

2016

Effects of Gender and Spirituality on Adults' Resilience to Daily Non-traumatic Stressors

Lois S. Harris
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

 Part of the [Environmental Sciences Commons](#), [Feminist, Gender, and Sexuality Studies Commons](#), [Philosophy Commons](#), and the [Religion Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Lois Harris

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Yoly Zentella, Committee Chairperson, Psychology Faculty

Dr. Stephen Rice, Committee Member, Psychology Faculty

Dr. Donna Heretick, University Reviewer, Psychology Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2016

Abstract

Effects of Gender and Spirituality on Adults' Resilience to Daily Non-traumatic Stressors

by

Lois S. Harris

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

August 2016

Abstract

Researchers have conducted several studies of spirituality as it relates to individuals' coping strategies and resilience when facing life trauma. There is less research, however, on spirituality as it relates to adults' resiliency to daily non-traumatic stressors. The purposes of the current study were to examine the relationship between spirituality and adults' resilience to daily, non-traumatic stressors and assess whether gender has a moderating effect on this relationship. A quantitative correlational study based on Lazarus's transactional model of stress and coping using convenience sampling, an online survey ($N=94$) was administered. Of the 94 participants ages 19 to 68, 66 were females. Almost half of the sample was African American (58.5%), single (43.6%), and (50%) living in urban areas. Data were collected through demographic questions, Reed's (1986) Spiritual Perspective Scale, Neill's (2006) Resilience Scale and Kanner et al. (1981) Daily Hassles Scale. Hypotheses were tested using bivariate correlations and multiple regression analysis measuring spirituality, resilience and daily stress. Spirituality did not significantly correlate with daily non-traumatic stress ($p=0.07$). However, the correlation between resiliency and daily non-traumatic stress significantly correlated negatively ($p < 0.01$). Gender positively influenced resiliency levels ($p < 0.01$) showing that females and males cope differently with daily non-traumatic stressors. Specifically, the negative relationship between resiliency and daily non-traumatic stressor is stronger for females ($p=0.03$) than for males ($p < 0.001$). Using study findings, mental health providers may be able to develop programs to improve adults' resilience to non-traumatic stressors, particularly utilizing the effects of gender on adults' coping skills.

Effects of Gender and Spirituality on Adults' Resilience to Daily Non-traumatic Stressors

by

Lois S. Harris

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

August 2016

Dedication

In memory of Mother, Elmira Carter, you left fingerprints of love, kindness, and wisdom on my life. You taught me that the greatest of tasks could be accomplished if I kept the faith and attempted them one-step at a time. You shall never be forgotten.

Acknowledgments

There are a number of people without whom this dissertation might not have been written and to whom I am greatly indebted.

To my dad, thank you for being my “rock,” always encouraging me that I could succeed and to remain focused throughout one of the toughest times in my life. Dad, you lovingly and gently reminded me of “her wishes” and that she believed I would make great contributions to our world.

To my husband, who was consistently willing to engage in the day-to-day struggles and sacrifices of being a doctoral student and your wife. A heart filled thank you for your practical and emotional support in my journey to thrive, grow and develop.

To my family and close friends thank you for your endless devotion, and support. Thanks for always being there for me and encouraging me to reach for the stars and chase my dreams.

Dr. Zentella, who played such a significant role in my journey, as we embarked upon the various challenges in this process and providing encouragement and direction when it seemed impossible to continue. I offer my appreciation and sincere gratitude to you. I would also like to thank Dr. Rice whose steadfast support was greatly needed and deeply appreciated.

Table of Contents

List of Tables	iv
List of Figures	v
Chapter 1: Introduction to the Study.....	1
Introduction.....	1
Background.....	2
Problem Statement	4
Purpose of the Study	6
Research Questions and Hypotheses	7
Theoretical Framework.....	8
Nature of the Study	8
Definitions.....	9
Assumptions.....	10
Scope and Delimitations	11
Significance.....	12
Summary.....	13
Chapter 2: Literature Review.....	15
Introduction.....	15
Literature Search Strategy.....	16
Theoretical Foundation	16
Literature Review Related to Key Variables and Concepts.....	17
Daily Non-traumatic Stressors.....	17
Resiliency Variable.....	21

Spirituality Variable.....	33
Gender Variable.....	41
Summary and Conclusions	57
Chapter 3: Research Method.....	59
Introduction.....	59
Research Design and Rationale	60
Methodology.....	61
Sample and Sampling Procedures.....	62
Procedures for Recruitment, Participation, and Data Collection.....	62
Instrumentation and Operationalization of Constructs	65
Data Analysis Plan.....	68
Threats to Validity	72
Ethical Procedures	73
Summary.....	74
Chapter 4: Results.....	76
Introduction.....	76
Data Collection	77
Results.....	78
Demographic Characteristics of the Sample.....	78
Evaluation of Statistical Assumption.....	79
Pearson Correlational Analysis for Research Question 1	83
Hierarchical Regression Correlation Analysis for Research Question 2	85
Other Statistical Tests	89

Summary	93
Chapter 5: Discussion, Conclusions, and Recommendations	95
Introduction.....	95
Interpretation of Findings	96
Limitations of the Study.....	100
Recommendations.....	101
Implications.....	102
Conclusions.....	103
References.....	106
Appendix A: Institutional Review Board Approval (Walden University)	127
Appendix B: Permission to Use the Spiritual Perspective Scale	129
Appendix C: Flyer Directed to Potential Study Participants	131
Appendix D: Email Sent to Prospective Study Participants	132
Appendix E: Demographics Survey	133
Appendix F: Informed Consent Form.....	136
Appendix G: Biserial Correlation Analysis for Research Question One.....	139

List of Tables

Table 1. Participants' (N = 94) Age and Number of Children Living at Home	79
Table 2. Skewness and Kurtosis of Study Variables (N = 94)	80
Table 3. Levene's Test of Equality of Error Variances	82
Table 4. Alpha Levels of Survey Instruments	83
Table 5. Pearson Correlation Results of Correlation among Study Variables.....	85
Table 6. Hierarchical Regression Results of Moderating Effect of Gender to the Relationship Between Spirituality and Resiliency to Daily Non-Traumatic Stressors.....	88
Table 7. Regression Results of Effects of Spirituality and Resiliency to Daily Non- Traumatic Stressors for Female Data.....	90
Table 8. Regression Results of Effects of Spirituality and Resiliency to Daily Non- Traumatic Stressors for Male Data	91
Table 9. Comparison of Beta Coefficients of Male and Female Samples	93
Table 10. Biserial Correlation Results of Correlation among Study Variables.....	140

List of Figures

Figure 1. Scattergram of spirituality versus non-traumatic stress.....	81
Figure 2. Scattergram of resiliency versus non-traumatic stress.	81

Chapter 1: Introduction to the Study

Introduction

Learning more about how adults cope with daily stressors may be more important for understanding long-term well-being and adaptation in adulthood (Diehl et al., 2012). Diehl, Hay, and Chui (2012) asserted that researchers must pay more attention to the effects of daily stressors and assess how adults cope with these. According to Diehl et al., clinicians often focus extensively on the effects of major life events and chronic stress on their patients' physical nature. The patients may also demonstrate negative emotional consequences of stress.

Because all people eventually face a loss or some form of emotional disturbance, researchers have conducted numerous studies on coping (Banerjee & Pyles, 2004; DiCorcia & Tronick, 2011). Resilience and spirituality have been found to positively affect individuals' ability to cope with emotional disturbance (Smith et al., 2010; Tugade & Frederickson, 2004). The association between daily stress and negative affect is stronger when adults report low resilience or perceived personal control (Diehl & Hay, 2010). According to Faigin and Pargament (2011), spirituality is a powerful coping strategy, which helps individuals adapt to their changing needs. The authors described spirituality as an important and distinctive feature of resiliency.

By helping individuals to more constructively work through and cope with life's problems, clinicians may help individuals become more resilient and better able to manage adversity and crises. According to my review of the literature, few researchers have assessed the link between spirituality and resiliency when it comes to coping with daily, non-traumatic stressors. In my study, I sought to address this gap in research and

consider the impacts of gender on spirituality and resilience. Lawler-Row and Elliot (2009) proposed that females and males might differ in their level of spirituality and spiritual practices. In addition, Kim and Esquivel (2011) found that men and women cope with life problems differently. In my study, I evaluated the effects of gender and spirituality on resilience to daily non-traumatic stressors.

My study findings may help adults to become more resilient against everyday non-traumatic stressors. Increasing adults' ability to constructively cope with life's problems may potentially reduce the suicide rate in the United States. In this introductory chapter, I will briefly discuss my research problem and the purpose of my study. I will then present my research questions and hypotheses. Then, I will discuss my theoretical framework and the nature, assumptions, limitations, and significance of the study.

Background

Resilience is the ability to constructively cope with life stressors (DiCorcia & Tronick, 2011; Neill, 2006; Ong, Bergeman, & Boker, 2009). Tugade and Fredrickson (2004) found that resilient people tend to use positive emotions to cope with life stressors. In studying the epidemiology of resilience, researchers have identified selective protective factors formed through relationships such as family, environment, personal attributes, and spiritual beliefs (Bhui, King, Dein, & O'Connor, 2008; Corrigan, McCorkle, Schell, & Kidder, 2003; Friborg et al., 2006; Gilgun, Klien, & Pranis, 2000). Protective factors have been found to provide individuals with hope, purpose, and self-value (Connor & Eller, 2004). According to researchers, an individual's spiritual perspective contributes to protective factors that can increase hope for the future (Shabani, Hassan, Ahmad, & Baba, 2011). Other researchers view individuals' spiritual

beliefs as establishing a sense of objectivity, which enables them to have hope and achieve change (Bakhtiarpoor, Heidarie, & Khodadadi, 2011). Bernard (2004) and Conner and Eller (2004) examined how spiritual interventions led to positive holistic clinical health outcomes such as reduced stress and physiological metrics.

In a study of adolescents coping with life traumas, Kim and Esquivel (2011) found that there was a higher level of resilience among those participants with higher levels of spirituality. The authors sampled participants who had experienced trauma in the recent past; they did not focus on resilience that was unrelated to trauma. I conducted the current study to better understand the relationship between spirituality and individual's resiliency to everyday non-traumatic stressors. I also wanted to know whether gender disparities exist in this relationship. Although females account for approximately 50% of the U.S. population (Hyde, Mezulis, & Abramson, 2008), they are twice as likely to be depressed as males (Hyde et al., 2008). Females are also significantly more likely to be diagnosed with other mental health disorders (Hyde et al., 2008). This difference in mental health diagnoses may be related to societal expectations, hormonal differences, or underreporting of male mental health disorders (Hyde et al., 2008). In my research, I wanted to explore how spirituality is related to individuals' level of resilience and whether gender disparities exist in this relationship. Specifically, I assessed how spirituality can be a route towards higher levels of resiliency and how gender can affect the relationship between spirituality and resiliency.

Findings from my research may provide clinicians and researchers with more understanding of coping on how individuals can adapt to their everyday environments and constructively cope with life's problems. Researchers have found that resilience has a

positive effect on recovery and deviant behaviors (Mattis, 2000). They have also found that it has a beneficial impact on victims who have experienced a traumatic event (Conner & Eller, 2004; Mattis, 2000; Smith et al., 2008, 2010). My findings may also help specialists working in the area of suicide prevention. An inability to cope with life's stresses can result in individuals being more inclined to destructive behaviors, which can result in suicide (Conner & Eller, 2004). The ability to transcend emotional discomfort and pain is a key factor in preventing suicides (NIMH, 2011).

Problem Statement

Some researchers have found evidence showing that spirituality is positively related to resilience in the context of disaster (Banerjee & Pyles, 2004; Campbell-Sills et al., 2009). What is not known is whether spirituality has a significant relationship to resilience when a disaster has not recently occurred or is not imminent. Based on my review of the literature, researchers do not have adequate knowledge about how spirituality can affect individuals' resilience in daily life.

Spirituality affects individuals under stress in several different ways. Pargament, Smith, Koenig, and Perez's (1998) work on religious coping illustrates that spirituality and resiliency have a relationship. The authors identified positive and negative religious coping. Positive religious coping includes individuals perceiving their situations to be part of God's plans; their coping involves surrendering to God's will. Negative religious coping includes individuals' reappraisals of God's powers, wherein they conclude that some circumstances are beyond God's control.

What remains to be studied is how spirituality and resilience interact during non-traumatic periods and the gender disparities that exist in this possible relationship

between spirituality and resiliency (Faigin & Pargament, 2011). Manning (2013) showed that spirituality is an important factor in improving resiliency. Manning sought to understand if spirituality would affect the resiliency of adults in light of the premise that spirituality is an integral factor for healthy aging. A grounded theory analysis of the 30 interviews was performed. The researcher found that spirituality is a tool that can be used in promoting and sustaining resiliency in later life. Most adults use their spirituality to overcome hardships over their life course (Manning, 2013). Similarly, Kim and Esquivel (2011) found a positive correlative relationship between resilience and spirituality among adolescents suffering from trauma.

Understanding a person's specific view of spirituality as it relates to positivity to increase strength, hope, and resilience—is not traditionally a part of the clinical focus (Bakhtiarpoor et al., 2011; DiCorcia & Tronick, 2011). Even within Christian counseling, spirituality is not directly used to improve resilience. Post and Wade (2009) conducted a comprehensive meta-analysis regarding how spirituality is used in Christian counseling. The authors found that spirituality is an important tool for use in counseling religious individuals; however, no mention was made of how resilience and spirituality interact among religious clients (Post & Wade, 2009).

While the gender disparities on spirituality levels as well as resiliency levels are known (Borden & Berlin, 2010; Wagnild, 2009), few researchers have specifically assessed whether gender can be a variable shaping the relationship between spirituality and resiliency. Borden and Berlin (2010) found that females report higher levels of distress and statistically significant differences from males in coping strategies.

In the current study, I asked, “What is the relationship between spirituality and resilience to daily, non-traumatic stressors?” and “What is the impact of gender on the relationship between spirituality and resilience to daily, non-traumatic stressors?” One aim of the current study was to address the gap in the literature assessing the possible relationship between spirituality, resilience to daily, non-traumatic stressors and gender (Bakhtiarpoor et al., 2011; DiCorcia & Tronick, 2011). According to Bakhtiarpoor et al. (2011) and DiCorcia and Tronick (2011), there is a lack of research linking spiritual perspectives and resilience to daily, non-traumatic stressors; I sought to fill this gap.

The concern for the impact of stress and finding ways to improve how they cope with traumatic events and daily non-traumatic stressors has resulted in grants for over \$7 million (Substance Abuse and Mental Health Services Administration, 2011). These grants underscore the importance of healthcare and clinical professionals being able to understand how an individual acquires and develops resilience to solve problems in life. Overall, the analysis of the relationship between spirituality and resilience, to daily non-traumatic stressors on how gender can affect this relationship would bring a deeper understanding of how individuals can improve their individual levels of resilience in response to daily, non-traumatic stressors, which are unpredictable and frequently changing (Diehl et al., 2012).

Purpose of the Study

The primary purpose of this quantitative correlational study was to assess the relationship between spirituality and individuals’ resilience to daily, non-traumatic stressors. I also sought to determine whether gender has a moderating effect on the relationship between spirituality and individuals’ resilience to daily non-traumatic

stressors. Spirituality has been studied in depth in regards to individuals' coping strategies and resilience when facing trauma. This study filled a gap in the literature (Bakhtiarpoor et al., 2011; DiCorcia & Tronick, 2011) regarding studies assessing the relationship between spirituality, resilience to daily, non-traumatic stressors and gender as well as will assess the relationship between these variables. Gender can predict individuals' resilience to daily, non-traumatic stressors (Kim & Esquivel, 2011). Through this study, I sought to examine if gender also correlates to spirituality, which has been shown to predict resilience.

Research Questions and Hypotheses

I created the following research questions to guide the study:

RQ1: What is the relationship between spirituality and resilience to daily, non-traumatic stressors?

H₀1: There is no significant relationship between and resilience to daily, non-traumatic stressors.

H_{1a}: There is a significant relationship between and resilience to daily, non-traumatic stressors.

RQ2: What is the moderating effect of gender on the relationship between spirituality and resiliency to daily, non-traumatic stressors?

H_{2o}: Gender will not have a significant moderating effect on the relationship between spirituality and resiliency to daily, non-traumatic stressors.

H_{2a}: Gender has a significant moderating effect on the relationship between spirituality and resiliency to daily, non-traumatic stressors.

To measure the study variables, I used three previously validated survey instruments: (a) Reed's (1986) Spiritual Perspective Scale, (b) Neill's (2006) 10-item Resilience Scale, and (c) the Daily Hassles Scale of Kanner et al. (1981). I added additional series of demographic questions so that I could examine possible gender disparities in the relationship between spirituality and resiliency.

Theoretical Framework

The purpose of this quantitative correlational study was to assess the relationship between spirituality and resilience to daily, non-traumatic stressors, and to determine the moderating effect of gender on the relationship between spirituality and resilience on daily non-traumatic stressors. The theory guiding this research was the transactional model of stress and coping (Lazarus, 2000); I will discuss this theory further in Chapter 2.

Nature of the Study

In this study, I used a quantitative correlational design to assess the relationship between spirituality and resilience on daily non-traumatic stressors. I performed multiple linear regression analysis to evaluate if gender may moderate the relationship between spirituality and resilience on daily non-traumatic stressors. A correlation study is appropriate for the exploration of the relationships between different independent and dependable variables (Creswell, 2005). I used statistical tests to address the research question and ensure that insights gained from this study were objective and accurate to satisfy the rhetorical assumption, which states that the research is written from a perspective of a disinterested scientist. Thus, biases and the perspective of the researcher should be based on facts and statistical results conducted in this study. The dependent

variable was resiliency, the independent variable was spirituality, and the moderator was gender. I used two previously validated survey instruments, Reed's (1986) Spiritual Perspective Scale and Neill's (2006) 10-item Resilience Scale, to collect data on spirituality and resilience. I used the Daily Hassles Scale of Kanner et al. (1981) to measure the daily hassles of the participants. I added an additional series of demographic questions so that the analysis could elucidate possible gender disparities in the relationship between spirituality and resiliency. The demographic survey was used in previous studies on resilience and spirituality. Simmons (2012) conducted a study to determine the relationships between resilience, spirituality, life events, disruptions, demographic characteristics, personal history, and mental health symptoms among active duty soldiers who recently deployed. The researcher gathered a convenience sample of 350 active duty army junior and Non-Commissioned Officers who just returned within 6 to 12 months from deployment. The authors used seven self-report instruments to collect the data, including a demographic survey. The demographic survey asked questions regarding the participants' age, race, gender, religion, and education. I also asked the same demographic questions in order to describe the sample. I applied correlation and linear regression analysis to test the hypotheses posed in the study. I will describe these analyses further in Chapter 3.

Definitions

I used the following key terms throughout the study:

Coping: This includes strategies that individuals use to manage specific external or internal psychological incidents (DiCorcia & Tronick, 2011).

Daily non-traumatic stressors: These describe challenges faced by individuals which are not considered to be major life events or chronic stress (Diehl et al., 2012).

Gender: Gender refers to the attitudes, feelings, and behaviors that a specific culture links to a person's biological sex (APA, 2011)

Resilience: Resilience is the specific ability to cope with stress and adversity. This definition also includes the ability to recover from recent traumatic events (Banerjee & Pyles, 2004).

Spirituality: For the purposes of this study, I defined spirituality as the acceptance that there are aspects of human life that go beyond the immediately provable or materialistic interpretation of existence. Spirituality relates to the acceptance of a higher power or being as playing a role in the human experience (Baskin, 2002).

Trauma: Trauma refers to an event when individuals are faced with “actual or threatened death, serious injury or sexual violation, or they are exposed to the death, injury, or suffering of others” (O'Donnell, Varker, & Phelps, 2012, p.1).

Assumptions

This study included two assumptions. First, it was assumed that participants would understand and be able to honestly answer the questionnaires. I put measures of anonymity and confidentiality into place, and ensured that the participants were volunteers who understood that they could withdraw from the study without ramifications. Second, it was assumed that the data collected conformed to the limitations and constraints of the analytic model to assess correlation. The normality of the distribution of the variables and errors along with the variance among the variables was tested before running the statistical analysis. These assumptions are important to take

note because it shows that quantitative studies only regard quantifiable and measurable reality and experience as worthy of being reported, and as such, can be generalized.

Quantitative studies claim that reality cannot be dependent on personal experience (Gall, Gall, & Borg, 2003).

Scope and Delimitations

This study's scope included male and female individuals coping with daily, non-traumatic changes. Male and female individuals did not include children or adolescents, who are too young to understand spirituality and resiliency. The scope and delimitations of this study included the issues of internal validity and generalizability. I addressed the internal validity through the use of previously-tested survey instruments, including the Spiritual Perspective Scale (Reed, 1986), the Resilience Scale (Neill, 2006), and the Daily Hassles Scale (Kanner et al., 1981). The study was limited in its generalizability since I used a convenience sampling design, and not a random probability-based sampling design. The findings of the study were not impacted by this limitation; however, the external validity was limited to the targeted sample.

Limitations

There were several limitations in this study. Initially, in terms of data collection, the number of assessments was too tiring for the participants to accomplish. This could have led to incomplete assessments among the respondents. For instance, after accomplishing one or two of the three surveys, participants may have rushed in answering all the remaining items. This concern may have limited the validity of the data collected. The responses of the participants may have been influenced by fatigue on answering the series of surveys. This also limited the reliability of the resulting data.

However, to address this limitation, I informed the participants about the average expected duration of time needed in completing the surveys. Furthermore, I informed the participants that they were allowed to end their participation at any time for any reason. The nature of the study was another limitation; I used a correlational research design, which limited the depth of information gathered. While the higher number of samples in quantitative research increased the generalizability of the findings, I did not consider the experiences and perceptions of the participants in the current quantitative correlational research design. While the quantitative correlational study provided concrete conclusions, it lacked the depth that can only be achieved through face-to-face interviews using a qualitative methodology.

