, as well as intimate experiences and behaviours. Components of intimacy include trust, self-disclosure, reciprocity in sharing, validation, and cohesion. Intimate relationships involve trust but must also have a history of sustained affection and validation and must be considered in context (cited in O'Sullivan, 2004). Data reveal varying degrees of intimacy made explicit through the dialogue, but one might assume a trusting, reciprocal, disclosing relationship exists between study participants and their spouses. This is reflected in discussions of partnership, perseverance, goal-setting, and mutual experience. The following example demonstrates emotional, instrumental, and informational support (Langford et al., 1997) between Heather, a home care nurse, and her spouse. The example illustrates intimacy within a family and community context:

You know, my husband is very supportive. . . . I've been doing this combination of things for seven, eight years now, and he knows where my pressure points are here at work, and you know, we just work together to get the job done. . . . We all work well together, we're a very close family. . . . We're very involved in church activities and I think that the spiritual part of it enters in quite significantly as well. (Heather)

A further example of emotional and informational support comes from Audrey, revealing relational intimacy in the trust, reciprocity, validation, and cohesion she feels with coworkers and her spouse:

. . . and that was the fall. Harvesting. You were pretty tired by the time the harvesting is over. And in the spring, and you're working – I found it

really nice when in the hospital, when other girls who were married to farmers are in there. You know, . . . they would understand what you were doing. City girls had no idea. At all! I don't think they would have tolerated it. But I think you make a commitment to a person when you marry them and you just - if you really care about that person you're going to care about what they do. And you just do it, you don't question it. (Audrey)

The emotional support from the community of nursing colleagues was evident in much of the data. Loretta's spouse has a degenerative illness and history of cancer. She benefits from a social network, embeddedness, and social climate that meets her emotional needs of confiding in others, deriving comfort from others, and personal intimacy. She shares the essence of her work experience and what she values most:

What do I value most about . . . well, with the home care I think it's just the caring, and the people that I work with are superb. I couldn't have asked to work with a better bunch. And they're very supportive of each other there, you know . . . if one gets down, we're there. (Loretta)

As a positive example of instrumental and emotional support within the context of a close confiding relationship in a broader social network, consider the comments of Ruth. She is talking about resources available to deal with workplace hazards. She describes an Employee Assistance Program which is available, but which she personally has not utilized choosing instead relational intimacy with family, friends, and coworkers:

Well . . . work-wise, they do have a program here for all the employees . . . and it's through . . . the insurance company . . . and that's available to us at any time. We've got a 1-800 phone number that we can use and that's available to us if we choose to use it, and that is all confidential. I have

never used it myself. I find my support and my stress reliever is family and friends, just being able to get together; and my coworkers. (Ruth)

Social climate is defined as the personality of an environment (Langford et al., 1997). Michelle describes her need for intimacy, and how a negative social climate at work affects her but how a positive one at home helps to restore emotional balance:

I have the most difficulty with people who don't want to share ideas. I can go home crying when I find that I'm being isolated. This has been really interesting. We must have done something right (my husband and myself), 'cause when I've gone home like that and kind of talked about it, my daughter . . . the one that's 22, when she was living at home and going to high school . . . she'd say, "What's the problem, Mom?", and then she'd say, "Mom, it's not your problem." . . . I guess I keep on trying to give all the time, and I'm not very good at protecting myself, so being hurt - that's not the right word - but being isolated and just kind of almost shunned, *that* I have difficulty with. (Michelle)

*Having Multiple Interests and Hobbies; Demonstrating Commitment to Education, Job, and Social Activities as Indicators of Resilience*

Lack of time was cited by virtually all participants in the study as a major impediment to their abilities and desires to do more activities for themselves and their families. Childcare issues, workload, and personal commitments were priorities, often to the detriment of their own self-care. There were examples, however, where the women seemed capable and content to meet the demands placed on them. Linda, a public health nurse, is identified with extrinsic indicators demonstrating multiple interests and commitment to job and social activities when she responds to the question, "Apart from nursing, are there any

other activities that you consider to be work?" There is also overlap with the dispositional pattern psychosocial attribute, and indicators of autonomy and self-confidence:

There's stuff I do when I get a phone call. . . . They're calling because they know I'm a public health nurse, and because they know I'm a nurse. . . . A couple of times a month I guess - they call because of their uncle's blood pressure, or they call about a child - "What should we do?" "Could I come to your house?" "What do you think?" . . . take stitches out. Child rearing is work. That's one of the bigger ones. . . . [I have] five children, ages from 22 months to 13 years. Other work involves helping out with school activities sometimes. . . . Helping my husband with his farm work and his sheep and cattle. . . . I help him pull calves if we need to. . . . I also run a combine. I don't drive tractors. . . . I ride horses. . . . quads. I make those rules. . . . And I feel confident. (Linda)

Intrinsic and extrinsic variables of resilience work in synchrony as is seen in the following exemplar. Val describes her commitment to education and job when she went back to school in 1981, and then began farming with her husband 4 years later. With small children at home, it was a struggle, and once completed, she went on to get her nursing degree:

We've only farmed since 1985 per se. Our kids were in 4-H before that. I was raised on a farm, but we ran a construction business before that. But we got into black cattle, Black Angus, which my family had been in, my grandparents had been in. Yeah, we got involved in that. . . . [I've been] home care nursing since 1981. I had gone back to school. I had one child in junior high - no, one in elementary, one in junior high, one in high school. And I went back and took my grade 12. I had been an LPN. And I went and took my RN, and then I didn't have enough abuse, I went and took my degree of course. (Val)

Demonstrating commitment to her paid and unpaid employment, Andrea describes her future intentions to be involved in groups, but currently refrains

from doing so partially based on her work loads. Realistic assessment of her capabilities to manage is evident, and fatigue remains a prominent theme in the following:

. . . I don't belong to too many groups and partly that's because I do work, and I do have a lot of work on the farm, and when I get home that - I just found I don't have the time or energy for it. And I sort of think, "Maybe down the road." You know. Like maybe if I slow down a little bit, I might be more interested in that, but I just haven't really been involved with a lot of meetings and things like that just because I haven't had the energy for it mainly. . . . I don't know how many - but a big percent of women do work off the farm. And I think maybe still at home, they still have a lot of work to do. And they'd be just glad to get it done and call it a day. . . . They do go on quite late, looking after a yard or doing other things. I mean, anybody that has two jobs knows that. . . . Just tired I guess.  
(Andrea)

Other indicators listed by Polk (1997) include multiple interests and hobbies. The following example displays elements of this indicator. The quote identifies future interests around expanding her knowledge base which gives a sense of introspection, curiosity, imagining alternatives, and courage to learn:

If I could change anything . . . I think for me to change anything would be to just become more knowledgeable about some of the choices that I could have. . . . We all become creatures of our own environment or our own habits, and so we don't allow ourselves to have that question. . . . it's just, "Well, I'll do it because I've always done it that way." And so I would think that for me, the major change I would have is to . . . have more knowledge about possibilities or things that could actually be different. . . . you know, talk to someone else as to . . . how they are doing their yard work or . . . what are they doing in terms of organic farming. You know, just some of the knowledge. (Karen)

*Displaying Positive Social Interactions with Family and Others as an Indicator of Resilience*

The idea that individuals repeat aspects of past relationships in current relationships is basic to psychoanalysis. Additionally, the relation between an adult's childhood experience and his or her capacity to provide sensitive parenting has been described by clinicians (Slade & Cohen, 1996). Zeanah and Zeanah state that psychodynamic theories have suggested that one learns a particular view of the social world and characteristic pattern of relating from experiences with caregivers in early years (1989). Charles, Frank, Jacobson, and Grossman (2001) agree that the importance of early dyadic relationships in contributing to the quality of subsequent relationships is becoming increasingly clear.

Intergenerational transmission of family values, spirituality, and positive social interactions is often received from the family of origin, and this affects all future relationships to some degree. The following exemplar gives a strong sense of stability, tradition, and spirituality, as the parenting style demonstrated by Suzanne most likely reflective of her own nurturing childhood. She describes how she sees her role as a mother:

I see my role as a mother as very, very important. So sometimes I can actually be a little down on myself. . . . especially as a working mother. That I'm not always there when I should be, or that I need to know where my kids are at and be able to be a support for them. . . . Last night my seven year old is feeling he doesn't want to go to school and he feels down,



and he doesn't want to live on a farm. It is too much work. He does the chickens. And there's 5 chickens you know, he has to go down and pick up the eggs and take the salt to the sheep, . . . and he feels that it's a weight. . . . The reason my husband really likes to be on a farm is to teach the kids responsibility . . . so it's sort of needing to be with that son, talking with him, praying with him. . . . to develop that cohesiveness. We sometimes have little family conferences. . . . And all the boys and my husband have come together, and good things have come out of that. (Suzanne)

The extrinsic variable described by Polk (1997) as displaying positive social interactions with family and others was found in varying degrees throughout the data. For example, some participants were very explicit in their descriptions of relationships with family and others. In some cases, positive social interactions with family and others was implied simply by the absence of stated conflict in combination with historical data such as long lasting marriages and enduring economic and social situations such as paid and unpaid employment. Adelle describes her experience of being on accreditation committees and how this challenged her ways of knowing (Belenky et al., 1986) and interacting with others:

I've been on the . . . committee for both accreditations. We're just in the middle of the second one now. Our first accreditation committee for Home Care, when we came together, was a real learning experience. It was, I mean - people were territorial, and I think I see myself in that. And we all came with backgrounds that were very different in what we - in the approach we had . . . and the way we were doing things. And it didn't mean that it was right or wrong, but it was the way that we were doing it. And we didn't really want to change. . . . There's a core group of us that are on the second accreditation committee together and one person in particular - we could hardly even converse the first time around because we were so far apart. . . . it's just a growing and a . . . learning experience for both of us. And we know where each other is coming from now . . . . And that has changed a lot and it was very good to do that. . . . It takes a willingness to accept the other person's view and the willingness to sit

back and look at what you're doing. (Adelle)

Study participants told of how difficult it was to balance work, farm, family, and community. Gender-role expectations from family and community members added to the burden of responsibilities (home life, volunteer work, traditional practices such as delivering hot meals to the fields) as did financial stressors which influenced decisions to seek paid employment. Finding the right balance proved difficult and struggles to meet expectations (their own and the expectations of others) provided positive examples of resilience in the relational pattern.

Elements of relational indicators overlap with other patterns. It is possible that in order to have positive social interactions with family members and others, it might be necessary to set priorities and more limited goals. According to Polk (1997) this is a cognitive appraisal skill contained within the situational pattern.

The complex nature of the construct of resilience is further underscored as multiple variables are considered:

... I used to belong to a women's institute group and it just got to the point where we were too busy with our children. Too busy. Everyone has jobs outside the farm now, trying to supplement your income, that another outing in the evening wasn't necessary. So you don't really get the chance to get together and talk about problems and things. Like you're just working and running. Well, you do, because with our kids and sports, we are running, taking them to games and whatnot. So you do interact with the other parents. So I guess that is a networking thing that you have in common ... in our case anyway because we like to take our kids and to watch them, and not just send them. So I guess that would be how we get together. We don't curl in the winter. ... In our case, got too busy and the

costs to join the clubs and things got to be too much. . . . So right now our kids are . . . what we're doing. We belong to groups and so our kids are our social life I guess. (Peggy)

*Seeking Community Support as an Indicator of Resilience*

The farming community provided the backdrop for many participants to seek companionship and support. A long-standing women's farm organization had recently disbanded but this did not seem to affect the majority of women in this study. Participants felt that the organization essentially represented the older generation of women and was not representative of their concerns. Informal networking was present in most cases to provide emotional support with the possible expectation of various other kinds of support in times of need. Seeking community support with an informal group is demonstrated in the following quote, as is demonstrating positive social interactions with others:

. . . I live in a farming community, and we just sort of do it [network] locally in our group, but I have never been involved in any larger group than that. I know there are farm women groups but I've never . . . been involved in that. I think that would be a way to maybe change something but I've never – I guess besides working and farming – I just never really did that. I have a good local support group as far as just other farm women to sort of talk to, but I don't know that that really changes anything. It's just someone to talk to. . . . It's not a formal group that would go about lobbying government or anything. . . . I think [farm women lobbying] it's a wonderful idea . . . 'cause I think women are an incredibly important part of the farm, and are often not recognized for that. (Sheila)

In summary, the relational pattern described by Polk (1997) describes intrinsic and extrinsic variables that originate in social support systems within the

family and the larger community. Variables are complex and intertwined. Numerous indicators overlap with all other patterns, particularly those with psychosocial components such as the dispositional and philosophical patterns.

#### Evidence of Resilience - Situational Pattern

In the situational pattern, resilience is revealed through characteristic approaches to situations and stressors (Polk, 1997) and is an aggregate of cognitive appraisal skills, problem-solving abilities, and capacity to act when facing a situation. Flexibility, perseverance, and resourcefulness all contribute to this pattern of resilience, as does having an internal locus of control. Self-development, self-confidence, belief in self-efficacy (psychosocial indicators from the dispositional pattern) are strongly evident in situations involving cognitive appraisal, problem-solving, and action, as are the physical attributes from the dispositional pattern (intelligence, scholastic aptitude, perception of good health). The inseparability of components of self-development and self-expression overlap and influence all the patterns of resilience described by Polk (1997). This inseparability is perhaps most evident in the situational pattern, where action and behaviours define the indicators.

The situational pattern described by Polk (1997) is identified by indicators which are action-oriented and behaviourally derived. A competing construct that contributes to and resembles resilience, is coping. Mandelco and Craig(2000) stress that although effective coping may be seen initially as resilience, it is a

separate construct. Luthar and Cicchetti (2000) assert that resilience is defined as manifest competence in spite of adversity and is a process or phenomenon not a personal characteristic.

Indicators of the situational pattern were found in all 16 interviews. Two negative cases were initially identified. Subsequent analysis revealed that one of the cases was miscoded, and is more closely approximated with indicators in the dispositional pattern, while the other is retained as a negative case in this pattern. The negative case is contrasted with a positive example for comparison. This case is further discussed with other negative case findings in Chapter 5, along with two other previously coded negative case findings that are clearly identified and recoded in this pattern.

All of the indicators were evidenced in the data in varying degrees. A recurring theme in the data was that the women were deferring personal creative aspects of themselves because they were too tired or too overworked. One nurse (Rose) stated that if given the chance she could spend up to ten hours straight on needlework projects. Because needlework is a solitary activity, she willingly defers it in order to spend time with her children – an identified priority in her life.

Overall, the predominant indicator identified was perseverance. No matter what the misfortune, all interviewees revealed ability to rise above it and restore hope in their lives. The following example includes elements of the first

five indicators. Michelle recounts adversity, despair, survival, and the rekindling of hope:

My husband was a grain farmer. . . . He farmed for as long as he possibly could, and then when he was toying with the idea of . . . getting out, and I felt uncomfortable with the idea of him getting out, 'cause I guess my identity was tied with him being a farmer. Finally, after I started the public health job, we had a crop that would have paid off all our debts. We had a crop of canola that was taller than myself, and we had a snowstorm at the beginning of August – wiped it out. The last year he was farming – I remember him coming home the last day, or one of those days in the last year he farmed, and he broke down and cried. He says, “I can’t do this anymore.” It was getting to the point where machinery was breaking down because it needed to be replaced. The crop was too heavy for the machinery. He was completely frustrated. I’d never seen him cry before. He had made the decision, I guess, that he was going to stop farming, but he didn’t tell me. That spring, he had decided to have an auction sale. I found out we were having an auction sale before the auction sale, thank goodness. But the day of the auction sale, I hid in the house. I didn’t want to be outside seeing all the stuff that we had gathered and collected and worked towards be sold, and basically given away – some of the stuff was given away. It was too hard. Basically, between quitting farming, having the auction sale – I didn’t realize how much of my identity was tied up in his farming. It really was. I was a farmer’s wife. I was [my husband’s] wife, but I was also a farmer’s wife. Then you find that you relate to your community on a different level. You’re no longer part of the farming community. . . . you’re just hanging in limbo for a while ‘til you find your place. I went into a major depression, to the point where I ended up having to have medication. And I was trying. “Oh I can get over this. I can get over it.” And I couldn’t. So farming was really, really tough. [My husband’s] comment was, “I can’t go on doing this and putting my whole self into this and trying the best I can do, and not getting any results.” So he’s now working off the farm. We’ve kept the land, but he’s working off the farm. (Michelle)

In essence, Michelle was describing how life as she and her husband had known it had ended. Somehow they were able to reassemble themselves after great loss and regain their identity by staying on the land. Situationally, changes

were made by finding work off the farm. She goes on to recall an incident prior to leaving the farming aspect of their lives, of extreme frustration and despair which precipitated irrational and maladaptive coping behaviour during a harvest. Michelle describes hope as the subliminal force giving the farmer the dream that somehow things will get better, but how this hope is sometimes lost to the spouse. With introspection she positions herself in the past, acknowledges the positive, and critically appraises her actions. This negative case is further discussed in Chapter 5:

So sometimes it's the farmer that's not - maybe he's able to cope with the "next year", but sometimes the wives can't, and they're just so mad. I can remember one year when we were harvesting, and we had lentils, and it was a dry year, and the only good year - about '84 - was that my baby was born - my "whoops" baby, and she was a gift from God, because nothing else was very helpful that year. We were harvesting lentils, and they grow close to the ground, and it was such a poor crop that you couldn't pick it up. I was out in the field crying, and I was picking up the little bits of swathe and trying to throw it into the next swathe. It was just frustration. It's an irrational act, but I didn't know what else to do. I was so mad. . . . You know, I don't know what I was mad at. I think I was just mad. . . . Mad. . . . Out of control big-time. Yeah, I can still remember that day. That's going to be a day that I remember *forever*. (Michelle)

The following example was previously miscoded as a negative example in the dispositional pattern. The initial thought was that self-esteem was the identified issue but in subsequent analysis, it was discovered that this example is actually positively approximated with the first four, and the last indicators in the situational pattern. The nurse is actually demonstrating a realistic assessment of capacity to act and the consequences of that action. She understands oppression

in the workplace and knows where the real power lies. She is showing her exploring nature by considering the risk to her self-esteem and professional pride by extending herself into an experimental situation as a nurse practitioner:

. . . They're looking at using me in the way that I should be used more now, instead of what I'm doing, so for me, that affects me directly. . . . I don't feel valued and I have so much to offer them with the educational background that I have. And now they're starting to use me appropriately. It's been a real "bugbear" for me. Self esteem-wise it bothers me. . . . health-wise, emotionally probably the most, I get frustrated . . . I think it comes down to being valued for one's expertise. . . . The discussion is around utilizing me as a nurse practitioner in another community, but the one doctor they have there has already run off three doctors. I'm gonna need support if I have to go in that community, especially in the role they want me to play, if he doesn't want me there. His attitude has to change, so physicians have to work on their own colleagues as far as accepting change as well. (Lorene)

*Realistic Assessment of Capacity to Act and Expectations/Consequences of that Action;*

*Awareness of What Can/Can't be Accomplished, With Capacity to Limit goals, as*

*Indicators of Resilience*

The following example was also initially miscoded as a negative example in the relational pattern. Through subsequent analysis it became clear that it really wasn't a comment about relationships or the lack of them but a description of the barriers to socialization in the workplace. Therefore, it positively approximates with indicators under this heading as well as the indicators of perceiving changes in the world and reflecting on new situations:

. . . it seems here in this office they have divided us into two teams and we're very much divided. And they have really discouraged any kind of socialization because we are keeping track of every single minute, and



every minute is to be allocated to a certain client with whatever we have done for them in that regard. So they're not really - they haven't tried in any way to make us feel like we are social beings. And that's stressful at work . . . I'd like to feel like management cares about us as people . . . we get the lip service [that] we count and they value us, but it doesn't come through in the way we are treated. . . . You can say whatever you want, but what you do speaks louder than what you say. . . . I'd like to see them keep their word - when they say something to come through with it.  
(Ruth)

Gender-role stereotyping and traditional expectations of what the farming role entails made realistic assessment of capacity to act and the expectations and consequences of that action difficult. Setting more limited goals was often the result of reaching some end-point where the women simply could not go on as they had in the past, the point where something had to give, the point where changes were imperative:

You know, I think things have to change. I mean, my gosh, I'm 59! How long does it take to change, eh? But I think I'm used to doing - I'm used to carrying such a responsibility. . . . It's almost like with our business - like my husband . . . works very, very hard. He has 12 men working. I've done lots of cooking, lots of times there was no cook, I'd cook. I'm with the children, men staying here, morning meals, night meals, lunches. I could do all that. I could do the books, do the payroll. I could do all that. But you know what? One day, it was like I feel that I've got no control any more. And I really think it's enough for me, and so eventually I got to go and do what I want to do. . . . But I think I'm still expecting too much physically. . . . I also think probably emotionally, but physically, I can't do it any more. And I found the post-menopausal - like sleep disruption, which I never used to have. . . . I don't seem to be *ever* rested. I don't ever seem to be finished with work. (Val)

Setting more limited goals was evident in the data but it did not come easily for some of the women. Traditional farm practices and gender-roles still

permeate the farming community. Audrey describes her struggle to set more limited goals despite traditional role-expectation. She arrives at this point when she can no longer cope with her own workload and critical evaluation of past practices brings the realization that they no longer fit in today's world, or at least in her life. The situation revolves around the traditional practice of taking hot lunches out to the men in the fields:

I guess I was maybe 52, and of course, the teenagers . . . they're out helping, and I thought enough was enough, so I asked my husband, "What would you do if something happened to me at work?" Like, because I'm in the car, "What if I had a car accident, was killed or disabled or something, and I really worried about you, what would you do for meals and that?" "Well, I think we'd have to take our lunches." [he said]. And I says, "Bingo! You can start tomorrow!" And you know what, I haven't looked back. And he burst out laughing you know, because I was taking meals ten miles. And I mean, there were other circumstances around it, where the hired man, and his wife was at home, and of course, I always fed him. But I would take the hot meal to his house, and his wife would come from work and she had set the table, and I'd bring this meal. And I'd say, "Something is wrong with this picture." And even though my husband offered to pay her for cooking meals, she didn't want to do it. But she was happy for me to pay her husband. And I said, "This is really wrong. She should feed him and take it to the field too! That's her husband!" And you know, where times have changed and . . . thinking has changed, my husband has been really good about listening. I think he has most of the times. And so he burst out laughing and he says, "Well, yeah, we can!" . . . We were married 25 years and I decided that this is gonna change. . . . It really bothered me for two years, and now I laugh about it. (Audrey)

A realistic assessment of one's capacity to act and of the expectations and consequences of that action is demonstrated by Andrea as she describes the impact of her decision to work off the farm. However, it is not clear as to whether or not she is able to set more limited goals around her workload and the

expectations of others:

Well, I guess it [work ] adds extra stress at times! In trying to do everything! I guess it makes me a little cranky at times. I mean, I'm always pleasant at work! But I mean, sometimes when you get home and you're tired and you're grumpy, and you have all these other things to do – so it does affect [me]. I know, probably my family sees the cranky side of me . . . . You don't like people over for that. Because you're here and you have a job to do, so you do it. . . . Sometimes it puts stress – extra stress, but I mean, it's a choice thing. Well . . . financially . . . I need to do this too. But I do like my job and you know, I enjoy coming and I enjoy the people I work with. (Andrea)

*Perceiving Changes in the World as an Indicator of Resilience*

Gender roles in rural life continue to define expectations that women have of themselves as well as expectations from family and community members.