Significance

The purpose of this quantitative correlational study was to assess the relationship between spirituality and resilience to daily, non-traumatic stressors, and to determine the moderating effect of gender of the relationship between spirituality and resilience on daily non-traumatic stressors. Through this research, I addressed an under-researched area and went beyond epidemiology of predictors of resilience by investigating how spirituality and gender affect resilience (Baskin, 2002; Damianakis, 2004). Researchers have described resilience as the ability to cope in the presence of life stressors (Neill, 2006) and spiritual perspectives as the way one derives meaning, purpose, and gain understanding to function in life (Conner & Eller, 2004). The implications for positive social change include an applicable contextual definition of resilience useful for clinicians, social work, and healthcare. Findings from this study can assist with treatment

interventions that can help clinicians to increase their clients' resilience to daily, non-traumatic stressors.

Understanding how individuals cope with daily stressors, instead of focusing extensively on the effects of major life events and chronic stress, is important for understanding long-term wellbeing of individuals (Diehl et al., 2012). Communities benefit from healthy, resilient individuals who have high self-esteem and competence, and who can bounce back from adversity and crisis.

Summary

In this chapter, I provided an overview of the problem that I assessed through this research study. The chapter included the introduction, background, problem statement, and purpose of the study, research questions, and hypotheses, nature of the study, definition of key terms, assumptions, scope, and delimitations, significance of the study and the summary of the chapter.

Currently, there is a lack of research examining how spirituality and resiliency to daily, non-traumatic stressors relate to each other. I used a quantitative correlational approach that included a multiple linear regression with the dependent variable of resilience regressed on the independent variables of gender and spirituality. I also assessed gender for possible effects on this relationship between spirituality and resilience. I included demographic information including race, ethnicity, socioeconomic status, education, and profession to control for any potential impacts.

In Chapter 2, I will provide an in-depth review of studies related to the current topic. The literature review will include the introduction, literature search strategy, theoretical foundation, literature review related to key variables and concepts, and

summary and conclusions. In the following chapter, I will discuss relevant literature related to resiliency and spirituality, as well as gender disparities on spirituality measures and resiliency measures. I will also differentiate between what is known and what is unknown in the recent literature.

Chapter 2: Literature Review

Introduction

The purposes of this quantitative correlational study were (a) to assess the relationship between spirituality and adults' resilience to daily, non-traumatic stressors, and (b) to determine the moderating effect of gender on this relationship. Spirituality has been studied in depth with respect to adults' coping strategies and resilience when facing trauma. Through this study, I sought to fill a gap in the literature on how spirituality relates resilience to daily non-traumatic stressors and how gender can affect this relationship (Baskin, 2002; Damianakis, 2004). Researchers studying adolescents have found that there is a relationship between gender and resilience (Kim & Esquivel, 2011). A greater understanding of this correlation could contribute to more effective trauma and stress-related treatment.

In this study, I assessed the relationship between resilience and spirituality in daily life (i.e., not in the context of trauma). I also examined how gender differences can affect this possible relationship. The dependent variable was resilience while the independent variable was spirituality, and the moderating variable, gender. I used several previously validated survey instruments to collect data. The validated survey for measuring spirituality was Reed's (1986) Spiritual Perspective Scale. I used this 10-item score to measure participants' beliefs regarding the meaning of life, purpose, and faith. I used Neill's (2006) 10-item Resilience Scale to assess how participants cope with misfortune and change. I used the Daily Hassles Scale of Kanner et al. (1981) to measure participants' everyday hassles. I added an additional series of demographic questions to

the surveys to measure participants' gender, age, race, socioeconomic status, ethnicity, education, and profession.

In this literature review, I will present research regarding how individuals use spirituality and resiliency as coping strategies. Chapter 2 will include an introduction, literature search strategy, theoretical foundation, literature review related to key variables and concepts, summary, and conclusions. I will also elaborate on the theories of transactional model of stress and coping.

Literature Search Strategy

In this section, I will describe the literature search strategy that I used when conducting this literature review. First, I limited search terms to those articles with publication dates ranging from 2007-2011. This ensured that the reviewed research is current and applicable. I scrutinized all identified documents were scrutinized, and included only those that were relevant in the review. I searched reference lists of the provided articles to identify additional publications. I searched the following databases: American Psychological Association, Academic Search Complete, BioMed Central, JAMA, Medline, CINAHL Plus, Dissertation and Thesis ProQuest, Encyclopedias from Sage, ProQuest Nurse Health Source, PsycArticles, PsycINFO, and Sage Publications. Search terms included *dispositional optimism*, *gender*, *resiliency to non-traumatic events*, *and resiliency to traumatic events*, *social support*, and *spirituality*.

Theoretical Foundation

In this study, I used the transactional model of stress and coping as a theoretical foundation. Researchers have used this theory to assess individuals' resiliency (Lazarus & Folkman, 1987) in various disciplines. A tenet of the transactional model of stress and

coping is that a stressful event can lead an individual to engage in a primary appraisal process, during which he or she assesses the degree of threat, and the extent to which his or her well-being might be affected (Lazarus & Folkman, 1987). After this primary process, individuals engage in a second appraisal process and assess how well they can cope with this threat with available resources. The stressed individual will then come up with a coping response. Coping responses and outcomes are largely dependent on the effectiveness of one's cognitive appraisals and processes. If more actions are required because the stress levels are not alleviated, an individual will feed back to the cognitive appraisal stages (Lazarus & Folkman, 1987).

This theory supported the study's purpose of evaluating the variables of spirituality and resiliency and assessing whether there is a significant relationship between spirituality, gender and resilience. Through this study, I explored whether spirituality mediates this appraisal or coping process. The research questions were "What is the relationship between spirituality and resilience to daily, non-traumatic stressors?" and "What is the impact of gender on the relationship between spirituality and resiliency to daily, non-traumatic stressors?"

Literature Review Related to Key Variables and Concepts

Daily Non-traumatic Stressors

In studies of coping, researchers have focused on individuals' resilience to major life stressors and traumatic events. This is because major life stressors necessitate important adjustments on the part of individuals, which can significantly affect individuals' physical and psychological health (Brown & Harris, 1989). A limitation of this research focus is that major life events are occasional and rare (Brown & Harris,

1989). Their cumulative effect on the health and well-being of individuals may not be as great as that of daily, non-traumatic stressors, such as deadlines and family arguments. Daily stressors refer to the routine challenges that individuals encounter in their daily lives (Brown & Harris, 1989).

Individuals' resilience to daily and non-traumatic stressors is important to assess. According to Zautra (2003), tangible but minor interruptions can have more immediate impact on the health of individuals than major traumatic events. While major events may be linked to prolonged states of physiological arousal, daily stressors result from fluctuations in physiological distress limited to a single day. Moreover, daily stressors can have immediate effects on individuals' physical and emotional functioning (Zautra, 2003). As these irritations and frustrations pile up and persist, serious reactions such as anxiety and depression can result (Zautra, 2003).

Bartley and Roesch (2011) carried out a quantitative study to assess how coping strategies can mediate the relationship between conscientiousness and positive affect among a multiethnic group of individuals. The researchers used an Internet-based daily diary approach, whereby 366 participants of varying ethnicities completed measures that evaluated daily stressors, coping strategies that they used to face these stressors, and positive affect over 5 days. Moreover, the researchers also asked participants to complete a measure of the Five-Factor Model of Personality. They found that problem-focused coping style can mediate conscientiousness and positive affect. Individuals who have higher conscientiousness levels are also those who used more problem-focused coping, which can ultimately lead to higher PA. The researchers concluded that through a higher level of conscientiousness, individuals create protection against stress.

According to Almeida and Horn (2004), younger and midlife adults are more prone to daily stressors, and they are more likely to view these as severe. They are also more likely to let these affect them because they view these stressors as having important effects on how other people felt about them. In addition, overloads and demands are greater source of daily stressors for younger adults compared to older adults. Young men's stressors revolve more around demands and overloads, while women experience more network-related stressors.

Socioeconomic factors can affect how a person deals with stressors. According to Grzywacz, Almedia, Neupert, and Ettner (2004), individuals who are better educated claim fewer symptoms of psychological distress. The researchers assessed how education is related to stress and physical and mental health by specifying differential exposure and vulnerability models using data from The National Study of Daily Experiences, which enabled investigations on daily rants. The National Study of Daily Experiences (NSDE) is one of the studies sponsored by the MacAuthur Foundation National Survey of Midlife in the United States (MIDUS), which examined daily lives, particularly the daily stressful experiences, of a subsample of MIDUS respondents. The researchers found that better-educated adults experience or fewer physical symptoms and less psychological distress. Although better-educated individuals report more daily stressors, those with less education report more severe stressors. Finally, neither exposure nor vulnerability explain socioeconomic differentials in daily health, but the results clearly indicated that the stressor-health association cannot be considered independent of socioeconomic status.

Serido, Almeida, and Wethington (2004) carried out a qualitative study, involving daily telephone interviews of a U.S. national sample of 1,031 adults 25 to 74 year-old.

Using theories of the stress process and recent research to assess the effects of chronic role-related stressors and daily hassles on their psychological distress, Serido et al. found that people who would not report psychological distress related to daily stressors are the ones vulnerable to chronic stressors.

In the current study, I focused on how spirituality relates with resiliency to daily non-traumatic stressors because the study of daily stressors offers a unique window in the ebb and flow of daily frustrations as well as irritations that are often overlooked by research on major life events. The researchers (Almeida & Horn, 2004; Grzywacz et al., 2004; Serido et al., 2004) reviewed above on daily stressors provided the necessary background for this research purpose. Focusing on minor, daily stressors can be an interesting opportunity to understand how people adapt to the challenges of life. Since daily stressors are real-life issues that necessitate immediate attention, understanding how individuals respond to them and interpret them becomes critical. A review of studies (Almeida & Horn, 2004; Grzywacz et al., 2004; Serido et al., 2004) on daily stressors highlighted the dearth of literature on how spirituality relates to one's resiliency to these daily stressors. The current study sought to close this gap. In addition, the studies reviewed only used simple questionnaire and telephone interviews to survey coping mechanisms for daily stressors and evaluate what daily stressors are. They did not perform correlational studies, or phenomenological ones, which would have provided more in-depth findings on the relationship between coping styles and daily stressors.

The remaining sections of the literature review will discuss studies on the variables resiliency, spirituality and gender with regard to traumatic events. These will

highlight the gap in the literature of studies focusing on non-traumatic events and would serve to buttress the current study.

Resiliency Variable

Although there is no medical prescription for dealing with unexpected news, a person relying on effective coping strategies could minimize their life stressors. In this section, I will review the coping strategies and their relations to resiliency. According to Lazarus (2000), who conducted a literature review synthesis of the articles in the special section on stress and coping, previous studies were dedicated to relentless work in explaining the usefulness of problem-focused coping and emotion-focused coping, yet explaining the process in isolation. Lazarus then evaluated the role of positive emotion in coping and supported the idea of individuals interlocking both coping strategies, thus allowing problem-focused and emotion-focused coping strategies to become essential parts of the healing phase (Lazarus, 2000).

Problem-focused coping is a series of coping strategies that tries altering internal and external stressors. Paying one's personal bills is an example of problem-focused coping, because this is an act that is controllable (Monat, Lazarus, & Reevy, 2007).

Emotion-focused coping is a series of coping strategies that tries managing the emotional responses that a person encounters during stressful moments-spiritual reflection, expressing inner emotions, and searching for social support (Monat et al., 2007).

In a qualitative exploratory study, Thastum, Johansen, Gubba, Olesen, and Romer (2008) used a sample of European families, which included parents diagnosed with different forms of cancer and their children. The authors found that most children dealwith their parent's illness by implementing problem-focused and emotion-focused

coping strategies, thus adjusting levels of stress they felt at that time. Family members and physicians conveying prevalent information regarding their parent's illness affect the children's ability to cope with their parents' illness. The children in the study indicated the positive relationship between social support and coping with their mother's illness. Resiliency is traditionally viewed as an important component of coping. When an individual is resilient, one can recover and avoid the negative consequences resulting from cumbersome condition.

Leipold and Greve (2009) tested an integrative model of coping, resilience, and development as a theory of successful aging using a quantitative study and their empirical results showed the developmental conditions for assimilative and accommodative processes. According to Leipold and Greve, resilience, or an individual's ability to remain stable in spite of significant adverse conditions, results from coping processes. In addition, the researchers posited that resilience is a stabilizing constellation that can mediate between coping and development. The authors also highlighted the developmental conditions for assimilative and accommodative processes.

Khabaz, Behjati, and Naseri (2012) conducted a descriptive-correlational study to identify the relationship between social support and coping styles as well as resiliency among adolescents, particularly living in the suburb area of Tehran. They gathered 410 adolescents were chosen among middle and high school students residing in suburb districts of Tehran through a random cluster-sampling basis. Khabaz et al. (2012) used the Coping Styles Questionnaire (Plutchik, Van Praag, Conte, & Picard, 1989), the Perceived Social Support Questionnaire (Sarason, Levine, Basham, & Sarason, 1983), and the Resiliency Questionnaire (Kärkkäinen, Rätty, & Kasanen, 2009). Through these

instruments, Khabaz et al. (2012) analyzed the gathered data through multiple regression analysis and Pearson correlation coefficient. They found that social support and coping styles could both significantly shape the resiliency of adolescents. More specifically, problem-based coping style and social support are predictive factors of resiliency among adolescents. The researchers concluded that when it comes to the adolescents, especially those residing in Tehran suburbs, social support provided by the family and the City Council can lead to increased resiliency among individuals.

Cicchetti and Rogosch (2009) conducted a literature review synthesis of studies of resilience in maltreated children resiliency. The authors asserted that coping processes could shape children who suffered from maltreatment and resources on various levels of analysis as the children struggle to survive under the conditions of severe stress. Their levels of emotional intelligence can also shape individuals' resiliency levels. Under the conditions of maltreatment, aspects of self-organization such as self-esteem, self-reliance, emotional regulation as well as having adaptable and yet reserved personalities can all be particularly beneficial for competent coping. In addition, Cicchetti and Rogosch found personal differences in biological processes that range from gene by environment interactions to the hypothalamic-pituitary-adrenal axis to brain organization related to emotion can also lead to increase resiliency levels among maltreated youth, and emphasized that there are multiple facets shaping successful coping.

Emotional intelligence has shown to lead to higher resilience among individuals. This one factor can affect resiliency to daily non-traumatic stressors. When it comes to adults, Ignat and Clipa (2012) found that high emotional intelligence (EI) and self-efficacy were both related to life satisfaction and a healthy way of coping. For instance,

considering that nurses tend to have stressful jobs that require them to have such interpersonal skills as breaking bad news, building rapport, and being effective leaders, this population has been studied in this regard and can give some insights into how such skills can be developed in other people.

Davies and Welch (2006) designed a qualitative study that used interpretative phenomenological analysis to assess how nurses perceive emotional intelligence. This qualitative study adopts interpretative phenomenological analysis with five district nurses, (of different grades), to reveal their perceptions and experiences of emotional intelligence. They found that district nurses believe having high emotional intelligence is needed for their role.

Ranjha and Shujja (2010) explored the relationship between emotional intelligence and psychological adjustment in nurses serving in emergency and non-emergency wards of private and government hospitals. The researchers administered the Emotional Quotient Inventory 125 or EQ-I 125 (Bar-On, 1997) and Psychological Adjustment Scale (Sabir, 1999) to 200 nurses with ages 20 to 30, to measure their level of emotional intelligence and psychological adjustment respectively. Ranjha and Shujja found that nurses are exposed to more emotionally charged situations; their levels of EI tend to reduce, showing that intense interpersonal experiences can take a toll. Further, nurses in government hospitals had lower EI than nurses working private hospitals. Ranjha and Shujja argued that this might be because of more severe cases at the first setting, leading to greater emotional exhaustion. With divorce being a potentially devastating event, this experience might take a toll on emotional coping, as seems to be the case with nurses who have had more negative and intense experiences. With this in

mind, EI training seems vital, especially for people who have had negative experiences. Managing and understanding one's emotions could possibly be an influencing factor to improve coping, and training within this area could decrease difficulties. Such training has been assessed in nursing students showing that it can take the form of providing students with weekly writing tests.

Harrison and Fopma-Loy (2010) developed and pilot-tested 10 reflective journal prompts all designed to reflect on emotional intelligence competencies. The researchers used Goleman's framework of emotional intelligence domains and 18 competencies was when analyzing the responses of 16 students. Literature on emotional intelligence was reviewed and the researchers were able to summarize the findings of the literature. The researchers also presented journal prompts and examples of student responses to reflect on emotional intelligence. Such prompts can foster self-awareness, self-management, and relationship management by helping students identify their thoughts, feelings, and even physical responses to certain situations (Harrison & Fopma-Loy, 2010). Further, in-depth reflections of frustrating experiences and the exploration of actual versus desired responses could also enhance EI (Harrison & Fopma-Loy, 2010). Even though it seems that there is general support for the concept of EI in the field of nursing, Akerjordet and Severinsson (2010) voiced the concerns that this construct is still vaguely defined with various abilities, skills, and personality dispositions. Thus, these authors argued that the concept of EI should be viewed with cautious optimism, until further research has confirmed its validity and usefulness within this environment.

Some of the previous studies have already shown that EI could help individuals cope with interpersonal stressors. It could be argued that people who are more able to

cope with stressful situations may also be healthier. Augusto-Landa and Montes-Berges (2009) argued that nurses can face immense stress due to overwork and exposure to death, which could lead to job absenteeism, somatic illnesses, coronary artery illnesses, alcoholism, reduction of professional skills, and even suicide attempts. Through the use of the Trait Meta Mood Scale (Salovey, Mayer, Goldman, Turvey & Palfai, 1995), Augusto-Landa and Montes-Berges (2009) found that the subscale of Repair, which is the ability to repair mood states, showed a positive relationship with social functioning, mental health, vitality, and general health. In addition, nursing students with a low attention level also showed better adjustment. Attention refers to a person's tendency to observe and think about their emotions, assess the affective state, and focus on the emotional experience. Thus, a person who excessively pays attention to their emotions may actually cause a negative effect on their health. These are important findings that could be applied to EI trainings aimed to reduce stress or increase growth in response to stress. These findings can be observed in academic settings.

The academic setting can hold many challenges, and it seems that students who can manage their emotions towards what they want to achieve at work, education, and even in their private lives, may be better at managing their time and overcoming hindrances (Deniz, Tras, & Aydogan, 2009). Deniz et al. designed their study to assess how emotional intelligence affected academic procrastination and locus of control tendencies among 435 university students, 273 of which are female and the rest are male studying at the Selçuk University . They were asked to complete a personal information form. The researchers made use of the three main instruments, the Emotional Intelligence Scale (Schutte et al., 1998), the Academic Procrastination Scale (Çakıcı, 2003) and the

Locus of Control Scale (Dağ, 1991). This shows how effective resilience is as a coping strategy. Academic success could possibly be hindered by a person's tendency to procrastinate and hold an external locus of control. Thus, adaptation, coping with stress and mood can predict procrastination and internal locus of control (Deniz et al., 2009). With students facing many possible challenges in school, and possibly about health and family, EI training could increase their ability to overcome such stress and increase skills of problem solving, which can certainly be important factors when recovering from a divorce.

Qualter, Whiteley, Morley, and Dudiak (2009) were also concerned with students' inability to adjust to the demands of higher education, which can cause individuals to drop out. The researchers designed a study to assess whether emotional intelligence acts as mediator variable in withdrawal in a UK HE institution and whether an EI-based intervention would lead to improved retention rates. The authors argued that students could face many stressors, both academically and socially. Therefore, in order to succeed, students do not only need to focus on their academics, but also integrate socially, and possibly seek help or support when needed. Qualter et al. hoped to determine whether EI could affect how students cope with stress, establish new relationships, modify relationships, and cope with a new environment. The first part of this study showed that students with a higher EI were more likely to progress to their second year of study. The second part of this research assessed whether a program to increase EI could lead to less withdrawal rates resulted in mixed findings. After attending a series of lectures and discussion aimed at developing self-awareness for an hour each day during the summer term, students with a low EI baseline improved in regard to emotion perception,

regulating others' emotions and utilizing emotions. In addition, students whose EI scores increased due to this intervention were less likely to drop out. However, students with a high EI baseline were equally likely to persist with their studies as the control group, and interestingly, students with average EI were more likely to drop out after the intervention (Qualter et al., 2009). The researchers speculated that lower EI individuals learned increased coping, students with high EI appeared to be protected against withdrawal regardless of intervention, while such intervention may actually be inappropriate for average EI students. This last finding possibly could be explained by these students having the necessary EI skills, but might be lacking the confidence to implement them. Thus, intervention would have to focus on helping these students gain confidence to apply their skills. If replicated, such findings could be of great importance when providing student services, counseling services, and possibly EI training programs, by offering interventions specific to a student's needs.

Strengths and limitations on resiliency literature. These researchers showed that resiliency can be gained through various coping strategies; however, most of these studies focused on traumatic events. The current study seeks to study resiliency to daily, non-traumatic stressors, of which a dearth of literature exists. The methodology used by most studies can be quite limited too. Most of the studies also used literature review synthesis method. While the use of secondary sources has its benefits, it can also lead to some serious limitations. The body of work on how emotional intelligence leads to higher resiliency is strong for showing the factor behind resiliency, and it highlighted the lack of studies between spirituality and resiliency.

After performing an analysis of variance (ANOVA), age became a barrier for utilizing an online support group (Mo & Coulson, 2008). Even if an individual occasionally or irregularly used the online websites, participants typically were younger than individuals who seldom used the computer were. Further, female participants showed greater interest in utilizing the online support group as they coped with HIV/AIDS. The current study engendered data that indicated frequent users of online support groups significantly scored higher in problem and emotion coping strategies, which indicates effective ways of coping with the disease.

Bourjolly and Hirshman (2001) conducted a convenience sampling to establish commonalities between cultures, thus focusing on coping strategies and the different types of social support frequently used across cultures. Originally, there were 94 women approached for this study, 75 women agreed to participate in the research (79.7%). Similar to earlier studies (Culver, Arena, Antoni, & Carver, 2002), a higher percentage of European American women than African American women agreed to participate in this study. After reporting data from domains of social support, more European American women suggested that spousal, children, and friends provide a substantial amount of support during their treatment phase. Contrary to European American women's perception, African American women attested that God sustained them through breast cancer trajectory.