Generational differences, changing political climates, and shifting family dynamics create stressors between the mother and daughter in the following example. The elder woman is able to imagine the perspective of her daughter, but also situate herself in her own reality. Active problem-oriented coping is displayed in the process:

I'd say on the farm, being a woman, the unpaid work is very defined. Like you do what all the other women did through all the other areas in terms of farming, and so being a woman . . . not that you're taken for granted but . . . there's a definite role . . . that you are expected to fulfill. . . . Well, for instance . . . with my daughter . . . it just really hit me. She came home from university, and was home for the summer. Or not home for the summer. She was home for two days. She couldn't handle more than that. And I was going off to work and I said to her, "You know, you can feed the guys tomorrow." And she looked at me and she goes, "I will not do that! . . . You have been stepped on all your life here." And she got really angry with me . . . she's in one of these women's groups at the university, and so looking at it through her eyes, you know – I wasn't ready to move over to

where she was at. Like I'm – what is this about? But it made me realize that there is a certain role that [I] have played. And yeah, I wouldn't really have a choice to deviate . . . and not that I would even necessarily choose to do what she did, but, she did. She refused to make food the next day. I'm not sure how they all survived. . . . and it wasn't necessarily the norm that I would want. It wasn't that I would want five people going in and getting food that day. But to deviate from what normally is my role in the unpaid world, I probably don't have a choice about it. You know, so there is a definite, definite part of the farming aspect that is very much defined because you are a woman. (Karen)

Egeland et al. (1993) view resilience in terms of a transactional process dependent upon abilities to use internal and external resources successfully. Cognitive appraisal skills are an attribute of resilience as described by Polk (1997). Perceiving changes in the world is an indication of this cognitive ability and the precursor to action. Choices are determined after appraisal of a situation or perceived threat. For example, Adelle, a home care nurse appraises the local health care system, and goes on to situate herself and nursing colleagues in the changing structure:

Well, I haven't had to access health care to a great extent – any of our family. We've been very fortunate. But I would say that I would be very concerned – oh boy, I hate to say this, but I'm going to anyway. I'm really concerned about the health care locally here. I would be reluctant to – have a family member critically ill here. I don't feel that we have physician buy-in anymore. We do not have physicians that are here and staying for the rest of their . . . time in the medical profession like we have had. We've just lost three physicians that have been here for probably a total of 100 years between the three of them. And the doctors that we have now . . . are not here for the long term. And I feel – and I see it for the people that I deal with – it's not the same. It's not the same. . . . It's like the nurses that we work with here in our office. I mean, we're not transient. We're not here for five years and then gone again. Our husbands aren't getting transferred out or anything like that. So when you're walking downtown

and you see the people that you care for . . . it says . . . there's a lot more buy-in. When you know that your credibility and your ability nursing-wise . . . publicly . . . You are always on. You're always up for, not scrutiny necessarily, but they certainly know who you are. . . . And you know, in a small community, that's just the way it is. (Adelle)

*Active, Problem-oriented Coping; Internal Locus of Control as Indicators of Resilience*

Further evidence of how gender-roles increase stressors in some women's lives is illustrated in the following example. Peggy suffers from chronic illness yet maintains a very positive outlook on her health and abilities. At the same time, she understands her own limitations. The response below is to the inquiry regarding to what extent she thought that being a woman shaped her unpaid work experience:

It's just that I can't do as much as I would like to sometimes. Just because physically [I] can't do those things. . . . I guess I'm thinking that I'm always worrying and thinking about the house and the hockey, and all that my husband has to do . . . so I'm thinking about those things and he's just thinking about what has to be done out in the fields. And he doesn't worry as much about what has to be done in the house. He does help when he can, but it's not the same, I guess. It's not the same. . . . I'm thinking of two things at the same time, and he's thinking one. . . . Yeah, and this - organizing the kids too. Like the woman is the one that has to make sure that they're at their game when they're supposed to be, and at what time and what place, and having to organize the week as it goes - and my husband organizes what he has to do. (Peggy)

Effective coping strategies contribute to the manifestation of resilience (Mandleco & Craig, 2000). Coping mechanisms involve conscious or unconscious strategies and actions used by a person encountering stress and can include adaptive or maladaptive behaviours (Miller & Keane, 1987). Discussing what she

values most about the types of work she does, Linda illustrates how work-place choices (public health unit versus hospital environment; cultivating helpful relationships with other nurses) contribute to effective coping of unanticipated events. By nurturing reciprocal relationships with coworkers, she is able to respond in ways that reduce stress for herself and her family:

I have flexible hours. . . . If I have to – if I have a child that’s sick and needs to see a doctor, we can usually work around it. I have coworkers that are very flexible, and so we trade back and forth. I don’t do too much in the way of shift work. If I have to be 15 minutes late, I can be 15 minutes late, and make it up in other spots. And I don’t have to worry about taking something home I might pick up in a hospital environment too, with them. (Linda)

Further demonstrating the interrelatedness of the various attributes and patterns, the following exemplar explains how understanding her own motivations and beliefs impacts the actions of this home care nurse. The capacity to act is considered as well as consequences of that action. Suzanne begins to understand how she needs to set limitations so that she can live with her decisions and in so doing, demonstrates active problem-oriented coping:

I think a lot of us are performance-orientated. You know, and I’m learning how to just do what – to be true to myself and to what I feel God’s calling me to do instead of being everything to every person. So it’s learning that balance and learning how to . . . deal with what you need to deal with, and leave the rest alone. . . . Performance orientation to me is, in order to feel good about yourself, and accepted, you go above and beyond the call and duty, so to speak. It’s kind of – it’s almost a – it’s sick! You know, when I look back at my life I can see that I’m – I’m a very good read of what’s going on around me and that kind of thing, and sometimes I have done the right thing and not been in touch . . . with how I feel about it. So it’s sort of being able – starting to get in touch with who you are and nurturing . . .

that person inside of you, and recognizing your limitations and your . . . motivations for doing things, and doing them out of the right motivations. (Suzanne)

Active, problem-oriented coping and having an internal locus of control help Loretta with the stresses of work and geographical or social isolation that she feels as a result of living on the farm. She describes her paid work as a situational means of meeting her need for social networking:

I'm working, and I've helped my husband in the field, not as much as some do, but I help him out at harvest times. And that I consider work, house work - that's work. My nursing work is work, but it is my salvation . . . [from] the stresses from farming, [gives me] other people to talk to. On the farm you're more isolated. [I] talk to my husband, and sometimes not too friendly to dogs and cats. And I'm a social person so I need social contacts. And I think that's why I enjoy the home care part. (Loretta)

In addition to the farm and her home care job, Loretta also has another business with a family member. In response to how concerned she is about the effects of her work on her health, she demonstrates autonomy (dispositional pattern), and problem-oriented coping while reflecting on new situations:

. . . the [other] business - I mean, I can just turn it over to my daughter at any time and say, "There! Go for it!" And with the home care, you do get paid for what you do. And you can put in extra time . . . But with the farming- that's a different cup of tea. There's very little money, I would say, play money. I mean, there's money there for necessities, but I think that's why women work, so they can have money for themselves to do what you want- what they want with. . . . [money earned in home care] It's being used in, well, my personal for whatever I need, but I also buy groceries and necessities. I do *not* buy machinery and things like that. If the farm cannot sustain that, then we should not be there. . . . I just work casual. It's a choice thing. (Loretta)

*Reflecting on New Situations as an Indicator of Resilience*

As an aggregate of the complex interplay of the dispositional, relational, and philosophical pattern, indicators of the situational pattern are an expression of self, social supports, personal beliefs, and environment. Realistic goal setting allows active problem-oriented coping thereby increasing competence in this domain. Lorene describes how a supportive manager changed her perspective in the workplace:

We now have a manager who has been supportive in a very busy period of time – flu season is horrendous – such as provid[ing] extra coverage for us, or tell[ing] us to back out of things so that we don't get sick. But she's the first one in a very long time. She has a different mind-set about supervising . . . she cares . . . that's the big difference. It's not even a year – she came on board in November, and she just changed all of our attitudes about our job. We were very disgruntled, depressed, discouraged, until she came, and just her caring about us made all the difference, and everything we wanted or needed she said, "Okay". It wasn't a big argument about, "Well, there's no money for that." Something as simple as these ratty old baby bags here. [She said] "They're disgusting! I'm not taking that into a house!" . . . Our old manager wanted us to take them home and wash them. That isn't appropriate in this day and age. And repair them if they were torn! And I used to do battle with this other supervisor and say, "No! I'm not doing that!" Even around here they want us to dust our desks. I'm not doing that. Like, we have to start understanding that we're nurses here, . . . we can't be everything including cleaning ladies. (Lorene)

When healthcare restructuring was introduced in Alberta in the 1990s, community resources were dismantled and fragmented to make way for the changing philosophy of regionalization (Skillen et al., 2003). Individuals were left confused by the introduction of new health care models. The new philosophy in



health care presents a stressful situation for this public health nurse and her clients, yet she is able to appraise the change and adjust her own strategies:

The expectation – we pay lip service to it now – is that people are responsible for their own health and they’re making their own choices. . . . I don’t think . . . we’ve helped people come to that. . . . And I think that’s a big gap that we have to face. We can’t expect people to get there just because we say you should be. . . . People aren’t ready to say what they need. They’re used to people doing things for them, you know. . . . Try and get a group of seniors organized to say what they want and what their needs are. (Rose)

Changes in health care during the 1990s were accompanied by drastic changes in agricultural practices resulting from restructuring and changing world markets (Skillen et al., 2003). The small farm is disappearing with tragic consequences to individuals and communities. Recognizing change and setting limited goals for herself is one thing, but when many people including family members overextend financially, it hastens the process of decline. Sheila reflects on the changes:

The other thing that I see is people doing it to themselves. I see young farmers wanting all the new equipment and all the latest of everything, and they burden themselves with debt. And you know, that’s their own. They’ve done it to themselves. But it’s a bit of what’s happened with our society. I see all of my own children wanting so many *things* that, because everybody’s got it, they all feel they need it. So they burden themselves with debt and then they work to service a debt. . . . And that’s kind of doing it to yourself in a way. (Sheila)

Changing agricultural practices are driving small farmers out of the business because of shrinking profits and rising costs. Large corporations are buying up the farmland. At one time, the community revolved around the local

grain elevator but these too are being destroyed in favour of mega-business:

The small farmer is getting ate (sic) up by the big farmer. There's very . . . few of us left. Land is so high and crops are so low and now, they're tearing down our elevators and . . . financially it's bad. . . . You have to hire people to truck your grain now. . . . to ship our grain now . . . you can take off probably close to \$600 to \$1000 just for shipping the grain now. That used to be ours. . . . They say they're doing all this restructuring but I . . . just don't see it. . . . And even when the government does come out with all these great big, oh, billion dollar things, well, when it comes right down to it, if you're not a big farmer, you do not get any of it, or very little of it. . . . Because it goes by land base. And so if you're not a big farmer, you do not get a lot. It doesn't help that much. (Judy)

*Demonstrating Flexibility, Perseverance, and Resourcefulness as Indicators of Resilience*

After healthcare restructuring began, the workplace as it had been was often transformed into something that employees found very unstable, unnerving, and uncertain. Heather describes the transition from the beginning of restructuring in the work place to where they are now. She can see some positive aspects of the process and demonstrates flexibility in her ability to manage the changes:

Well, . . . the environment has been very much in a state of unrest. And there was a time when the morale was very low. Generally the morale in our office was quite poor, and it still isn't. . . . you know. I guess we've all sort of moved - you can't . . . be in a low state of morale forever, and as we have seen some positive effects coming out of this. We've started to move past that. And there are certainly periods of time . . . when we feel like, "What's next?" kind of thing. . . . But I think in general, the morale around the office is much better than it was four or five years ago. . . . And of course, we had to move when the regionalization came. . . . We were in a totally different building. We had . . . a lovely view of the lake . . . and although we were growing out of the building, nobody wanted to have to move. But we could see that whether regionalization came or not . . . we would grow out of that building. . . . We didn't know where we were

moving for a while and how things were going to go, but we knew that we were growing and you know, that had some positive influence. It also had some negative because we didn't know where this growing thing was going. Were we just gonna grow up like topsy, or was there going to be some structure . . . . It was the uncertainty of it. (Heather)

Gender-roles limit opportunities in professional work and on the farm.

Flexibility, perseverance, and resourcefulness are essential to finding positive meaning in some cases. Ruth, a home care nurse, feels undervalued in her community and unrecognized for the support that she provides to the family farm. In spite of low regard from others she finds fulfilment in her resourcefulness. Perseverance is evident as she responds to the question, "To what extent do you think being a woman has shaped your work experience?":

. . . . Women are not valued as much as men in society, no matter what kind of work they do. We are expected to be . . . hand-maidens, and we are expected to work for the money that they are willing to give us. And we're expected not to ask for any more. And we shouldn't be . . . expecting to be paid for all this. . . . That's the impression I get, and I get that from many people that I know; many men that I know. And [in] our community, there's often . . . a lot of family things that go on, and if there's ever a nurses' strike or anything going on - wow! "What do they think they should get paid for? Why do they think they should get so much? We sure don't get that." And I think sometimes they don't consider that . . . our wages are what's keeping the farm afloat. And often times with the animals on the farm, the husband expects that if the wife is a nurse, she should know what's wrong with a cow, why it's doing this. And we should be there to nurse the animals back to health if they're sick, and we should be there to help with the injections, and all that kind of stuff. But even for the wives who are not nurses, that's expected. Women are expected to nurse sick people or sick animals. And that's okay with me. I kind of thrive on that myself. (Ruth)

*Demonstrating Novelty Seeking, Curiosity, Creativity, and an Exploring Nature as Indicators of Resilience*

Fatigue, workload, and overwhelming expectations from others have been revealed in the data. It seems that just getting by from day to day presents a challenge. Curiosity, creativity, and exploration of things unknown might be more of a threat than a welcome experience. Women indicated that the creative part of themselves is often the last to be attended to because of other priorities. When present, data were descriptive of the many facets of curiosity and creativity:

. . . We all figure we sort of know, but that's not the case always, and you don't want to be making important decisions on . . . . You want to be at least somewhere near the mark or heading that way. . . . Like when I do something, I want to know the latest and what's happened. I don't care if it's England or . . . Victoria, or somewhere in Texas. . . . I just want to know, and we don't have that ability in this region to do that. Because of funding . . . research costs money. . . . But we can borrow from other people's research. . . . We're rural, issues are different here than in the city, but there are issues that I think cross boundaries. (Suzanne)

The Oxford Paperback Dictionary (1988) describes curiosity as "a desire to find out and know things" (p. 196). Finding out in some instances, can simply be finding: finding satisfaction, peace, or ways to feed an emotional hunger. *Finding fulfilment* to deep yearning is evident in the following narrative. Audrey is asked what she values about her work:

I think it helps my mental fitness, you know. . . . I like a challenge. I like learning new things. It's a skill. It's a gift, you know. And I love people, and on the phone - I have three boys and a husband, and maybe . . . it

answers my relationship with women. . . . I work with women here, and I go home to guys. (Audrey)

*Finding creative ways to network* with colleagues in the face of budgetary constraints is evidence of resourcefulness, creative vision, and active problem-solving. These are all indicators of resilience:

Oh, we have been fighting and fighting just to get together as a region. We will for the first time get together as regional public health nurses in September only because we could put it under the . . . umbrella of best, what did we call it? We had to watch the wording on this too – Best Practice Update. Yeah, but boy we sure need to talk to each other at lunchtime. (Rose)

*Finding a voice* to make changes in the workplace is often difficult due to perceived peer pressure, mistrust of authority, or concern for job security. An exploring nature allows this nurse to visualize her job as something more than it is at present: “I’d like to change my job description ‘cause I would like to do more – way more than what I’m doing here. A lot of people are very content, but I find I need more”. (Lorene)

*Finding time and energy* to nurture creativity in herself, this woman tells of how she is able to attend to aspects of her farm-self and woman-self:

I love going to the farm shows because they do have the women’s section. I love that! . . . Like down in this area we’ve had a couple of those too where, Women’s Day Out, or whatever . . . and they’re very interesting to go to. I like to go to things like that. (Judy)

*Willingness to learn* new things demonstrates curiosity to seek knowledge, to find answers, to find new aspects of self, as well as finding out new things

(novelty seeking) and developing insight into changing trends:

I think a lot of the Agri-business, they're farmers – a lot of them are using all of the new ways of doing things, which is good. . . . they're using new computers and doing the internet. They're using [them] to check prices on grain and . . . it is a business for sure. . . . We just bought a new one. We had an old one [and] we did put our books on it for a while. And then the program that we had ran out coming the year 2000, and we just bought a new one the other day . . . we're not on the internet yet. . . . But it is internet ready, and our kids are very interested in it. They know more about it than we do. (Peggy)

*Creating a new vision* of their farming practices means taking a risk.

Confidence and an exploring nature are evident in the following example:

. . . For ourselves personally, the major change that we have made, and we have been doing it for 2 years now, we are not certified organic farmers, but actually we have made a move to do something a little bit less than what the mainstream is doing. And so again, it's not about money, and we were sort of challenged. . . . And so we have actually made a move to go towards organic farming. (Karen)

In summary, the situational pattern reveals itself to be an expression of all the other patterns. It is evidence of behaviour and action, values and beliefs. Intrinsic and extrinsic variables are shown to be in constant interaction. Physical and psychosocial attributes identified in the dispositional pattern are also evident in this pattern.

#### Evidence of Resilience - Philosophical Pattern

The philosophical pattern is manifested by personal beliefs (Polk, 1997). A belief system may be defined as having within it, in some organized psychological form, every person's beliefs about social and physical reality

(Rokeach, 1968). Indicators of the philosophical pattern were found in all 16 interviews. There were no negative cases identified. Attributes of this pattern are highly individualized and personal, and reflect the environmental and social cultures of the participants. It was necessary to draw heavily on the literature to define the attributes rather than the indicators in this pattern. Polk's (1997) framework did not elaborate on what is meant by personal beliefs, apparently leaving interpretation up to the reader or assuming the reader would instinctively know what is meant. While the indicators are the outward expression of the subject of inquiry, the attributes provide the substance from which these expressions are formed. Values and beliefs are terms used in our everyday language, but are terms that are rarely examined or fully understood.

Adler asserts that logical thinking is only possible through the use of language. Language provides the means to build concepts and to identify differences in values. Therefore, thoughts and concepts like reason, understanding, logic, ethics, and aesthetics originate in the social life of individuals. Society influences our lives as well as the development of our minds. The psychological goal toward which all people's actions are directed is determined by influences and impressions imposed on the individual by their environment (Adler, 1927/1992.) According to Eric Erikson, ethical principled behaviour in partial or complete development, defines personal identity in mature adulthood. Additionally, Erikson claims that the ethics of adulthood is

the culmination of childhood morality and adolescent ideology (cited in Hoare, 2000).

Rokeach (1968) defines a belief as any simple proposition, conscious or unconscious, inferred from what a person says or does, capable of being preceded by the phrase "I believe that . . . ." (p. 113). The content of a belief may describe the object of belief as true or false, correct or incorrect; evaluate it as good or bad; or advocate a certain course of action or a certain state of being as desirable or undesirable. Rokeach asserts that whether or not the content of a belief is to describe, evaluate or impel to action, all beliefs are predispositions to action.

An attitude according to Rokeach (1968) is an organization of several beliefs focussed on a specific object or situation predisposing one to respond in some preferential manner. It is a package of beliefs consisting of interconnected assertions to the effect that certain things about an object or situation are true or false, and other things about it are desirable or undesirable. Values, conversely, have to do with modes of conduct and end-states of existence. Unlike an attitude, a value is a standard to guide actions, attitudes, comparisons, evaluations, and justifications of self and others (Rokeach, 1968). Kalish and Collier (1981) concur, affirming that behaviour tends to remain consistent with previously developed values. The authors maintain that values are developed to justify behaviours.

A belief that self-knowledge is valuable and reflection upon oneself and events are attributes of this pattern (Polk, 1997). Polk's philosophical pattern,



manifested by values and beliefs is fully expressive of the positions of knowing described by Belenky et al. (1986). The values we adopt from others or create ourselves are placed within the context of our own lives. These values form our knowledge and give meaning to our beliefs. From the researcher's individualized vantage point, interpretation of the indicators described by Polk (1997) are:

- believing that good times lie ahead (*hope*)
- finding positive meaning in experiences (*optimism*)
- believing that lives are worthwhile and meaningful (*many realities are possible*)
- believing that one's contributions have value (*worthiness*)
- believing that life has purpose (*goal-directed*)
- believing each person's life path is unique (*individuality*)
- believing the importance of maintaining a balanced perspective of one's life (*multiple ways of knowing*).

*Hope as an Indicator of Resilience (Believing that Good Times Lie Ahead)*

The data revealed a dearth of evidence of this indicator, which contradicts one of the most basic tenets of farming philosophy. Hope was described explicitly by one participant. It was implied by all the participants by their continuing existence in farming despite rising costs, shrinking profits, and having their way of life threatened. The stories of adversity, loss, and come-backs demonstrate the existence of a tenacious will to survive and yet, narrative evidence was absent in most cases. The following tells of how a nurse and her spouse restructured their livelihood after economic hardship:

... We were grain and cattle farmers and we ended up having to sell

everything. . . . We are now back into having cattle on shares, and starting a new business with trail rides with horses. We sold most of our land except for one quarter and a small acreage, so we're just new business entrepreneurs. (Ruth)

It may be the nature of the interviews in the original study precluded discussion around this topic, or it may be the belief in good times ahead is assumed. Why else, one might ask, would people continue to struggle against natural, economic, and social forces seemingly bent on breaking down the farmer's spirit? Val reveals her own perceptions of changing agricultural fortunes where hope, but not endless hope, is described:

. . . I can just see the farms in great trouble. Everything seems to be more controlled by larger corporations actually. And finding it harder and harder to meet that, . . . I do think there's a real lack of help for farmers. I also think farmers are a hard group to actually help anyway. . . . They're too proud. . . . It's almost like - next year will be better. Like next year will be a better year for sure! Like it's going to be more rain, and there'll be even more grass and there'll be better crops. . . . Somehow we'll get through this year. Somehow. But next year will be better. . . . It's probably a pipe dream actually. It's sort of a mentality that goes with the pride of farming and the farm family, and trying to save the farm. And lots have let their farms go, and I think that's really sad the way that's happening. . . . that's a very sad thing in our country, but we also just can't hang on forever. (Val)

#### *Finding Positive Meaning in Experiences (Optimism) as an Indicator of Resilience*

According to Adler, optimists approach all difficulties with courage and do not take things too seriously. They maintain belief in themselves and find it fairly easy to have a positive attitude towards life. In the most difficult situations optimists stay calm, convinced that mistakes can be rectified. Optimists can be

recognized by their manner which is open, free-speaking, and neither too modest nor too inhibited (1927/1992).

All of the women in this study were overwhelmingly busy. They had responsibilities to family, farm, and paid employer. Free time was rare and highly valued. Rose tells of how she does not have time to spend on solitary projects, but finds fulfilment in other activities with her family:

I spend a lot of time doing stuff, and that's okay, and the doing stuff like needlework, I've not gotten to for quite a few years now. But I can sit and do six, seven, eight, nine, ten hours on it probably if you gave me the chance. . . . See, that's [a] very solitary thing, sitting there doing your needlework. I do a lot of fun things with kids. Like they're into golf, so we golf. They're into sports. . . . we truck around everywhere for hockey and stuff, and that's fun. I'm not saying that's not fun, but less of just me – fun things. I don't have a lot of that, and so . . . I've let go of that for a while and that's okay. But given the chance, boy, I'd sit down and do hours and hours. But I think that 's the choice of lifestyle too, you know. You choose to have kids and you choose to . . . make them a part of your life. . . . You choose to be on the farm. (Rose)

Finding positive meaning in experiences was a common thread throughout the data. In discussing her health, Loretta reveals that even though her health is less than optimal with a weight problem and hypertension, she considers herself fortunate in comparison with her husband who has a degenerative disease. When asked what she would change if she could, she reveals the following:

Maybe changing the speed I'm going – slowing down a little bit. 'Cause I'm on a blood pressure pill. I'm not sure whether that's from stress with the help[ing] my husband, the mental stress there, or a combination of everything together. I think it's a combination of all that. . . . What do I value most about [the work I do] . . . with the farming . . . part of it is to see that my husband is still able to do what he wants to do on the farm

with the little bit of help from me. He's still active, but slowing down. So you know, thank heavens one of us is healthy! (Loretta)

*Believing that Lives are Worthwhile and Meaningful (Many Realities are Possible) as an Indicator of Resilience*

The following is the last example of the previously miscoded negative case examples. Originally the quote was interpreted to be negative in the relational pattern because of the seemingly disproportionate emphasis placed on work, presumably at the expense of balancing other relational activities. In subsequent analysis, data revealed that the participant values her functional abilities, and finds great personal meaning in manual labour, with positive effects of this labour realized on her physical and emotional health:

. . . Well even considering the farm, it's a very independent lifestyle. I really value that, and . . . I see myself more as a loner. I'm not a real social person and so I really value that I can be on my own and that I can do these things that are so very satisfying, and some of the things that you do share with others . . . like picking raspberries. You know, it's like I pick them for someone today and . . . I value that. I value being able to have that independence and do that. . . . My work is a really big thing. My kids call me a workaholic. Is that something that comes out in farm women? (Karen)

Believing that lives are worthwhile and meaningful requires empathy.

Adler (1927/1992) states that the psyche has the ability not only to perceive what actually exists, but to sense what will happen in the future. This function of foresight is also linked with the power of identification, or empathy, which is well-developed in humans. Empathy occurs in the interval of time when one

person speaks to another. Adler stresses that it is impossible to understand another individual if one cannot at the same time identify oneself with him or her. Empathy gives us the ability to identify with situations outside our own direct experience (Adler, 1927/1992).

Returning to ways of knowing described by Belenky et al. (1986), procedural knowledge supports empathy since it is grounded in the concept of understanding. Recall that this position has two different conceptions of self: separate and connected. Connected knowing builds on the conviction that the most trustworthy knowledge comes from personal experience rather than the pronouncements of authorities. Connected knowers develop procedures for accessing other people's knowledge and at the heart of these procedures is empathy. Since knowledge comes from experience the only way connected knowers can try to understand another person's ideas is to try to share in the experience that led to the formation of the idea (Belenky et al., 1986).

A public health nurse describes how networking and human contact is lost by the prevalence of voice mail. She observes how sometimes it is a relief to just leave a message so she will not have to talk to anyone. Overwhelmed by time constraints, she feels there is not time for talking anymore. Priorities shifting, she reflects on her life in relation to the terrorist attacks on the World Trade Centre in New York on September 11, 2001:

For a few years back, when I had three kids at home, I was almost like,

"Stop the merry-go-round! I want to get off!" . . . It's kind of sad when you think about how short your life is, and I think after the thing that happened yesterday in the States, you say, "Get your priorities straight." At the office, I think that's one of the things we do, the ones that I'm really talking to, we're just saying, "What is important to you?" . . . I think a lot of us have been looking at trying to simplify our lives for a long time. You can have personal possessions and stuff, but does it really - you know . . . for me that's not important. People, I guess. . . . and your belief system. (Michelle)

Belief in self-worth can provide the foundation for valuing others.

Heather describes how she is able to contribute widely to her paid and unpaid work environments. She feels validated by supervisors and family members and takes pride in her abilities to work hard and do a job well. She describes help received from her family members when she gets overwhelmed and is appreciative of the relationship she has with significant others:

. . . We all work well together, we're a very close family . . . We are very involved in church activities, and I think that the spiritual part of it enters in quite significantly as well. And you know, we've just grown up realizing the value of other people and their work and the need to work together. . . . We've done a good job, if I might say so myself! (Heather)

Caring for people was evident throughout much of the data. The nursing participants spoke with affection of the clients they served, and how satisfying it was to provide care and companionship to others. A prevalent theme was also the value of rural living as a method of providing the kind of experience for themselves and their families that was worthwhile continuing in traditional farming ways:

My nursing [work] I value - taking care of . . . my elderly people. I love

them. And the farm. I value the farm life for my children. The way of life – it's a way of life, it's not an occupation. . . . My 14 year old just started helping swathe this year . . . the smile on his face was just – just incredible. . . he was so proud of himself, and we are so proud of him. (Judy)

*Believing that Own Contributions are Valuable (Worthiness) as an Indicator of Resilience*

Linda, a public health nurse, spoke of her paid and unpaid work, and how the two overlapped at times. She would respond to calls from neighbours after hours to address health concerns, and often go to other people's homes to provide care when requested. She demonstrates value for her own contributions by describing how being a woman has shaped her work experience:

I have to be a mother, I have to be a wife, I have to be a farm labourer. And I think I do more roles – expected to do maybe not quite as much as a man specifically, but to do most of that work. And then to do the nurse stuff as well. . . . My role also is to see that my in-laws go to doctor's appointments and anything that they need. . . . And so I'm the nurse. I have to do most of that. (Linda)

Abilities to provide physical labour were highly valued by the participants in this study. They spoke with pride about being able to provide assistance to their husbands on the farm. The farm women performed many jobs that might not be considered traditional roles for women off the farm. Peggy demonstrates her own self-value when she tells of her accomplishments in spite of limitations secondary to a debilitating chronic disease:

. . . . I value that I can help my husband when I can. Like when I can go out around the combine, and I can be on the tractor and help him, and feel like I'm really contributing to our farm. As far as the house goes . . . you feel good when you get your laundry done and it's all washed and the house is clean and tidy. (Peggy)

Satisfaction with life and circumstances seemed to contribute to a sense of fulfilment and achievement. Personal meaning derived from work was evident in the data. A strong sense of self-identification with her work is evident in the following example:

. . . Work, it gives you a meaningful life. If I had no work I would have a hard time . . . if I was to think of completely leisure time. Work does really represent a lot of my life, and if you took that away, I'm sure I would struggle for a while to - actually find me. (Karen)

Wanting recognition for contributions was also evident in the data.

Women were willing to work long hours in their paid and unpaid employment but wanted to be recognized for their efforts. Sheila had retired to stay home with her spouse and describes how she rethought things and returned to the paid work place. She also describes how she made the best of her resources in the past to provide help to her husband, and how he had to learn to accept change in his own life:

Well I actually retired from nursing and just was gonna stay home, and we were just gonna be together and it was sort of like, my husband decided, "Oh good! We've got more help." So we were digging trenches and putting in underground lines for irrigating. [I thought] "I should be back nursing, this is nuts!" I've always helped on the farm. When the children were younger we'd have hired help for the children rather than having hired help for the farm. And then I'd be the person that helped, because we'd gone through the situation of having hired kids to help and . . . it drove everybody nuts. So it was better to have somebody with the children, and I'd help. . . . And I've had to sort of educate my husband about that too, because when I was out helping with farming and we'd come in - he was brought up in a home where the mother was in the house and didn't do anything else outside, so he's from the generation where, if there's not a fork on the table, "someone needs to get me one."



And I guess if we'd worked outside all through the day, then it was like, "Ah! Well, we'll do this together too!" So it was like . . . changes . . . needed to happen. (Sheila)

*Believing that Life has Purpose (Goal-directed) as an Indicator of Resilience*

Community service was an activity highly valued by many of the participants. A strong sense of belonging, investment, and commitment was evident from many of the women in the study. The women felt connected in many ways to their communities and this is demonstrated in the following example:

. . . I would like to live a long and healthy life and enjoy what's out there for me to enjoy . . . my home - I'd like to live a long life where I live. That's very important to me, and people - my community. I want to die in my home [but] I don't want to die yet. I value the things I can do for the community that make a difference. If I can leave this earth and know that maybe I helped somebody in some way, or prevented something from happening . . . then I feel real good about it. I feel really charged about that. I've contributed something back to people, and that's what I want to leave this earth with. (Lorene)

Maintaining faith in the traditional farming life is challenged by falling commodity prices and rising costs, which were cited as two of the main reasons why farming is becoming non-viable in today's economy. However, the way of life that the farm provides, the values, and the sense of community still hold a high level of importance to many of the women. They appreciate the fact that they can raise their children in a rural community, passing along many of the things they have learned from their own families. Although this is a highly valued way of life, the women realize that they can not contribute endlessly to a

dying industry:

. . . the young people just don't want to farm anymore. . . we do it because our children are still at home, and we really like to live the rural - in the rural setting. And we don't farm a large amount and they both are quite involved. . . We were both raised on a farm, my husband and I, so it was something that we wanted to do. But if we lose money every year farming - we don't do it for the money, and we could never live on the farm [farming alone]. (Adelle)

*Believing that Each Person's Life Path is Unique (Individuality) as an Indicator of Resilience*

Parse states that her own work and that of Rogers (1992) represent the simultaneity paradigm (cited in Hickman, 1995). An assumption of both theorists is that human beings are interacting in mutuality with the energy from the universe or environmental field. Parse (1992) posits that human-universe experiences are connected uniquely to give meaning to an individual's life. Polit and Hungler (1997) note that the phenomenological paradigm claims reality is not a fixed entity but is something created by individuals. Reality exists within the context of people's lives and many realities are possible.

The uniqueness of humanity proved to be a rare indicator. Although several participants imply this in their responses, belief in personal uniqueness was demonstrated clearly in only one interview. Suzanne articulates this belief with her reply, ". . .because we all come from our own perspectives, our own situations, . . . we need to have a . . . bigger picture."

*Believing in the Importance of Maintaining a Balanced Perspective in One's Life  
(Multiple Ways of Knowing) as an Indicator of Resilience.*

Farming as a way of life was honoured by the participants throughout the data. It had a down-side however, and this ranged from social and geographical isolation to the insecurities of weather, finances, and health. Audrey tells of how she keeps her perspective at home and in the workplace. Raised in the city, she is able to visualize other realities, and does what she feels she must do to maintain balance in her home life, paid work, and education:

I thought that my job, or my work, was my security, and . . . should I be left alone, should I have different circumstance in life. It was my security – it was a job. I had children, you know. So it's easier staying in it than letting it go. . . . it was also my way out, so I considered it work but it was my way off the farm, too. . . . you have a certain level of education or study . . . it kept me on my toes. . . . It was another part of my life so it was work, but it was still fulfilling another part of me. . . . And I really appreciated the fact that husband allowed me to do it. He saw that it was a need I had, and so he was very good about baby-sitting or helping me out, or taking the kids to the sitter so I could sleep. (Audrey)

Finding balance between work and family life proves difficult for many of the farm women. Endless demands at home create hardships for families trying to find leisure time with spouses and children. When asked what they would change if they could, frequent responses included getting more rest, having more time to relax, doing more things just for themselves. The following example demonstrates Andrea's understanding of the importance of a balanced life, and how workload and financial necessity cause shifting priorities. The narrative is in

response to the question, what would you change to make your paid and unpaid work environment better?

More holidays – for both. I know on the farm we did take a week holiday this year, but that’s the first time in probably about ten years, because it’s just so hard to get away. You know, we’re too busy with [my husband] working off the farm, and when he does have some time off, there’s always the farm work to be paying attention to. . . . And I don’t know if we do that to ourselves or what, . . . but I know when we’ve got loans to pay, that’s sort of what drives us. You have to work, and I know we should take time for ourselves, but that’s hard to do. . . . It’d great to have some free time.  
(Andrea)

#### Resilience in Context

Polk’s (1997) framework of resilience provides insight into variables that contribute to the manifestation of resilience. It considers patterns, attributes, and indicators and gives thought to intrinsic and extrinsic forces that are in constant interaction between individuals and their environment. However, once the data are arranged into the framework, the essence of resilience can be lost in the micro analysis of the parts. It is necessary to take one step back and reconsider what the data are revealing in the context of participants. Adler (1927/1992) reminds us that the understanding of human nature can never be learned by examining isolated phenomena that have been taken out of their whole psychological context.

In the study of resilience this principle of wholeness must be applied. Imagine that one has looked at each woman’s life with a magnifying lens, studied the parts, and has now removed the lens and stepped back to see the individual

as a whole person, and then all the women together as an aggregate of knowledge, life experiences, and relationships. The women have spoken individually and collectively to tell their stories of adversity and survival. There are similarities across the data that can be seen within the context of resilience. Individually and in community with each other, the women show evidence of resilience but not always, and not in all areas of their lives.

Kaplan (1999) poses the question, "Should resilience be defined in terms of the nature of the outcomes in response to stress, or in terms of the factors which interact with stress to produce the outcomes?" (p. 19). Outcome according to Kaplan, is a set of variables reflecting the interaction of multiple processes of coping with and adapting to, internal and external demands. In this study, the variables as they have been identified by Polk (1997), have been examined individually, for each participant in the study. This micro examination has captured the essence of resilience in a limited sense, as each woman in the study is manifesting resilience to some degree.

The nursing model of resilience proposed by Polk (1997) is informed by the theoretical work of Parse (1987), Newman (1992,1994), and Rogers (1990), and links her work to the simultaneity paradigm of nursing science. This paradigm views the human being as more than and different from the sum of the parts, changing mutually and simultaneously with the environment (Polk, 1997). The resilient human being therefore, might be postulated to be more than and

different from the sum of the indicators, changing mutually and simultaneously with the environment. From this perspective it might be further theorized that examination of variables in isolation diminishes the context in which resilience occurs and that only when the gaze is widened, full context is restored.

Content analysis revealed emerging themes which are a sub-set of the indicators described by Polk (1997). These are represented in Table 3. From the content analysis, a larger-than-one phenomenon begins to take shape and themes emerge to capture more the essence of the women-aggregate in this study.

Table 3  
Emerging Themes of Aggregate-Resilience

Pattern Description	Attributes	Indicators	Emerging Theme
<b>Dispositional Pattern</b> physical and ego-related psychosocial attributes that contribute to manifestation of resilience	physical	-intelligence -scholastic aptitude -good health etc. -temperament etc.	sense of personal competence (We're still able to function)
	psychosocial	-sense of mastery, self-worth -positive self-esteem/ confidence, self-efficacy -autonomous, self-reliant	sense of selflessness (We will put our own needs last)
<b>Relational Pattern</b> characteristics of roles and relationships that influence resilience	-intrinsic	-confides in others -derives comfort from others -relates to positive role models -personal intimacy with others; deep commitment to relationships	social intimacy (We are committed to our relationships)
	-extrinsic	-multiple interests/hobbies -commitment to job, education, social activities -seeks community support -positive social interactions	supportive community (We are defined by our community)
<b>Situational Pattern</b> characteristic approach to situations or stressors	-cognitive appraisal skills -problem-solving ability -capacity for action when facing a situation	-realistic assessment of capacity to act/consequences -awareness of what can/can't be accomplished; set more limited goals -perceives changes in the world -problem-oriented coping; internal locus of control -reflects on new situations -flexibility, perseverance, resourcefulness -novelty-seeking, curiosity, creativity, an exploring nature	perseverance (We'll roll with the punches)
<b>Philosophical Pattern</b> personal beliefs; values	-self-knowledge is valuable -reflection about oneself and events	-believes good times lie ahead -finds positive meaning -lives worthwhile and meaningful -own contributions are valuable -life has purpose -each person's life-path unique -balanced perspective of life	hope (There's a place in the future for us)

Adapted from Polk, L.V. (1997). Toward a middle-range theory of resilience. *Advances in Nursing Science*, 19(3). Copyright held by Aspen Publishers Inc.

## CHAPTER V: INDIVIDUAL WOMEN'S RESILIENCE: RESULTS AND DISCUSSION

The findings of this study support the expectations that evidence of resilience would be revealed from a sample of rural Alberta women, using the four-pattern resilience framework described by Polk (1997). Informed by humanistic theorists such as Parse, Newman, and Rogers, Polk postulates resilience as a four-dimensional construct consistent with the simultaneity paradigm of nursing. This paradigm views the human being as more than and different from the sum of the parts, changing mutually and simultaneously with the environment (Polk, 1997).

For the rural women in this study, significant stressors were represented mainly by the restructuring processes in healthcare and agriculture. There were numerous effects of these processes such as declining profits, uncertainty, financial hardship, personal losses, and excessive workload. Content analysis of the data revealed numerous examples of outcomes that were better than might have been expected after significant adversity. Intrinsic and extrinsic factors were defined and examined. This analysis provided useful insight into the development of self, knowledge, values, and beliefs. The entire process revealed the dynamic complexity of resilience and underscores the contention that examination in context is imperative (Egeland et al., 1993; Luthar & Cicchetti, 2000; Luthar et al., 2000).

This chapter will focus on a summary of the evidence of resilience for the



participants as individuals in this study. As previously mentioned, pseudonyms were assigned in order to protect anonymity of the participants. In order to get a sense of the whole person, a short summary of the notes made while listening to the audio tapes will be included for background and context. Following examples identified for each case, the indicators and analysis of intentions will be examined. Full discussion of all negatively identified cases will occur under a separate heading.

### Ruth

#### *Background*

Ruth tells a story of economic hardship and financial loss resulting in the necessity of having to sell most of the land she and her husband owned. Previously, she and her husband had been cattle and grain farmers but were now starting over with cattle on shares as well as a new business venture with horses. In the workplace, Ruth appreciates the social contact with her coworkers and enjoys the work she does with clients. Health-wise she suffers from chronic back pain but regards her health as relatively good in spite of limited mobility, hypertension, and a weight problem. Socially Ruth has many demands placed on her by family and friends related to her work as a nurse. Gender-role expectations are prominent, and she generally feels undervalued and underappreciated by those in authority.

*Dispositional Pattern*

*Good health, as an indicator of resilience.*

. . . . well, by my definition I certainly have all my 5 senses. I'm able to do my own ADLs [activities of daily living]. I do participate in activities, certainly not to the degree that I would like to because I have back problems related to work and don't have days that are 100% pain free. So that I find very restricting. I find work pretty stressful most of the time, and I have high blood pressure and I think a lot of that, probably half and half, related to work and related to what my lifestyle is and the fact that, yes, I am overweight . . . I certainly know that there's hereditary factors involved as well. And I can't be as active as I would like to be, I don't have the time. Or I think I don't have the time.

*Relational Pattern*

*Developing personal intimacy with others; demonstrating deep commitment to relationships, as indicators of resilience.*

Well . . . work-wise, they do have a program here for all the employees . . . and it's through . . . the insurance company . . . and that's available to us at any time. We've got a 1-800 phone number that we can use and that's available to us if we choose to use it and that is all confidential. I have never used it myself, I find my support and my stress reliever is family and friends, just being able to get together. And my coworkers.

*Situational Pattern*

*Demonstrating flexibility, perseverance, and resourcefulness, as indicators of resilience.*

. . . Women are not valued as much as men in society, no matter what kind of work they do. We are expected to be . . . hand-maidens, and we are expected to work for the money that they are willing to give us. And we're expected not to ask for any more. And we shouldn't be . . . expecting to be paid for all this. . . . That's the impression I get, and I get that from many people that I know; many men that I know. And [in] our community, there's often . . . a lot of family things that go on, and if there's ever a

nurses' strike or anything going on - wow! "What do they think they should get paid for? Why do they think they should get so much? We sure don't get that." And I think sometimes they don't consider that . . . our wages are what's keeping the farm afloat. And often times with the animals on the farm, the husband expects that if the wife is a nurse, she should know what's wrong with a cow, why it's doing this. And we should be there to nurse the animals back to health if they're sick, and we should be there to help with the injections, and all that kind of stuff. But even for the wives who are not nurses, that's expected. Women are expected to nurse sick people or sick animals. And that's okay with me. I kind of thrive on that myself.

*Demonstrating realistic assessment of capacity to act and the expectations/consequences of that action; perceiving changes in the world; reflecting on new situations, as evidence of resilience.*

. . . it seems here in this office they have divided us into two teams and we're very much divided. And they have really discouraged any kind of socialization because we are keeping track of every single minute, and every minute is to be allocated to a certain client with whatever we have done for them in that regard. So they're not really - they haven't tried in any way to make us feel like we are social beings. And that's stressful at work . . . I'd like to feel like management cares about us as people . . . we get the lip service [that] we count and they value us, but it doesn't come through in the way we are treated. . . . You can say whatever you want, but what you do speaks louder than what you say. . . . I'd like to see them keep their word - when they say something to come through with it.

(Note: this example was previously miscoded in the relational pattern, and discussed in Chapter 4. It is also discussed later in this chapter in the section on negative case analysis.)

#### *Philosophical Pattern*

*Hope, as an indicator of resilience.*

. . . We were grain and cattle farmers and we ended up having to sell

everything. . . . We are now back into having cattle on shares, and starting a new business with trail rides with horses. We sold most of our land except for one quarter and a small acreage, so we're just new business entrepreneurs.