In a similar study by Henderson, Fogel, and Edwards (2003), some of the African American participants emphasized the importance of locating a support group that represents their cultural values. Using both qualitative and quantitative approaches, the researchers assessed the support networks that 43 southeastern United States African

American women used when participating in African American breast cancer support groups. They also found that other women desired social support but having interaction with human beings was not very important. Their social support came directly from God. They claimed that God enabled them to experience psychological support so that they can cope with the news of them having breast cancers.

Jackson et al. (2009) conducted a qualitative study with 88 parents of children with brain tumors. The results indicated that over time, social support is beneficial to the overall health outcome. Parents who participated in this study were recruited from hospitals located in countries such as the Australia, Singapore, and New Zealand. To support qualitative findings, parents answered two open-ended questions, which provided spoken testimonies of their personal experiences with families and children with brain tumors. Participating parents reported different types of social support or social network: (a) informational, (b), emotional, and (c) tangible. Parents in this study identified the importance of receiving prevalent information regarding their child's illness from external support systems, family, and friends. Depending on the solidarity of the familial relationship, some parents contended that family support could have an adverse effect on the coping process. Still, overall, the literature supported the significance of social support to the success of a patient's outcome. These studies showed that coping is tied with resiliency, and coping strategies are shaped by different factors.

The consistent way of a person explaining his/her circumstances assists in the development of a person's explanatory style (Seligman, 2011). One of the theoretical frameworks that can lend basis for this study is Seligman's optimistic explanatory style. According to this theory, optimistic explanatory style can be formed out of an

individual's perception of good and bad events. Optimistic people tend to explain positive events as having permanence. Moreover, optimistic people tend to become better athletes, better college students, better politicians, and optimism tends to minimize levels of depression. As women cope with the struggles of living beyond breast cancer, an optimistic explanatory style will allow them to repudiate a deadly prognosis turning down helplessness.

A study conducted by Segerstrom (2006) included first-year law students who relocated to pursue their studies in law school. Segerstrom assessed the relationship between optimism and immunity as well. Nonetheless, optimistic individuals who faced negative situations are more likely to be more assessed and diligent in attaining a particular goal, thus causing more stress to the immune system. Optimists have a more positive outlook on their circumstance than pessimistic individuals do; however, optimists' positive attitude can have an adverse effect on their psychological well-being.

Kurtz, Kurtz, Given, and Given (2008) suggested that although a larger number of the participants in their study suffered from aggressive types of cancer, the participants scored high on the optimism and mastery scores. Individuals who sustain a positive attitude towards their health and who maintained positive assurance towards their medical care experienced lower levels of fatigue and stress. This positive outlook could increase a person's chance of improving his or her health (Kurtz et al., 2008). The Life Orientation Test-LOT measured the level of optimism. The scoring was on a scale of one through four thus higher sum scores display a high level of optimism. Participants' mastery level was measured with the Pearlin Mastery Scale. The Pearlin Mastery Scale

used a scale of one through five thus a higher sum score indicating that the participant had higher mastery regarding cancer care (Kurtz et al., 2008).

Mosher, Prelow, Chen, and Yackel (2006) assessed mediator variables and its relationship between the independent variable and the dependent variable - optimism and depressive symptoms among 133 African American college students. To measure optimism, the researchers administered the Life Orientation Test Revised (LOT-R) (Scheier, Carver, & Bridges, 1994) and measured coping style by completing the COPE subscales. The researchers assessed social support using the Social Provisions Scale (Cutrona & Russell, 1987), and students completed the Center for Epidemiological Studies Depression Scale (Radloff, 1977) to assess levels of depressive symptoms.

Mosher et al. (2006) found a positive correlation between optimism and the participant's ability to cope. On the other hand, there was a negative casual relation between optimism and depressive symptoms. The findings illustrated that students who were more optimistic would not avoid a bad situation in order to cope and would therefore, not be vulnerable to suffering from depression. The finding supports the idea that optimists face stressful circumstances more than pessimists do. Students who are optimistic and also enjoy adequate social support also suffer less from depression and have higher resiliency.

A study conducted on optimistic parents who are caring for their children with cancer (n=217), Fotiadou, Barlow, Powell, and Langton (2007) assessed how the cancer diagnosis and the identifiable treatment affected the psychological state of each parent. Although previous research studies have indicated a positive relation between optimism and good health, there has been minimal attention toward the optimist parent of a child

diagnosed with a chronic disease. This non-experimental two-group design included parents of children with cancer and parents with children in good physical condition. A large percentage of mothers participated in the study group (70%). There was a disparity between ethnic groups; the study included 82% of participants with a Eurocentric background and most of the participants had former education.

Describing the findings of multiple sclerosis (MS), Russell, White, and White (2006) aimed their study to increase field knowledge regarding how individuals with MS make meaning of their illness. To obtain personal perspectives of respondents, they provided personal testimonies and the researchers transcribed their stories. The researchers recruited a random sample of 1,000 names from chapters of the National Multiple Sclerosis Society (NMSS). After solicited participants failed to return the completed data, researchers conducted the research study with 146 individuals diagnosed with MS. Within this study, a sizeable percentage of the participants were women ($n = 107$) with a median age of 50 (median age = 50); many of the participants were European American (92%). By answering specific questions concerning individuals' meaning of their illness after diagnosis, 23 respondents indicated that asking various meaning of illness questions was not prevalent to their meaning; however, 21 participants expressed developing MS was predestined by God and some reflected on belief in fate ($n = 16$) (Russell et al., 2006).

Spirituality Variable

In this section, I will review the spirituality as a coping strategy. This can support the independent variable of spirituality. These studies showed that spirituality can be a strong coping strategy; however, most of these studies focused on traumatic events,

especially chronic diseases. In the current study, I sought to study coping with daily, non-traumatic stressors, of which a dearth of literature exists.

According to Koenig (2009), who conducted a review of studies on religion, spirituality and mental health, spirituality can be very difficult to define. Koenig (2009) wrote:

It is a more popular expression today than religion, as many view the latter as divisive and associated with war, conflict, and fanaticism. Spirituality is considered more personal, something people define for themselves that is largely free of the rules, regulations, and responsibilities associated with religion.(p. 284)

People use their spiritual practices to find comfort with God. Their spiritual relationship allows them to remain optimistic during challenging moments and identifying God's presence, which allows them to find meaning in their life (Koenig, 2009). Koenig expressed that a spiritual connection possibly will fortify a person's illness or disorder. On the other hand, practicing spirituality could have an adverse effect on a person living with a chronic illness or disease. In an editorial review of literature on religion, spirituality, and aging, Koenig (2006) indicated that religion and spirituality beliefs are prevalent among the older generation.

Gall and Cornblat (2002) attempted to establish the link between spirituality and the coping process. They performed a cross-sectional qualitative study involving 39 long-term breast cancer survivors residing in Canada. A majority of the sample were already married, and 50% of them had earned a college degree. The youngest of them was 55 years old. According to the participants, praying helped them hurdle through the deathly illness. Among the participants, 58.9% claimed that they attended a local church at least

two times per week. The researchers presented written stories by the individuals, who indicated the importance of spirituality to the coping process. Based on their responses, praying to a higher power, attending weekly services, reading daily scriptures, and meditation became identifiable coping strategies. Each coping strategy added meaning to life and provided emotional progression during the survival period; however, the most valued coping strategy for this group of women was prayer. The women expressed how prayer provided them a sense of tranquility and hopefulness. They expressed how prayer became an intrinsic component of the healing process.

Nased on evidence that that spirituality affects an individual's life when one is faced with a life-threatening illness, Albaugh (2003)posited that a phenomenon of spirituality relieving stress while an individual copes with a disease exists. Seven participants described their personal experiences while living with various diseases. Two women had breast cancer; one of these participants had colorectal and throat cancer. Three of the seven participants had heart disease, one individual reported prostate cancer, and another participant reported pulmonary fibrosis. All participants reported that using their spiritual powers helped them cope with the cancer.

Results of Albaugh's (2003) qualitative study included several spiritual themes. Participants explained how their spiritual foundation gave them a "sense of comfort." They believed that God would not leave them during their time of affliction. Even though the participants received a diagnosed of a life-threatening illness, they never lost hope. As they grounded themselves into their spiritual beliefs, each participant believed in a real spiritual blessing. Similarly, Holt et al. (2012) found that African American males and females expressed the importance of spirituality on health outcomes. Through interviews,

individuals expressed that spirituality practices helped them cope better with their diagnosis of prostate cancer, throat cancer, lung cancer, and other different forms of cancer.

Ai, Seymour, Tice, Kronfol, and Bolling (2009) conducted a multiple regression analysis on a study that included 235 adult individuals who endured cardiac surgery. Of the participants who satisfied the eligibility criteria, 56% were men, and a large percentage of the sample represented European American participants (89%). The average age of the participants was 61. Before the preoperative preparations, the researchers found that individuals who struggled with their spirituality experienced an increase of their interleukin-6 (IL-6). With an increase in the IL-6, individuals experienced poorer health outcomes after postoperative procedures. Robles, Glaser, and Kiecolt-Glaser (2005) emphasized that “in our study of chronic-stress-related increases in IL-6, the average caregiver reached IL-6 levels that doubled his or her mortality risk by the age of 75” (p. 114). Over time, African American populations have dealt with adverse social issues, mental illnesses, and other health related issues. Researchers have identified the Black church as the “first-line of defense” for communal health treatments (Giger, Appel, Davidhizar, & Davis, 2008). Additionally, the Black congregation is most likely to address substance abuse and other health issues in the surrounding communities rather than addressing the Hispanic and Asian population. Similarly, to the African American congregation, Hispanics and Asians showed a strong commitment to general health and substance abuse counseling. Giger et al. (2008) found that European American congregations were less likely to address health programs than their counterparts. There

has been some literature in the area of the African American church and social support (Giger et al., 2008).

Holt, Lewellyn, and Rathweg (2005) found that African American churchgoers were partial to social support provided by the African American congregations. They carried out 31 interviews across seven African American churches of different Christian denominations. Both male and female parishioners served as participants. Participants were also asked to describe religiosity-health association using their own understanding, and if and how their beliefs and practices affect their health. This group of participants expressed their greatest interest in the increase of programs that held a primary focus on health protective behaviors eating healthier, regularly exercising, and receiving regular checkups. Many of the participants indicated that they depended on their personal relationship with God to allow them to surmount risky behaviors (Holt et al., 2005) that affected the physical and mental health of African American persons. Holt et al. (2005) found that individuals who practice religion controlled their health related behaviors such as smoking, drinking, and drug usage by seeking the power of God. Participants discussed why they believed that controlling their health was important:

Spiritually we believe that we are supposed to keep the temple holy, so we refrain from smoking...we refrain from any kind of liquor, substance. We refrain from corrupting the temple with premarital sex, multiple partners, and any relationships outside of marriage (Holt et al., 2005, p. 521).

Further, African American churches can use their community initiatives to target low-income individuals who would less likely seek outside health assistance. These findings reflected the idea that African American churches serve an important role of providing a

social structure that people of color can depend on during traumatic experiences. These studies show that spirituality, which includes practices such as going to church and taking part in church activities can aid individuals in dealing with traumatic experiences. There is a lack of studies assessing whether spirituality can help individuals cope with daily, non-traumatic events.

Holt et al. (2009) used a pilot study design to compare the effectiveness of a spiritually and non-spiritually intervention program for African American men who needed to select an appropriate intervention for detecting prostate cancer. The randomized control trial included 49 middle class African American men. The study undertook a spiritual intervention to assist with reducing high incidence and mortality rates for prostate cancer. In this quantitative study, the researchers included two Baptist churches located in a local urban area. The churches were part of a randomized control trial to test the efficacy of the spiritually based intervention.

Implications of the study suggested that a spiritually based intervention possibly promote prostate cancer awareness, but further study is required in this area. Although the researchers could not validate the effectiveness of the spiritually based intervention over the non-spiritually based intervention, participants of the spiritually based intervention expressed a greater interest in reading the education material regarding prostate cancer. Their expression supports the idea that African American men would benefit mostly from a spiritually based program than a non-spiritually based program.

From the 1920s to 1930s, increasing interest in the effect spirituality and religiosity on human health can be observed. The field of psychology latter witnessed a shift in spirituality, religiosity, and health due to a greater concentration on the existence

of different schools of psychology (Weaver, Pargament, Flannelly, & Oppenheimer, 2006). Nonetheless, less than four decades ago, researchers reported a surplus of professional journals that discussed aspects of spirituality, religiosity, and health, which provided individuals with research-based information in the area of health and self-transcendence.

Chiu, Emblen, Hofwegen, Sawatzky, and Meyerhoff (2004) conducted a review of 73 research articles. The authors searched articles from 1991 to 2000. The authors mentioned that articles written in 1991 compared to articles in 2000 used more religiosity fundamentals. At this time, current literature places greater importance on humanistic terms, individuality, and the ability to transcend the mind (Chiu et al., 2004; Weaver et al., 2006). Como (2007) indicated that the research focus was mainly about spiritual practice in a health domain. Overall, spiritual practices could have a positive effect on the general well-being of a patient who is struggling with accepting a short-term illness or chronic disease. Interpreting these findings, Como describes spiritual practices as “the practice of any tradition or ritual that nourishes one’s spirituality” (p. 226), thus manifesting distinct measures of obtaining life’s purpose.

Individuals who face life-long illnesses that affect his or her current lifestyle or health changes typically struggle with emotional and psychological stability. Johnstone, Franklin, Yoon, Burris, and Shigaki (2008) implied that individuals facing health issues will gravitate toward spiritual support to overcoming psychological distress. The findings indicated that as individuals’ spiritual beliefs increase his or her mental pain will decrease (Holt et al., 2009; Levin, Chatters, & Taylor, 2005).

As individuals start aging, they experience health changes that create personal changes over time. These changes often create a sense of religious need, thus allowing the individual to cope with life adjustments. Lewis, Edwards, and Burton (2009) indicated that healthy older adults (retirees) used spirituality/religiosity as a secondary coping strategy; it was not the main focal point for maximizing quality of life. These findings do not support other research studies on the aging population; however, a certain maturity level allows individuals to place value on life's challenges (Koenig, 2006), thus providing them a better way to analyze his or her illness (Lewis et al., 2009). A Gallup research poll asked participants the position on "the importance of religion" (Winseman, 2002). There was a 47 percent response rate of "very important" for individuals ranging from the ages of 18 to 29. Individuals ranging from the ages of 30 to 49 have a 56% response rate to the importance of religion-very important. Further, as individuals reached 50 years of age, the response rate increased to 60%, and participants who were 75 years of age and older responded at 75% regarding the importance of religion. The aforementioned research findings indicated that individuals really begin to appreciate religion as participants got older (Winseman, 2002).

Strengths and limitations of spirituality literature. In the current study, I focused on how spirituality relates with resiliency to daily non-traumatic stressors because the study of daily stressors offers a unique window in the ebb and flow of daily frustrations as well as irritations that are often overlooked by research on major life events. The literature on spirituality provided the necessary background for this research purpose. The area of spirituality is one of the newest phenomena in the field of psychology and nursing. A number of practitioners focused on spirituality and the effects

on human wellness (Chiu et al., 2004; Como, 2007). Researchers have completed extensive searches regarding how the perception of spirituality is indicated in professional literature and this can assist in the purposes of the current study. A majority of these studies reviewed in the literature showed the strong connection between spirituality and improved health. These researchers highlighted the role of spirituality in helping individuals cope with chronic illnesses that affect his or her current lifestyle or health changes typically struggle with emotional and psychological stability. However, most of these studies were qualitative in nature. More in-depth quantitative, correlational studies can provide more in-depth information on the construct of spirituality. Moreover, these studies focused on the role of spirituality on improving one's coping capabilities on traumatic events such as having a chronic disease and not on day-to-day non-traumatic events.

Gender Variable

According to Almeida, Wethington, and Kessler (2002), gender differences are evident in the prevalence of daily stressors. The researchers developed the Daily Inventory of Stressful Events (DISE), wherein the multiple aspects of daily stressors are explored through daily telephone interviews. The researchers used a national sample of adults from 25 to 74 years old to investigate the prevalence as well as the affective and physical correlates of daily stressors. The researchers found that the participants reported having at least one daily stressor on 40% of the study days and multiple stressors on 11% of the study days. Regression analyses showed that specific types of daily stressors such as interpersonal tensions and network stressors can uniquely affect people's well-being. In addition, women are more vulnerable to stressors compared to the men at work and at

school. Demographic and psychological characteristics of an individual may shape how resilient one is to daily stressors.

Researchers have shown that gender is still an inconclusive predictor of resilience. In a quantitative study conducted with crime victims, women showed lower resilience scores (Campbell-Sills, Forde, & Stein, 2009). The researchers gathered 764 respondents to complete a well-validated self-report measure of resilience through a telephone-based community survey, which comprise of questions about demographics and history of childhood maltreatment. Through multiple regression analysis, the researchers found that various demographic characteristics of gender, education level, and income level can predict the subjects' resilience to stress; combined, these factors can account for approximately 11% of the variance in resilience. Reported history of childhood maltreatment independently has the ability to predict resilience and explains an additional two percent of the variance in this trait. In this study, females, along with individuals with lower levels of education, low income, and histories of childhood maltreatment demonstrated diminished resilience overall (Campbell-Sills et al., 2009).

On the other hand, researchers have also posited that women are more resilient than men are, especially when they are older (Netuveli, Wiggins, Montgomery, Hildon, & Blane, 2008). These researchers asked 3,581 participants aged 50 or over who experienced exposure to an adversity to participate in the British Household Panel Survey. They found that resilient people are majorly women, with this gender difference stronger among older women than among younger women. The resilient individuals also have higher social support than the non-resilient, but otherwise are not socioeconomically different. High social support pre-adversity and during adversity increased the level of

resiliency compared with those with low social support. The current study on how gender and spirituality relates to resiliency to non-traumatic stressors contributed to this literature.

Stress can greatly influence students, even to the extent of a person dropping out of school. Hassan, Sulaiman, and Ishak (2009) assessed younger students about such factors. The participants of this study were between 13 and 16 years old. The authors found that students with higher EI experience less anxiety, and males are lower in EI than females. In addition, males showed the same level of EI at 13 as they did at 16, whereas females tended to increase their EI scores. Hassan et al. (2009) argued that these factors can be taken into consideration when preparing a curriculum, by not only emphasizing academics but also skills of decision making and developing a self-concept. Hassan et al. (2009) suggested a program that helps students identify their feelings and the feelings of their friends by receiving feedback. Such an approach might not only increase EI, but also cope with some of the anxiety that students might be experiencing. Again, such an approach could go beyond the academic setting, and improve interpersonal relationships and decrease anxiety past this environment. These studies show that gender can be an influential factor to one's coping strategy. The current study was designed to understand if gender can affect how spirituality relates to resiliency to daily, non-traumatic events. Even though the previous study found that girls were higher in EI than boys during their middle school years, Tariq, Majoka, and Hussain (2011) did not find such a difference in university students, at least about students' self-perception of their EI. Tariq et al (2011) designed a study to determine the self-perception status of male students in relation to various factors of emotional intelligence versus that of the female students. The

researchers also determined the relationship between the academic achievements and perceived emotional intelligence. The researchers found that males considered themselves slightly more superior to female students in all four EI aspects assessed; however, as these authors only measured perceptions, they were unable to determine if there was an actual difference in skills. In addition, the students' perception was not correlated to academic achievement. However, the authors demonstrated that findings about EI are still somewhat mixed and further research is needed (Tariq et al., 2011).

Although researchers have studied problem-focused coping and emotion-focused coping, recent researchers have identified spiritual and religious themes as effective coping strategies. Gilbar (2005) evaluated the link between coping strategies, coping resources and the distress in 64 Israeli breast cancer patients 2 to 4 months after learning of their conditions. Learning of the effectiveness of strategies could possibly lessen the individual's internal conflicts and physical stressors that are influenced by a chronic disease (Gilbar, 2005). According to Kim and Esquivel (2011), spirituality is an important source of resilience, especially among adolescents. Kim and Esquivel recognized the value of spirituality as a source of resilience and designed a study to assess the implications of spirituality for educational practices to improve adolescent spiritual development in the context of school, family, and community settings. The researchers claimed that spirituality is a universal phenomenon and an intrinsic aspect of human nature that emerge during adolescence as the individual looks for transcendence, meaning, and purpose in his or her life. The researchers provided theoretical perspectives and empirical research that promoted spirituality (distinctly and in relation to religiosity) as healthy development in adolescents, and especially has the ability to enhance their

ability to cope, and leads to positive outcomes in mental health, psychological well-being, and academic learning.

Using a comparative, qualitative design, Bourjolly and Hirschman (2001) evaluated the differences in coping strategies and use of social support between African American and white women with breast cancer. They found that during positive and negative life events, some people would benefit from attaining social support (Bourjolly & Hirschman, 2001). However, men and women may have different sources of support and these differences may have affect the type of support provided and therefore on patients' need for service. Mo and Coulson (2008) identified individuals living with a HIV/AIDS through websites, linking 640 respondents to this identifiable chronic disease. Individuals who agreed to participate in the study provided responses to an online questionnaire. The study included both men and women; however, the men accounted for a higher percentage of the study (82.9%), with the mean age of 46.

The relationship between gender and spirituality has increasingly garnered attention from scholars. Most researchers have found that women are more religious compared to men (Hammermeister, Flint, El-Alayli, Ridnour, & Peterson, 2005). However, they have also qualified these results to have been affected by how religion is defined on typical scales. Researchers have assessed various reasons for why gender disparities exist on religion and spirituality and assessed factors such as biology, emotions, socialization, as well as gender roles.

Traditionally, spirituality is male-focused. However, as spiritual emphasis evolved into a relationship that one has with God as well as with the religious community, females have increasingly been touted as spiritual. This can be explained by

women's tendency to be more focused on forging emotional and relational connections, while men are more focused on God's power and judgment. These tendencies affect and shape the spirituality of each gender.