### *Summary Statement*

Using good health as an indicator of resilience, this participant is seen to regard health as relative to other people's actual or potential illnesses, her own ability to function, and being able to go on in spite of identified health issues. She appears to be *compromising* in this pattern, ignoring the health warning signs and not taking the responsibility for her continuing good health and ability to function. In the relational pattern, she is *committed* to relationships at home and in the workplace. The situational pattern shows her to be *perseverant* and *reflective*. The philosophical pattern reveals she is *hopeful* for the future, as evidenced by entrepreneurial spirit and undertaking new ventures.

Suzanne

### *Background*

Suzanne is a busy mother of five boys and works part time. She feels that for the most part she can balance work, family, and farm, but sometimes it can be overwhelming. An optimist, Suzanne takes the positive aspect of any situation to maximize the situation and works as a collaborative team member with her colleagues. Health-wise, she struggles with a weight problem but has a sense of overall well-being. There is a strong spiritual component to her perception of health. A childhood history of sexual abuse has given her cause for much

reflection and she describes a strong need to be “true” to herself. Suzanne thrives on challenge, and considers herself easy-going; a woman who can roll with the punches. At home and work she feels competent, valued, and versatile. Financially, she and her husband have choices about their lifestyle and she could voluntarily scale back on her paid employment without undue hardship.

*Dispositional Pattern*

*Positive self-esteem; self-confidence; belief in self-efficacy, as indicators of resilience.*

. . . if I have an issue with them [supervisor] I can easily go to them and talk to them about it. But . . . I can go higher up too. . . . That’s the appropriate way to go . . . first to say, “hey, this is how I feel . . . this is where I’m at.” . . . If I could be smart enough and show my case strong enough, you know there would be some hope of changing the situation. If it’s a minor thing, it’s easy to change, you just change the process. . . . But if it involves cash, and lots of it . . . then you have to have your good data . . . you have to make your case. Well, you have to be a good orator/narrator, you know, persuader. But I don’t like to do that unless – I like to do that based on fact and not on how good I am at presenting my case . . . because that’s not . . . ethical. You know, just if you happen to be good at making your point, when, you know, is it a point that needs to be made?

*Relational Pattern*

*Displaying positive social interactions with family and others, as an indicator of resilience.*

I see my role as a mother as very, very important. So sometimes I can actually be a little down on myself. . . . especially as a working mother. That I’m not always there when I should be, or that I need to know where my kids are at and be able to be a support for them. . . . Last night my 7 year old is feeling he doesn’t want to go to school and he feels down, and he doesn’t want to live on a farm. It is too much work. He does the chickens. And there’s 5 chickens you know, he has to go down and pick

up the eggs and take the salt to the sheep, . . . and he feels that it's a weight. . . . The reason my husband really likes to be on a farm is to teach the kids responsibility . . . so it's sort of needing to be with that son, talking with him, praying with him. . . . to develop that cohesiveness. We sometimes have little family conferences. . . . And all the boys and my husband have come together, and good things have come out of that.

### *Situational Pattern*

*Active, problem-oriented coping; internal locus of control ; demonstrating novelty seeking, curiosity, creativity; an exploring nature, as indicators of resilience.*

I think a lot of us are performance-orientated. You know, and I'm learning how to just do what – to be true to myself and to what I feel God's calling me to do instead of being everything to every person. So it's learning that balance and learning how to . . . deal with what you need to deal with, and leave the rest alone. . . . Performance orientation to me is, in order to feel good about yourself, and accepted, you go above and beyond the call and duty, so to speak. It's kind of – it's almost a – it's sick! You know, when I look back at my life I can see that I'm – I'm a very good read of what's going on around me and that kind of thing and sometimes I have done the right thing and not been in touch . . . with how I feel about it. So it's sort of being able – starting to get in touch with who you are and nurturing and nurturing that person inside of you, and recognizing your limitations and your . . . motivations for doing things, and doing them out of the right motivations.

*Demonstrating novelty seeking, curiosity, creativity; an exploring nature, as indicators of resilience.*

. . . We all figure we sort of know, but that's not the case always, and you don't want to be making important decisions on . . . . You want to be at least somewhere near the mark or heading that way. . . . Like when I do something, I want to know the latest and what's happened. I don't care if it's England or . . . Victoria, or somewhere in Texas. . . . I just want to know, and we don't have that ability in this region to do that. Because of funding . . . research costs money. . . . But we can borrow from other people's research. . . . We're rural, issues are different here than in the city, but there are issues that I think cross boundaries.

*Philosophical Pattern*

*Believing that each person's life path is unique, as an indicator of resilience.*

" . . . Because we all come from our own perspectives – our own situations . . . we need to have a . . . bigger picture."

*Summary Statement*

In the dispositional pattern Suzanne is seen to be *confident* in her approach to situations and people. She has a strong sense of personal ability and self-efficacy. The relational pattern indicates a need to be *intimate* and *committed* to relationship with family members and others. In the situational pattern, Suzanne is seen to be *introspective*, *nurturing*, and *curious*, with a strong interest in discovering her own personal truths. The philosophical pattern reveals strong *individualistic* orientation, evidenced by her belief that we all come from our own perspective.

## Heather

*Background*

Heather tells of how she and her family used to farm seven quarter sections in grain, but recognizing changing trends, stopped farming grain and began raising poultry instead. Although it has proven to be a financially rewarding change there was a downside to it because the farming community's perception of the family changed, and considered them as non-farmers since they weren't farming grain. Heather describes a close family with several family members involved in the farming operation, as well as a cooperative and egalitarian relationship with her husband.

Health-wise she does not have any history of depression and feels balanced emotionally and physically. She values relationships with other people, staff, and family members. Work-wise she appreciates the support she gets from her organization. Financially, Heather and her husband are doing well and she feels that she has a choice as to whether she continues to work or not.

*Dispositional Pattern*

*Sense of mastery; awareness of global self-worth, as indicators of resilience.*

Well, I really feel like I'm able to contribute . . . in two fields. I feel like I do good job of my work here, and I guess I've heard others say that, in various ways from my supervisors and my coworkers and so on. And I also feel like I do a good job; what I do at home. We have a big yard, we have a lot. I love my flowers. I love my gardening, and so I work hard to do that and, you know, I feel like I'm appreciated in those areas as well. But I can leave those things and go help with the . . . poultry when it arrives.

*Relational Pattern*

*Developing personal intimacy with others; deep commitment to relationships, as indicators of resilience.*

You know, my husband is very supportive. . . . I've been doing this combination of things for 7, 8 years now, and he knows where my pressure points are here at work, and you know, we just work together to get the job done. . . . We all work well together, we're a very close family. . . . We're very involved in church activities and I think that the spiritual part of it enters in quite significantly as well.



*Situational Pattern*

*Demonstrating flexibility, perseverance, and resourcefulness, as indicators of resilience.*

Well, . . . the environment has been very much in a state of unrest. And there was a time when the morale was very low. Generally the morale in our office was quite poor, and it still isn't. . . . you know. I guess we've all sort of moved – you can't . . . be in a low state of morale forever, and as we have seen some positive effects coming out of this. We've started to move past that. And there are certainly periods of time . . . when we feel like, "What's next?" kind of thing. . . . But I think in general, the morale around the office is much better than it was four or five years ago. . . . And of course, we had to move when the regionalization came. . . . We were in a totally different building. We had . . . a lovely view of the lake . . . and although we were growing out of the building, nobody wanted to have to move. But we could see that whether regionalization came or not . . . we would grow out of that building. . . . We didn't know where we were moving for a while and how things were going to go, but we knew that we were growing and you know, that had some positive influence. It also had some negative because we didn't know where this growing thing was going. Were we just gonna grow up like topsy, or was there going to be some structure . . . . It was the uncertainty of it.

*Philosophical Pattern*

*Believing that lives are worthwhile and meaningful, as indicators of resilience.*

. . . We all work well together, we're a very close family . . . We are very involved in church activities, and I think that the spiritual part of it enters in quite significantly as well. And you know, we've just grown up realizing the value of other people and their work and the need to work together. . . . We've done a good job, if I might say so myself!

*Summary Statement*

Demonstrating positive self-esteem, self-confidence, and self-efficacy

Heather feels *competent* in the dispositional pattern. In the relational pattern, she

is *intimate* and *committed* to relationships. The situational pattern shows that although initially off balance with change, Heather is *perseverant*. In the philosophical pattern, realizing the value of other people, she is *respectful* of diversity and how we need to work together.

### Loretta

#### *Background*

Loretta is a veteran of 30 years of nursing service and chooses to work casual in home care. She regards her nursing work as “salvation” from farm life, or possibly the isolation of it. She values social contact that she gets at work and this provides additional support to her since her husband is in slow decline with a degenerative illness. Loretta co-owns a business with her daughter, and has the choice as to whether or not she will remain in it. Health-wise she struggles with hypertension and a weight problem but considers her health relatively good compared to some others. She helps her husband in a limited capacity around the farm and is grateful that he can still do most of the things he wants to do. As a woman in the world she sees a lot of inequities based on gender-roles and feels the injustice of this on a personal level. However, she stops short of identifying herself with feminists. Technologically challenged, Loretta is mistrustful and fearful of technology but can see how access to information has helped women move forward as a group.

#### *Dispositional Pattern*

*Sense of mastery; awareness of global self worth, as indicators of resilience.*

I'll tell you this, the men would not do what the women do on a farm with money; you know, women are expected, because it 's a thing that's come down through the ages. But a lot of farms wouldn't be as good as they are without the women there doing what they're doing. . . . [are men recognizing that?] Of course not! Some are. Because they're outside working all day on the combine or whatever they're doing, and then they come in and they're so tired they don't think you've done anything all day. I sound like a male basher, don't I?

#### *Relational Pattern*

*Developing personal intimacy with others; deep commitment to relationships, as indicators of resilience.*

What do I value most about . . . well, with the home care I think it's just the caring, and the people that I work with are superb. I couldn't have asked to work with a better bunch. And they're very supportive of each other there, you know . . . if one gets down, we're there.

#### *Situational Pattern*

*Active, problem-oriented coping; internal locus of control, as indicators of resilience.*

. . . the [other] business - I mean, I can just turn it over to my daughter at any time and say, "There! Go for it!" And with the home care, you do get paid for what you do. And you can put in extra time . . . . But with the farming- that's a different cup of tea. There's very little money, I would say, play money. I mean, there's money there for necessities, but I think that's why women work, so they can have money for themselves to do what you want- what they want with. . . . [money earned in home care] It's being used in, well, my personal for whatever I need, but I also buy groceries and necessities. I do *not* buy machinery and things like that. If the farm cannot sustain that, then we should not be there. . . . I just work casual. It's a choice thing.

The following is another example of the same indicators in this pattern:

I'm working, and I've helped my husband in the field, not as much as some

do, but, I help him out at harvest times. And that I consider work, house work – that’s work. My nursing work is work, but it is my salvation . . . . [from] the stresses from farming, [gives me] other people to talk to. On the farm you’re more isolated. [I] talk to my husband, and sometimes not too friendly to dogs and cats. And I’m a social person so I need social contacts. And I think that’s why I enjoy the home care part.

#### *Philosophical Pattern*

*Finding positive meaning in experiences, as an indicator of resilience.*

Maybe changing the speed I’m going – slowing down a little bit. ‘Cause I’m on a blood pressure pill. I’m not sure whether that’s from stress with the help[ing] my husband, the mental stress there, or a combination of everything together. I think it’s a combination of all that. . . . What do I value most about [the work I do] . . . with the farming, I guess, part of it is to see that my husband is still able to do what he wants to do on the farm with the little bit of help from me. He’s still active, but slowing down. So you know, thank heavens one of us is healthy!

#### *Summary Statement*

Using the identified indicators of resilience in the dispositional pattern, Loretta is seen to be *competent*, but feels underappreciated in terms of recognition for her contributions. The relational pattern shows she is *committed* to relationships, especially with friends and coworkers. In the situational pattern, she is seen to be *independent*, having freedom to choose her business activities and how she spends her money. The philosophical pattern shows Loretta to be *hopeful* for the future in terms of her own abilities and the continuing ability of her husband to function independently.

## Linda

*Background*

The following examples represent a busy woman assuming multiple roles of mother, nurse, farmer, wife, and daughter-in-law. Linda is tired but coping in the face of continuous change. At work she values the flexibility of work hours and the reciprocal relationship she has with coworkers. Health-wise she is able to do most of the things she wants to do and seldom has need to seek medical attention. She struggles with a weight problem and lack of motivation to exercise and generally sees health as the absence of disease. Socially, Linda is able to take political action when required, but will overlook things in order to maintain the status quo and to avoid confrontation. She feels some tension around living on the farm with an extended family and the expectations family members place on her because she is a nurse.

*Dispositional Pattern**Good health, as an indicator of resilience.*

I consider myself healthy if there is something that does not interfere with my functioning life. I don't really have to see a physician. . . . overall [my health] is good for being overweight, that's probably my biggest problem right now. . . . I don't have to take any medications; being able to do most of the things that I need to do.

*Autonomy, as an indicator of resilience.*

Fall time can be busy - with the flu in the school and immunization. I find sometimes I forget so I have to do a lot of writing down. I find that sometimes I'll skip a meal just to get something done. I'll delay - I'll put off something, 'cause it's not a priority . . . maybe exercise is probably a

good thing. . . . If I had more time to do things I enjoy just for pure enjoyment; if I had more time to exercise – and motivation to exercise.

(Note: this example was originally miscoded into the situational pattern as a negative case. Subsequent analysis showed it to be more closely and positively approximated in the relational pattern with the indicator of autonomy. This case is previously discussed in Chapter 4 and further discussed later in this chapter.)

#### *Relational Pattern*

*Having multiple interests or hobbies; demonstrating commitment to education, job, and social activities, as indicators of resilience.*

There's stuff I do when I get a phone call. . . . They're calling because they know I'm a public health nurse, and because they know I'm a nurse. . . . A couple of times a month I guess – they call because of their uncle's blood pressure, or they call about a child – "What should we do?" "Could I come to your house?" "What do you think?" . . . take stitches out. Child rearing is work. That's one of the bigger ones. . . . [I have] Five children, ages from 22 months to 13 years. Other work involves helping out with school activities sometimes. . . . Helping my husband with his farm work and his sheep and cattle. . . . I help him pull calves if we need to. . . . I also run a combine. I don't drive tractors. . . . I ride horses. . . . quads. I make those rules. . . . And I feel confident.

#### *Situational Pattern*

*Active, problem-oriented coping; internal locus of control, as indicators of resilience.*

I have flexible hours. . . . If I have to – if I have a child that's sick and needs to see a doctor, we can usually work around it. I have coworkers that are very flexible, and so we trade back and forth. I don't do too much in the way of shift work. If I have to be 15 minutes late, I can be 15 minutes late, and make it up in other spots. And I don't have to worry about taking something home I might pick up in a hospital environment too, with them.

*Philosophical Pattern*

*Believing that own contributions are valuable, as an indicator of resilience.*

I have to be a mother, I have to be a wife, I have to be a farm labourer. And I think I do more roles – expected to do maybe not quite as much as a man specifically, but to do most of that work. And then to do the nurse stuff as well. . . . My role also is to see that my in-laws go to doctor's appointments and anything that they need. . . . And so I'm the nurse, I have to do most of that.

*Summary Statement*

Linda regards her own good health as the absence of symptoms that require medical intervention. She has a weight problem and is *compromising* in this pattern but is *autonomous* in her freedom to choose her actions. In the relational pattern, she is *accommodating* to others and the situational pattern reveals *flexible* approaches to problems. Using the philosophical indicator of believing that own contributions are valuable, Linda reveals that *she is valuable* in the many roles she fills and things that does for others.

Val

*Background*

Val has worked in home care since 1981 and is now nearing retirement age. She had three children at home when she went back to school years ago, first to get her grade 12, then her RN, then later, her baccalaureate degree in nursing. She tells a story of great fatigue and of not handling things at home very well. In the paid workplace she feels she is coping but at home things are piling up to the point where she feels like giving up. Val works all summer to accommodate the

needs of her colleagues who have small children, possibly at the expense of her own good health. Health-wise her fatigue is worrisome. She has a history of depressive illness. Val worries that she may have cancer because she is so fatigued but avoids seeing the physician until it becomes absolutely necessary.

#### *Dispositional Pattern*

*Temperament that elicits positive attention, as an indicator of resilience.*

I get to work and I think I'm handling that okay. But I'm not handling things at home very well. I'm so behind. It's actually quite pathetic. And I don't know why. . . . I've even thought now, "Am I bordering on depression?" Or you know, sometimes I can't really see a way out. . . . Sometimes I just sort of feel like I've given up on a lot of it. Even get myself really behind. Now I think a part of that may be because - I work here all summer because the girls here have little children. So I make sure I work all summer. My holidays are just coming up . . . I think probably I'm kind of tired out. . . . and I'm just too far behind. I'm more and more behind. I'm more disorganized! I used to be a very organized person.

#### *Relational Pattern*

*Having multiple interests and hobbies; demonstrating commitment to education, job, social activities, as indicators of resilience.*

We've only farmed since 1985 per se. Our kids were in 4-H before that. I was raised on a farm but we ran a construction business before that. But we got into black cattle, Black Angus, which my family had been in, my grandparents had been in. Yeah, we got involved in that. . . . [I've been] home care nursing since 1981. I had gone back to school. I had one child in junior high - no, one in elementary, one in junior high, one in high school. And I went back and took my grade 12. I had been an LPN. And I went and took my RN, and then I didn't have enough abuse, I went and took my degree, of course.



*Situational Pattern*

*Realistic assessment of capacity to act and the expectations/consequences of that action; displaying awareness of what can/can't be accomplished, and capacity to specify more limited goals, as indicators of resilience.*

You know, I think things have to change. I mean, my gosh, I'm 59! How long does it take to change, eh? But I think I'm used to doing – I'm used to carrying such a responsibility. . . . It's almost like with our business – like my husband . . . works very, very hard. He has 12 men working. I've done lots of cooking, lots of times there was no cook, I'd cook. I'm with the children, men staying here, morning meals, night meals, lunches. I could do all that. I could do the books, do the payroll. I could do all that. But you know what? One day, it was like I feel that I've got no control any more. And I really think it's enough for me, and so eventually I got to go and do what I want to do. . . . But I think I'm still expecting too much physically. . . . I also think probably emotionally, but physically, I can't do it any more. And I found the post-menopausal – like sleep disruption, which I never used to have. . . . I don't seem to be *ever* rested. I don't ever seem to be finished with work.

*Philosophical Pattern*

*Hope, as an indicator of resilience.*

. . . I can just see the farms in great trouble. Everything seems to be more controlled by larger corporations actually. And finding it harder and harder to meet that, . . . I do think there's a real lack of help for farmers. I also think farmers are a hard group to actually help anyway. . . . They're too proud. . . . It's almost like – next year will be better. Like next year will be a better year for sure! Like it's going to be more rain, and there'll be even more grass and there'll be better crops. . . . Somehow we'll get through this year. Somehow. But next year will be better. . . . It's probably a pipe dream actually. It's sort of a mentality that goes with the pride of farming and the farm family, and trying to save the farm. And lots have let their farms go, and I think that's really sad the way that's happening. . . . that's a very sad thing in our country, but we also just can't hang on forever.

*Summary Statement*

Using the dispositional indicator of having a temperament that elicits positive attention, Val is seen to be *accommodating* to others possibly to the detriment of her own good health. In the relational pattern, she is *diversified*, and in the situational pattern, *perseverant*. The philosophical pattern reveals a *hopeful* woman, but not endlessly so, as she situates herself and others in the shrinking reality of farming as a way of life.

## Michelle

*Background*

Michelle is a public health nurse who tells how life as she and her husband had known it ended when he decided to quit farming. After years of struggle and financial burden Michelle's husband decided to quit farming but he failed to consult with her about it first. An auction dispersed all the things they had worked for. Initially they were disenfranchised by the farming community. She tells of her own despair in the years that they did farm, and her struggle with depression. At work she has difficulty when she perceives she is being isolated from coworkers. With great introspection she is able to critically appraise her reactions to people and how they can hurt her and tries to change the aspects of the situations that she is able to affect. She likes working in palliative care and long term care because of the mutuality and reciprocity she receives from the clients.

*Dispositional Pattern*

*Temperament that elicits positive attention, as an indicator of resilience.*

. . . I guess I think you need your mental well-being and your emotional well-being and your spiritual well-being as well as your physical well-being. I guess that's why I'm in public health. I see that as something I can work on more in public health. I did in the other areas too, but more so here. . . . I really like long-term care. I think there's the relationship part of it too. I really like, it sounds, well – it's really not gruesome – but I really like palliative care and long-term care. I felt that I could give of myself to the clients, and they could trust me, and they gave of themselves to me. There was relationship building there.

*Good health, as an indicator of resilience.*

. . . I don't think I'm as emotionally healthy as I should be. . . . I work better with my clients, my family – but sometimes with coworkers – I just can't get – it's the relationship. You can't get past superficial, and that bothers me. I start to say to myself, . . . “ You can't change somebody else, you can only change your reactions to somebody.” And I'm having trouble changing my reaction! . . . And sometimes changing yourself will change how you interact with somebody else, sometimes it won't. I guess the other thing that is really hard for me is to let go. So if it doesn't work out, move on. That's what my kids are trying to tell me . . . . But if you can't make a relationship work, maybe it never *will* work, and maybe that's okay. Let it be.

*Relational Pattern*

*Developing personal intimacy with others; demonstrating deep commitment to relationships, as an indicator of resilience.*

I have the most difficulty with people who don't want to share ideas. I can go home crying when I find that I'm being isolated. This has been really interesting. We must have done something right (my husband and myself), 'cause when I've gone home like that and kind of talked about it, my daughter . . . the one that's 22, when she was living at home and going to high school . . . she'd say, “What's the problem, Mom?”, and then she'd say, “Mom, it's not your problem.” . . . I guess I keep on trying to give all

the time, and I'm not very good at protecting myself, so being hurt – that's not the right word – but being isolated and just kind of almost shunned, *that* I have difficulty with.

### *Situational Pattern*

*Demonstrating flexibility, perseverance, and resourcefulness, as indicators of resilience.*

My husband was a grain farmer. . . . He farmed for as long as he possibly could, and then when he was toying with the idea of . . . getting out, and I felt uncomfortable with the idea of him getting out, 'cause I guess my identity was tied with him being a farmer. Finally, after I started the public health job, we had a crop that would have paid off all our debts. We had a crop of canola that was taller than myself, and we had a snowstorm at the beginning of August – wiped it out. The last year he was farming – I remember him coming home the last day, or one of those days in the last year he farmed, and he broke down and cried. He says, "I can't do this anymore." It was getting to the point where machinery was breaking down because it needed to be replaced. The crop was too heavy for the machinery. He was completely frustrated. I'd never seen him cry before. He had made the decision, I guess, that he was going to stop farming, but he didn't tell me. That spring, he had decided to have an auction sale. I found out we were having an auction sale before the auction sale, thank goodness. But the day of the auction sale, I hid in the house. I didn't want to be outside seeing all the stuff that we had gathered and collected and worked towards be sold, and basically given away – some of the stuff was given away. It was too hard. Basically, between quitting farming, having the auction sale – I didn't realize how much of my identity was tied up in his farming. It really was. I was a farmer's wife. I was [my husband's] wife, but I was also a farmer's wife. Then you find that you relate to your community on a different level. You're no longer part of the farming community. . . . you're just hanging in limbo for a while 'til you find your place. I went into a major depression, to the point where I ended up having to have medication. And I was trying. "Oh I can get over this. I can get over it." And I couldn't. So farming was really, really tough. [My husband's] comment was, "I can't go on doing this and putting my whole self into this and trying the best I can do, and not getting any results." So he's now working off the farm. We've kept the land, but he's working off

the farm.

### *Negative Case Example*

*Demonstrating realistic assessment of capacity to act and the expectations/consequences of that action; displaying awareness of what can/can't be accomplished, and the capacity to specify more limited goals, as indicators of resilience.*

So sometimes it's the farmer that's not – maybe he's able to cope with the “next year”, but sometimes the wives can't, and they're just so mad. I can remember one year when we were harvesting, and we had lentils, and it was a dry year, and the only good year – about '84 – was that my baby was born – my “whoops” baby, and she was a gift from God, because nothing else was very helpful that year. We were harvesting lentils, and they grow close to the ground, and it was such a poor crop that you couldn't pick it up. I was out in the field crying, and I was picking up the little bits of swathe and trying to throw it into the next swathe. It was just frustration. It's an irrational act, but I didn't know what else to do. I was so mad. . . . You know, I don't know what I was mad at. I think I was just mad. . . . Mad. . . . Out of control big-time. Yeah, I can still remember that day. That's going to be a day that I remember *forever*.

(Note: This case was discussed in Chapter 4, and is further examined later in this chapter with other negative case findings.)

### *Philosophical Pattern*

*Believing that lives are worthwhile and meaningful, as indicators of resilience.*

For a few years back, when I had three kids at home, I was almost like, “Stop the merry-go-round! I want to get off!” . . . It's kind of sad when you think about how short your life is, and I think after the thing that happened yesterday in the States, you say, “Get your priorities straight.” At the office, I think that's one of the things we do, the ones that I'm really talking to, we're just saying, “What is important to you?” . . . I think a lot of us have been looking at trying to simplify our lives for a long time. You can have personal possessions and stuff, but does it really – you know . . . for me that's not important. People, I guess. . . . and your belief system.

*Summary Statement*

Using the indicator of temperament that elicits positive attention in the dispositional pattern, Michelle demonstrates that she is *trusting* and has a need for relationships that are *reciprocal*. The relational pattern reveals a need to be *intimate* with others and *committed* to relationships. In the situational pattern, she shows herself to be *perseverant*, and paradoxically, *decompensated*, as evidenced by maladaptive coping and loss of personal control. Believing that lives are worthwhile, the philosophical pattern shows Michelle as *respectful* of human life.

## Sheila

*Background*

The following examples give the picture of Sheila as an energetic, hardworking farm woman who has worked part time as nurse for many years. She denies being a feminist but recognizes the value of women in farming. Her husband has essentially shared the workload with her over the years, both domestic and farming. They have reduced their farm operations in the past few years and are now contemplating how the assets might be fairly divided and shared among the male and female children. Health-wise Sheila has a holistic view and appreciates the health benefits received from the physical aspect of manual labour.

*Dispositional Pattern*

*Good health, as an indicator of resilience.*

I guess for me, working on the farm was always a good healthy thing for

me. I always felt like it was a good exercise and so that was part of why I enjoyed it – the physical part of it. And I think it made me a better nurse because I had a strong body for doing what's required, especially in a long-term care facility. . . . When I went back into nursing . . . because I want my husband to cut back on farming and start to retire, I just said, "Whatever you can handle you plan for farming. Don't count me in all the work force." . . . I feel really good and I'm in good health. . . . I would say that you are healthy if you're physically healthy, but I think you need to be spiritually and emotionally healthy as well. So I sort of look at all of that. And 'cause so often if you're not emotionally happy it comes out in physical kinds of ways. So, I just feel like the physical work of the farm has been a good part of that. Like I get migraine headaches and I just sometimes think that if I just keep busy physically – I just have lots of trouble with them . . . working physically helps to relieve some anxiety.

#### *Relational Pattern*

*Seeking community support, as an indicator of resilience.*

. . . I live in a farming community, and we just sort of do it [network] locally in our group, but I have never been involved in any larger group than that. I know there are farm women groups but I've never . . . been involved in that. I think that would be a way to maybe change something but I've never – I guess besides working and farming – I just never really did that. I have a good local support group as far as just other farm women to sort of talk to, but I don't know that that really changes anything. It's just someone to talk to . . . It's not a formal group that would go about lobbying government or anything. . . . I think [farm women lobbying] it's a wonderful idea . . . 'cause I think women are an incredibly important part of the farm, and are often not recognized for that.

#### *Situational Pattern*

*Reflecting on new situations, as an indicator of resilience.*

. . . . The other thing that I see is people doing it to themselves. I see young farmers wanting all the new equipment and all the latest of everything, and they burden themselves with debt. And you know, that's their own. They've done it to themselves. But it's a bit of what's happened with our society. I see all of my own children wanting so many *things* that, because

everybody's got it, they all feel they need it. So they burden themselves with debt and then they work to service a debt. . . . And that's kind of doing it to yourself in a way.

#### *Philosophical Pattern*

*Believing that own contributions are valuable, as an indicator of resilience.*

Well I actually retired from nursing and just was gonna stay home, and we were just gonna be together and it was sort of like, my husband decided, "Oh good! We've got more help." So we were digging trenches and putting in underground lines for irrigating. [I thought] "I should be back nursing, this is nuts!" I've always helped on the farm. When the children were younger we'd have hired help for the children rather than having hired help for the farm. And then I'd be the person that helped, because we'd gone through the situation of having hired kids to help and . . . it drove everybody nuts. So it was better to have somebody with the children, and I'd help. . . . And I've had to sort of educate my husband about that too, because when I was out helping with farming and we'd come in - he was brought up in a home where the mother was in the house and didn't do anything else outside, so he's from the generation where, if there's not a fork on the table, "someone needs to get me one." And I guess if we'd worked outside all through the day, then it was like, "Ah! Well, we'll do this together too!" So it was like . . . changes . . . needed to happen.

#### *Summary Statement*

Using good health as an indicator of resilience Sheila comes from a *holistic* perspective and demonstrates *autonomous* choices regarding things she does that affect her health. In the relational pattern she is *committed* to her community. In the situational pattern she is *cautious* about how she approaches financial expenditures. In the philosophical pattern Sheila is patient and *hopeful* that necessary changes will occur.



## Rose

*Background*

The following examples provide insight into a nursing-focussed farm woman. The farm operation Rose shares with her husband is considered “small” (less than 1200 acres). She works part time as a public health nurse and this is by choice. Health-wise she defines health as being the best you can be with what has happened around you. Rose feels as though she is in fairly good health, waking up motivated to do things, and satisfied at the end of the day that she has made achievements.

Work keeps her active but things can get very stressful in the spring and fall. She appreciates the variety between her paid and unpaid work environments, and spends a lot of time with her children and their activities. When her children grow up Rose does not want them to farm because it is too stressful with rising costs and falling profits.

*Dispositional Pattern**Good health, as an indicator of resilience.*

I think I’m in fairly good health. . . . I feel good. I wake up and want to do stuff that day and go to bed satisfied that I’ve done everything that I’ve wanted to do that day. . . . basically, I could feel good when I . . . do the best for what’s around me, and I do. I don’t have any chronic conditions or acute conditions right now. I feel good. I [value most] that I can do what I want to do and what I like to do. I’m a pretty activity-oriented person, so if I lost that I think that would be lack of health for me.

*Relational Pattern*

*Confiding in others, as an indicator of resilience.*

Well, my husband said to me - we had been married for twelve years before we came to the farm, and he said to me, "Do you think we could do this?" We hadn't talked a lot about it. We sort of talked about it and then put it on hold cause the idea was that we would go farm when his dad retired. You know, it wasn't big enough to sustain two families, so we wouldn't do that full time. . . . He said, "Do you think you would ever live on a farm? . . . Would that be okay with you?" And he has asked that periodically and he has said that . . . if there was no way that I was going to be willing to be on a farm, there's no way he would farm. How would you? How would you do it? He said, "how . . . could I farm?", without me being there. All the other things that need to happen around living like have a house, have meals, have clean clothes . . . do the things with the kids when he's not available. He just said it wouldn't have happened. . . . In his head it was a no. And I guess in my head, I don't know too many bachelor farmers. There are some I guess, but it must be very lonely. I mean if you're having a bad day or a good day and you can't share it, it would be . . . very hard I think.

*Situational Pattern*

*Reflecting on new situations; demonstrating novelty seeking, curiosity, creativity; an exploring nature, as indicators of resilience.*

The expectation - we pay lip service to it now - is that people are responsible for their own health and they're making their own choices. . . . I don't think . . . we've helped people come to that. . . . And I think that's a big gap that we have to face. We can't expect people to get there just because we say you should be. . . . People aren't ready to say what they need. They're used to people doing things for them, you know. . . . Try and get a group of seniors organized to say what they want and what their needs are.

*Demonstrating flexibility, perseverance, and resourcefulness; demonstrating creativity, as indicators of resilience.*

Oh, we have been fighting and fighting just to get together as a region. We will for the first time get together as regional public health nurses in September only because we could put it under the . . . umbrella of best, what did we call it? We had to watch the wording on this too – Best Practice Update. Yeah, but boy we sure need to talk to each other at lunchtime.

#### *Philosophical Pattern*

*Finding positive meaning in experiences, as an indicator of resilience*

I spend a lot of time doing stuff, and that's okay, and the doing stuff like needlework, I've not gotten to for quite a few years now. But I can sit and do six, seven, eight, nine, ten hours on it probably if you gave me the chance. . . . See, that's [a] very solitary thing, sitting there doing your needlework. I do a lot of fun things with kids. Like they're into golf, so we golf. They're into sports. . . . we truck around everywhere for hockey and stuff, and that's fun. I'm not saying that's not fun, but less of just me – fun things. I don't have a lot of that, and so . . . I've let go of that for a while and that's okay. But given the chance, boy, I'd sit down and do hours and hours. But I think that 's the choice of lifestyle too, you know. You choose to have kids and you choose to . . . make them a part of your life. . . . You choose to be on the farm.

#### *Summary Statement*

In the dispositional pattern good health as an indicator of resilience shows an *autonomous* woman who highly values being able to do what she wants. The relational pattern reveals Rose to be *intimate* and *trusting* in relationships with others in her social circle. In the situational pattern Rose is seen to be *realistic* and *creative*. In the philosophical pattern Rose is *self-sacrificing* her needs for the needs of her children and this provides her with a large degree of self-satisfaction.

## Lorene

*Background*

Lorene works full time as a public health nurse and she frustrated in her professional role. She feels under-utilized in her work and has been educated to function in a role with increased autonomy and responsibility. There are many barriers to overcome before that can happen. At home she also feels underappreciated and at times unsupported by her family.

Health-wise she is very conscious of her health and weight. Lorene takes positive action to support the various aspects of her physical, emotional, and spiritual health components. At home on the farm she is concerned about safety issues and does not get a lot of cooperation from her family members in that regard.

*Dispositional Pattern*

*Sense of mastery; awareness of global self worth, as indicators of resilience.*

I find if I get very stressed and if I don't get enough rest, and people pull at me, then I get sick. I physically start to get sick. I get irritable. I get snappy with people and I recognize that I have to pull back, even if I have to take a day off from work and just do things that need to be done for myself. That seems to recoup me for a little bit. Whether it's being out in the garden or whether it's going to a movie, those are the things I'm aware of now as I'm getting older, that I need to do for myself. Because bloody well nobody else thinks of doing it for me. . . . As I'm getting older and I'm more aware of how I react in different situations, I know what to do for myself. Probably education has a lot to do with it too, being in healthcare. . . . I feel I have a real advantage because of my education and being a nurse. But I still feel like everybody else does when things bother me. I still have those same emotions. I'm just . . . a little more knowledgeable on how to deal with it a little better.

*Relational Pattern*

*Relating to positive role models, as an indicator of resilience.*

. . . there is a chain of command and I have to bring it to my immediate supervisor. I've brung [sic] a lot of things to my public health group, 'cause I know I can get them on board. And the things that we do bring forward are very common sense things that there's no reason for anyone to object to doing here – and away we go. We're a very committed group. . . . the girls that I work with are very outstanding individuals. You don't find them everywhere. And I make a point of, every time I have a meeting, of saying that, because I appreciate each and every one of them for what they bring. And we all need that. . . . But I think that I have a real special group that I work with. . . . we're all nurses but very different. . . . they go above and beyond what is required of a job . . . they go into their evenings, they miss their breaks, they miss their lunches because their clients are their priority.

*Situational Pattern*

*Demonstrating realistic assessment of capacity to act and the expectations/consequences of that action; displaying awareness of what can/can't be accomplished and the capacity to specify more limited goals; perceiving changes in the world; demonstrating novelty seeking, curiosity, creativity; an exploring nature, as indicators of resilience.*

. . . they're looking at using me in the way that I should be used more now, instead of what I'm doing, so for me, that affects me directly. . . . I don't feel valued and I have so much to offer them with the educational background that I have. And now they're starting to use me appropriately. It's been a real "bugbear" for me. Self esteem-wise it bothers me. . . . health-wise, emotionally probably the most, I get frustrated . . . I think it comes down to being valued for one's expertise. . . . The discussion is around utilizing me as a nurse practitioner in another community, but the one doctor they have there has already run off three doctors. I'm gonna need support if I have to go in that community, especially in the role they want me to play, if he doesn't want me there. His attitude has to change, so physicians have to work on their own colleagues as far as accepting change as well.

(Note: the previous example was originally miscoded into the dispositional pattern as a negative case example, but subsequent analysis showed it to be more closely and positively approximated in the situational pattern. This case is previously discussed in Chapter 4, and later in this chapter under Negative cases: Analysis and discussion.)

*Reflecting on new situations; demonstrating novelty seeking, curiosity, creativity; an exploring nature, as indicators of resilience.*

We now have a manager who has been supportive in a very busy period of time – flu season is horrendous – such as provid[ing] extra coverage for us, or tell[ing] us to back out of things so that we don't get sick. But she's the first one in a very long time. She has a different mindset about supervising . . . she cares . . . that's the big difference. It's not even a year – she came on board in November, and she just changed all of our attitudes about our job. We were very disgruntled, depressed, discouraged, until she came, and just her caring about us made all the difference, and everything we wanted or needed she said, "Okay". It wasn't a big argument about , "Well, there's no money for that." Something as simple as these ratty old baby bags here. [She said] "They're disgusting! I'm not taking that into a house!" . . . Our old manager wanted us to take them home and wash them. That isn't appropriate in this day and age. And repair them if they were torn! And I used to do battle with this other supervisor and say, "No! I'm not doing that!" Even around here they want us to dust our desks. I'm not doing that. Like, we have to start understanding that we're nurses here, . . . we can't be everything including cleaning ladies.

Below is a further example of the indicators of novelty seeking and creativity:

"I'd like to change my job description 'cause I would like to do more – way more than what I'm doing here. A lot of people are very content, but I find I need more".

*Philosophical Pattern*

*Believing that life has purpose, as an indicator of resilience.*

. . . I would like to live a long and healthy life and enjoy what's out there for me to enjoy . . . my home – I'd like to live a long life where I live. That's very important to me, and people – my community. I want to die in my home [but] I don't want to die yet. I value the things I can do for the community that make a difference. If I can leave this earth and know that maybe I helped somebody in some way, or prevented something from happening . . . then I feel real good about it. I feel really charged about that. I've contributed something back to people, and that's what I want to leave this earth with.

*Summary Statement*

In the dispositional pattern Lorene describes herself as *competent* related to self-care and setting limits on demands from others that can affect her health. In the relational pattern, she is *appreciative* and *proactive*. The situational pattern reveals her to be *analytical* and *courageous*. The philosophical pattern shows Lorene to be *altruistic* and *hopeful*.

## Andrea

*Background*

Andrea is a non-nursing participant who works part time in a health care setting. She grew up on a farm and married a farmer and in many ways, has kept her life close to the farm. She is timid about the fast pace and driving in the city and feels more comfortable in familiar surroundings. She is not inclined to be involved in political change. Health-wise she considers the various components of health important and describes herself as healthy. At home she and her husband

are heavily tied to the farm with cattle and grain and she finds it difficult to get away for a vacation. She helps her husband at harvest by driving a combine. Both Andrea and her husband have difficulty finding financial rewards from their efforts on the farm.

*Dispositional Pattern*

*Positive self-esteem, self-confidence; belief in self-efficacy as indicators of resilience.*

. . . I think we have to be responsible for ourselves. No one is going to do it for us, so I think we just have to be aware and hopefully we are making some good choices. . . . a lot of it is common sense you know. . . . you know how to spot danger about some things, and just from being around machinery. I mean, it has a loader that can heat up, or it has a blade on it, you just be careful and don't be stupid.

*Relational Pattern*

*Having multiple interests and hobbies; demonstrating commitment to education, job, social activities, as indicators of resilience.*

Well, I guess it [work] adds extra stress at times! In trying to do everything! I guess it makes me a little cranky at times. I mean, I'm always pleasant at work! . . . But I mean, sometimes when you get home and you're tired and you're grumpy, and you have all these other things to do – so it does affect [me]. I know, probably my family sees the cranky side of me . . . . You don't like people over for that. Because you're here and you have a job to do, so you do it. . . . Sometimes it puts stress – extra stress, but I mean, it's a choice thing. Well . . . financially . . . I need to do this too. But I do like my job and you know, I enjoy coming and I enjoy the people I work with.

*Situational Pattern*

*Demonstrating realistic assessment of capacity to act and the expectations/consequences of that action, as indicators of resilience.*

. . . I don't belong to too many groups and partly that's because I do work,



and I do have a lot of work on the farm, and when I get home that – I just found I don't have the time or energy for it. And I sort of think, "Maybe down the road." You know. Like maybe if I slow down a little bit, I might be more interested in that, but I just haven't really been involved with a lot of meetings and things like that just because I haven't had the energy for it mainly. . . . I don't know how many – but a big percent of women do work off the farm. And I think maybe still at home, they still have a lot of work to do. And they'd be just glad to get it done and call it a day. . . . They do go on quite late, looking after a yard or doing other things. I mean, anybody that has two jobs knows that. . . . Just tired I guess.

#### *Philosophical Patterh*

*Believing in the importance of maintaining a balanced perspective of one's life, as an indicator of resilience.*

I know on the farm we did take a week holiday this year, but that's the first time in probably about ten years, because it's just so hard to get away. You know, we're too busy with [my husband] working off the farm, and when he does have some time off, there's always the farm work to be paying attention to. . . . And I don't know if we do that to ourselves or what, . . . but I know when we've got loans to pay, that's sort of what drives us. You have to work, and I know we should take time for ourselves, but that's hard to do. . . . It'd great to have some free time.

#### *Summary Statement*

The dispositional pattern shows Andrea to be *confident* and *competent* in regard to her abilities to help on the farm. In the relational pattern, she is *committed* to her job and home life. In the situational pattern Andrea is *perseverant* in her abilities to get her work done. The philosophical pattern reveals a woman who delays gratification to achieve a long-term goal and is *hopeful* that things will become easier in the future.

## Adelle

*Background*

Adelle is a nurse working in home care and also has a small farm with her husband. She has an office job mainly but some patient contact and finds this very uplifting. Health-wise she describes contentment, happiness, and optimism as components of health. Adelle describes how she has been stressed by work and let her health slide for the past few years but over the recent months has been more proactive and aware and is now losing weight. Work-wise restructuring in healthcare has been a challenge and she doesn't feel influential to affect policy development in the workplace. She describes her home life as "wonderful" with her husband and children.

*Dispositional Pattern*

*Sense of mastery; awareness of global self-worth, as indicators of resilience.*

I would consider that the . . . majority of my work would [have] a positive effect on my health in that it's things that I . . . choose to do, and that give me the most satisfaction . . . overall I've been really . . . fortunate to be healthy and that in working in the health field, you just see so much negative and you think of all the things that could possibly be there for you. And to not have those things is a very positive thing. You should be able to go about your life without restriction. On that . . . I just think of some of the people that I've seen with ALS and with MS and those kinds of things that are so debilitating. And to think I can get up and catch a plane and go wherever I want. . . . And I can even get up and do my house cleaning, even though I don't want to.

*Relational Pattern*

*Displaying positive social interactions with family and others, as an indicator of resilience.*

I've been on the . . . committee for both accreditations. We're just in the middle of the second one now. Our first accreditation committee for Home Care, when we came together, was a real learning experience. It was, I mean – people were territorial, and I think I see myself in that. And we all came with backgrounds that were very different in what we – in the approach we had . . . and the way we were doing things. And it didn't mean that it was right or wrong, but it was the way that we were doing it. And we didn't really want to change. . . . There's a core group of us that are on the second accreditation committee together and one person in particular – we could hardly even converse the first time around because we were so far apart. . . . it's just a growing and a . . . learning experience for both of us. And we know where each other is coming from now . . . . And that has changed a lot and it was very good to do that. . . . It takes a willingness to accept the other person's view and the willingness to sit back and look at what you're doing.

*Situational Pattern*

*Perceiving changes in the world, as an indicator of resilience.*

Well, I haven't had to access health care to a great extent – any of our family. We've been very fortunate. But I would say that I would be very concerned – oh boy, I hate to say this, but I'm going to anyway. I'm really concerned about the health care locally here. I would be reluctant to – have a family member critically ill here. I don't feel that we have physician buy-in anymore. We do not have physicians that are here and staying for the rest of their . . . time in the medical profession like we have had. We've just lost three physicians that have been here for probably a total of 100 years between the three of them. And the doctors that we have now . . . are not here for the long term. And I feel – and I see it for the people that I deal with – it's not the same. It's not the same. . . . It's like the nurses that we work with here in our office. I mean, we're not transient. We're not here for five years and then gone again. Our husbands aren't getting transferred out or anything like that. So when you're walking downtown and you see the people that you care for . . . it says . . . there's a lot more buy-in. When you know that your credibility and your ability nursing-wise . . . publicly . . .