According to Bryant (2007), spirituality is a construct that deviates from religiosity. The former concept deals with seeking one's true purpose and meaning in his or her life. Spirituality also describes one's openness to help others within his or her community. Therefore, no matter if women have higher religiosity scores, this does not mean that they are more spiritual. Bryant (2007) administered the 2000 Cooperative Institutional Research Program (CIRP) Freshman Survey to representative samples composed of 434 incoming collegiate freshmen. The survey assessed the students' values, activities, and attitudes.

Bryant (2007) found that women scored higher than men in religiosity. Moreover, women had higher spirituality scores as well. Hammermeister, Flint, El-Alayli, Ridnour, and Peterson (2005) emphasized the same results with regard to gender and spirituality. They subjected 435 college students to surveys that assessed dimensions of physical and spiritual health, and found that females in general are more spiritual. The researchers recommended universities to address this phenomenon by enacting programs that would attract men to spiritual activities.

Tuck and Thinganjana (2007) conducted a qualitative study of 75 men and women living with HIV. These participants lived in the Commonwealth of Virginia, and they were randomly assigned to an intervention group or a wait-list control group. The researchers identified several themes relating to individuals living with HIV. The findings supported previous findings regarding participants believing that developing a spiritual

relationship with God or a Higher Power would help them cope with a chronic disease. The study indicated some similarities and differences between the genders' perceptions of spirituality. All HIV participants communicated that spirituality provided them a sense of freedom from worrying about their health. On the other hand, female participants expressed their spiritual feelings differently from the male participants. Females articulated their inner emotions about spirituality and the omnipresent of God, whereas men connected with the Higher Power by searching or developing spiritual insight.

Weaver et al. (2006) mentioned that including spirituality into studies could possibly add substance to research, thus assisting individuals with developing the willingness to fight against illness, sickness, or disease. Contrary, presenting spirituality studies could possibly obstruct an individual's ability to stay optimistic during an illness. As Weaver et al. (2006) reported, "We live in a society where people are experiencing numerous health problems and epidemics." People are experiencing stress from the economy and are becoming more obese due to processed foods. With this in mind, more people are reporting mental illnesses, diabetes, as well as various cancer types. Some researchers focused on the coping process on how individuals coped with health issues. Researchers have indicated that people have adopted optimism as a mean of coping with different diseases or mental illnesses.

In addressing specific variables related to holistic perspectives, the design of study identified the correlation between the existence of life, spirituality, perceived stress, and distress. According to Bauer-Wu and Farran (2005), a significant correlation exists between meaning in life and spirituality ($p > .001$). For women without children, the findings indicated a higher level of distress and failure to find meaning in life during their

breast case journey. Subsequent to the initial diagnosis of breast cancer, some women could receive chemotherapy, radiation, or hormonal therapy, thus placing them at a greater risk during their pregnancy. With this in mind, the possibility of a doctor instructing a woman not to bear children due to medical restrictions could add additional stress, frustration, and these women typically would lose their self-worth.

Bauer-Wu and Farran (2005) described the population as educated, more affluent population, married, and belonging to a higher social economic group. Based on the overall findings, the researchers did not suggest that future researchers apply these findings to other populations. It is possible that if the same study would be applied to a more diverse group the variance of the data would not be consistent with the current study.

Musgrave, Allen, and Allen (2002) indicated that even if African American women did not belong to any particular church, they still professed Christianity and held onto the phenomenon of spirituality. The study included a purposive sampling technique to recruit women for the study. The mean age of the participants was 52.36. The reported annual income was below \$10,000 and equal or greater than \$60,000 a year. Spirituality-assisted African American women reported focusing on the basic tenets of spirituality. They began to conceptualize the meaning of spirituality with mind, body, and soul. The authors indicated that African American women aligned spirituality with the works of God—e.g., adoring others, exhibiting delightfulness, showing empathy for others around, and surrendering to God's will.

Henderson et al. (2003) surveyed women who reported that that “prayer and spirituality, positive attitude, family support, information from health care providers,

African American support groups, staying active, and will to live” (p. 644) helped them cope with breast cancer. Based on the findings of this study, a majority of African Americans turned to prayers during their illness more than the other identified coping strategies. Most of the participants claimed that their closer relationship with God through prayers allow them to cope with their cancer trajectory more effectively (Henderson et al., 2003)

To address cultural sensitivity, African American women in the aforementioned study expressed a great need to locate and participate in support groups that had members who represented their culture (Henderson et al., 2003). They felt most comfortable sharing their life stories and experiences with women who could identify with internal and external struggles of a breast cancer. Connecting with African American women minimized a certain level of stress that could develop in a heterogeneous support group. Women from this study indicated the benefits of participating in an African American support group; it allowed women to share their spiritual experiences without offending anyone outside of the African American culture.

Gibson and Hendricks (2006) conducted an integrative review of published literature identified emerging themes from seven articles: (a) spirituality; (b) caring; (c) belief, faith, and healing; (d) coping; and (e) social support. The authors indicated that the literature had some emerging ideas regarding spirituality, self, and God; however, spirituality served as the driving force for coping with breast cancer (Gibson & Hendricks, 2006; Simon & Crowther, 2007). The authors reported that although some researchers have addressed spirituality, there has been limited information regarding African American breast cancer patients. In addition, as indicated previously, whenever

researchers conducted studies regarding breast cancer, the number of African American participants reflected only a small percentage of the sample size (Ross, Hall, Fairley, Taylor, & Howard, 2008).

Leak, Hu, and King(2008) gathered a convenience sample of 30 African American breast cancer survivors who were residing in North Carolina and used a descriptive design to establish the correlation between the identifiable “demographic variables, spirituality, symptom of distress, and quality of life in African American breast cancer survivors” (p. E16). After conducting a Pearson correlation analysis, the researchers reported no significant relationship between the demographic variables and quality of life (QOL; $p > .05$). They established a significant relationship between symptom distress and QOL ($p < .05$). The researchers also used the Spiritual Perspective Scale (SPS) formerly called the “Religious Perspective Scale” (Reed, 1986), to gauge women’s perception on spirituality. The spirituality analysis revealed a standard deviation score of 5.65, which signified that among the women who participated in this study, they perceived to have a high level of spirituality. Because the study reported high spirituality, the authors indicated that the elevated numbers could possibly directly affected by how African American women worship. Similar to other findings, the researchers were able to provide supports the idea that women who face different illnesses and diseases would most likely become more spiritual.

Clinical and general practitioners have worked hard with identifying symptoms of different mental illnesses that affect their client’s quality of life; however, Seligman (2008) questioned whether or not practitioners in the field have done an adequate job at focusing on the mental health of clients, thus providing effective ways of coping with the

desolation of life. During a conference, Seligman delivered a body of information that focused on character and positive emotions, thus presenting techniques to assist clients with obtaining a better outlook on life. The consistent way of a person explaining his/her circumstances assists in the development of a person's explanatory style (Seligman, 2011). One of the theoretical frameworks that can lend basis for this study is Seligman's optimistic explanatory style. According to this theory, optimistic explanatory style can be formed out of an individual's perception of good and bad events. Optimistic people tend to explain positive events as having permanence. Moreover, optimistic people tend to become better athletes, better college students, better politicians, and optimism tends to minimize levels of depression. As women cope with the struggles of living beyond breast cancer, an optimistic explanatory style will allow them to repudiate a deadly prognosis-turning down helplessness.

A study conducted by Segerstrom (2006) included first-year law students who relocated to pursue their studies in law school. Segerstrom assessed the relationship between optimism and immunity. Optimistic individuals who faced negative situations are more likely to be more assessed and diligent in attaining a particular goal, thus causing more stress to the immune system. Optimists have a more positive outlook on their circumstance than pessimistic individuals; however, optimists' positive attitude can have an adverse effect on their psychological well-being.

Kurtz et al. (2008) performed a longitudinal study of 214 cancer patients and suggested that although a larger number of the participants in their study suffered from aggressive types of cancer, the participants scored high on the optimism and mastery scores. Individuals who sustain a positive attitude towards their health and who

maintained positive assurance towards their medical care experienced lower levels of fatigue and stress. This positive outlook could increase a person's chance of improving his or her health. The Life Orientation Test-LOT measured optimism (Kurtz et al., 2008). The scoring was on a scale of one through four. The scale indicated the higher the score, the higher the level of optimism. The researchers measured the participants' mastery level with the Pearlin Mastery Scale (Kurtz et al., 2008). The Pearlin Mastery Scale used a scale of one through five thus a higher sum score indicating that the participant had higher mastery regarding cancer care (Kurtz et al., 2008).

Mosher et al. (2006) assessed mediator variables and its relationship between the independent variable and the dependent variable - optimism and depressive symptoms among 133 African American college students. To measure optimism, the researchers administered the Life Orientation Test Revised (LOT-R; Scheier et al., 1994). The researchers then measured participants' social support through the Social Provisions Scale (Cutrona & Russell, 1987) and students completed the Center for Epidemiological Studies Depression Scale (Radloff, 1977) to assess their levels of depressive symptoms.

Mosher et al. (2006) found a positive correlation between optimism and the participant's ability to cope. Conversely, there was a negative casual relation between optimism and depressive symptoms. The findings illustrated that students who are more optimistic would not avoid a bad situation in order to cope and would therefore, not be vulnerable to suffering from depression. The finding supports the idea that optimists face stressful circumstances more than pessimists do. A student who is optimistic and enjoys adequate social support also suffers less from depression and have higher resiliency.

Fotiadou et al. (2007) assessed how the cancer diagnosis and the identifiable treatment affected the psychological state of each parent. The study was conducted among 217 optimistic parents who are caring for their children with cancer. Although previous researchers have indicated a positive relation between optimism and good health, there has been minimal attention toward the optimist parent of a child diagnosed with a chronic disease. This non-experimental two-group design included parents of children with cancer and parents with children in good physical condition. A large percentage of mothers participated in the study group (70%). There was a disparity between ethnic groups; the study included 82% of participants with a Eurocentric background and most of the participants had former education.

Describing the findings of multiple sclerosis (MS), Russell, White, and White (2006) aimed to increase field knowledge regarding how individuals with MS make meaning of their illness. To obtain personal perspectives of respondents, the participants provided personal testimonies and the researchers transcribed their stories. The researchers recruited a random sample of 1,000 names from chapters of the National Multiple Sclerosis Society (NMSS). After solicited participants failed to return the completed data, researchers conducted the research study with 146 individuals diagnosed with MS. Within this study, a sizeable percentage of the participants were women ($n = 107$) with a median age of 50 (median age = 50); many of the participants were European American (92%). By answering specific questions concerning individuals' meaning of their illness after diagnosis, 23 respondents indicated that asking various meaning of illness questions was not prevalent to their meaning; however, 21 participants expressed

that developing MS was predestined by God and some reflected on belief in fate ($n = 16$).

Individuals responded to meaning of illness by explaining their views:

I was kind of living a wild life. I needed to straighten out and live right. I believe that God is with me. Before my MS and now with my MS, I am more aware of God's presence after the MS, though (Russell et al., 2006, p. 73).

A different participant emphasized that finding meaning to illness came from reading.

The respondent expressed thoughts, saying "Reading mostly, I would read positive thinking books. I strongly feel that you can do anything if you want it bad enough. I tried church, but it was more of a social environment" (Russell et al., 2006, p. 73).

Several studies have shown that growth is possible even after extremely stressful life events. This depends significantly on one's resiliency. Various studies have showed the relationship between different ways of coping that can lead to resiliency against traumatic events. For example, Cordova, Cunningham, Carlson, and Andrykowski (2001) studied this concept in people who survived breast cancer, and it was shown that growth is possible even after this kind of trauma (Cordova et al., 2001). Widows, Jacobsen, Booth-Jones, and Fields (2005) assessed posttraumatic emotional and spiritual growth in women undergoing bone marrow transplantation and found very similar results as Cordova et al. (2001) in breast cancer survivors. The total Post Traumatic Growth Inventory (Tedeschi & Calhoun, 1996) score in Cordova's study was 64.1, whereas the scores for bone marrow transplantation were 64.7. Thus, growth is quite similar in both populations. However, as mentioned in the introduction, it could be argued that growth does not actually take place, but is rather simply perceived by downplaying one's attributes before the tragic event (McFarland & Alvaro, 2000). Ransom, Jacobson, and

Sheldon (2008) provided the alternate view that change can be simply perceived through biased autobiographic recall and also actually take place simultaneously. In order to measure these aspects, the authors measured relevant constructs before participants were scheduled for radiotherapy treatments as well as after such treatment. Ransom et al. (2008) found that personal growth was related to perceived change as well as actual change. The authors argued that individuals sensed actual change, but pointed to their personal attributes as having changed, not fully realizing the changes in other areas that related to more deeply held goals.

Yet, another area of research that showed the possibility of growth after a traumatic event was done with multiple sclerosis patients (Pakenham, 2006). For these participants, Family Relations Growth was shown to be a buffer on global distress. Further, such growth had higher beneficial effects at higher levels of appraised stress. Pakenham (2006) also found that personal growth is a strong predictor of adjustment.

Strengths and limitations of gender literature. The review on studies that evaluated the effects of gender on resiliency and spirituality variable were strong because they have shown that gender is still an inconclusive predictor of resilience (Campbell-Sills et al., 2009). The same is with spirituality. The relationship between gender and spirituality has increasingly garnered attention from scholars. Most researchers found that women are more religious compared to men (Hammermeister et al., 2005). However, the researchers also qualified that these results are affected by how religion is defined on typical scales. Researchers have hypothesized several reasons for why gender disparities exist on religion and spirituality and assessed factors such as biology, emotions, and socialization, as well as gender roles. Not only is gender an important factor for studying

resiliency and spirituality, gender differences are evident on the prevalence of daily stressors.

Today's society includes a diverse population. Society tend to develop relationships with individuals who share dissimilar life experiences; develop relationships with individuals who are of different genders, ethnicities, and ages; and develop relationships with others who share dissimilar political views or divergent religion perspectives. No two persons typically cope with life events in similar manners, especially when it comes to comparing how men and women cope with their life events. The studies reviewed for the gender variable showed that indeed gender is a variable to consider when analyzing individuals' resiliency and spirituality. However, the studies are inconclusive. According to Davydov, Stewart, Ritchie, and Chaddieu (2010), the lack of studies on gender and cross-cultural differences leaves a gap in understanding responses to adverse and traumatic exposures that include nature, limits and antecedents of resilient adaptation throughout the lifespan. Furthermore, current thinking has emphasis on research into resiliency intervention, which includes more exploration into links between protective factors and human behavior. Conversely, some researchers have moved from variable-focused and person-focused investigations in reviewing resilience through positive psychology perspective as a normative function of human adaptation with protective systems viewed as a threat (Masten, 2001). The evolution of the construct of resilience from physiological and psychological research extends from the 1800s to the present has led to many assumptions, definitions and models; yet the epidemiology of resilience remains unclear (Tusaie & Dyer, 2004).

Summary and Conclusions

The literature reviewed studies that highlighted that resilience is known to be affected by spirituality only in the presence of disaster or major traumatic events. While there are abundant studies showing the role of spirituality in fostering resiliency, few researchers have assessed the relationship between gender, spirituality, and resiliency in daily, non-traumatic events. Traditionally, spirituality is not directly used to treat resilience. Most researchers have reported that spirituality is an important tool for use in counseling religious individuals; however, they often make no mention of how resilience and spirituality interact when individuals are faced with daily and non-traumatic stressors. I designed the current study to respond to this gap. It is currently unknown whether spirituality has a statistically significant impact on resilience when a disaster is not imminent or recently taken place. The lack of research linking spiritual perspectives and resilience propelled the current study to assess the relationship between resilience to daily and non-traumatic stressors and spiritual perspective. Additionally, this study assessed how gender and resilience relate in terms of ability to cope with daily and non-traumatic stressors. In Chapter 2, I introduced the study, a literature search strategy, the theoretical framework used for this study, the literature related to key variables and concepts, such as daily stressors, resiliency and coping, the gender disparities on coping, and spirituality and coping. The literature review chapter ended with a summary and conclusion.

Through the literature review, I highlighted a research gap on the effects of gender and spirituality on resilience to daily non-traumatic stressors. In the next section, I will discuss the research method that I used in this study. In Chapter 3, I will provide an

overview of my research design and rationale and methodology, discuss threats to validity, and summarize the chapter.

Chapter 3: Research Method

Introduction

The purpose of this quantitative correlational study was to assess the relationship between spirituality and resilience to daily, non-traumatic stressors and determine the moderating effect of gender on the relationship between spirituality and resilience on daily non-traumatic stressors. Spirituality has been studied in depth with respect to coping strategies when facing trauma and with respect to resilience when facing life trauma. This study filled a gap in the literature (Bakhtiarpoor et al., 2011; DiCorcia & Tronick, 2011), regarding studies assessing the relationship between spirituality and resilience on daily non-traumatic stressors and the moderating effect of gender. In addition, I investigated the relationship between resilience on daily non-traumatic stressors and spirituality and the moderating effect of gender in daily life when not facing traumatic experiences.

In this study, I used a quantitative correlation research design involving validated survey instruments. I included gender as a moderator variable to determine whether it predicted differences in the relationship between resilience and spirituality. Participants consisted of male and female participants employed in various occupations, both of whom responded to survey questionnaires designed to measure spirituality and resiliency to daily non-traumatic stressors. I then performed statistical analysis on the gathered data to answer the research questions and test the hypotheses.

In this chapter, I will provide a detailed description of my methodology. I will describe the research design and rationale first and then the specific methodology that I

used. This description will be followed by a discussion of threats to validity and ethical procedures related to the study. A summary will conclude the chapter.

Research Design and Rationale

I used a quantitative non-experimental research design involving the use of correlational analysis. I wanted to assess whether there is a statistically significant relationship between the independent variable of spirituality and the dependent variable of resilience to daily, non-traumatic stressors and determine whether gender has a moderating effect on this relationship. Using a quantitative method, in which I assigned numerical values to variables, allowed me to analyze data using statistical tests. The dependent and independent variables were constructs I measured through the three survey instruments.

The quantitative approach was appropriate for my study because I wanted to explore the association between two variables and the possible impact of a moderating variable. I considered using a qualitative approach, but opted against it. As Creswell (2005) noted, researchers often use qualitative methods when they seek a deep understanding of a social phenomenon and wish to elicit themes based on their observations. In qualitative studies, researchers study the experiences and perceptions of their participants (Creswell, 2005). Qualitative researchers are interested in addressing *how* and *why* questions related to their research topics (Creswell, 2009).

Moore (2001) noted that completely understanding participants' personal stories can be problematic. Interpretation of narratives can differ based on the linguistic ability of human beings, as well as the biases of the researcher (Moore, 2001). Diefenbach (2010) highlighted the difficulty of being subjective during the data collection process. It

becomes challenging for researchers to remain neutral, especially, if they are passionate about their research topics (Diefenbach, 2010).

I chose to conduct my study using a quantitative approach because I wanted to generalize my findings using statistical means. In a quantitative study, the conclusions are based on statistical analyses that contribute to decreasing the degree of the researcher's biases and thoughts (Creswell, 2005). I used statistical tests to ensure that the insights I gained from my study were objective and accurate. I also chose to use a quantitative approach because this study involved numerous research subjects. Qualitative research involves fewer participants because the analysis often demands lengthy interview processes (Creswell, 2009). I deemed a correlational design to be appropriate because I wanted to explore the relationships between different independent and dependent variables (Creswell, 2005).

Methodology

Population

I collected a targeted number sample during the time that Survey Monkey hosted the survey instruments. I used G*Power analysis to calculate the minimum sample size for two-tailed linear regression analysis using 80% power, 0.15 effect size, and a 0.05 level of significance (Buchner, Erdfelder, Faul, & Lang, 2009). I considered a power of .95 in this study to ensure that the sample size was sufficient to achieve statistically valid results. Moreover, it is necessary to consider that the regression analysis had an interaction term to evaluate whether gender is a moderating variable. The results of the G*Power calculation showed that the minimum sample size should be approximately 90 participants. However, I anticipated that 20% of responses would be either incomplete or

invalid. I excluded those who were unwilling to participate, as well as those who did not return the informed consent form. If the collected samples were less, the strength of the analysis would be decreased, thereby decreasing the validity and the generalizability of the findings. Therefore, I determined that it was necessary to collect more than 90 participants to ensure that a minimum of 90 participants appropriately completed the survey questionnaire. The target was 20% higher than the calculated sample size, or around 108 participants.

Sample and Sampling Procedures

The convenience-sampling plan is a form of non-probability sampling wherein the researcher selects the participants according to their availability, accessibility, and proximity (Urdu, 2005). A convenience-sampling plan is based on the potential respondents' willingness to participate in the study (Urdu, 2005). I included participants who would be willing to participate in the study. I assessed the willingness of the participants based on whether they would give a positive response through following instructions from the flyer (Appendix C) or an email invitation (Appendix D). I chose to use a convenience-sampling plan because it enabled me to invite and gather more participants for the study in a shorter period of time (Cozby, 2001).

Procedures for Recruitment, Participation, and Data Collection

I obtained IRB approval before beginning data collection (see Appendix A). Potential participants included males or females from 18 to 60 years old that were willing and available to participate in the study; 18 to 60 is approximately the age range in which individuals are working. The participants were required to read and understand English in order to respond to the survey items. I recruited the participants through Survey Monkey;

the online survey tool generated participants through advertisement on the website, referral, and through marketing partners. I recruited both male and female participants. I ensured that a representation of both male and female participants was collected in the study through having at least 45 male participants and at least 45 female participants. The number of men did not have to be equal to the number of female participants, as long as the numbers were not greatly unbalanced. Data collection ended when this criterion was achieved. Participants elected to complete the survey received information via a survey link embedded in the electronic post with a description of the study, the estimated time to complete the survey, and the informed consent form. After completing the demographics and accepting participation into the study, another link guided the participants to complete the other two surveys measuring resiliency and spirituality. I recorded the data, exported it in a spreadsheet, and transferred it into SPSS for in-depth analysis.

Surveys are identified as effective instruments for collecting data for explanatory, descriptive, evaluative, and explanatory research (Creswell, 2005). I used three instruments for data collection: (a) Reed's (1986) Spirituality Perspective Scale; (b) Neill's (2006) 10-item Resilience Scale; and (c) the Daily Hassles Scale of Kanner et al. (1981). In addition, I provided a series of demographic questions (Appendix E) so that I could elucidate possible gender disparities in the relationship between spirituality and resiliency to daily non-traumatic stressors. I obtained approval from the author for use of the Spirituality Perspective published scale (Appendix B), and purchased the Resilience Scale and Daily Hassles Scale for use in the study.