You are always on. You're always up for, not scrutiny necessarily, but they certainly know who you are. . . . And you know, in a small community, that's just the way it is.

*Philosophical Pattern*

*Believing that life has purpose, as an indicator of resilience.*

. . . the young people just don't want to farm anymore. . . . we do it because our children are still at home, and we really like to live the rural – in the rural setting. And we don't farm a large amount and they both are quite involved. . . . We were both raised on a farm, my husband and I, so it was something that we wanted to do. But if we lose money every year farming – we don't do it for the money, and we could never live on the farm [farming alone].

*Summary Statement*

In the dispositional pattern Adelle is *autonomous* and *competent* in regard to her health and choices. The relational pattern reveals her to be *committed to relationships*. In the situational pattern Adelle is seen to be *perseverant*. In the philosophical pattern she is *hopeful* that she and her spouse will be able to continue living on the farm despite having to subsidize it to maintain their way of life.

Karen

*Background*

Karen is a non-nursing participant employed in a health-related profession who finds great satisfaction in her physical work on the farm. She and her husband like the independence they get from rural life and in spite of shrinking profits, are willing to subsidize their lifestyle to keep it. The past few years they have been moving toward organic farming as an interest and financial venture.

Health-wise Karen considers good health as functional abilities to do work. She appreciates her good health as a physical independence. Politically, she feels voiceless to effect change and tends to keep to herself seeking companionship when she feels the need to do so.

*Dispositional Pattern - Negative Case Example*

*Positive self-esteem, self-confidence; awareness of global self-worth; autonomy, self-reliance, as indicators of resilience.*

I haven't really experienced a lot of avenues myself. . . . I haven't really had someone say, . . . "Would you be a part of this? We don't want things to happen." Or like, nobody asked me when my doctor left. . . . I don't see myself as having any kind of power to be heard, even in terms of policies or changes or anything that 's being made. . . . I hadn't thought of . . . voicing my opinion about . . . women's health. . . . It wouldn't even be an issue. . . . I never really had any sense of being heard. . . . maybe I'm sounding negative but women . . . in rural Alberta aren't really a voice. You know? . . . farming, in and of itself is very much a man's world.

(Note: This case is also discussed in Chapter 4, and further in Negative cases: Analysis and discussion.)

*Autonomy; self-reliance, as indicators of resilience.*

. . . we went back into farming and you know, that independent lifestyle . . . you work hard and the rewards are probably very minimal compared to what they would be in working for someone else with an 8 to 5 job. . . . I always say, "well, I will work outside the farm so I can . . . do that independent part or that living on your own." . . . Even when we've gone into the banker, . . . they'll go, ". . . I just don't understand why you are doing what you're doing because you're paying to live on the farm, [that] is what you're doing." And you know, we've talked about it, and that is very important to both of us, . . . that independence.

*Relational Pattern*

*Having multiple interests or hobbies; demonstrating commitment to education, job, social activities, as indicators of resilience.*

If I could change anything . . . I think for me to change anything would be to just become more knowledgeable about some of the choices that I could have. . . . We all become creatures of our own environment or our own habits, and so we don't allow ourselves to have that question. . . . it's just, "Well, I'll do it because I've always done it that way." And so I would think that for me, the major change I would have is to . . . have more knowledge about possibilities or things that could actually be different. . . . you know, talk to someone else as to . . . how they are doing their yard work or . . . what are they doing in terms of organic farming. You know, just some of the knowledge.

*Situational Pattern*

*Perceiving changes in the world, as an indicator of resilience*

I'd say on the farm, being a woman, the unpaid work is very defined. Like you do what all the other women did through all the other areas in terms of farming, and so being a woman . . . not that you're taken for granted but . . . there's a definite role . . . that you are expected to fulfill. . . . Well, for instance . . . with my daughter . . . it just really hit me. She came home from university, and was home for the summer. Or not home for the summer. She was home for two days. She couldn't handle more than that. And I was going off to work and I said to her, "You know, you can feed the guys tomorrow." And she looked at me and she goes, "I will not do that! . . . You have been stepped on all your life here." And she got really angry with me. . . . she's in one of these women's groups at the university, and so looking at it through her eyes, you know - I wasn't ready to move over to where she was at. Like I'm - what is this about? But it made me realize that there is a certain role that [I] have played. And yeah, I wouldn't really have a choice to deviate . . . and not that I would even necessarily choose to do what she did, but, she did. She refused to make food the next day. I'm not sure how they all survived. . . . and it wasn't necessarily the norm that I would want. It wasn't that I would want five people going in and getting food that day. But to deviate from what normally is my role in the unpaid world. I probably don't have a choice about it. You know, so there is a definite,

definite part of the farming aspect that is very much defined because you are a woman.

*Demonstrating novelty seeking, curiosity, creativity; an exploring nature, as indicators of resilience.*

. . . For ourselves personally, the major change that we have made, and we have been doing it for 2 years now, we are not certified organic farmers, but actually we have made a move to do something a little bit less than what the mainstream is doing. And so again, it's not about money, and we were sort of challenged. . . . And so we have actually made a move to go towards organic farming.

#### *Philosophical Pattern*

*Believing that lives are worthwhile and meaningful (many realities are possible) as an indicator of resilience.*

. . . Well even considering the farm, it's a very independent lifestyle. I really value that, and . . . I see myself more as a loner. I'm not a real social person and so I really value that I can be on my own and that I can do these things that are so very satisfying, and some of the things that you do share with others . . . like picking raspberries. You know, it's like I pick them for someone today and . . . I value that. I value being able to have that independence and do that. . . . My work is a really big thing. My kids call me a workaholic. Is that something that comes out in farm women?

(Note: This example was previously miscoded under the relational pattern as a negative case example, but was subsequently recoded to more closely approximate this positive indicator in the philosophical pattern. This example is discussed previously in Chapter 4, and later in this chapter with other negative case findings.)

*Believing that own contributions are valuable (worthiness) as an indicator of resilience*

. . . Work, it gives you a meaningful life. If I had no work I would have a

hard time . . . if I was to think of completely leisure time. Work does really represent a lot of my life, and if you took that away, I'm sure I would struggle for a while to – actually find me.

### *Summary Statement*

In this case, the dispositional pattern reveals a paradox: one negative example of resilience and one positive example. This provides evidence that resilience is not a unidimensional construct. As Luthar et al. (1993) note, factors that provide protective functions in one domain of social competence may have different ramifications in other spheres of competence. For the indicators positive self-esteem, self-confidence, and self-efficacy Karen believes herself to be *ineffective*. Using the indicators of autonomy and self-reliance she is seen to be *autonomous*. In the relational pattern Karen demonstrates that she is *committed* to her work on the farm. The situational pattern shows her to be *perseverant* and *curious*. Believing that life has purpose as an indicator of resilience in the philosophical pattern reveals that *she is valuable* as evidenced by her personal belief that the work she does gives great meaning to life.

### Audrey

#### *Background*

Audrey is a home care nurse who farms grain with her husband. She has always worked in paid employment other than time that she took off when her children were small. Her husband always wanted her to quit but she regards it as her security and had continued to work despite his objections. Although she enjoys work and people she would like to start gearing down a bit but finds this



impossible at present due to financial commitments.

### *Dispositional Pattern*

*Good health, as an indicator of resilience.*

Health would be total mental-physical, you know, your mental well-being and . . . I suppose, your extra-curricular activity too. You know, like everything . . . isn't just a one-sided work, you have to look at the whole picture. So to me that's health. . . . If you're mentally not there, then physically your work suffers, right? And physically if you're not there and you have the demands of say, the farm totally or farm and a job, and you have to work . . . your health is gonna suffer and I think that by an outside activity, I guess, is your relationship with your family and your husband, if there isn't anything there and everybody's a workaholic then emotionally you'll both suffer and your health is suffering. . . . right now I'm glad I don't have a chronic . . . I hope I've looked after myself well enough or respected myself well enough or maybe I should say *learned* to respect myself well enough and at this point I haven't developed something chronic, with high blood pressure or, you know, that could be.

### *Relational Pattern*

*Developing personal intimacy with others; demonstrating deep commitment to relationships, as indicators of resilience.*

. . . and that was the fall. Harvesting. You were pretty tired by the time the harvesting is over. And in the spring, and you're working - I found it really nice when in the hospital, when other girls who were married to farmers are in there. You know, . . . they would understand what you were doing. City girls had no idea. At all! I don't think they would have tolerated it. But I think you make a commitment to a person when you marry them and you just - if you really care about that person you're going to care about what they do. And you just do it, you don't question it.

### *Situational Pattern*

*Demonstrating realistic assessment of capacity to act and the expectations/consequences of that action; awareness of what can/can't be accomplished and*

*the capacity to specify more limited goals, as indicators of resilience.*

I guess I was maybe 52, and of course, the teenagers . . . they're out helping, and I thought enough was enough, so I asked my husband, "What would you do if something happened to me at work?" Like, because I'm in the car, "What if I had a car accident, was killed or disabled or something, and I really worried about you, what would you do for meals and that?" "Well, I think we'd have to take our lunches." [he said]. And I says, "Bingo! You can start tomorrow!" And you know what, I haven't looked back. And he burst out laughing you know, because I was taking meals ten miles. And I mean, there were other circumstances around it, where the hired man, and his wife was at home, and of course, I always fed him. But I would take the hot meal to his house, and his wife would come from work and she had set the table, and I'd bring this meal. And I'd say, "Something is wrong with this picture." And even though my husband offered to pay her for cooking meals, she didn't want to do it. But she was happy for me to pay her husband. And I said, "This is really wrong. She should feed him and take it to the field too! That's her husband!" And you know, where times have changed and . . . thinking has changed, my husband has been really good about listening. I think he has most of the times. And so he burst out laughing and he says, "Well, yeah, we can!" . . . We were married 25 years and I decided that this is gonna change. . . . It really bothered me for two years, and now I laugh about it.

*Demonstrating novelty seeking, curiosity, creativity; an exploring nature as indicators of resilience.*

I think it helps my mental fitness, you know. . . . I like a challenge. I like learning new things. It's a skill. It's a gift, you know. And I love people, and on the phone – I have three boys and a husband, and maybe . . . it answers my relationship with women. . . . I work with women here, and I go home to guys.

#### *Philosophical Pattern*

*Believing in the importance of maintaining a balanced perspective in one's life, as an indicator of resilience.*

I thought that my job, or my work, was my security, and . . . should I be left

alone, should I have different circumstance in life. It was my security – it was a job. I had children, you know. So it's easier staying in it than letting it go. . . . it was also my way out, so I considered it work but it was my way off the farm, too. . . . you have a certain level of education or study . . . it kept me on my toes. . . . It was another part of my life so it was work, but it was still fulfilling another part of me. . . . And I really appreciated the fact that husband allowed me to do it. He saw that it was a need I had, and so he was very good about baby-sitting or helping me out, or taking the kids to the sitter so I could sleep.

### *Summary Statement*

Using good health as an indicator of resilience in the dispositional pattern, Audrey demonstrates a *holistic* perspective in her approach and considers the various components of health in her day to day life. In the relational pattern, she is *committed* to relationships of significance. The situational pattern shows her to be *perseverant* and *curious*. The philosophical pattern demonstrates a strong need to be *independent* or to have the choice of independence.

### Judy

#### *Background*

Judy is a busy farm woman working casual in a health care facility. She was a former 'town girl' that married a farmer and gets stressed about farm issues, especially financial ones. She feels her paid employment is her getaway from these stressors and also finds the work satisfying. Judy has a cohesive relationship with her spouse and values the farm way of life for her children. Healthcare restructuring had minimal effect on her job except for the money cuts and what she sees as a decline in the quality of goods used in her job.

*Dispositional Pattern*

*Positive self-esteem, self-confidence; belief in self-efficacy; autonomy and self-reliance, as indicators of resilience.*

I have always worked off the farm and it's probably because I . . . need that security of income . . . my work is what keeps me going for my farm, my farming life. Because, I'm a good farm wife. Is that respect? I'm not loyal in that respect to my husband. He always wants me to quit and I just, I can't do that yet. I need that security. I use my job as a crutch . . . I have always wanted to take care of myself. And so I've always worked, or tried to. Maybe that's why I always try to better myself by taking courses, . . . because if anything happened to my husband, I want to be able to take care of myself and my children. . . . I've always not wanted to be dependent – totally dependent on my husband, and I feel sorry for those farm women that are . . . any woman who is.

*Relational Pattern*

*Deriving comfort from others, as an indicator of resilience.*

[We] have been through a lot since we started farming. We lost a quarter section – or a half section of land, and that was a very stressful time in our life, and there were many, many farmers during that time of the year, that was in the early '80s, taking their own lives – farmers. And I was very worried about my husband at that time. . . . It was very stressful. But if we didn't have such a good relationship I don't think that – I can see why, I could see the stress. If he wasn't there to help me with my stress, I wouldn't be here. So I don't just manage it by myself, but if I didn't manage it, I would be crazy. We have to [work as a team]. You have to when you're farming. You have to help, you have to be each other's crutch, and if you're not, if one person has to take on all of it . . . I know people . . . farm wives that don't have anything to do with the farm and I can't understand that, because it must be horrible for their husbands too.

*Situational Pattern*

*Reflecting on new situations; demonstrating novelty seeking, curiosity, creativity; an exploring nature, as indicators of resilience.*

The small farmer is getting ate (sic) up by the big farmer. There's very . . . few of us left. Land is so high and crops are so low and now, they're tearing down our elevators and . . . financially it's bad. . . . You have to hire people to truck your grain now. . . . to ship our grain now . . . you can take off probably close to \$600 to \$1000 just for shipping the grain now. That used to be ours. . . . They say they're doing all this restructuring but I . . . just don't see it. . . . And even when the government does come out with all these great big, oh, billion dollar things, well, when it comes right down to it, if you're not a big farmer, you do not get any of it, or very little of it. . . . Because it goes by land base. And so if you're not a big farmer, you do not get a lot. It doesn't help that much.

*Demonstrating novelty seeking, curiosity, creativity; an exploring nature, as indicators of resilience.*

I love going to the farm shows because they do have the women's section. I love that! . . . Like down in this area we've had a couple of those too where, Women's Day Out, or whatever . . . and they're very interesting to go to. I like to go to things like that.

#### *Philosophical Pattern*

*Believing that lives are worthwhile and meaningful, as indicators of resilience.*

My nursing [work] I value – taking care of . . . my elderly people. I love them. And the farm. I value the farm life for my children. The way of life – it's a way of life, it's not an occupation. . . . my 14 year old just started helping swathe this year, and . . . the smile on his face was just – just incredible. Like he was so proud of himself, and we are so proud of him.

#### *Summary Statement*

Using the indicators of autonomy and self-reliance, positive self-esteem, self-confidence, and self-efficacy in the dispositional pattern Judy reveals that her decision to work off the farm is key to her feeling *independent* and *autonomous*. In the relational pattern, she shows she is very *committed* to relationships, and in the

situational pattern, she is *perseverant* and *creative*. The philosophical pattern reveals that Judy is *hopeful* to be able to preserve the farming lifestyle for her children.

### Peggy

#### *Background*

Peggy is a farm woman who works part time as a non-nursing employee in a health care facility. She grew up on a farm and married a farmer and is comfortable with the roles and responsibilities in her life. Essentially, she enjoys an egalitarian relationship with her husband. She values farm life but feels the way of life it is threatened due to rising costs and shrinking profits. Health-wise she has a holistic view of the many components of health, and demonstrates optimism and courage in her approach to health challenges.

#### *Dispositional Pattern*

*Good health, as an indicator of resilience.*

My health, I would say I'm very healthy other than when I was a child I had rheumatoid arthritis so that has affected my joints, and I had two hip replacements. I don't complain about that. It's not anything I need to complain about 'cause there's a lot to be thankful [for] . . . my joints . . . always are gonna be like that. Other than, I guess, . . . maybe taking some time to rest when I can and that kind of thing. But other than that, it's just the way it is and that's the way it's gonna be so I don't worry about it too much. . . . I can do most anything that I want without having to worry . . . . I'm healthy enough to spend time with my kids, and able to go to their activities and their sports, and to participate with them while I can.

#### *Relational Pattern*

*Displaying positive social interactions with family and others, as an indicator of resilience.*

. . . I used to belong to a women's institute group and it just got to the point where we were too busy with our children. Too busy. Everyone has jobs outside the farm now, trying to supplement your income, that another outing in the evening wasn't necessary. So you don't really get the chance to get together and talk about problems and things. Like you're just working and running. Well, you do, because with our kids and sports, we are running, taking them to games and whatnot. So you do interact with the other parents. So I guess that is a networking thing that you have in common . . . in our case anyway because we like to take our kids and to watch them, and not just send them. So I guess that would be how we get together. We don't curl in the winter. . . . In our case, got too busy and the costs to join the clubs and things got to be too much. . . . So right now our kids are . . . what we're doing. We belong to groups and so our kids are our social life I guess.

#### *Situational Pattern*

*Demonstrates active, problem-oriented coping; internal locus of control;*

*demonstrating novelty seeking, curiosity, creativity; an exploring nature, as indicators of resilience.*

It's just that I can't do as much as I would like to sometimes. Just because physically [I] can't do those things. . . . I guess I'm thinking that I'm always worrying and thinking about the house and the hockey, and all that my husband has to do . . . so I'm thinking about those things and he's just thinking about what has to be done out in the fields. And he doesn't worry as much about what has to be done in the house. He does help when he can, but it's not the same, I guess. It's not the same. . . . I'm thinking of two things at the same time, and he's thinking one. . . . Yeah, and this - organizing the kids too. Like the woman is the one that has to make sure that they're at their game when they're supposed to be, and at what time and what place, and having to organize the week as it goes - and my husband organizes what he has to do.

*Demonstrating novelty seeking, curiosity, creativity; an exploring nature, as*

*indicators of resilience.*

I think a lot of the Agri-business, they're farmers - a lot of them are using all

of the new ways of doing things, which is good. . . . they're using new computers and doing the internet. They're using [them] to check prices on grain and . . . it is a business for sure. . . . We just bought a new one. We had an old one [and] we did put our books on it for a while. And then the program that we had ran out coming the year 2000, and we just bought a new one the other day . . . we're not on the internet yet. . . . But it is internet ready, and our kids are very interested in it. They know more about it than we do.

#### *Philosophical Pattern*

*Believing that own contributions are valuable, as an indicator of resilience,*

. . . I value that I can help my husband when I can. Like when I can go out around the combine and I can be on the tractor, and help him, and feel like I'm really contributing to our farm. As far as the house goes . . . you feel good when you get your laundry done and it's all washed and the house is clean and tidy.

#### *Summary Statement*

Using good health as an indicator of resilience in the dispositional pattern, Peggy is *accepting* of her health problems and committed to doing the best she can without complaining. In the relational pattern she is *committed* to relationships especially with her husband and children. The situational pattern provides evidence that she is *perseverant* and *curious*. The philosophical pattern reveals her to be *proud* of her abilities to contribute, and *hopeful* that she can continue to function well in the future.

#### Negative Cases: Analysis and Discussion

Six negative cases were identified in the content analysis, and these occurred in the dispositional, relational, and situational patterns. No negative cases were identified in the philosophical pattern. This might be explained by the



nature of this pattern and its indicators. Since the philosophical pattern identifies values and beliefs, participants would make these explicit to varying degrees during their responses to the interview questions.

Ryan and Bernard (2000) state that once a model starts to take shape the researcher must look for negative cases that don't fit the model, as negative cases either disconfirm aspects of the model or suggest that new connections must be established. Additionally, the researcher uses negative case analysis to identify problems and make revisions as necessary. Lincoln and Guba (1985) regard negative case analysis as a "process of revising hypotheses with hindsight" (p. 309). The object of the endeavour is to continuously refine a hypothesis until all known cases are accounted for without exception. Dey (1993) observes that by focussing on exceptions, extremes, and negative examples, one can counter the inclination to only look for evidence that confirms our views. Strauss and Corbin (1990) add that negative cases do not necessarily negate or disprove our questions or statements but rather they add variation and depth of understanding. Additionally, negative cases may not suggest fault with an emerging theory but may indicate insufficient evidence of the phenomenon of interest or alternatively, a lack of the phenomenon in the study population.

Luthar et al. (2000) remind us of the instability of the phenomenon of resilience, and that it has multiple domains in which it may or may not be present. Kaplan (1999) concurs, and notes that resilience as an outcome is dependent upon the interaction of multiple processes of coping with and adapting to, internal and

external demands. Egeland et al. (1993) assert that rather than being a function of particular traits the capacity for resilience develops over time and in the context of environmental support. Therefore, multiple domains, multiple processes, variation in environmental support, biological and psychological factors, as well as ways of knowing (Belenky et al., 1986) will affect the expression of resilience.

Six negative case examples in three patterns (dispositional, relational, situational) were identified initially in the content analysis, but subsequent analysis revealed that four of the cases were miscoded into the wrong pattern. A framework adapted from Strauss and Corbin (1990) and developed by Skillen and Wilson (2004) was used to arrange the data into a table. Categories included the quote, the context (examining the sections immediately before and after the quote), indication of a change in action or interaction, evidence of a variation/new dimension, the analysis, and the decision. A category was also included to identify what needed to be added to Polk's (1997) framework because of what was learned in the case. This provided a structure for analysis that would remain consistent across the data.

#### *Recoded Negative Case Examples*

The negative case example involving Ruth was examined within the context of the participant talking about her personal risk to hazards or stressors related to work overload. The change in action or interaction revealed that this was a description of her perception of the situation in the workplace, not really a comment on social relations. It was describing how she perceived threats to the

social climate as a stressor that affected her health. The variation or a new dimension introduced the idea that restructuring in health care had produced a stressful, impersonalized workplace and the people in management lied to the employees on a regular basis. The analysis showed that this case was initially miscoded to the relational pattern by revealing that it was not really a comment about relationships or the lack of them, but a description of the participant's perception of barriers to socialization in the workplace. The decision was to move this to the situational pattern as a positive case example approximated with the indicators of capacity to act/consequences of that action; perceiving changes in the world; and reflecting on new situations. Nothing needed to be added to Polk's (1997) framework in this case, since it was captured sufficiently in the situational pattern.

The case involving Linda reveals a nurse talking about how her work affects her health and what would make it better. Then she moved the thought into what she valued most about her health. Identifying a change in action or interaction showed that although there were situational components to her response, it was more correctly approximated with the dispositional pattern, and could be positively matched with two indicators there. Looking for a variation or new dimension showed that this quote is a variation of the dispositional pattern by demonstrating a perception of relatively good health and autonomy in decision-making in regard to her health. This is captured by Polk's (1997) framework. The analysis revealed that although this case had elements of

maladaptive coping, labelling it as such was purely open to individual interpretation of both the participant and the reader.

In the case of Lorene, the context was the nurse talking about the new vision of healthcare with primary health care clinics and collaborative services under one roof. Searching for a change in action or interaction revealed that the nurse was reflecting on a theoretical situation and extrapolating how the personal and professional consequences and elements of risk-taking might affect her. The comment about her self-esteem was a true reflection of her feelings but the essence of the quote was in the situation. She was demonstrating a realistic assessment of capacity to act and the consequences of that action. She was also demonstrating a clear understanding of oppression in the workplace, with knowledge of where the real decision-making power in this situation lies (with the MD). Assessing for a variation or new dimension revealed this to be a component of the situational pattern. A decision was made to move this case to the situational pattern as a positive case example based on the approximation with the first four, and last indicators there.

Karen's example was examined in the context of her talking about how she valued the fact that her body was working for her and that she had all the functional abilities to work from morning to night. She was considering the positive effects of work on her health and found this activity to be very rewarding. The change in action or interaction identified was that she was describing her values, not a situation per se. She was describing how she found

positive meaning in experiences and found her life purposeful, worthwhile, and meaningful. Examining for a variation or new dimension showed this case to be well approximated with the philosophical pattern because she was talking about values and beliefs. Therefore, a decision was made to move this case to the philosophical pattern as a positive example.

#### *Retained Negative Case Examples*

The following example of a negative case in this pattern is really a recounting of a significant stressor and therefore, not clearly a negative case. The adversity described might be postulated to have given rise to resilience and that the positive effects of that are evidenced by Michelle telling her story with introspection and clarity to the researcher. The event, a culmination of many stressors over time, might be regarded as one of Michelle's defining moments, which are described by McGraw (2001) as the outlines of our lives. Of defining moments, McGraw states, "If we don't have even some awareness of them, we are blind to ourselves." (p. 109).

Using the framework adapted from Strauss and Corbin (1990) and developed by Skillen and Wilson (2004), the context revealed a woman talking about the frustration that she and her husband had experienced in the previous few years. Michelle was commenting on the effects of several years of drought and how hope can become finite. She described how it was possible that even if the farmer remained hopeful, his wife could lose all hope and that could result in maladaptive coping. A change in action or interaction showed that this case

belonged in the situational pattern as identified initially. Michelle was recalling a situation with clarity; a defining moment that she would remember forever. The new variation or dimension showed that this is a dimension of the situational pattern that identifies maladaptive coping. The analysis could not approximate this with indicators in the other patterns. In regard to Polk's (1997) framework, a gap was identified since it did not provide opportunity for recognition of maladaptive coping and it is from these positions of adversity that resilience is known to arise.

In recounting her story, Michelle was able to position herself in the past, critically appraise the event, and gain valuable insight for the future. This could be regarded as analogous to the negentropy described by Polk (1997). According to Polk, human energy fields maintain themselves through a process of continuous energy flow, a building up and breaking down of components, intermingling with environmental energy fields toward increasing complexity in the four patterns. The woman describes how her self image was deconstructed on that day and her insight into the situation tells us that over time it was reconstructed in greater complexity because it contained this defining moment.

The ability to cope effectively with life's challenges is not a static ability. Like resilience it is dependent on many factors, both psychological and physiological. Kalish and Collier (1981) describe a five-stage sequence in the functioning of stress which occurs as a trend rather than an inevitable or rigid progression. Stage one consists of awareness, where in a psychological sense, we

perceive some circumstance as stressful. Stage two consists of an initial reaction, which can be some overt emotional expression accompanied by a covert emotional expression (such as denial, embarrassment, anger, or fear). Stage three is the subsequent response, where the initial impact subsides, but the stress continues. Stage four is the outcome where previous level of functioning is restored or outside help must be sought. Stage five is post-traumatic response where the sense of self has been maximally reconstituted. Thus framed, we can see from the above example that Michelle moved through various stages of the sequence to be able to reflect back, feel the embarrassment she felt after the incident, and retell her story without fear of reprisal.

Michelle demonstrates maladaptive coping in one index of adjustment. Cumulative stressors have caused a decompensation in her abilities to cope with poor crop conditions and financial pressures. Luthar et al. (1993) remind us that research in resilience has shown inconsistencies across domains of functioning, and caution against regarding resilience as a unidimensional construct.

Karen's case was negatively matched with the psychosocial indicators of positive self-esteem, self-confidence, and self-efficacy. Examination in context reveals Karen talking about "left-brain" male policy makers who never consider the impact of their policies on women. She is also reflecting on changes occurring in general that have affected women's abilities to network and influence decisions that affect their work or health. Using Strauss and Corbin's (1990) framework (Skillen & Wilson, 2004), a change in action or interaction was not revealed.

Karen seems unable to envision herself speaking of change and sees the vast majority of Albertan women as voiceless as herself. Considering the example from the perspective of a variation or a new dimension, this is seen as a variation of the dispositional pattern where the development of self and voice are critical for positive expression of these indicators. Therefore, the analysis concludes that Karen showed actual deficits of the psychosocial indicators identified in Polk's (1997) framework of resilience. Polk's framework however, requires more clarity and "fleshing out" as to how the indicators are to be defined as we are able to imagine more variation once the ideas of self, voice, and expression are considered.

Karen's sense of self remains undeveloped to its full potential. She accepts gender-role bias as a fact of her life and projects that most rural Albertan women do not have much more of a voice than she does. She might be placed at the position of received knowledge described by Belenky et al. (1986). This position is a perspective from which women conceive of themselves as capable of receiving knowledge from the all-knowing external authorities but not capable of creating knowledge on their own.

Why Karen's sense of self is at this stage of development is open to speculation. Slade and Cohen (1996) remind us that a basic tenet of psychoanalysis is that individuals repeat aspects of past relationships in current relationships. The inevitable relationship between childhood relationships and parenthood is implicit in constructs such as transference, identification, and



internalization. Zeanah and Zeanah (1989) maintain that the maltreated-maltreatment cycle is the most striking example of the psychodynamic notion that early relationship experiences are brought forward and reactivated in subsequent relationships. Perhaps Karen is living the gender-role that was modelled by her own mother. Perhaps she was never supported in exploring individualistic aspects of herself as a child and maybe she was punished for expressing thoughts or actions not sanctioned by the family of origin.

Because this is a single interaction, we are not able to get a sense of what else is going on in Karen's world. She is employed in a professional, non-nursing capacity in which a level of social competency would be required in order to carry out her duties. We must acknowledge that competence may be more prominently situated elsewhere in her persona. Therefore, one cannot assume that she does not display resilience in other aspects of her life. A single response does not define the human experience and the human experience cannot be reduced to indicators within the framework.

To summarize, identified negative cases have been examined using a framework described by Strauss and Corbin (1990) and developed by Skillen and Wilson (2004). Context has been considered as well as indications of a change in action or interaction, and evidence of a variation or new dimension. The cases have been analysed using the pattern framework described by Polk (1997). Of six negative cases identified initially, four were discovered to be miscoded, and two were retained as negative cases, with discussion and rationale provided.

## CHAPTER VI: SUMMARY DISCUSSION, CONCLUSION, AND RECOMMENDATIONS

The findings of this study support assumptions that evidence of resilience would be revealed from a sample of rural Alberta women, using the four-pattern resilience framework described by Polk (1997). This chapter focusses on reflection of the methodology as well as a critique of Polk's framework of resilience and how it was expanded. Discussion continues on emerging themes of resilience in relation to the aggregate of women and the review of the literature in Chapter 2. Conclusions and recommendations for future study appear at the end of this chapter.

### Reflections on Methodology

#### *Methods*

A secondary analysis was conducted on data collected by Skillen et al. (2003) in which they asked: "What are the effects of agriculture and health care sector restructuring for rural Alberta women's health and work environments?" (2003). It was postulated that the data collected in the original study would reveal evidence of resilience that could be organized within Polk's (1997) framework, and that data collection procedures in the first study were compatible with the secondary analysis. Research questions in this study asked what evidence there was of the four patterns of resilience (Polk, 1997) among the sample group. The processes of agricultural and health care sector restructuring were used as the situations of adversity. Manifest competence in spite of

significant adversity is a defining feature of resilience (Luthar & Cicchetti, 2000). Resilience is not a unidimensional construct, and can be found in one or more domains while remaining absent in others (Luthar et al., 1993).

### *Sample*

The sample consisted of 16 rural women from southern and central regions of Alberta, employed in public health nursing, home care nursing, or allied healthcare, and who were engaged in farming. The sample was homogenous in nature, all expressing traditional farming values and beliefs, as well as a strong sense of belonging to the farming community. In addition, the nursing participants identified strongly with the ethic of caring. They displayed pride in their profession and colleagues.

Detailed demographic information regarding level of education was not intentionally sought during the interviews for the original study. However, some of the participants talked about their education which ranged from diploma to baccalaureate preparation with a wide range of specialized training related to various specialties over time. The three non-nursing participants did not indicate their highest level of education received. In this study, having this information may have contributed to insights because it seemed as though a higher level of education contributed to active, problem-oriented coping, an indicator of resilience described by Polk (1997).

### *Instruments*

The modified grid described on page 34 required two revisions to address

identified application problems and errors in transcription (Skillen & Wilson, 2004), and to keep it true to Polk's model described in the text (1997). The changes were considered important in order to clarify Polk's original intention and improve the ease of reading, but were considered minor because the content analysis was not affected.

### *Data Analysis*

Deductive reasoning was predicted to reveal evidence of the construct of resilience in the data, and this did occur. However, inductive reasoning was also incorporated into the analysis and discussion in order to define the indicators described by Polk. It was necessary to move from specific observations in the data to more general rules (Polit & Hungler, 1997) about how the observations would be interpreted. This process occurred through an additional literature search, and is discussed in detail throughout the findings.

The main thrust of theory testing is deductive, and deductive studies are usually empirical, more specific, and not abstract (Brink & Wood, 1998). In this study, the investigator postulated that evidence of resilience would be found in the data. However, the fact based or "hard data" were not congruent with Polk's (1997) framework, as she failed to define the indicators, that were for the most part abstract. For example, positive self esteem is a perception of the individual, and has many different facets which are, in and of themselves, abstractions. Brink and Wood (1998) reason that inductive studies contrast with deductive studies by being more abstract and general in scope, based on less specific data, and are

usually used in qualitative data collection methods for the purpose of building or creating theory. Polit and Hungler (1995) concur by explaining that the basic intellectual process underlying theory development is induction, which refers to the process of reasoning from particular observations and facts to generalizations.

Because the starting point of this study was based on existing data and evidence of resilience was postulated, deductive reasoning was used. It became necessary to incorporate elements of inductive reasoning when definitions and abstractions became the basis for assumptions underlying the intentions and actions of the women in the study. Additionally, emerging themes were identified. Therefore, both inductive and deductive reasoning were used to examine and interpret the data.

Audio tapes were correlated with verbatim transcripts provided by the original researcher. Notes were made to identify defining features, biases, and impressions. Then original transcripts were analysed line by line to extract information that identified Polk's (1997) indicators of resilience. The data were placed within the grid to correspond with patterns. When this was completed, summary sheets were produced for all interviews to compact the data and to identify its location in the transcripts. The audio tapes were then reviewed again to ensure accuracy of intent and to record any additional insights gained throughout the analytical process.

#### Limitations and Implications

This study was limited by the nature of the data. First, the semi-structured

interviews conducted during the original study were not directed specifically at discovering resilience. Although there was significant evidence of the phenomenon, the expression of this occurred quite haphazardly throughout the data. Because clarification could not be sought from the participants, it was necessary to speculate about the participant's intentions when the responses appeared ambiguous. Additionally, the sample size was relatively small, homogenous, and limited to the southern and central regions of the province.

The data were collected during a single interview and contact was limited to one encounter. Information sharing and gathering were wholly influenced by the relationship and interaction between the interviewer and participant, their moods, questions, and interests in that moment. In the original study, three interviewers used an interview guide. Interview styles varied between unstructured and semi-structured providing some variation in content. For example, using the unstructured style, even in conjunction with the interview guide, resulted in richer data being gathered that gave evidence of resilience, depending on the flow of dialogue.

The results of this study are not generalizable to a larger population. However, insights and understanding gained through this process lend themselves to a wider interpretation and understanding of the intrinsic and extrinsic factors that contribute to the expression of resilience. This study provides a preliminary starting point for further study of this phenomenon.

### Critique of Polk's Framework

Polk describes a concept synthesis of 26 articles on resilience that were a combination of conceptual, qualitative, and quantitative research. Saturation of data was reached when no further information was gleaned from the literature. One of the first points that became apparent with this model was that Polk's literature review failed to list Luthar, who has published numerous articles on the topic individually and in collaboration with others (see reference list) prior to Polk's publication in 1997. With the amount of research carried out by Luthar, the omission in Polk's synthesis of research creates a gap in her model.

In early studies done on children, Luthar followed theoretical models by Garnezy and Rutter. These models looked at distinctions between compensatory factors (factors related to competence), and protective/vulnerability factors (which interact with stress in influencing competence). Initial investigation explored variables that promoted resilience (Luthar, 1991). In a subsequent study, Luthar et al. (1993) identified that resilience is not a unidimensional construct. Factors serving as protective functions for a particular social competence domain may have different ramifications for other areas of competence. In later studies, she identifies recurring themes across the literature that include the importance of close relations with supportive adults, effective schools, and connections with competent, prosocial adults in the wider community (Luthar et al., 2000). These themes are all components of Polk's (1997) framework, although the reader is left to make the assumption that the fundamental principles of intimacy and social

support apply to all people across the lifespan.

A troubling aspect of Polk's (1997) framework is that indicators that were listed as components of the patterns were undefined. This lack of definition presented problems once the data had been placed within the framework. When the analysis began, the individual components had to be defined in order to be understood. This process was problematic since the necessary interpretation was subject to researcher bias because definitions and conceptual expansion were confined to what was deemed appropriate by the researcher.

Another challenge was the numerous problems approximating data with the indicators and frequently data could have been assigned to several categories due to significant overlap. This overlap resulted in four of the six negative case examples being miscoded because initially they seemed to approximate with one pattern, but with subsequent analysis were placed in a more appropriate pattern. The ambiguity of indicators left the researcher struggling to approximate the data with the most appropriate indicator, introducing another area for potential bias. Additionally, Polk's (1997) model did not provide a framework or guideline for identification or analysis of indicators in the negative context; she does not describe any negative cases in the literature review.

Perhaps Polk (1997) intended her framework to be used as a list of competencies displayed by a resilient individual. This alternate perspective could render the instrument unsuitable for a secondary analysis of data such as in this study. Additionally, if the indicators are seen as competencies, the expectations



of capturing the *essence* of resilience are reduced. It is the expectation that all people would display a variety of the competencies at any given point due to the broad scope of definition.

Skillen and Wilson (2004) point out that Polk's model was developed from published literature not empirical data. Subsequently non-textual variables such as laughter, tone or intensity of voice, and nonverbal cues could not be integrated into the analysis. This problem was substantially overcome in this study because the transcripts were accompanied by audio tapes. Visual cues were understandably absent, but future researchers should consider the importance of nonverbal data.

Although there are some similarities to the simultaneity paradigm, Polk's (1997) assertion that her model is consistent with it does not withstand the necessary scrutiny for confirmation. The simultaneity paradigm describes patterns, as does Polk. Additionally, Newman's (1994) explanation of the unfolding pattern occurring through the transformative nature of disorganizing experiences is consistent with Polk's description of negentropy. However, without definitions and an interpretation guide, the transformative power or reorganization might be lost. A potential hazard of using Polk's model is that data arranged within the framework might become a sum of the indicators, a unidimensional aspect, where the essence of wholeness of the human being may be lost. A fundamental tenet of the simultaneity paradigm is that the human being is more than and different from the sum of the parts, changing mutually

and simultaneously with the environment (Polk, 1997). Somehow, the element necessary to bridge this gap is missing from Polk's model.

Finally, it is necessary to challenge Polk's assertion that her model is consistent with the simultaneity paradigm of nursing based on freedom to choose. Polifroni and Packard (1993) contrast psychological determinism with the evolving nursing paradigm. Some of their observations become relevant to this discussion. According to Polifroni and Packard, psychological determinism is based on the assumption that the cause of human action can be identified. If the antecedent condition exists, the result is inevitable, and therefore predictable. Further, the antecedent psychological state (internal or external locus of control, self-judgement of efficacy, health beliefs etc.) will cause a person to act a certain way regardless of her history. Since psychological determinism is directed at reducing personhood to a set of simplified rules, these rules necessitate denial of free will (1993).

If Polk's model were juxtaposed over a psychological deterministic framework, many similarities would be seen in regard to the identified indicators. This is not a commentary on what has been selected as indicators within the patterns, but to contrast the differing philosophies and to demonstrate that Polk's nursing model of resilience is inconsistent with the simultaneity paradigm of nursing science. To reiterate a previous statement, the similarities between Polk's model and the simultaneity paradigm are largely identified with patterning and negentropy, although the latter is implied and not made explicit in the model.

### Contributions to Polk's Framework

This study was able to contribute to Polk's (1997) framework of resilience by identifying gaps in the literature review that was conducted for the concept synthesis. Additionally, definition and context were given for interpretation of the indicators. Problems of ambiguity were noted for indicators that could be placed in one or more patterns. Problems with definitions and ambiguity contributed to researcher bias, and further conceptual clarification was required. A framework was developed for the interpretation and analysis of negative cases identified in the data, since this was not addressed by Polk. Inconsistencies between Polk's model and the simultaneity paradigm of nursing science were identified and discussed.

### Emerging Themes of Aggregate-Resilience

Throughout the content analysis of the data, it became apparent that resilience was in fact, present individually and collectively among the participants as members of their groups, both as women and farmers. However, the nebulous nature of the construct is preserved in this study because the phenomenon of resilience is more than the identified indicators within Polk's (1997) model. Even the word phenomenon can be seen as nebulous. The Concise Oxford English Dictionary (2001) defines phenomenon as "the object of a person's perception" (p. 1071) that Adler (1927/1992) reminds us is an inescapably individualistic interpretation of reality. The simultaneity paradigm of nursing science that views the human being as more than and different from the sum of the parts,

changing mutually and simultaneously with the environment (Polk, 1997) is consistent with the emergence of the *phenomenon* of collective resilience in the aggregate. The resilient human being is more than and different from the sum of the indicators, changing mutually and simultaneously with the environment. Resilience is more than and different from the sum of its parts that have been identified and organized within Polk's (1997) framework.

#### Emerging Themes and Review of the Literature

Data in the dispositional pattern revealed an overwhelming sense of personal competence as an emerging theme. Individually and collectively, the women were able to describe numerous stressors that had profound effects on themselves, their families, their colleagues, and their environments. Garmezy describes competence as the term for a variety of adaptive behaviours, and believes that resilience is manifest competence despite exposure to significant stressors. He states that there is critical significance in cumulative stressors in which the environment, the family, and the background, add up to generate negative events that ordinarily would bring a person down, but in many cases do not. Positive outcomes after significant adversity indicate resilience. The phenomenon is a combination of psychosocial elements, biological predispositions, and an aggregation of protective factors (cited in Rolf, 1999).

In their study of the construct of inner strength, Dingley et al. maintain that support groups composed of women from homogenous populations are self-empowering because they draw on the strength of others with similar

experiences. Further, inner strength results in outward capacity, but its focus is primarily within oneself. Inner strength involves the components of introspection, reflection, and self-acceptance (2000). These components are related to and inextricably embedded in the psychosocial attributes described by Polk (1997) in the dispositional pattern. The sense of selflessness that was identified as an emerging theme is associated with role expectations of rural women. However, as Hoare (2000) points out, identity in women is an ongoing process of balancing and rebalancing the needs of the self and investment in the needs of others. Meisenhelder (1985) contends that the perceived respect, love and approval, or the reflected appraisals of people close to us determines our self esteem (p. 128). Combining these sentiments, one can postulate that the selflessness identified in the data emerges from the women balancing their own and other's needs, with the perception of love and approval from others within the social circle. Egeland et al. (1993) concur, viewing resilience as a transactional process determined by the interaction of genetic, biological, psychological, and sociological factors within the context of environmental support.

Emerging themes in the relational pattern are generated by intrinsic and extrinsic variables described by Polk (1997). A large component of intrinsic attributes is the ability to form intimate relationships with others. Prager (1995) acknowledges that intimacy involves trust, self-disclosure, bidirectional and unidirectional sharing, validation, and cohesion (cited in Sullivan, 2004). Data reveal numerous examples of intimacy among the participants, their family

members and significant others, their colleagues, and community members. Several participants described significant stress related to difficulties in establishing or maintaining a level of intimacy with coworkers. A strong commitment to relationships was evident from all the women. Overall, there was a sense of connectedness between the participants and others in their wider social circles, that involved sharing, reciprocity, trust, and validation from others. The women gained a sense of strength and identity from association with their identified communities.

The sense of belonging to the communities of farm women and other women was evident in the data. The literature review on resilience underscores the importance of social support to produce positive outcomes (Dingley et al., 2000; Egeland et al., 1993; Masten et al., 1990). Langford et al. (1997) maintain that social support has been defined in the literature as the assistance and protection given to others. Social support is hypothesized to be reciprocal and with the expectation of reciprocity occurring between at least two individuals. Numerous data reveal connection between the participants and their communities but there was an overwhelming identification with the farming community in particular. One participant revealed how she and her husband lost their identities within the farming community after they were forced to auction off their equipment. Another participant lamented how the farming community at large excluded them when they changed from producing grain to raising poultry. The impact of these exclusions had a significant effect on their sense of self-identity and

belonging because most of the women had lived rurally for most or all their lives. Mandelco and Craig (2000) describe two factors external to the family that affect the expression of resilience. These two factors are perceived approval of certain influential individuals and access to community resources. Study participants confirmed the importance of these external factors. Their identities and sense of belonging were closely bound to feelings of acceptance and validation within their larger communities.

In the situational pattern (Polk, 1997), a prominent emerging theme of perseverance was identified. This was related to the dispositional hardiness described by Maddi (1998). Dispositional hardiness is the tendency to address stressful circumstances by accepting them as a natural or developmentally important part of life; believing that one can transform them into opportunities; and proceeding to cope decisively with them. Lee (1983) also describes the critical components of hardiness as endurance, strength, boldness, and power to control. Citing Kobasa, Maddi, and Kahn (1983), Huang (1995) defines hardiness as a “constellation of personality characteristics that function as a resistance resource in the encounter with stressful life events” (p. 83).