I included informed consent forms (Appendix F) in the online survey. The survey asked the participants to read these documents carefully. On the first page of the survey

link, participants were asked to provide an electronic commitment by checking the agreed box indicating their understanding of the informed consent document and giving their consent to participate in the study. If they checked the box and pressed continue, it meant that they understood what was entailed from them and what their rights were. The form clearly explained the needed information to be gathered from them. It was also clearly stated that the informed consent page can be printed for their records. They were aware that the research would be done under the conditions of confidentiality, and that participation in the research was voluntary. I articulated the procedural steps to maintain privacy, confidentiality, and the non-attribution of individual responses. I reassured the participants that all data be devoid of identifying information so that data remained confidential only to myself. I followed all the necessary procedures to guarantee the safekeeping of all data collected. I assured the participants that they could withdraw any time if they did not wish to continue participating without incurring any penalty or risks.

I included a three-item debriefing questionnaire in the data collection conducted through Survey Monkey to assess whether participants were harmed in any way because of their participation in the study. The items included questions on whether participants felt uncomfortable, experienced difficulty, and whether they perceived that they had experienced any harm during the process. If participants felt uncomfortable or harmed in any way, they were able to contact me to withdraw at anytime without repercussions. Participants could find the researcher's contact numbers in the informed consent form. Participants could also contact Walden's University Research Participant Advocate at 001-612-312-1210 or email irb@waldenu.edu or call the provided hotline number for additional support. After the surveys were complete, I thanked the participants for their

participation in the study. I collected the debriefing questions to ensure that participants were able to express concerns regarding their experience in answering the survey questionnaire. There were no follow-ups for the debriefing questions.

Aside from stress levels, resilience levels, and spiritual levels, I also measured the participants' gender. I operationalized and coded this construct as nominal (more than two) categorical variables of men (1), women (2) and other (3) to provide qualitative data matching research objectives. It was discrete level data (categories) for scale of measurement for use with inferential statistics. All participants answered the same survey questionnaire. Participants were asked to respond to an open ended question considering their biological gender identity. This type of question allowed for the participant to respond in any way they chose without limitations. This question was found on the demographics questionnaire indicating other data that will be provided through this instrument.

Instrumentation and Operationalization of Constructs

Before administering the validated survey instruments to the participants, participants answered a set of demographic questions to gather information such as age, level of education, life experiences and trauma of the participants. To measure the variables, I adopted three previously validated survey for the current study. I used Reed's (1986) Spiritual Perspective Scale and Neill's (2006) 10-item Resilience Scale to collect data on spirituality and resilience, and used the Daily Hassles Scale of Kanner et al. (1981) to measure participants' daily hassles.

Reed's (1986) Spiritual Perspective Scale. The SPS is a 10-item scale that measures the degree to which spirituality permeates an individual's life and the extent to

which individuals engage in spiritually oriented interactions (Reed, 1987). The ratings of the participants in the 10-item scale were summed to capture the overall score of the spirituality variable. Example items for Reed's SPS include: "In talking with your family or friends, how often do you mention spiritual matters?," "How often do you share with others the problems and joys of living according to your spiritual beliefs?," and "How often do you read spiritually-related material?" The respondents answer the items through a 6-point scale ranging from "not at all" to "about once a day."

Reed's (1986) SPS has the capacity to measure behavior and belief expanding beyond religiosity, which pertains to the organized aspects of belief systems and worship practices (Dailey & Stewart, 2007). According to Dunkin and Dunn (2009), the psychometric properties of the SPS are good. Criterion-related validity and discriminant validity are always demonstrated (Reed, 1986; 1987). Using the Cronbach's alpha, reliability has consistently rated above .90 with very little redundancy among the items. Average inter-item correlations often range from .54 to .60 for different adult groups. All item-scale correlations have been above .60. The scale has been applied in different studies assessing spiritual perspectives of individuals. Shores (2010) used the instrument to describe the spiritual perspectives of nursing students. I estimated the reliability of this instrument by determining Cronbach's alpha (0.94). The findings of the study were able to contribute to the body of nursing knowledge concerning the spirituality of nursing. Nurses were able to use the patient's spirituality as a resource for coping, consolation, and equanimity, which proved to enhance health, ultimately affecting outcomes. The scales display both discriminant and criterion validity (Reed, 1986; 1987).

Neill's Resilience Scale. I administered the Neill's Resilience Scale to the participants to measure their resiliency levels. Participants rated their level of agreement to resilience statements based on a 7-point Likert-type scale. Some of the statements in the questionnaire include; "I usually manage one way or another," "I feel proud that I have accomplished things in life," and "I usually take things in stride." The overall resilience score was considered as the resilience variable in this study. To ensure construct validity, I adopted the definitions of terms as well as the structure and nature of questions in the instruments.

Neill's (2006) Resilience Scale specifically measures the degree of individual resilience, defined as a positive personality characteristic that enhances individual behavior adaptation. Humphrey (2003) used the instrument to help nurses gather a better understanding of resilience. The findings of the study contribute in the area of treatment allowing for greater appreciation of patients strengths as well as understanding human responses to trauma. This also established the reliability and validity of the instrument. It is a highly reliable scale with Cronbach alpha score of 0.91. Concurrent validity has been supported by significant correlations between Resilience Scale scores and measures of morale, life-satisfaction, and depression (Wagnild & Young, 1993). Wagnild (2009) conducted a 12-study review of the Resilience Scale (Wagnild & Young, 1993) to test its reliability. The author included gender as a means of testing the reliability of the scale and in doing so, found a statistically significant difference between males and females with respect to resilience (Wagnild, 2009). The Resilience Scale is one of the most accurate instruments currently used to measure resilience. Counselors, coaches, therapists, researchers, and educators all over the world use this scale (Neill, 2006).

The Daily Hassles Scale. The Daily Hassles Scale (DHS) of Kanner et al. (1981) is a tool to assess hassles that are alternative to stressful major life event inventories (Kanner et al., 1981). Kanner et al. claimed that the tool can be used to assess a broad spectrum of daily stresses and give initial evidence concerning its reliability, validity, and ability to measure psychological symptoms. The proponents are interested in determining whether it is daily hassles, rather than major life events, that are the most stressful. The proponents have suggested that the types of stresses that have the biggest impact are not the major events that occur occasionally in one's life. The biggest impact is generated from the everyday irritating, frustrating and distressing demands that one face with the environment. These are the daily hassles, which are listed under the DHS. Under this scale, the subjects are asked to tick off the hassles with which they have experienced during the preceding month and to show the degree of severity of each on a scale from 1 to 3. The goal is to calculate the total hassles score, which is generated by summing all the values that the subjects ticked off. The scale is a 117-item hassles scale and a 135 uplifts scale to examine the relationship between hassles and health. The scale was able to show that daily hassles are a more accurate predictor of stress related problems, such as anxiety and depression. Internal consistency is high for the overall scale, with an alpha of .94. The scale also has alphas between .85 and .90. The scale also has satisfactory construct validity and reliability (Cronbach's alpha = .87; Kanner et al., 1981).

Data Analysis Plan

Before proceeding with the data analysis, I conducted data cleaning once the data was collected. I manually input the study data into a computerized statistical program,

SPSS. All methods of data compilation are associated with certain degrees of imprecision, so it is important to use different methods to check the accuracy of data before proceeding with the correlational analyses. As part of the data screening process, I also checked for missing data. Missing data can happen from data handling errors, from participants overlooking certain items and leaving them blank, as well as from participants suddenly withdrawing from the study. To determine that the data were accurate, I carried out several tests. For the assumptions of normality of each variable, I computed the skewness and kurtosis and printed out the histogram for each variable. If the S or K was greater than 3, I considered it skewed. I also looked at the histogram to see how much skewness (or other problem, such as bimodal distribution) existed and figured out if the shape of the distribution could be corrected, such as by dealing with outliers or by transforming the data using correct transformation, depending on the nature of the skew and more others. To evaluate linearity of relationship between two variables, I printed out a scatter gram to see if the points roughly follow a straight line (or no shape at all, if not related), but are not curvilinear.

I also carried out a test of homoscedasticity of error terms to determine whether the regression model's ability to predict a DV would be consistent across all values of that DV. If a regression model is consistently accurate when predicting low values of the DV, but highly inconsistent in accuracy when predicting high values, then the results of that regression should not be trusted.

I computed Cronbach's alpha to test the reliability of each construct from the data. In addition, I used the SPSS tool used for computing reliability measures. For the inter-

item reliability to be considered acceptable, I made sure that the alpha values were between 0.70 and 0.95 (Tavakol & Dennick, 2011).

To determine hypothesis, whether a significant relationship between spirituality and resiliency to daily non-traumatic stressors exists, I gathered data from two previously validated survey instruments to measure spirituality and resilience. Reed's (1986) Spiritual Perspective Scale and Neil's (2006) 10-item Resilience Scale, and the results from the surveys in the form of excel data, as well as the scores from the Daily Hassles Scales from the participants were imported into SPSS for statistical analysis. I performed a bivariate correlation test to test the first hypothesis. In order to test the hypothesis that the correlation is significant, I carried out a two-tailed analysis. I tested the second hypothesis through a regression analysis with multilevel modeling to test whether or not there was a relationship between the level of spirituality and resiliency to daily non-traumatic stressors and the moderating effect of gender on this relationship.

Two research questions, and four corresponding hypotheses, guided the study:

Research Question 1: What is the relationship between spirituality and resilience to daily, non-traumatic stressors?

H1_o: There will be no significant relationship between spirituality and resilience to daily, non-traumatic stressors.

H1_a: There will be a significant relationship between spirituality and resilience to daily, non-traumatic stressors.

Research Question 2: What is the moderating effect of gender on the relationship between spirituality and resiliency to daily, non-traumatic stressors?

H2_o: Gender will not have a significant moderating effect on the relationship between spirituality and resiliency to daily, non-traumatic stressors.

H2_a: Gender has a significant moderating effect on the relationship between spirituality and resiliency to daily, non-traumatic stressors.

For this study, I investigated the moderating effect of gender using the interaction term of the independent variable of spirituality and the moderating variable of gender. The moderator was a dichotomy and the independent variable was considered a continuous variable. The typical method to measure this type of moderating effect is to correlate spirituality with resilience separately for each gender and then test the difference. For this study, this was included as predictor of the regression model. The analysis also considered the calculation of R , which indicated the fit of the model. In the first analysis, I considered all data. In the second analysis, I used only data for females to calculate the statistic R . In the third analysis, I calculated the statistic R for male participants.

The statistic was compared between male and female to determine whether a difference exists. The effect size may vary based on the statistical test to be performed and are classified into three different categories, which include a small effect, moderate effect, and a large effect (Keuhl, 2000). For the purpose of this study, I used a moderate effect size (0.30) so that the effect would not be too strict or lenient. I computed the actual, observed effect size for each outcome. The level of significance is the probability of rejecting a true null hypothesis and is usually defined as being equal to 5% (Keuhl, 2000).

Threats to Validity

Quantitative researchers must ensure both internal and external validity.

Establishing external validity for an instrument comes directly from sampling. An instrument that is externally valid can help in gaining population generalizability, or the degree to which a sample represents the population. To ensure external validity, the researcher should use variables that are similar to those factors present in the larger population being studied (Polit & Beck, 2009). The sample included on this study came from the population of individuals who were identified by Survey Monkey, both males and females, from the ages of 18 to 60, who volunteered to participate.

An additional threat to internal validity was the biased selection of the research population. Generalizability measures can resolve the biases (Leedy & Ormrod, 2005). The potential for biased samples should be lessened, if not eliminated, by having a sample that will be representative of the targeted population, free from bias. To address this sampling bias from convenience sampling, I described the possible effects of the people who were left out or the respondents that were overrepresented on the study's findings. The surveys that have been chosen should also be ensured for validity to measure accurately what they are intended to measure. This would be relative to the characteristics of the population that the Survey Monkey targets.

I assumed that participants would provide honest and accurate responses to the surveys. This study may have had an issue with selection bias, as a convenience sampling plan will be used. Participants that chose to participate in this study may have had similar characteristics and may not have been a sufficient representation of the population. The current study was limited in its design. It was not a controlled experimental study, and

therefore did not have the ability to make strong conclusions in terms of a cause and effect relationship among the variables or whether a change in one variable can be cause a change in, another variable. To ensure construct validity, I adopted the definition of variables from the operationalized definitions presented by the two instruments used in this study. I adopted the structure and nature of questions in the instruments to make sure that the collected results do not deviate from the theoretical concepts.

The study was delimited to participants that Survey Monkey targeted, male or female, from the ages of 18 to 60. I focused on how spirituality and resiliency to daily, non-traumatic events in general are related to each other, and how gender can affect this relationship.

Ethical Procedures

Before the process of data collection, I ensured that the study would achieve ethical adequacy by requesting approval from the Institutional Review Board (IRB). I obtained IRB approval, including actual documents of the IRB application to gain access to participants or data (Appendix A). I participated in the “Human Research Protections Training” and received a completion certificate. The main objectives of the IRB are to ensure the protection, safety, and welfare of human subjects in relation to the execution of the research exercise. Critical steps and processes are essential for the achievement of the goals and objectives of the IRB in the collection and analysis of data (Munhall, 2011).

Ethical concerns related to recruitment. According to Thyer et al. (2006), researchers should first acquire informed consent forms from the participants. I provided the informed consent forms (Appendix F) to the participants via survey link to complete an electronic agreement by checking agreed and continue. This indicated their

willingness to participate; the participants received a document specifying that they could withdraw without consequences. I informed the participants that the research would be done under the conditions of anonymity, and that participation in the research was voluntary.

Ethical concerns related to data collection. I articulated the procedural steps to maintain privacy, confidentiality, and the non-attribution of individual responses. I reassured the participants that all data would be devoid of identifying information so that data would remain confidential. I followed all the necessary procedures to guarantee the safekeeping of all data collected. To ensure confidentiality, I stored the data in electronic format on a secured external hard drive, as well as in paper format in a locked file cabinet. I will keep this data for 3 years after completion of the study. After these 3 years, I will permanently delete the data from the computer, and will shred and destroy the hard copies.

Another ethical consideration is researcher's bias. I may have had subjective feelings that inadvertently shaped the results of the study. To resolve the issue of researcher's bias, I selected participants with whom I have not worked directly (Yin, 2003). I also ensured that the adequate finances to complete the research. Failure to take into account potential time and financial constraints can negatively affect the outcome of research (Monette, Sullivan, & DeJong, 2013).

Summary

The purpose of this study was to examine the relationship between individual spirituality and resiliency to daily, non-traumatic events, and to determine how gender affects this possible relationship of the variables. I used a quantitative correlation

research design to investigate the research question and test the hypothesis using three validated survey instruments. The target population of the current study was comprised of individuals undergoing daily, non-traumatic stress. The study used a convenience-sampling plan to maximize the gathering of responses during a limited period.

I invited participants to take part in the current study. I explained the purpose, significance, scope, and limitations of the study during the session. I reassured the participants that I would ensure the anonymity and confidentiality of participant information. The questionnaire stated the purpose, significance, scope, and limitations of the study, and provided the informed and voluntary consent. I consolidated and input the gathered data into Excel for importation into SPSS. I then performed linear regression using multilevel modeling to test the hypothesis. In Chapter 4, I will describe the findings of my study.

Chapter 4: Results

Introduction

The purposes of this quantitative correlational study were to (a) assess the relationship between individuals' spirituality and their resilience to daily non-traumatic stressors and to (b) determine whether gender has a moderating effect on this relationship. I used multiple linear regression analysis to evaluate if gender moderates the relationship between spirituality and resilience on daily non-traumatic stressors. The dependent variable was daily non-traumatic stressors, the independent variables were spirituality and resiliency, and the moderating variable was gender. I created the following research questions and hypotheses to guide the statistical analysis:

Research Question 1: What is the relationship between spirituality and resilience to daily non-traumatic stressors?

H1_o: There will be no significant relationship between spirituality and resilience to daily non-traumatic stressors.

H1_a: There will be a significant relationship between spirituality and resilience to daily non-traumatic stressors.

Research Question 2: What is the moderating effect of gender on the relationship between spirituality and resiliency and daily non-traumatic stressors?

H2_o: Gender will not have a significant moderating effect on the relationship between spirituality and resiliency and daily non-traumatic stressors.

H2_a: Gender has a significant moderating effect on the relationship between spirituality and resiliency and daily non-traumatic stressors.

I used previously validated survey instruments—Reed’s (1986) Spiritual Perspective Scale, Neill’s (2006) 10-item Resilience Scale, and the Daily Hassles Scale of Kanner et al. (1981)—to measure the key study variables. I added an additional series of demographic questions so that I could investigate possible gender disparities in the relationship between spirituality and resiliency. The focus of this chapter is presenting results of my quantitative analyses. I present the study outcomes in tables, including descriptive narratives. Chapter 4 concludes with a summary section.

Data Collection

Recruitment and collection of data lasted for 9 weeks. Participants anonymously completed a survey after receiving a link to it. Embedded in the email was a description of the study, an estimation of the time needed to complete the questionnaire, and an informed consent form. After agreeing to participate in the study and completing the informed consent form (Appendix F), the participants completed a demographics questionnaire. Another link in the email guided the survey participants to complete the other three surveys measuring resiliency, spirituality, and daily stressors. After doing so, participants answered a three-item debriefing questionnaire that I posted on Survey Monkey. The purpose of this questionnaire was to assess whether participants had been harmed in any way by their study participation. Lastly, I entered the participants’ responses to the survey into a spreadsheet, and then transferred the data to SPSS for in-depth analysis.

Due to methodological limitations, there was a discrepancy in the timeframe for data collection. Data collection began on June 29, 2015 and ended on September 1, 2015. I attempted to eliminate selection bias by ensuring that all participants had the same

probability of being chosen. I also ensured that only the minimum random selection error was present. The targeted sample size was 90; the actual sample size was 94.

Results

Demographic Characteristics of the Sample

I collected the participants' demographic characteristics in a survey questionnaire. I used frequency and percentage summaries to summarize the categorically measured demographic information. I used the descriptive statistics of means and standard deviations to summarize continuously measured variables.

Table 1 shows the mean age (43.10 years, $SD = 12.80$) of the 94 participants. The oldest participant was 68 years old, while the youngest was 19 years old. The majority of participants ($n = 66$; 70.2%) were female. For marital status, almost half (41; 43.6%) of the samples were single. A significant number of participants were married (37; 39.4%). Half of the participants (47; 50%) lived in urban areas, while another almost half (38; 40.4%) of lived in suburban areas.

Regarding participants' level of education, 29 (30.9%) reported having a master's degree. Regarding race, more than half (55; 58.5%) were Black or African American, while a significant number were White or Caucasian American (22; 23.4%). Regarding religious/spiritual affiliation or beliefs, 24 (25.5%) were Evangelical Christian, 22 (23.4%) were Protestant Christian, and 13 (13.8%) were Roman Catholic.

Table 1

Participants' (N = 94) Age and Number of Children Living at Home

	<i>N</i>	Minimum	Maximum	<i>M</i>	<i>SD</i>
Age	94	19	68	43.18	12.80
Number of children under 16 years old who are living in the household	94	0	4	0.68	0.96

Regarding experiences with trauma, 31 (33%) said they coped through family, 29 (30.9%) coped with the trauma on their own, 15 (16%) coped through a relationship with friends, and 11 (11.7%) coped through work and outside relationships.

Evaluation of Statistical Assumption

Normality testing. Before conducting the statistical analysis to address the research questions and hypotheses of the study, I conducted normality testing of the study variables to ensure that the data of the study variables followed a normal distribution. I conducted investigations of the skewness and kurtosis statistics for the normality testing. Table 2 summarizes the skewness and kurtosis statistics of the data of the different study variable. Table 2 shows that the skewness statistic values were between -1.52 and 0.90, while the kurtosis values were between -1.32 and 1.94. The skewness and kurtosis statistics were not greater than three, indicating that the data for certain study variables of spirituality, resiliency, and non-traumatic stress were normally distributed. The normality distribution assumption was not violated. Gender could not be normally distributed as it is not a continuous variable.

Table 2

Skewness and Kurtosis of Study Variables (N = 94)

	<i>N</i>	Skewness		Kurtosis	
	Statistic	Statistic	Std. Error	Statistic	Std. Error
Spirituality	94	-1.52	0.25	1.94	0.49
Resiliency	94	-0.29	0.25	-1.32	0.49
Non-traumatic stress	94	0.38	0.25	-0.75	0.49

Linearity test. To evaluate the linearity of the relationship between two variables, I printed out a scatter gram to see if the points roughly follow a straight line (or no shape at all, if not related), but not curvilinear. The scatter plot in Figure 1 shows the possible relationship of spirituality and non-traumatic stress. The graph shows an increase straight-line pattern, but not a perfect representation of a linear relationship. However, there is no curvilinear pattern form. The scatter plot in Figure 2 and regression analysis in Table 3 show the possible relationship between resiliency and non-traumatic stress. Figure 1 does not show a straight-line pattern, but also does not show a curvilinear pattern. Thus, the assumption of linearity was not violated. As stated in the hierarchical regression results below which examined multiple linearity, this indicated that the multiplied values of the interaction of the variables of resiliency and daily non-traumatic stressors and the combined effects showed possible interaction at a level of significance of 0.01.

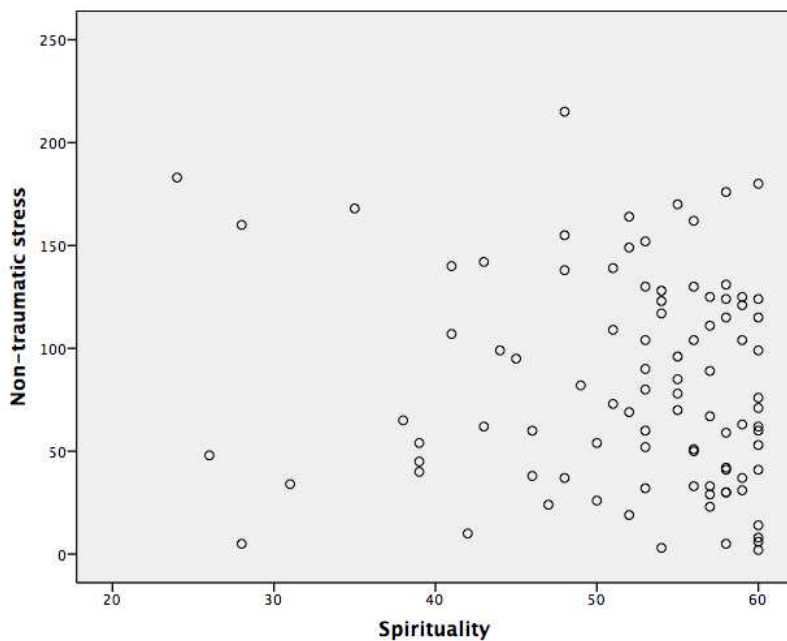


Figure 1. Scattergram of spirituality versus non-traumatic stress.

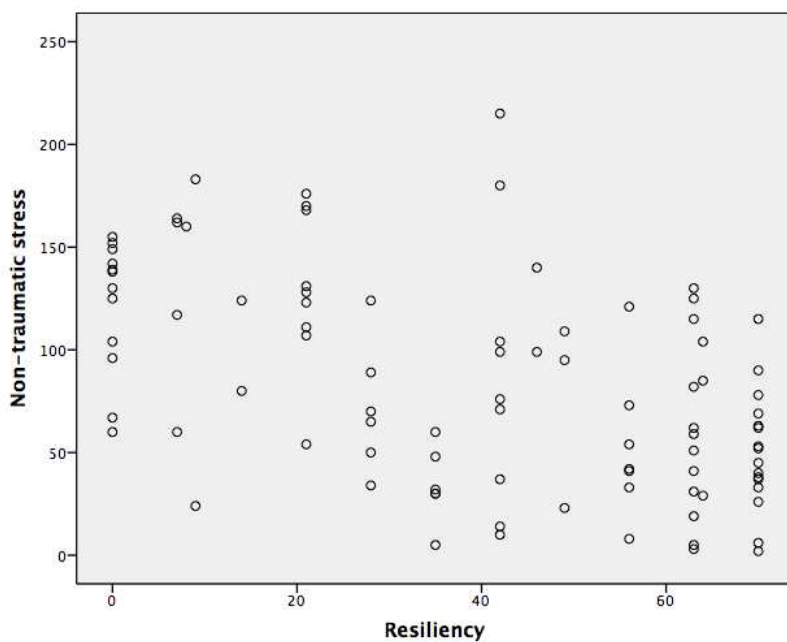


Figure 2. Scattergram of resiliency versus non-traumatic stress.

Test of homoscedasticity of error. I conducted testing for homoscedasticity of errors using the Levene's test; Table 3 shows the results. The results of the Levene's test

showed the equality of error variances as $F(70, 23) = 1.07, p = 0.44$, because the p -value was greater than the level of significance of 0.05. If the p -value in the Levene's test is greater than 0.05, the null hypothesis that the error variance of the dependent variable is equal across groups is retained. Thus, the assumption of homoscedasticity of errors was not violated.

Table 3

Levene's Test of Equality of Error Variances

F	df1	df2	Sig.
1.07	70	23	0.44

Test of inter-item reliability. I computed Cronbach's alpha to test the reliability of each construct from the data. These include the inter-item reliabilities of Reed's (1986) Spiritual Perspective Scale, Neill's (2006) 10-item Resilience Scale, and the Daily Hassles Scale of Kanner et al. (1981). I tested the reliability of the survey results among the 94 participants from the different survey instruments to ensure that the reliability of the instruments was established during the study. Table 4 summarizes the Cronbach's alpha reliability statistics.

Table 4 demonstrates that the Cronbach's Alpha of each of the measures of the three instruments—Reed's (1986) Spiritual Perspective Scale ($\alpha = 0.87$), Neill's (2006) 10-item Resilience Scale ($\alpha = 0.74$), and the Daily Hassles Scale of Kanner et al. (1981; $\alpha = 0.97$)—all have acceptable Cronbach's alpha values. The Cronbach's alpha values were between 0.70 and 0.95, in the acceptable reliability range.

Table 4

Alpha Levels of Survey Instruments

Survey	Cronbach's Alpha	N of Items
Reed's Spiritual Perspective Scale	0.87	10
Neill's Resilience Scale	0.74	10
Daily Hassles Scale of Kanner et al. (1981)	0.97	116

Pearson Correlational Analysis for Research Question 1

I conducted a Pearson correlation analysis to examine the significant relationships among the different study variables of spirituality, resiliency, and daily non-traumatic stressors. Research Question 1 asked, "What is the relationship between spirituality and resilience to daily, non-traumatic stressors?" The Pearson correlation test is a statistical test that determines the correlation between two continuous measured variables (Nikolić, Muresan, Feng, & Singer, 2012). I conducted a Pearson correlation coefficient to index the strength (weak, moderate, or strong) and direction of the relationships (positive or negative) among the stated variables (Pearson, 1895). I used a two-tailed test and level of significance of 0.05 in the correlation test. A significant correlation between variables is observed if the probability value of the r statistic of the Pearson correlation test is less than the critical value of the level of significance set at 0.05. Table 5 includes the results of the correlation analysis.

The results of the correlation showed that resiliency and daily non-traumatic stress, $r(92) = -0.51, p < 0.001$, are significantly and negatively correlated. The strength of the correlation is moderate, because the r coefficient is in the moderate range of values between 0.30 and 0.70. The negative correlation means that daily non-traumatic stress

will decrease if there is a higher level of resiliency. On the other hand, the correlation test did not show that resiliency and spirituality, $r(92) = 0.19, p = 0.07$, are significantly related. With this result, I did not reject the null hypothesis of Research Question 1, which was that “There will be no significant relationship between spirituality and resilience to daily non-traumatic stressors.”

I also conducted a biserial correlation analysis to examine the significant relationships among the different study variables of spirituality, resiliency, and daily non-traumatic stressors. The scatter gram showed that the scores on spirituality may not meet the assumption of homoscedasticity because the scores do not seem to have the same frequency across the range of possible scores; this is also true for resilience. Researchers use a point-biserial correlation to measure the strength and direction of the association that exists between one continuous variable and one dichotomous variable. Both the independent variables of spirituality and resiliency were transformed into dichotomous variables with two groupings of low and high levels. The low and high levels were categorized according to the median. The biserial results were the same as the results of the Pearson correlation analysis that there is a possible relationship between resiliency, spirituality and non-traumatic stress. The noted values are presented in Appendix G.

The results of the Pearson correlation also showed that only resiliency and daily non-traumatic stress, $r(92) = 0.72, p < 0.001$, are significantly correlated. However, the direction of the correlation is positive instead of negative. The positive correlation means that daily non-traumatic stress will increase if the categorical grouping for resiliency is in the high resilience group.

Table 5

Pearson Correlation Results of Correlation among Study Variables

		Resiliency	Non-traumatic stress
Spirituality	Pearson Correlation	0.19	-0.10
	Sig. (2-tailed)	0.07	0.34
	N	94	94
Resiliency	Pearson Correlation		-0.51*
	Sig. (2-tailed)		0.00
	N		94

*. Correlation is significant at the 0.05 level (2-tailed).

Hierarchical Regression Correlation Analysis for Research Question 2

I conducted a hierarchical regression analysis to determine whether gender moderates the effects of spirituality and resiliency on daily non-traumatic stressors. Research Question 2 asked, “What is the moderating effect of gender on the relationship between spirituality and resiliency to daily, non-traumatic stressors?” I conducted a hierarchical regression model to determine the individual effects of the different independent variable (Block 1), moderator (Block 2), and the interaction terms of the independent variable and the moderator (Block 3). I investigated each of these effects using one regression model with three blocks for the hierarchical method to compare the effects of different predictors. Researchers conduct regression analysis to determine the effects of various continuous measured predictor variables to a dependent variable. A benefit of using regression analysis is that it is possible to examine the interactions between variables.

First, I used the hierarchical regression to determine if the independent variables of spirituality and resiliency have a significant effect on daily non-traumatic stressors.

Then, I determined if the moderator of gender showed a significant interaction with the independent variables of spirituality and resiliency in influencing daily non-traumatic stressors. I used a level of significance of 0.05 in the hierarchical regression analysis.

For the hierarchical regression model, Block 1 included the individual effect of the independent variables of spirituality and resiliency and the moderator of gender. Block 2 included the moderation effect of gender on the relationship between spirituality and daily non-traumatic stressors, through the interaction terms of spirituality and daily non-traumatic stressors. Block 3 included the moderation effect of gender on the relationship between resiliency and daily non-traumatic stressors, through the interaction term of resiliency and daily non-traumatic stressors. I computed the values of the interaction term by multiplying the values of resiliency and daily non-traumatic stressors.

Table 6 shows the hierarchical regression results. The result of the R^2 change showed that there was a significant change in the R^2 in Block 1, F Change (3, 90) = 13.15, $p < 0.001$, and Block 3, F Change (1, 88) = 3.86, $p = 0.05$, indicating the combined effects of the independent variables of spirituality and resiliency and the moderator of gender. It also indicated that the moderation effect of gender on the relationship between resiliency and daily non-traumatic stress is significant. This supported the assumption of linearity between variables as shown in the scatter plots in the F -test of the regression results in Figures 1 and 2. The significance of the F Change showed that there is a linear relationship between independent and dependent variables.

The unstandardized beta values of the moderation effect of gender ($Beta = -0.78$), through the interaction term of gender and resilience, on the relationship between resiliency and daily non-traumatic stress was negative, which indicated that gender has a

significant negative moderation effect on the relationship. This means that gender negatively moderates the effects of resiliency on daily non-traumatic stress. This means that the observed inverse relationship between resilience and experiences of non-traumatic daily stress is stronger for females than for males. With this result, I rejected the null hypothesis for Research Question 2, which was that “Gender will not have a significant moderating effect on the relationship between spirituality and resiliency and daily non-traumatic stressors.” The results of the analysis supported the alternative hypothesis that “Gender has a significant moderating effect on the relationship between spirituality and resiliency and daily non-traumatic stressors.”

Table 6

*Hierarchical Regression Results of Moderating Effect of Gender to the Relationship
Between Spirituality and Resiliency to Daily Non-Traumatic Stressors*

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
1 (Constant)	95.51	31.54		3.03	0.00*
Spirituality	-0.04	0.54	-0.01	-0.08	0.94
Resiliency	-0.95	0.19	-0.46	-4.91	0.00*
Gender	20.46	10.22	0.19	2.00	0.05*
2 (Constant)	4.58	84.09		0.05	0.96
Spirituality	1.72	1.60	0.29	1.07	0.29
Resiliency	-0.96	0.19	-0.47	-4.96	0.00*
Gender	91.39	61.68	0.83	1.48	0.14
Spirituality *Gender	-1.37	1.18	-0.71	-1.17	0.25
3 (Constant)	-7.91	83.02		-0.10	0.92
Spirituality	1.20	1.60	0.20	0.75	0.45
Resiliency	0.10	0.57	0.05	0.18	0.86
Gender	100.16	60.87	0.90	1.65	0.10
Spirituality *Gender	-1.02	1.17	-0.53	-0.87	0.38
Resiliency *Gender	-0.78	0.40	-0.53	-1.96	0.05*

Model 1

Note. $F(3, 90) = 12.61, p < 0.001$, R Square (R^2) = 0.30, R Square Change = 0.30, F Change (3, 90) = 13.15, $p < 0.001$, N = 93

a. Dependent Variable: Non-traumatic stress

b. Predictors: (Constant), Gender, Spirituality, Resiliency

Model 2

Note. $F(4, 89) = 9.84, p < 0.001$, R Square (R^2) = 0.31, R Square Change = 0.01, F Change (1, 89) = 1.36, $p = 0.25$, N = 93

a. Dependent Variable: Non-traumatic stress

b. Predictors: (Constant), Gender, Spirituality, Resiliency, Spirituality * Gender

Model 3

Note. $F(5, 88) = 8.89, p < 0.001$, R Square (R^2) = 0.34, R Square Change = 0.03, F Change (1, 88) = 3.86, $p = 0.05$, N = 93

- a. Dependent Variable: Non-traumatic stress
 - b. Predictors: (Constant), Gender, Spirituality, Resiliency, Spirituality * Gender, Resiliency * Gender
- *Significant at level of significance of 0.05

Other Statistical Tests

Analysis for regression results for female data only. I conducted another run of multiple regression analysis to determine the relationships of spirituality and resiliency on daily non-traumatic stressors using only the female data. I used a level of significance value of 0.05 to determine the statistical significance of relationships in the regression analysis. Table 7 summarizes the results of the multiple regression analysis.

First, the model fit regarding R^2 of the generated linear regression model was 0.30, which indicated that spirituality and resiliency accounts for only 30% of the variance in the prediction of daily non-traumatic stressors. The model prediction has a high variance. This is not a comparison; instead, it means that the spirituality and resiliency have a greater combined effect size on the daily non-traumatic stressors for the female. The results of the ANOVA of the regression $F(2, 63) = 3.85, p = 0.03$, which uses the t -statistic, were significant, which indicated that the overall effects of the spirituality and resiliency on daily non-traumatic stressors is significant.

Regarding the significance of the individual effects, the regression results showed that only resiliency, $t(64) = -2.75, p = 0.01$, was significantly related to daily non-traumatic stressors. I analyzed the unstandardized beta coefficient to determine the independent contribution and the relative importance of the significant effect of resiliency on the daily non-traumatic stressors for the female data only. The unstandardized coefficient value ($beta = -0.68$) was negative, indicating that females have higher level of resiliency if they have lower daily non-traumatic stressors. This suggested that daily non-

traumatic stressors experienced by the females would decrease or become lower if they have higher levels of resiliency. For every one increase in the scores of resiliency, the daily non-traumatic stressors experienced by the females will decrease by 0.68.

Table 7

Regression Results of Effects of Spirituality and Resiliency to Daily Non-Traumatic Stressors for Female Data

Model	Unstandardized Coefficients		Standardized Coefficients	<i>t</i>	Sig.
	B	Std. Error	Beta		
1 (Constant)	92.25	33.56		2.75	0.01*
Spirituality	0.18	0.65	0.03	0.28	0.78
Resiliency	-0.68	0.25	-0.34	-2.75	0.01*

Note. $F(2, 63) = 3.85, p = 0.03, R^2 = 0.30, N = 65$

a. Dependent Variable: Non-traumatic stress

b. Predictors: (Constant), Resiliency, Spirituality

Regression results for male data only. I conducted another run of multiple regression analysis to determine the relationships of spirituality and resiliency to daily non-traumatic stressors using the male data only. I used a level of significance value of 0.05 in order to determine the statistical significance of relationships in the regression analysis. Table 8 summarizes the results of the multiple regression analysis.

First, the model fit in terms of R^2 of the generated linear regression model was 0.52, which indicated that spirituality and resiliency accounts for 52% of the variance in the prediction of daily non-traumatic stressors. It is higher than the 30% for the females. The model prediction has a very high variance. This means that the spirituality and resiliency have a very high combined effect size on the daily non-traumatic stressors for the male data. The results of the ANOVA of the regression, $F(2, 25) = 13.63, p < 0.001$,

were significant, which indicated that the overall effects of the spirituality and resiliency on the daily non-traumatic stressors is also significant for the male data.

In terms of the significance of the individual effects, the regression results showed that only resiliency, $t(26) = -0.93, p = 0.36$, is significantly related to daily non-traumatic stressors. I analyzed the unstandardized beta coefficient to determine the independent contribution and the relative importance of the significant effect of resiliency on the daily non-traumatic stressors for the male data only. The unstandardized coefficient value ($\beta = -1.45$) was negative, indicating that males have higher levels of resiliency if they have lower daily non-traumatic stressors. This suggested that daily non-traumatic stressors experienced by the males will also decrease or become lower if they have higher levels of resiliency. For everyone increase in the scores of resiliency, the daily non-traumatic stressors experienced by the males will decrease by -1.45.

Table 8

Regression Results of Effects of Spirituality and Resiliency to Daily Non-Traumatic Stressors for Male Data

Model	Unstandardized Coefficients		Standardized Coefficients	<i>t</i>	Sig.
	B	Std. Error	Beta		
1 (Constant)	192.41	47.36		4.06	0.00*
Spirituality	-0.84	0.91	-0.13	-0.93	0.36
Resiliency	-1.45	0.29	-0.70	-5.00	0.00*

Note. $F(2, 25) = 13.63, p < 0.001, R^2 = 0.52, N = 27$

a. Dependent Variable: Non-traumatic stress

b. Predictors: (Constant), Resiliency, Spirituality

Comparison of regression results of female and male data. I observed that both the regression results conducted to determine the effects of spirituality and resiliency

on daily non-traumatic stressors for female and male data have similar results. Both analyses determined that level of resiliency had a significant negative relationship with the daily non-traumatic stressors. However, the difference observed is that the male data (0.52) showed a stronger effect size than the female data (0.30). The noted values appear in Tables 8 and 9. Also, it was also determined that the negative effect of level of resiliency on the daily non-traumatic stressors for the male data (-1.45) are greater compared to the female data (-0.68). However, a comparison of the regression coefficients of males with females is conducted and the result is presented in Table 9. To do this analysis, I first created dummy variable called “female” that is coded 1 for female and 0 for male, a variable “femSpir” that is the product of female and spirituality, and a variable “femRes” that is the product of female and resiliency. I then included these variables as predictors in the regression. The regression result showed that the beta regression coefficient for resiliency, $t(93) = -2.55, p = 0.01$, between the male and female samples, are significantly different.

Table 9

Comparison of Beta Coefficients of Male and Female Samples

Model		Unstandardized Coefficients		Standardized Coefficients	<i>t</i>	Sig.
		B	Std. Error	Beta		
1	(Constant)	106.75	8.96		11.91	0.007
	female	-14.50	37.31	-0.13	-0.39	0.08
	femSpi	0.18	0.70	0.09	0.26	0.00
	femRes	-0.68	0.27	-0.37	-2.55	0.01

Note. $F(3, 90) = 5.76$, $p = 0.001$, R Square (R^2) = 0.16, $N = 93$

a Dependent Variable: Non-traumatic stress

b Predictors: (Constant), femRes, femSpir, female

Summary

In this chapter, I presented the data summary and data analysis including descriptive statistics, Pearson correlation analysis, and linear regression to address the research questions and hypotheses of this study. The results of the Pearson correlation test showed that resiliency and daily non-traumatic stress were significantly correlated. The correlation test did not show that resiliency and spirituality were significantly related. I did not reject the first null hypothesis. The results of the regression analysis showed that gender has a significant decreasing moderating effect on the relationship between resiliency and daily non-traumatic stressors. This means that there will be lesser daily non-traumatic stress if there is a higher level of resiliency among female participants. I did reject the second null hypothesis. Comparison of the regression results conducted to determine the effects of spirituality and resiliency on daily non-traumatic stressors showed that male data have a stronger effect size than the female data and that

the decreasing effect of level of resiliency on the daily non-traumatic stressors for the male data was greater compared to the female data.

Chapter 5 concludes this study. In this chapter, I will discuss the findings from the study, interpretations of findings, limitations of the study, recommendations, and implications of study results. The latter part of the discussion includes an analysis of the results about the research questions and the various variables in this study, ultimately indicating the value of extending the current study to other possible areas. This chapter provides the implication of the findings of the present study to the current literature, the conclusions concerning the research questions sought, and the recommendations for practice and in guiding future researchers.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this quantitative correlational study was to assess the relationship between spirituality and resilience to daily, non-traumatic stressors, and to determine the moderating effect of gender on the relationship between spirituality and resilience on daily non-traumatic stressors. Researchers have found evidence showing that spirituality is positively related to adults' resilience in the presence of disaster (Banerjee & Pyles, 2004; Campbell-Sills et al., 2009). What is not known is whether spirituality has a significant relationship to resilience when a disaster is not imminent or has not recently occurred. I believe that this study was needed in order to generate more insight about how spirituality can affect individuals' resilience in everyday life.

The results of this study will help to fill the gap in the literature that addresses the relationship between spirituality and resilience and daily, non-traumatic stressors and gender, as well as the relationship between these variables (Bakhtiarpoor et al., 2011; DiCorcia & Tronick, 2011). I used the following validated survey instruments: (a) Reed's (1986) Spiritual Perspective Scale, (b) Neill's (2006) 10-item Resilience Scale, and (c) the Daily Hassles Scale of Kanner et al. (1981). Moreover, I added an additional series of demographic questions so that I could determine possible gender disparities in the relationship between spirituality and resiliency. I administered an online survey to respondents, gathered descriptive statistics, and ran correlational and multiple regression analyses of study data.

I found that resiliency and daily non-traumatic stress are significantly and negatively correlated, while resiliency and spirituality are not significantly correlated.

Results of the regression analysis showed that gender has a significant decreasing moderating effect on the relationship between resiliency and daily non-traumatic stressors. This finding suggests that there will be less daily non-traumatic stress if there is a higher level of resiliency among female participants. Through this analysis, I also determined that males have a stronger relationship coefficient than females, and that the negative relationship with the level of resiliency on the daily non-traumatic stressors was greater for males than for females.

Chapter 5 includes a summary and discussion of the study findings. In this chapter, I will discuss the alignment of the results with the existing literature. I offer my conclusions based on my findings and consider the implications of the study. I will also present the limitations of the present study, and the subsequent recommendations for future research.

Interpretation of Findings

Through this correlational study, I found that resiliency and daily non-traumatic stress are significantly correlated. This finding means that when resilience increases, daily non-traumatic stress decreases. Other researchers have reported that resilience leads to lower daily non-traumatic stress among individuals (Bartley & Roesch, 2011). Additionally, these findings are congruent with the transactional model of stress and coping (Lazarus & Folkman, 1987) which researchers use to assess an individual's resiliency. Coping responses and outcomes are largely dependent on the effectiveness of one's cognitive appraisals and processes.