Hardiness is a related but differentiated construct from resilience. Although hardiness buffers strength via coping and other strategies, it reflects personality traits or disposition (Maddi, 1998). Similarly, beliefs and coping mechanisms are used to adapt to stress (Gentry & Kobasa, 1984; Williams et al., 1992). According to Luthar and Cicchetti (2000), resilience is a process or

phenomenon despite adversity. This is an important distinction that can be evidenced in the data in this study. Due to the nature of the data, the interviews provided only a brief glimpse into the lives of the participants. It was not clear what resources were drawn upon to produce the outcomes that were present, only that a process had occurred. Perseverance was evident.

The philosophical pattern is manifested by personal beliefs and values (Polk, 1997). The emerging theme of the aggregate of women was identified as hope. Hope was identified by the sentiment that there would be a place for farming and farm families in the future despite all the changes in the world. According to Maddi (1998), optimism emphasizes the overall expectation of beneficial outcomes to problems, regardless of the coping efforts. It can be defined as "hopefulness and confidence about the future or the success of something" (The Concise Oxford English Dictionary, 2001, p. 1001). A key component of an optimistic attitude in life is an individual's confidence that she or he can solve any problems encountered (Adler, 1927/1992). Clearly, this is inextricably bound with the indicators from the other patterns, for example, sense of mastery and self-efficacy, the strength of relationships, problem-oriented coping, and an internal locus of control. Although there was wide variation in the expression of the indicators across the data, all the women displayed some sense of hope and optimism.

In summary, emerging themes were identified through content analysis of the data and were congruent with the literature that was reviewed at the onset of



this study. Although the literature review was largely confined to discussion on resilience, competing and complementary constructs were studied and found to be components of the phenomenon. This finding reaffirms the complexity of the construct of resilience, and provides insight into the multifaceted nature of the process within a constantly changing environmental context. Emerging themes of aggregate-resilience are summarized in Table 4.

Table 4  
Aggregate-Resilience Summary

Pattern Description	Attributes	Emerging Theme
Dispositional	physical	sense of personal competence (We're still able to function)
	psychosocial	sense of selflessness (We will put our own needs last)
Relational	intrinsic	social intimacy (We are committed to our relationships)
	extrinsic	supportive community (We are defined by our community)
Situational	cognitive/ behavioural	perseverance (We'll roll with the punches)
Philosophical	values/ beliefs	hope (There's a place in the future for us)

Adapted from Polk, L.V. (1997). Toward a middle-range theory of resilience. *Advances in Nursing Science*, 19(3). Copyright held by Aspen Publishers Inc.

### Conclusion

The purpose of this study was to discover evidence of resilience in rural women who experienced agricultural and health care restructuring and to

address the identified gap in nursing knowledge related to resilience research pertaining to an adult population. Scant resilience research exists on an adult population in general, and rural women in particular. It was postulated that this research could add to the body of knowledge regarding the phenomenon, with the added benefit of originating from a nursing perspective. The framework for the inquiry, originally developed by Polk (1997), examined intrinsic and extrinsic factors of resilience which were arranged in four patterns. In this study the framework was expanded by examining and clarifying individual components. Using secondary data analysis on 16 female participants, four specific research questions asked what evidence of resilience there was in the four patterns.

Results of the study showed evidence of resilience that could be arranged within Polk's (1997) framework, on the 16 participants, in the four patterns. During the analysis, problems discovered with the framework were also discussed as were six emerging themes related to the aggregate of women. Although six were discovered initially, two negative cases remained after the analysis and four were recoded. These cases were placed within the patterns and discussed. Of the retained negative cases, one was considered relevant to the emerging themes since it described a time of great adversity and for the woman, represented a defining moment in her life (McGraw, 2001). The other retained negative case did not contribute to the emerging themes. These emerging themes were then discussed within the context of the initial literature review with other pertinent works discovered during the content analysis.

This study demonstrated the congruence of the indicators identified by Polk (1997) with the expression of resilience but it did not capture the *essence* of resilience. The findings reaffirmed the notion that resilience is a nebulous construct. The effort to reduce it to the indicators causes the essence of the whole person in which it occurs, to be lost. Polk's framework is useful as an organizational instrument but it fails to totally capture the essence of resilience. This could be due in part to the fixed nature of the data or problems with the framework or its applications, which have been previously discussed, or a combination of both.

#### Recommendations for Future Study

1. Future study on resilience can provide a greater understanding of how women define stressful life events within the context of their own lives and their social networks by recognizing intrinsic and extrinsic factors as integral and inextricable co-creators of the phenomenon.
2. An organizational framework that provides clear definition of the variables would be an advantage, as the construct continues to prove difficult to operationalize.
3. Future inquiries might arise from a phenomenological perspective to examine each individual's experience of resilience in order to provide a more holistic approach to the study.
4. An ethnographic perspective could examine the cultures of individuals under study, as in this case, women farmers who worked in healthcare.

5. From the researcher's perspective, a fruitful area of study would be an ethnographic inquiry into the cultural behaviour of rural nurses, since it was discovered to be a culture far removed from that of nurses in an urban environment. This inquiry could facilitate the understanding of behaviours that affect health and illness, and could provide a holistic view of resilience in rural female nurses. Knowledge gained from such an inquiry could provide valuable insight into how rural nurses' perspectives differ from that of urban nurses. The changing philosophy in health care threatens to redefine the already changed work environment of rural nurses.

This study began as an investigation into the existence of evidence of resilience in rural women who had experienced agricultural and healthcare sector restructuring. The analysis revealed a process of inquiry and many ways of knowing. A process of discovery reaffirmed once more that which we already knew. Women are enduring, selfless, connected to people and communities, and hopeful in an ever changing world. Women are at the forefront of change, finding their voices in the gathering storm. Individually and collectively, women are resilient.

## References

- Adler, A. (1992). *Understanding human nature*. Oxford: Oneworld Publications Ltd. (Original work published 1927)
- Antonovsky, A. (1987). *Unravelling the mystery of health: How people manage stress and stay well*. San Francisco, CA: Jossey-Bass.
- Bandura, A. (1997). Self-efficacy. *Harvard Mental Health Letter*, 13(9), 4-6.
- Belenky, M. F., Clinchy, B. M., Goldberger, N. R., & Tarule, J. M. (1986). *Women's ways of knowing: The development of self, voice, and mind*. Basic Books Inc.
- Blakley, B., & Jaffe, J. (1999). *Coping as a rural caregiver: The impact of health care reforms on rural women informal caregivers*. Regina, SK: University of Regina.
- Blegen, M. A., & Tripp-Reimer, T. (1997). Implications of nursing taxonomies for middle-range theory development. *Advances in Nursing Science*, 19(3), 37-49.
- Borneman, T., Stahl, C., Ferrell, B. R., & Smith, D. (2002). The concept of hope in family caregivers of cancer patients at home. *Journal of Hospice & Palliative Nursing*, 4(1), 21-33.
- Brink, P. J., & Wood, M. J. (1998). Introduction. In P. J. Brink & M. J. Wood (Eds.), *Advanced design in nursing research* (2<sup>nd</sup> ed.) (pp. 8-9). Thousand Oaks, CA: Sage Publications Inc.
- Canadian Nurses Association. (2003). *Registered Nurses 2002 Statistical Highlights*. Retrieved January 20, 2004, from: <http://www.cna-nurses.ca/pages/resources/stats/salary.htm>

- Charles, M., Frank, S. J., Jacobson, S., & Grossman, G. (2001). Repetition of the remembered past: Patterns of separation-individuation in two generations of mothers and daughters. *Psychoanalytic Psychology, 18*(4), 705-728.
- Concise Oxford English Dictionary (10<sup>th</sup> ed. Rev.). (2001). New York, NY: Oxford University Press.
- Dey, I. (1993). *Qualitative data analysis: A user-friendly guide for social scientists*. New York, NY: Routledge.
- Dingley, C. E., Roux, G., & Bush, H. A. (2000). Inner strength: A concept analysis. *Journal of Theory Construction and Testing, 4*(2), 30-35.
- Drummond, J., Kysela, G. M., McDonald, L., Alexander, J., & Fleming, D. (1996). Risk and resiliency in two samples of Canadian families. *Health and Canadian Society, 4*(1), 117-152.
- Egeland, B., Carlson, E., & Sroufe, L. A. (1993). Resilience as a process. *Development and Psychopathology, 5*, 517-528.
- Ehrenreich, B., & English, D. (1973). *Witches, midwives, and nurses: A history of women healers*. New York, NY: The Feminist Press.
- Forsey, H. (1993). *Circles of strength: Community alternatives to alienation*. Philadelphia, PA: New Society Publishers.
- Funk, S. C. (1992). Hardiness: A review of theory and research. *Health Psychology, 11*(5), 335-345.
- Gentry, W. D., & Kobasa, S. C. (1984). Social and psychological resources mediating stress-illness relationships in humans. In W. D. Gentry (Ed.),

*Handbook of Behavioural Medicine* (pp. 87-116). New York, NY: Guilford Press.

George, J. B. (1995a). Ann Boykin and Savina Schoenhofer. In J. B. George (Ed.), *Nursing theories: The base for professional nursing practice* (4<sup>th</sup> ed.) (pp. 407-418). Norwalk, CT: Appleton & Lange.

George, J. B. (1995b). Betty Neuman. In J. B. George (Ed.), *Nursing theories: The base for professional nursing practice* (4<sup>th</sup> ed.) (pp. 281-300). Norwalk, CT: Appleton & Lange.

Gibson, L. M. (2003). Inter-relationships among Sense of Coherence, hope, and spiritual perspective (inner resources) of African-American and European-American breast cancer survivors. *Applied Nursing Research*, 16(4), 236-244.

Giordano, B. P. (1997). Resilience - A survival tool for the nineties. *Association of Operating Room Nurses Journal*, 65(6), 1032-1034.

Girard, N. J. (2003). Hope for the holidays. *AORN Journal*, 78(6), 929-930.

Graham, W. (1999). Moving healthcare reform forward: A complex and challenging transition. *Healthcare Papers* 1(1), 37-49.

Guba, E. G., & Lincoln, Y. S. (1981). *Effective evaluation. Improving the usefulness of evaluation results through responsive and naturalistic approaches*. San Francisco, CA: Jossey-Bass.

Heffernan, W. (1999). *Consolidation in the food and agriculture system*. Report to the National Farmer's Union. Columbia, MO: University of Missouri.

Hickman, J. S. (1995a). An introduction to nursing theory. In J. B. George (Ed.),

- Nursing theories: The base for professional nursing practice* (4<sup>th</sup> ed.) (pp. 1-14).  
Norwalk, CT: Appleton & Lange.
- Hickman, J. S. (1995b). Rosemarie Rizzo Parse. In J. B. George (Ed.), *Nursing theories: The base for professional nursing practice* (4<sup>th</sup> ed.) (pp. 335-354).  
Norwalk, CT: Appleton & Lange.
- Hinds, P. S., Vogel, R. J., & Clarke-Steffan, L. (1997). The possibilities and pitfalls of doing a secondary analysis of a qualitative data set. *Qualitative Health Research*, 7(3), 408-424.
- Hinings, C. R., Casebeer, A., Reay, T., Golden-Biddle, K., Pablo, A., & Greenwood, R. (2003). Regionalizing healthcare in Alberta: Legislated change, uncertainty, and loose coupling. *British Journal of Management*, 14, S15-S30.
- Hoare, C. H. (2000). Morality, ethics, spirituality, and prejudice in the writings of Erik H. Erikson. In M. E. Miller & A. N. West (Eds.), *Spirituality, ethics, and relationship in adulthood: Clinical and theoretical explorations* (pp. 31-56).  
Madison, CT: Psychosocial Press.
- Huang, C. (1995). Hardiness and stress: A critical review. *Maternal-Child Nursing Journal*, 23(3), 82-89.
- Im, E. O., & Meleis, A. I. (2001). An international imperative for gender-sensitive theories in women's health. *Journal of Nursing Scholarship*, 33(4), 309-314.
- Jenny, J. (1990). Self-esteem: A problem for nurses. *The Canadian Nurse*, 86(10), 19-21.
- Josselson, R. (2000). Relationship and connection in women's identity from



college to midlife. In M. E. Miller & A. N. West (Eds.), *Spirituality, ethics, and relationship in adulthood: Clinical and theoretical explorations* (pp. 113-146).

Madison, CT: Psychosocial Press.

Kalish, R. A., & Collier, K. W. (1981). *Exploring human values: Psychological and philosophical considerations*. Monterey, CA: Brooks/Cole Publishing Company.

Kaplan, H. B. (1999). Toward an understanding of resilience: A critical review of definitions and models. In M. D. Glanz & J. L. Johnson (Eds.), *Resilience and development: Positive life adaptations* (pp.17-83). New York, NY: Kluwer Academic/Plenum Publishers.

Keatings, M., & Smith, O. B. (2000). *Ethical and legal issues in Canadian nursing* (2<sup>nd</sup> ed.). Toronto, ON: W. B. Saunders Canada.

Kenney, J. W. (2000). Interactive model of women's stressors, personality traits and health problems. *Journal of Advanced Nursing*, 32(1), 249-258.

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

Kumpfer, , K. L. (1999). Factors and processes contributing to resilience: The resilience framework. In M. D. Glanz & J. L. Johnson (Eds.), *Resilience and development: Positive life adaptations* (pp. 179-223). New York, NY: Kluwer Academic/Plenum Publishers.

Landsverk, S. S., & Kane, C. F. (1998). Antonovsky's Sense of Coherence: Theoretical basis of psychoeducation in schizophrenia. *Issues in Mental*

- Health Nursing, 19, 419-431.*
- Langford, N. (1995). *Politics, pitchforks, and pickle jars: 75 years of organized farm women in Alberta.* Calgary, AB: Detselig Enterprises Ltd.
- Langford, C. P. H., Bowsher, J., Maloney, J. P., & Lillis, P. (1997). Social support: A conceptual analysis. *Journal of Advanced Nursing, 25(1), 95-100.*
- Lee, H. J. (1983). Analysis of a concept: Hardiness. *Oncology Nursing Forum, 10(4), 32-35.*
- Leininger, M. (1991). *Culture, care diversity, and universality: A theory for nursing.* New York, NY: National League for Nursing.
- Lev, E. L. (1997). Bandura's theory of self-efficacy: Applications to oncology. *Scholarly Inquiry for Nursing Practice: An International Journal, 11(1), 21-43.*
- Lev, E. L., & Owen, S. V. (1996). A measure of self-care self-efficacy. *Research in Nursing and Health, 19, 421-429.*
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry.* Newbury Park, CA: Sage Publications Ltd.
- Lomas, J., Woods, J., & Veenstra, G. (1997). Devolving authority for health care in Canada's provinces: An introduction to the issues. *Canadian Medical Association Journal, 156(3), 371-377.*
- Luthar, S. S. (1991). Vulnerability and resilience: A study of high-risk adolescents. *Child Development, 62, 600-616.*
- Luthar, S. S. (1996, August). *Resilience: A construct of value?* Paper presented at 104<sup>th</sup> Annual Convention of the American Psychological Association,

Toronto.

- Luthar, S. S., & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology, 12*, 857-885.
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3), 543-562.
- Luthar, S. S., Doernberger, C. H., & Zigler, E. (1993). Resilience is not a unidimensional construct: Insights from prospective inner-city adolescents. *Development and Psychopathology, 5*, 703-717.
- Maddi, S. R. (1998). Hardiness. In E. A. Blechman & K. D. Brownell (Eds.), *Behavioral medicine and women: A comprehensive handbook* (pp. 152-155). New York, NY: Guilford Press.
- Mandleco, B. L., & Craig, P. J. (2000). An organizational framework for conceptualizing resilience in children. *Journal of Child and Adolescent Psychiatric Nursing, 13*(3), 99-111.
- Masten, A. S. (1994). Resilience in individual development: Successful adaptation despite risk and adversity. In M. C. Wang & E. W. Gordon (Eds.), *Educational resilience in inner-city America: Challenges and prospects* (pp. 3-25). Hillsdale, NJ: Erlbaum.
- Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity.

*Development and Psychopathology*, 2, 425-444.

McGraw, P. C. (2001). *Self matters: Creating your life from the inside out*. New York, NY: Simon & Schuster Source.

McKenna, H. (1999). The role of reflection in the development of practice theory: A case study. *Journal of Psychiatric and Mental Health Nursing*, 6(2), 147-151. Blackwell Science Ltd.

Meisenhelder, J. B. (1985). Self-esteem: A closer look at clinical interventions. *International Journal of Nursing Studies*, 22(2), 127-135.

Miles M.B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage Publications.

Miller, B. F., & Keane, C. B. (1987). *Encyclopedia and dictionary of medicine, nursing, and allied health*. Philadelphia, PA: W. B. Saunders Company.

Morse, J. M., & Field, P.A. (1995). *Qualitative research methods for health professionals* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.

National Coordinating Group on Healthcare Reform and Women. (2002). Women and health care reform. Retrieved March 15, 2004, from [http://www.cewh-cesf.ca/PDF/health\\_reform/women-hcrEN.pdf](http://www.cewh-cesf.ca/PDF/health_reform/women-hcrEN.pdf).

Nemcek, M. A. (1990). Health beliefs and preventive behaviour: A review of research literature. *AAOHN Journal*, 38(3), 127-138.

Newman, M. (1992). Prevailing paradigms in nursing. *Nursing Outlook*, 40(1), 10-13, 32.

Newman, M. (1994). *Health as expanding consciousness* (2<sup>nd</sup> ed.). New York, NY:

National League for Nursing.

Ootim, B. (1998). Self-esteem. *Nursing Management*, 4(10), 24-25.

Orem, D. E. (1991). *Nursing: Concepts of practice* (4<sup>th</sup> ed.). St. Louis, MO: Mosby.

O'Sullivan, L. F. (2004, February). [Review of the book *The psychology of intimacy*, by Prager, K. J., 1995. New York, NY: Guilford Press.]. *Archives of Sexual Behaviour*, 33(1), 71-72.

Oxford Paperback Dictionary (3<sup>rd</sup> ed.). (1988). New York, NY: Oxford University Press.

Parse, R. R. (Ed.). (1987). *Nursing science: Major paradigms, theories, and critiques*. Philadelphia, PA: W. B. Saunders.

Parse, R. R. (1992). Human becoming: Parse's theory of nursing. *Nursing Science Quarterly*, 5(1), 35-42.

Patton, M. Q. (1980). *Qualitative evaluation methods*. Beverly Hills, CA: Sage.

Polit, D. F., & Hungler, B. P. (1995). *Nursing research: Principles and methods* (5<sup>th</sup> ed.). Philadelphia, PA: J. B. Lippincott Company.

Polit, D. F., & Hungler, B. P. (1997). *Essentials of nursing research: Methods, appraisal, and utilization* (4<sup>th</sup> ed.). Philadelphia, PA: Lippincott-Raven Publishers.

Polk, L. V. (1997). Toward a middle-range theory of resilience. *Advances in Nursing Science*, 19(3), 1-13.

Roberts, S. J. (1983). Oppressed group behaviour: Implications for nursing. *Advances in Nursing Science*, 5(4), 21-30.

- Rogers, M. E. (1989). Nursing: A science of unitary beings. In J. Riehl-Sisca (Ed.), *Conceptual models for nursing practice* (3<sup>rd</sup> ed.) (pp.181-188). Norwalk, CT: Appleton & Lange.
- Rogers, M. E. (1990). Nursing: Science of unitary, irreducible, human beings, update 1990. In E. A. Barrett (Ed.), *Visions of Rogers' science-based nursing*. New York, NY: National League for Nursing.
- Rogers, M. E. (1992). Nursing science and the space age. *Nursing Science Quarterly*, 5(1), 27-34.
- Rokeach, M. (1968). *Beliefs, attitudes, and values: A theory of organization and change*. San Francisco, CA: Jossey-Bass Inc.
- Rolf, J. E. (1999). Resilience: An interview with Norman Garmezy. In M. D. Glanz & J. L. Johnson (Eds.), *Resilience and development: Positive life adaptations* (pp. 5-14). New York, NY: Kluwer Academic/Plenum Publishers.
- Rosenbaum, M. (1983). Learned resourcefulness as a behavioural repertoire for the self-regulation of internal events: Issues and speculation. In M. Rosenbaum, C. M. Franks, & Y. Jaffe (Eds.), *Perspectives on behaviour therapy in the eighties* ( pp. 54-73). New York, NY: Springer Publishing.
- Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*, 147, 598-611.
- Ryan, G. W., & Bernard, H. R. (2000). Data management and analysis methods. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2<sup>nd</sup> ed.) (pp. 782-783). Thousand Oaks, CA: Sage Publications Ltd.

- Skillen, D. L., Heather, B., & Young, J. (2003). Reflections of rural Alberta women: Work, health, and restructuring. In P. Van Esterik (Ed.), *Head, heart, and hand: Partnerships for women's health in Canadian environments: Vol. 1.* (pp.117-136). Toronto, ON: National Network on Environments and Women's Health.
- Skillen, D. L., & Wilson, T. (2004). *Identifying collective resilience among Metis women* . Manuscript in preparation.
- Slade, A., & Cohen, L. J. (1996). The process of parenting and the remembrance of things past. *Infant Mental Health Journal, 17*(3), 217-238.
- Stewart, K. R. (2001). *A new agriculture: Making the connection.* A Report on Rural Adaptation to Structural Change. Winnipeg, MN: Western Agri-Food Institute.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques.* Newbury Park, CA: Sage Publications Ltd.
- Szabo, V., & Strang, V. R. (1997). Secondary analysis of qualitative data. *Advances in Nursing Science, 20*(2), 66-74.
- Thorne, S. (1994). Secondary analysis in qualitative research: Issues and implications. In J. M. Morse (Ed.), *Critical issues in qualitative research methods* (pp. 263-279). Thousand Oaks, CA: Sage Publications.
- Wagnild, G., & Young, H. M. (1990). Resilience among older women. *Image: Journal of Nursing Scholarship, 22*(4), 252-255.
- Werner, E., & Smith, R. (1982). *Vulnerable but invincible: A longitudinal study of*

*resilient youth and children*. New York, NY: McGraw-Hill.

- Williams, P. G., Wiebe, D. J., & Smith, T. W. (1992). Coping processes as mediators of the relationship between hardiness and health. *Journal of Behavioral Medicine, 15*(3), 237-255.
- Wolff, A. C., & Ratner, P. A. (1999). Stress, social support, and Sense of Coherence. *Western Journal of Nursing Research, 21*(2), 182-197.
- Wright, M. O. (1998). Resilience. In E. A. Blechman & K. D. Brownell (Eds.), *Behavioural Medicine and Women: A Comprehensive Handbook* (pp.156-161). New York, NY: Guilford Press.
- Zauszniewski, J. A. (1995). Learned resourcefulness: A conceptual analysis. *Issues in Mental Health Nursing, 16*, 13-31.
- Zeanah, C. H., & Zeanah, P. D. (1989). Intergenerational transmission of maltreatment: Insights from attachment theory and research. *Psychiatry, 52*, 177-196.