According to Leipold and Greve (2009), resilience results from the use of coping processes. Leipold and Greve asserted that resilience is a stabilizing factor that can

mediate the relationship between coping and development. The researchers also highlighted the developmental conditions for assimilative and accommodative processes. These conditions must be present for healing from both traumatic and non-traumatic stress.

In the current study, conversely, I did not find that resiliency and spirituality are significantly related. This result may be an artifact of the narrow distribution of scores for spirituality or not meeting homoscedasticity. However, I conducted a biserial analysis to address this possible issue of the spirituality variable not meeting homoscedasticity. Results of the biserial correlation analysis confirmed that resiliency and spirituality are not significantly related. This finding is not consistent with the existing body of knowledge on how spirituality relates to individuals' resiliency to daily stressors (Almeida & Horn, 2004; Grzywacz et al., 2004; Serido et al., 2004). Kim and Esquivel (2011) found that spirituality is a vital source of resilience, especially among adolescents. Kim and Esquivel recognized the value of spirituality as a source of resilience. With the aim of improving adolescent spiritual development in school, family, and community settings, Kim and Esquivel designed a study to assess the implications of spirituality for students' educational practices. Moreover, the researchers found that that spirituality is a universal phenomenon and an intrinsic aspect of human nature that emerges during adolescence as individuals look for transcendence, meaning, and purpose in their life. With this result, I did not reject the null hypothesis of Research Question 1, which was that "There will be no significant relationship between spirituality and resilience to daily, non-traumatic stressors." The results of the current study and existing literature differed, because I used another form of stress in this study, which is non-traumatic stress, and

considered a different population with specific demographic characteristics. This difference might explain the results of the current study, which showed that the observed relationships between spirituality and report of daily stressors are insignificant. The findings of the correlations/regression coefficients indicated that spirituality is not important when controlling for the interaction effect of resiliency and gender factor. The design of controlling the interaction effect of resiliency and gender factor might be another reason the results of the current study showed the observed relationships between spirituality and report of daily stressors are insignificant.

Findings showed that gender significantly moderates the relationship between resiliency and daily non-traumatic stress. This finding extends the study by showing that gender contributes to the prediction of resilience on daily non-traumatic stress. In a quantitative study conducted with crime victims, women showed lower resilience scores (Campbell-Sills et al., 2009). Campbell-Sills found that various demographic characteristics of gender, education level, and income level could predict the subjects' resilience to stress.

In the current study, I found that the moderation effect of gender on the relationship between resiliency and daily non-traumatic stress is negative. Moreover, I found that the effects of resiliency on daily non-traumatic stress would decrease more if the gender is female, coded as the lesser value of the grouping variable. This means that the observed inverse relationship between resilience and experiences of non-traumatic daily stress is stronger for one gender—the female group more than for the male group. With this result, I rejected the null hypothesis for Research Question 2: “Gender will not have a significant moderating effect on the relationship between spirituality and

resiliency and daily non-traumatic stressors.” The results of the analysis supported the alternative hypothesis that “Gender has a significant moderating effect on the relationship between spirituality and resiliency and daily non-traumatic stressors.”

I observed that both the regression results conducted to determine the relationships or predictions of spirituality and resiliency on the amount of daily non-traumatic stressors for female and male data have similar results. Both determined that the level of resiliency was predicted by the intensity of daily non-traumatic stressors. However, it was also determined that the relationship between resilience and experience of daily non-traumatic stress is stronger among males than among females.

In comparing the resiliency between male and female samples, the mean comparison showed that women ($M = 44.17$; $SD = 22.76$) have significantly higher resilience scores than men ($M = 28.96$; $SD = 26.18$). This finding disconfirms the previous findings of Netuveli et al. (2008), who stated that women are more resilient than men are, especially when they are older. Netuveli et al. (2008) also found that the majority of resilient people are women, with this gender difference stronger among older women than that of younger women.

I performed descriptive statistics analysis, Pearson correlation analysis, and linear regression to address the research questions and hypotheses of this study. Through the Pearson correlation test, I found that resiliency and daily non-traumatic stress are significantly correlated. This means that as resiliency increases, non-traumatic stress decreases. Moreover, I found that the correlation test did not show that resiliency and spirituality were significantly related. I found that gender has a significant decreasing moderating effect on the relationship between resiliency and daily non-traumatic

stressors. The general direction (inverse) of the relationship between resilience and daily stress is the same for both genders; however, for one gender, the strength of the relationship is stronger among males than among females.

Furthermore, from the comparison of the regression results conducted to determine the effects of spirituality and resiliency on daily non-traumatic stressors for female and male data, I found that the ability to predict reports of daily stress with these predictors is stronger for males than for females. In addition, the decreased level of resiliency on the daily non-traumatic stressors for the male data is greater as compared to the female data.

Limitations of the Study

There were several limitations of this study. Initially, regarding data collection, the number of assessments may have been too tiring for the participants to accomplish. These limitations may have led to the ten incomplete assessments among the respondents. For instance, after accomplishing one or two of the three surveys, participants may have rushed in answering all the remaining items. This concern may have limited the validity of the data collected. The responses of the participants may have been influenced by fatigue on answering the series of surveys. This also limited the reliability of the resulting data. However, to address this limitation, I informed the participants about the expected average duration of time needed for completing the surveys. Furthermore, I informed the participants that they were allowed to end their participation at any time for any reason.

The nature of the study represented another limitation, in that the correlational research design limited the depth of information gathered. While the quantitative correlational study method provides concrete conclusions, it lacks the depth that can only

be provided by qualitative data. A drawback to correlational approaches is that they do not demonstrate cause and effect. This was one of the key limitations of this current study. The findings of this study were limited to the convenience sample of online participants of all races with access to technology, which automatically limits generalization beyond the specific characteristics of the people in the chosen sample. Results may have varied with populations that do not have access to online technology. Lastly, the study was limited to the smaller number of male samples as compared to female samples; this was not representative of the ratio of adult males to females in the United States.

Recommendations

In line with these limitations, I recommend that future scholars use other research methodologies to establish stronger conclusions about the relationship between spirituality and daily non-traumatic stress. I also suggest that future researchers should consider the use of qualitative methods to examine further resilience to daily non-traumatic stressors and to determine the moderating effect of gender on these variables. By utilizing a qualitative methodology, researchers will be able to dig deeper into the lived experiences and perspectives of the participants regarding the relationship between spirituality and resilience, and determine how gender moderates the relationship between spirituality and resilience. Specifically, I would recommend a phenomenological research design. While quantitative researchers in the literature have discussed the effect of resilience on daily non-traumatic stressors, qualitative research about this topic is lacking. With this, I also recommend that future researchers use a mixed-methods research design. The quantitative portion of the study may address the generalizability issue among the

application of the qualitative methodology. However, this depends on the sampling procedures that will be used. Random sampling is the strongest for generalizability finding from data derived from a sample within a defined population.

Implications

In the current study, I aimed to contribute to the existing body of knowledge about spirituality and resiliency in non-traumatic occurrences. One contribution of the current study is that the findings may shed light on how individuals can understand the role of coping strategies in the relationship between resiliency and daily non-traumatic stressors, which may lead to better functioning in society. In the current study, I confirmed the existing themes across the literature to date regarding the relationship between resiliency skills and experiences of stress. I also extended this relationship to include non-traumatic stress.

I will release the key findings of the study to the mental health community. This will assist in treatment interventions in day-to-day non-traumatic stressors by developing cognitive, affective, and behavioral skills associated with resilience among their clients. By sharing the findings, the sample population may become more aware of the importance of the connection between their resiliency and daily non-traumatic stressors. Communities will benefit from healthy, resilient individuals with high self-esteem, competence, and the skills to bounce back from any adversity. Previously demonstrated techniques and programs within communities could be enhanced given that the findings of the current study suggested these are valuable in coping with daily stress.

The results of the study added to the theoretical research by showing that a relationship between resiliency and daily non-traumatic stressors with a connection to

gender coping exist. Future researchers can build upon the results of this study by developing theories concerning the negative relationship between resiliency and daily non-traumatic stressors. Future researchers can also take into account the moderating effect of gender on the relationship between resiliency and daily non-traumatic stressors, as founded in this research.

Previous researchers such as Netuveli et al. (2008) have concluded that gender moderates the relationship between resilience and non-traumatic stressors. In the current study, I determined that the inverse relationship between resilience and experiences of non-traumatic daily stress is stronger for the female group than for the male group. The contribution of the findings to the existing knowledge can aide in an individual's personal and social adaptation. Communities may develop mental health services or programs to improve the engagement of men in reducing stress. Based on this study's results, professionals can develop mental health programs to treat daily, non-traumatic stressors among patients, considering the distinctions of stressors amongst gender variations.

Conclusions

Spirituality adds meaning to life; it also provides emotional progression in times of survival (Gall & Cornblat, 2003). Thastum et al. (2008) posited that when an individual is resilient, one could recover and avoid the negative consequences resulting from the cumbersome condition. These two variables affect one's ability to cope with traumatic events. However, what is not known is whether spirituality has a significant relationship with resilience when a disaster is not imminent or has recently occurred. This study was needed because it was not known how spirituality could affect resilience in typical daily life. The purpose of this quantitative correlational study was to assess the

relationship between resilience and daily non-traumatic stressors and to determine the moderating effect of gender. This study filled the gap in the literature (Bakhtiarpoor et al., 2011; DiCorcia & Tronick, 2011) regarding studies assessing the relationship between spirituality and resilience and daily, non-traumatic stressors and gender, as well as the relationship between these variables.

Through data analysis, I found that resiliency and daily non-traumatic stress are significantly correlated. Moreover, the correlation test showed that resiliency and spirituality, and spirituality and daily non-traumatic stress, are not significantly related. The results of the regression analysis showed that gender has a significant decreasing moderating effect on the relationship between resiliency and daily non-traumatic stressors. A comparison of the regression results indicated that the relationship between resilience and experience of daily non-traumatic stress is stronger among males than among females.

Through resiliency, individuals can reduce the cost of daily stress regarding disease and quality of life. This is the implication of the significant decreasing effect on resiliency and daily non-traumatic stress. The key differences between men and women can be improved based on the findings that gender affects the inverse relationship between resilience and experiences of non-traumatic daily stress. New enhancements should be considered in treatment programs involving males experiencing daily non-traumatic stress. On a larger scale, researchers may use the findings of the current study as a guide in assessing or creating programs about resiliency and daily non-traumatic stressors in the United States. The results of the current study may also influence other researchers who choose to focus on this topic.

References

- Ai, A., Seymour, E., Tice, T., Kronfol, Z., & Bolling, S. (2009). Spiritual struggle related to plasma interleukin-6 prior to cardiac surgery. *Psychology of Religion and Spirituality, 1*(2), 112-128. doi:10.1037/a0015775
- Akerjordet, K., & Severinsson, E. (2010). The state of the science of emotional intelligence related to nursing leadership: An integrative review. *Journal of Nursing Management, 18*(4), 363-82. doi:10.1111/j.1365-2834.2010.01087.x
- Albaugh, J. A. (2003). Spirituality and life-threatening illness: A phenomenological study. *Oncology Nursing Forum, 30*(4), 593-598. doi:10.1188/03.ONF.503-598
- Almeida, D. M., & Horn, M. C. (2004). Is daily life more stressful during middle adulthood? In O. G. Brim, C. D. Ryff, & R. C. Kessler (Eds.), *How healthy are we? A national study of well-being at midlife* (pp. 425–451). Chicago, IL: University of Chicago Press.
- Almeida, D. M., Wethington, E., & Kessler, R. C. (2002). *Assessment, 9*(1), 41-55.
Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/11911234>
- American Psychological Association. (2011). *Definition of terms: Sex, gender, gender identity, sexual orientation*. Retrieved from <http://www.apa.org/pi/lgbt/resources/sexuality-definitions.pdf>
- Augusto-Landa, J. M., & Montes-Berges, B. (2009). Perceived emotional intelligence, health, and somatic symptomatology in nursing students. *Individual Differences Research, 7*(3), 197-211. Retrieved from https://www.researchgate.net/publication/246547466_Perceived_emotional_intelligence_health_and_somatic_symptomatology_in_nursing_students

- Bakhtiarpoor, S., Heidarie, A., & Khodadadi, S. A. (2011). The relationship of the self-focused attention, body image concern and generalized self-efficacy with social anxiety in students. *Life Science Journal*, 8(4), 704-713. Retrieved from https://www.researchgate.net/publication/286355795_The_Relationship_of_the_Self-Focused_Attention_Body_Image_Concern_and_Generalized_Self-Efficacy_with_Social_Anxiety_in_Students
- Banerjee, M. M., & Pyles, L. (2004). Spirituality: A source of resilience for African American women in the era of welfare reform. *Journal of Ethnic and Cultural Diversity in Social Work*, 13(2), 45–70. doi:10.1300/J051v13n02_03
- Bar-On, R. (1997). *The emotional intelligence inventory (EQ-I): Technical manual*. Toronto, Canada: Multi-health Systems.
- Bartley, C. E., & Roesch, S. C. (2011). Coping with daily stress: The role of conscientiousness. *Personality and Individual Differences*, 50(1), 79-83. doi:10.1016/j.paid.2010.08.027
- Baskin, C. (2002). Circles of resistance: Spirituality in social work practice, education, and transformative change. *Currents: New Scholarship in the Human Services*, 1(1), 1-9. Retrieved from http://fsw.ucalgary.ca/currents/cyndy_baskin/baskin.htm
- Bauer-Wu, S., & Farran, C. J. (2005). Meaning in life and psycho-spiritual functioning: A comparison of breast cancer survivors and healthy women. *Journal of Holistic Nursing*, 23, 172-190. doi: 10.1177/0898010105275927
- Bernard, B. (2004). *Resiliency: What we have learned*. San Francisco, CA: WestEd.

- Bhui, K., King, M., Dein, S., & O'Connor, W. (2008). Ethnicity and religious coping with mental distress. *Journal of Mental Health, 17*(2), 141-151.
doi:10.1080/09638230701498408.
- Borden, W., & Berlin, S. (2010). Gender, coping, and psychological well-being. *American Journal of Orthopsychiatry, 60*(4), 630-610. doi:10.1037/h0079209.
- Bourjolly, J. N., & Hirschman, K. B. (2001). Similarities in coping strategies but differences in sources of support among African American and White women coping with breast cancer. *Journal of Psychosocial Oncology, 19*(2), 17-38.
Retrieved from
http://repository.upenn.edu/cgi/viewcontent.cgi?article=1020&context=spp_papers
- Brown, G. W., & Harris, T. O. (Eds.). (1989). *Life events and illness*. New York, NY: Guilford.
- Bryant, A. N. (2007). Gender differences in spiritual development during the college years. *Sex Roles, 56*(11-12), 835-846. Retrieved from
http://spirituality.ucla.edu/docs/academic-articles/Gender_Spirituality_SR.pdf
- Buchner, A., Erdfelder, E., Faul, F., & Lang, A.-G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods, 41*(4), 1149-1160. Retrieved from
http://www.gpower.hhu.de/fileadmin/redaktion/Fakultaeten/Mathematisch-Naturwissenschaftliche_Fakultaet/Psychologie/AAP/gpower/GPower31-BRM-Paper.pdf

- Cakici, D. C. (2003). *An examination of the general procrastination behavior and academic procrastination behavior in high-school and university students* (Unpublished MA thesis, Ankara University Institute of Education Sciences, Ankara, Turkey).
- Campbell-Sills, L., Forde, D. R., & Stein, M. B. (2009). Demographic and childhood environmental predictors of resilience in a community sample. *Journal of Psychiatric Research, 43*(12), 1007-1012. doi:10.1016/j.jpsychires.2009.01.013
- Chiu, L., Emblen, J. D., Hofwegen, L. V., Sawatzky, R., & Meyerhoff, H. (2004). An integrative review of the concept of spirituality in the health sciences. *Western Journal of Nursing Research, 26*(4), 405-428. doi:10.1177/0193945904263411
- Cicchetti, D., & Rogosch, F. A. (2009). Adaptive coping under conditions of extreme stress: Multilevel influences on the determinants of resilience in maltreated children. *New Directions for Child and Adolescent Development, 124*, 47-59. doi:10.1002/cd.242
- Como, J. M. (2007). Spiritual practice: A literature review related to spiritual health and health outcomes. *Holistic Nursing Practice, 21*(5), 224-236. doi:10.1097/01.HNP.0000287986.17344.02
- Conner, N. E., & Eller, L. S. (2004). Spiritual perspectives, needs, and interventions of Christian African-Americans. *Journal of Advanced Nursing, 46*(6), 624-632. doi:10.1111/j.1365-2648.2004.03053.x
- Cordova, M. J., Cunningham, L. L., Carlson, C. R., & Andrykowski, M. A. (2001). Posttraumatic growth following breast cancer: A controlled comparison study. *Health Psychology, 20*(3), 176-185. doi: 0.1037/0278-6133.20.3.176

- Corrigan, P., McCorkle, B., Schell, B., & Kidder, K. (2003). Religion and spirituality in the lives of people with serious mental illness. *Community Mental Health Journal, 39*(6), 487-499. doi:10.1023/B:COMH.0000003010.44413.37
- Cozby, P. C. (2001). *Methods in behavioral research*. New York, NY: McGraw Hill.
- Creswell, J. (2005). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (2nd ed.). Upper Saddle River, NJ: Merrill Prentice-Hall.
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, CA: Sage.
- Culver, J. L., Arena, P. L., Antoni, M. H., & Carver, C. S. (2002). Coping and distress among women under treatment for early stage breast cancer: Comparing African Americans, Hispanics, and non-Hispanic whites. *Psycho-Oncology, 11*(6), 495-504. doi:10.1002/pon.615
- Cutrona, C. E., & Russell, D. (1987). *Social Provisions Scale*. Retrieved from <http://www.unc.edu/depts/sph/longscan/pages/asures/Ages5to11/Social%20Provisions%20Scale.pdf>
- Dağ, İ. (1991). Rotter'in İç-Dış Kontrol Odağı Ölçeği (RİDKOÖ)'nin üniversite öğrencileri için güvenilirliği ve geçerliliği. *Psikoloji Dergisi, 26*, 10-16.
- Dailey, D., & Stewart, A. (2007). Psychometric characteristics of the spiritual perspective scale in pregnant African-American women research. *Nursing & Health, 30*(1), 61-71. doi:10.1002/nur.20173

- Damianakis, T. (2004). Postmodernism, spirituality and the creative writing process: Implications for social work, *Practice, Families in Society*, 82(1), 23-34.
doi:10.1606/1044-3894.218
- Davies, L., & Welch, H. G. (2006). Increasing incidence of thyroid cancer in the United States, 1973-2002. *JAMA*, 295(18), 2164-2167. doi:10.1001/jama.295.18.2164
- Davydov, D., Stewart, R., Ritchie, K., & Chaddieu, I. (2010). Resilience and mental health. *Clinical Psychology Review*, 30(5), 479-95. doi:10.1016/j.cpr.2010.03.003
- Deniz, M., Tras, Z., & Aydogan, D. (2009). An investigation of academic procrastination, locus of control, and emotional intelligence. *Educational Sciences: Theory and Practice*, 9(2), 623-632. Retrieved from
<http://files.eric.ed.gov/fulltext/EJ847770.pdf>
- DiCorcia, J. A., & Tronick, E. (2011). Quotidian resilience: Exploring mechanisms that drive resilience from a perspective of everyday stress and coping. *Neuroscience and Biobehavioral Reviews*, 35(7), 1593-1602.
doi:10.1016/j.neubiorev.2011.04.008
- Diefenbach, T. (2010). Are case studies more than sophisticated storytelling? Methodological problems of qualitative empirical research mainly based on semi-structured interviews. *Quality & Quantity*, 43(6), 875-894.
doi:10.1007/s11135-008-9164-0
- Diehl, M., & Hay, E. L. (2010). Risk and resilience factors in coping with daily stress in adulthood: The role of age, self-concept incoherence, and personal control. *Developmental Psychology*, 46(5), 1132-1146.
<http://dx.doi.org/10.1037/a0019937>

- Diehl, M., Hay, E. L., & Chui, H. (2012). Personal risk and resilience factors in the context of daily stress. *Annual Review of Gerontology and Geriatrics*, 32(1), 251-274. doi:10.1891/0198-8794.32.251
- Faigin, C. A., & Pargament, K. I. (2011). Strengthened by the spirit: Religion, spirituality, and resilience through adulthood and aging. In B. Resnick, L. P. Gwyther, & K. A. Roberto (Eds.), *Resilience in Aging* (pp. 163-180). New York, NY: Springer.
- Fotiadou, M., Barlow, J. H., Powell, L. A., & Langton, H. (2007). Optimism and psychological well-being among parents of children with cancer: An exploratory study. *Psycho-Oncology*, 17(4), 401-409. doi:10.1002/pon.1257
- Friborg, O., Hjemdal, O., Rosenvinge, J. H., Martinussen, M., Aslaksen, P. M., & Flaten, M. A. (2006). Resilience as a moderator of pain and stress. *Journal of Psychosomatic Research*, 61(2), 213-219. doi:10.1016/j.jpsychores.2005.12.007
- Gall, M. D., Gall, J. P., & Borg, W. R. (2003). *Educational research: An introduction* (7th ed.). Boston, MA: A & B.
- Gall, T. L., & Cornblat, M. W. (2002). Breast cancer survivors give voice: A qualitative analysis of spiritual factors in long-term adjustment. *Psycho-Oncology*, 11, 524-35. doi:10.1002/pon.613
- Gibson, L. M., & Hendricks, C. S. (2006). Integrative review of spirituality in African American breast cancer survivors. *ABNF Journal*, 17(2), 67-72. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/18402346>

- Giger, J. N., Appel, S. J., Davidhizar, R., & Davis, C. (2008). Church and spirituality in the lives of the African American community. *Journal of Transcultural Nursing, 19*(4), 375-382. doi:10.1177/1043659608322502
- Gilbar, O. (2005). Breast cancer: How do Israeli women cope? A cross-sectional sample. *Family, Systems, & Health, 23*(2), 161-171. doi:10.1037/1091-7527.23.2.161
- Gilgun, J. F., Klein, C., & Pranis, K. (2000). The significance of resources in models of risk. *Journal of Interpersonal Violence, 15*(6), 631-650.
doi:10.1177/088626000015006005
- Grzywacz, J. G., Almeida, D. M., Neupert, S. D., & Ettner, S. L. (2004). Socioeconomic status and health: A micro-level analysis of exposure and vulnerability to daily stressors. *Journal of Health and Social Behavior, 45*(1), 1-16. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/15179904>
- Hammermeister, J., Flint, M., El-Alayli, A., Ridnour, H., & Peterson, M. (2005). Gender differences in religious well-being. *American Journal of Health Education, 20*(1-2), 80-84. Retrieved from http://findarticles.com/p/articles/mi_m0CTG/is_1-2_20/ai_n27869283/?tag=content;coll
- Harrison, P. A., & Fopma-Loy, J. L. (2010). Reflective journal prompts: A vehicle for stimulating emotional competence in nursing. *The Journal of Nursing Education, 49*(11), 644-652. doi:10.3928/01484834-20100730-07
- Hassan, A., Sulaiman, T., & Ishak, R. (2009). Philosophy underlying emotional intelligence in relation to level of curiosity and academic achievement of rural area students. *Journal of Social Sciences, 5*(2), 95-103.
doi:10.3844/jssp.2009.95.103

- Henderson, P. D., Fogel, J., & Edwards, Q. T. (2003). Coping strategies among African American women with breast cancer. *Southern Online Journal of Nursing Research*, 3(4), 1-20. doi:10.1188/03.ONF.641-647
- Holt, C. L., Lewellyn, L. A., & Rathweg, M. J. (2005). Exploring religion-health mediators among African American parishioners. *Journal of Health Psychology*, 10(4), 511-526. doi:10.1177/1359105305053416
- Holt, C. L., Schultz, E., Caplan, L., Blake, V., Southward, V., & Ayanna, B. (2012). Assessing the role of spirituality in coping among African Americans diagnosed with cancer. *Journal of Religion and Health*, 51(2), 507-21. doi:10.1007/s10943-011-9453-0
- Holt, C. L., Wynn, T. A., Litaker, M. S., Southward, P., Jeames, S., & Schulz, E. (2009). A comparison of a spiritually based and non-spiritually based educational intervention for informed decision making for prostate cancer screening among church-attending African-American men. *Urologic Nursing*, 29(4), 249–258. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/19718941>
- Humphrey, N. (2003). Facilitating a positive sense of self in pupils with dyslexia: The role of teachers and peers. *Support for Learning*, 18(3), 130-136. doi:10.1111/1467-9604.00295
- Hyde, J. S., Mezulis, A. H., & Abramson, L. Y. (2008). The ABCs of depression: Integrating affective, biological, and cognitive models to explain the emergence of the gender difference in depression. *Psychological Review*, 115(2), 291-313. Retrieved from <http://psycnet.apa.org/index.cfm?fa=buy.optionToBuy&id=2008-04236-001>

- Ignat, A. A., & Clipa, O. (2012). Teachers' satisfaction with life, job satisfaction, and their emotional intelligence. *Procedia-Social and Behavioral Sciences*, 33, 498-502. doi: 10.1016/j.sbspro.2012.01.171
- Jackson, A. C., Enderby, K., O'Toole, M., Thomas, S. A., Ashley, D., Rosenfeld, J. V., ... & Gedye, R. (2009). The role of social support in families coping with childhood brain tumor. *Journal of Psychosocial Oncology*, 27(1), 1-24.
doi:10.1080/07347330802614634
- Johnstone, B., Franklin, K. L., Yoon, D. P., Burris, J., & Shigaki, C. (2008). Relationships among religiousness, spirituality, and health for individuals with stroke. *Journal of Clinical Psychology in Medical Settings*, 15(4), 308-313.
doi:10.1007/s10880-008-9128-5
- Kanner, A. D., Coyne, J. C., Schaefer, C., & Lazarus, R. S. (1981). Comparison of two modes of stress measurement: Daily hassles and uplifts versus major life events. *Journal of Behavioral Medicine*, 4(1), 1-39. Retrieved from http://webs.wofford.edu/boppkl/coursefiles/psy150/labs/SocialLab/Kanner81_Hassles%20and%20Uplifts.pdf
- Kärkkäinen, R., Rätty, H., & Kasanen, K. (2009). Parents' perceptions of their child's resilience and competencies. *European Journal of Psychology of Education*, 24(3), 405-419. doi:10.1007/BF03174769
- Keuhl, R. O. (2000). *Design of experiments: Statistical principles of research design and analysis*. Pacific Grove, CA: Duxbury Press.

- Khabaz, M., Behjati, Z., & Naseri, M. (2012). Relationship between social support and coping styles and resiliency in adolescents. *Journal of Applied Psychology, 5*(4), 108-123. doi:10.1177/1359105309355338
- Kim, S., & Esquivel, G. B. (2011). Adolescent spirituality and resilience: Theory, research, and educational practices. *Psychology in the Schools, 48*(7), 755-765. doi:10.1002/pits.20582
- Koenig, H. G. (2006). Religion, spirituality and aging. *Aging & Mental Health, 10*(1), 1-3. doi:10.108013607860500308132
- Koenig, H. G. (2009). Research on religion, spirituality, and mental health: A review. *The Canadian Journal of Psychiatry, 54*(5), 283-291. <http://dx.doi.org/10.5402/2012/278730>
- Kurtz, M. E., Kurtz, J. C., Given, C. W., & Given, B. A. (2008). Patient optimism and mastery: Do they play a role in cancer patients' management of pain and fatigue? *Journal of Pain and Symptom Management, 36*(1), 1-10. doi:10.1016/j.jpainsymman.2007.08.010
- Lawler-Row, K. A., & Elliott, J. (2009). The role of religious activity and spirituality in the health and well-being of older adults. *Journal of Health Psychology, 14*(1), 43-52. doi:10.1177/1359105308097944
- Lazarus, R. S. (2000). Toward better research on stress and coping. *American Psychologist, 55*(6), 665-673. doi:10.1037/0003-066X.55.6.665
- Lazarus, R. S., & Folkman, S. (1987). *Stress, appraisal, and coping*. New York, NY: Springer.

- Leak, A., Hu, J., & King, C. R. (2008). Symptom distress, spirituality, and quality of life in African American breast cancer survivors. *Cancer Nursing, 31*(1), E15-E21. doi:10.1097/01.NCC.0000305681.06143.70
- Leedy, P. D., & Ormrod, J. E. (2005). *Practical research*. Columbus, OH: Pearson Merrill Prentice Hall.
- Leipold, B., & Greve, W. (2009). Resilience: A conceptual bridge between coping and development. *European Psychologist, 14*(1), 40-50. doi:10.1027/1016-9040.14.1
- Levin, J., Chatters, L. M., & Taylor, R. J. (2005). Religion, health and medicine in African Americans: Implications for physicians. *Journal of the National Medical Association, 97*(2), 237-249. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2568750/>
- Lewis, M. J., Edwards, A. C., & Burton, M. (2009). Coping with retirement: Well-being, health, and religion. *The Journal of Psychology, 143*(3), 427-448. doi:10.3200/JRLP.143.4.427-448
- Manning, L. K. (2013). Navigating hardships in old age exploring the relationship between spirituality and resilience in later life. *Qualitative Health Research, 23*(4), 568-575. doi:10.1177/1049732312471730
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*(3), 227-28. doi:10.1037//0003-066X.56.3.227
- Mattis, J. S. (2000). African American women's definitions of spirituality and religiosity. *Journal of Black Psychology, 26*(1), 101-122. doi:10.1177/0095798400026001006

- McFarland, C., & Alvaro, C. (2000). The impact of motivation on temporal comparisons: Coping with traumatic events by perceiving personal growth. *Journal of Personality and Social Psychology, 79*(3), 327-343. doi:10.1037//0022-3514.79.3.327
- Mo, P. K., & Coulson, N. S. (2008). Exploring the communication of social support within virtual communities: A content analysis of messages posted to an online HIV/AIDS support group. *CyberPsychology & Behavior, 11*(3), 371-374. doi:10.1089/cpb.2007.0118
- Monat, A., Lazarus, R. S., Reevy, G., & Duncan, D. F. (2007). *The Praeger handbook on stress and coping*. Westport, CT: Praeger.
- Monette, D., Sullivan, T., & DeJong, C. (2013). *Applied social research: A tool for the human services*. Belmont, CA: Cengage Learning.
- Mosher, C. E., Prelow, H. M., Chen, W. W., & Yackel, M. E. (2006). Coping and social support as mediators of the relation of optimism to depressive symptoms among black college students. *Journal of Black Psychology, 32*(1), 72-86. doi:10.1177/0095798405282110
- Munhall, P. L. (2011). *Nursing research*. Burlington, MA: Jones & Bartlett Learning.
- Musgrave, C. F., Allen, C. E., & Allen, G. J. (2002). Spirituality and health for women of color. *American Journal of Public Health, 92*(4), 557-60. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447116/>
- National Institute of Mental Health. (2011). *Suicide in the U.S.* Retrieved from <http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml>

- Neill, J. (2006). *What is psychological resilience?* Retrieved from <http://www.wilderdom.com/psychology/resilience/PsychologicalResilience.html>
- Netuveli, G., Wiggins, R. D., Montgomery, S. M., Hildon, Z., & Blane, D. (2008). Mental health and resilience at older ages: Bouncing back after adversity in the British Household Panel Survey. *Journal of Epidemiology and Community Health*, *62*(11), 987-991. doi:10.1136/jech.2007.069138
- Nikolić, D., Muresan, R. C., Feng, W., & Singer, W. (2012). Scaled correlation analysis: A better way to compute a cross-correlogram. *European Journal of Neuroscience*, *35*(5), 742-62. doi:10.1111/j.1460-9568.2011.07987
- O'Donnell, M., Varker, T., & Phelps, A. (2012). *The nature of the relationship between traumatic events in people's lives and homelessness*. Retrieved from [http://www.mindaustralia.org.au/assets/docs/THI%20Literature%20Review%20\(200912\).pdf](http://www.mindaustralia.org.au/assets/docs/THI%20Literature%20Review%20(200912).pdf)
- Ong, A. D., Bergeman, C. S., & Boker, M. B. (2009). Resilience comes of age: Defining features in later adulthood. *Journal of Personality*, *77*(6), 1777-1804. doi:10.1111/j.1467-6494.2009.00600.x.
- Pakenham, K. I. (2006). Investigation of the coping antecedents to positive outcomes and distress in multiple sclerosis (MS). *Psychology and Health*, *21*(5), 633-649. doi:10.1080/14768320500422618
- Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion*, *37*(4), 710-724. doi:10.2307/1388152

- Pearson, K. (1895). Notes on regression and inheritance in the case of two parents. *Proceedings of the Royal Society of London*, 58(1895), 240–242. Retrieved from <http://rspl.royalsocietypublishing.org/content/58/347-352/240.full.pdf+html>
- Plutchik, R., Van Praag, H. M., Conte, H. R., & Picard, S. (1989). Correlates of suicide and violence risk 1: The suicide risk measure. *Comprehensive Psychiatry*, 30(4), 296-302. doi:10.1016/0010-440X(89)90053-9
- Polit, D. F., & Beck, C. T. (2009). *Essentials of nursing research* (7th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Post, B. C., & Wade, N. G. (2009). Religion and spirituality in psychotherapy: A practice-friendly review of research. *Journal of Clinical Psychology*, 65(2), 131-146. doi:10.1002/jclp.20563
- Qualter, P., Whiteley, H., Morley, A., & Dudiak, H. (2009). The role of emotional intelligence in the decision to persist with academic studies in HE. *Research in Post-Compulsory Education*, 14(3), 219-231. doi:10.1080/13596740903139255
- Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1(3), 385-401. doi:10.1177/014662167700100306
- Ranjha, A. Y., & Shujja, S. (2010). Emotional intelligence and psychological adjustment of nurses serving in emergency and non-emergency wards. *Journal of Behavioural Sciences*, 20(2), 36-48. Retrieved from <https://issuu.com/mrrranjha/docs/emotionalintelligence>

- Ransom, S., Sheldon, K. M., & Jacobsen, P. B. (2008). Actual change and inaccurate recall contribute to posttraumatic growth following radiotherapy. *Journal of Consulting and Clinical Psychology, 76*(5), 811-819. doi:10.1037/a0013270
- Reed, P. G. (1986). Religiousness among terminally ill and healthy adults. *Research in Nursing & Health, 9*(1), 35-41. doi:10.1002/nur.4770090107
- Reed, P. G. (1987). Spirituality and well-being in terminally ill hospitalized adults. *Research in Nursing & Health, 10*(5), 335-344. doi:10.1002/nur.4770100507
- Robles, T., Glaser, R., & Kiecolt-Glaser, J. (2005). Out of balance: A new look at chronic stress, depression, and immunity. *Current Directions in Psychological Science, 14*(2), 111-115. doi:10.1111/j.0963-7214.2005.00345.x
- Ross, L. E., Hall, I. J., Fairley, T. L., Taylor, Y. J., & Howard, D. L. (2008). Prayer and self-reported health among cancer survivors in the United States, National Health Interview Survey, 2002. *The Journal of Alternative and Complementary Medicine, 14*(8), 931-938. doi:10.1089/acm.2007.0788
- Russell, C., White, M., & White, C. (2006). Why me? Why now? Why multiple sclerosis? Making meaning and perceived quality of life in a Midwestern sample of patients with multiple sclerosis. *Families, Systems, & Health, 24*(1), 65-81. doi:10.1037/1091-7527.24.1.65
- Sabir, F. (1999). *Academic self-concept and achievement among university students as related to their psychological adjustment* (Unpublished thesis, National Institute of Psychology, Quaid-e-Azam University, Islamabad, Pakistan).

- Salovey, P., Mayer, J. D., Goldman, S. L., Turvey, C., & Palfai, T. P. (1995). Emotional attention, clarity, and repair: Exploring emotional intelligence using the Trait Meta-Mood Scale. In J. W. Pennebaker (Ed.), *Emotion, Disclosure, and Health*(pp. 125-154). Washington, DC: American Psychological Association.
- Sarason, I. G., Levine, H. M., Basham, R. B., & Sarason, B. R. (1983). Assessing social support: The social support questionnaire. *Journal of Personality and Social Psychology, 44*(1), 127-139. doi:10.1037/0022-3514.44.1.127
- Scheier, M. F., Carver, C. S., & Bridges, M. W. (1994). Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): A reevaluation of the Life Orientation Test. *Journal of Personality and Social Psychology, 67*(6), 1063-1078. doi:10.1037/0022-3514.67.6.1063
- Schulz, E., Holt, C. L., Caplan, L., Blake, V., Southward, P., Buckner, A., & Lawrence, H. (2008). Role of spirituality in cancer coping among African Americans: A qualitative examination. *Journal of Cancer Survivorship, 2*(2), 104-114. doi:10.1007/s11764-008-0050-5
- Schutte, N. S., Malouff, J. M., Hall, L. E., Haggerty, D. J., Cooper, J. T., Golden, C. J., & Dornheim, L. (1998). Development and validation of a measure of emotional intelligence. *Personality and Individual Differences, 25*(2), 167-177. doi:10.1016/S0191-8869(98)00001-4
- Segerstrom, S. C. (2006). How does optimism suppress immunity? Evaluation of three affective pathways. *Health Psychology, 25*(5), 653-657. doi:10.1037/0278-6133.25.5.653

- Seligman, M. E. (2008). Positive health. *Applied Psychology: An International Review*, 57, 3-18. doi:10.1111/j.1464-0597.2008.00351.x
- Seligman, M. E. (2011). *Learned optimism: How to change your mind and your life*. New York, NY: Random House.
- Serido, J., Almeida, D. M., & Wethington, E. (2004). Chronic stressors and daily hassles: Unique and interactive relationships with psychological distress. *Journal of Health and Social Behavior*, 45(1), 17-33. doi:10.1177/002214650404500102
- Shabani, J., Hassan, S. A., Ahmad, A., & Baba, M. (2011). Moderating influence of gender on the link of spiritual and emotional intelligences with mental health among adolescents. *Life Science Journal*, 8(1), 106-112. Retrieved from http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1967771
- Shores, C. I. (2010). Spiritual perspectives of nursing students. *Nursing Education Perspectives*, 31(1), 8-11. Retrieved from <http://www.nln.org/newsroom/newsletters-and-journal/nursing-education-perspectives-journal>
- Simmons, A. M. (2012). Determining the relationships between resilience, spirituality, life events, disruptions, demographic characteristics, personal history, and mental health symptoms in active duty soldiers with a recent deployment history (Doctoral dissertation, University of Texas, Austin, TX).
- Simon, C. E., & Crowther, M. (2007). The stage-specific role of spirituality among African American Christian women throughout the breast cancer experience. *Cultural Diversity and Ethnic Minority Psychology*, 13(1), 26-34. doi:10.1037/1099-9809.13.1.26

- Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The Brief Resilience Scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine, 15*(3), 194–200.
doi:10.1080/10705500802222972
- Smith, B. W., Tooley, E. M., Christopher, P. J., & Kay, V. S. (2010). Resilience as the ability to bounce back from stress: A neglected personal resource? *The Journal of Positive Psychology, 5*(3), 166–176. doi:10.1080/17439760.2010.482186
- Substance Abuse and Mental Health Services Administration. (2011). *National Survey on Drug Use and Health*. Retrieved from <http://oas.samhsa.gov/nhsda.htm>
- Tariq, S., Majoka, M. I., & Hussain, S. (2011). A study to investigate emotional intelligence of male and female students at university level in Pakistani context. *Interdisciplinary Journal of Contemporary Research in Business, 2*(10), 209-18.
Retrieved from <http://www.ijcrb.com/>
- Tavakol, M., & Dennick, R. (2011). Making sense of Cronbach's alpha. *International Journal of Medical Education, 2*, 53-55. doi:10.5116/ijme.4dfb.8dfd
- Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress, 9*(3), 455-471. doi:10.1002/jts.2490090305
- Thastum, M., Johansen, M. B., Gubba, L., Olesen, L. B., & Romer, G. (2008). Coping, social relations, and communication: A qualitative exploratory study of children of parents with cancer. *Clinical Child Psychology and Psychiatry, 13*(1), 123-138.
doi:10.1177/1359104507086345

- Thyer, J., Unal, A., Hartel, G., Middleton, D., Bingham, J., Braun, M., ... & Maher, D. (2006). Investigation of prion removal/inactivation from chromatographic gel. *Vox Sanguinis, 91*(4), 301-308. doi:10.1111/j.1423-0410.2006.00830.x
- Tuck, I., & Thinganjana, W. (2007). An exploration of the meaning of spirituality voiced by persons living with HIV disease and healthy adults. *Issues in Mental Health Nursing, 28*(2), 151-166. doi:10.1080/01612840601096552
- Tugade, M.M., & Fredrickson, B. L. (2004). Resilient individuals use positive emotions to bounce back from negative emotional experiences. *Journal of Personality and Social Psychology, 86*(2), 320–333. doi:10.1037/0022-3514.86.2.320
- Tusaie, K., & Dyer, J. (2004). Resilience: A historical review of the construct. *Holistic Nursing Practice, 18*(1), 3-8. doi:10.1097/00004650-200401000-00002
- Urduan, T. C. (2005). *Statistics in plain English*. Mahwah, NJ: Lawrence Erlbaum.
- Wagnild, G. (2009). A review of the resilience scale. *Journal of Nursing Measurement, 17*(2), 105-113. doi:10.1891/1061-3749.17.2.105
- Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of the Resilience Scale. *Journal of Nursing Measurement, 1*(2), 165-178. Retrieved from <https://www.resiliencescale.com/wp-content/uploads/2014/06/Wagnild-Young-psychom-R.pdf>
- Weaver, A. J., Pargament, K. I., Flannelly, K. J., & Oppenheimer, J. E. (2006). Trends in the scientific study of religion, spirituality, and health: 1965-2000. *Journal of Religion and Health, 45*(2), 208-214. doi:10.1007/s1043-006-9011-3

- Widows, M. R., Jacobsen, P. B., Booth-Jones, M., & Fields, K. K. (2005). Predictors of posttraumatic growth following bone marrow transplantation for cancer. *Health Psychology, 24*(3), 266-273. doi:10.1037/0278-6133.24.3.266
- Winseman, A. L. (2002). Religion and gender: A congregation divided. *Gallup*. Retrieved from <http://www.gallup.com/poll/7336/religion-gender-congregation-divided.aspx>
- Yin, R. K. (Ed.). (2003). *Case study research: Design and methods* (Vol. 5). Thousand Oaks, CA: Sage.
- Zautra, A. J. (2003). *Emotions, stress, and health*. New York, NY: Oxford University Press.

Appendix A: Institutional Review Board Approval (Walden University)

Dear Ms. Harris,

This email is to notify you that the Institutional Review Board (IRB) has approved your application for the study entitled, "Effects of Gender and Spirituality on Resilience to Daily Non-Traumatic Stressors."

Your approval # is 06-26-15-0141852. You will need to reference this number in your dissertation and in any future funding or publication submissions. Also attached to this e-mail is the IRB approved consent form. Please note, if this is already in an on-line format, you will need to update that consent document to include the IRB approval number and expiration date.

Your IRB approval expires on June 25, 2016. One month before this expiration date, you will be sent a Continuing Review Form, which must be submitted if you wish to collect data beyond the approval expiration date.

Your IRB approval is contingent upon your adherence to the exact procedures described in the final version of the IRB application document that has been submitted as of this date. This includes maintaining your current status with the university. Your IRB approval is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, your IRB approval is suspended. Absolutely NO participant recruitment or data collection may occur while a student is not actively enrolled.

If you need to make any changes to your research staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 1 week of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB application, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the IRB section of the Walden website: <http://academicguides.waldenu.edu/researchcenter/orec>

Researchers are expected to keep detailed records of their research activities (i.e., participant log sheets, completed consent forms, etc.) for the same period of time they retain the original data. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Both students and faculty are invited to provide feedback on this IRB experience at the link below:

http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ_3d_3d

Sincerely,
Libby Munson
Research Ethics Support Specialist
Office of Research Ethics and Compliance
Email: irb@waldenu.edu
Fax: [626-605-0472](tel:626-605-0472)
Phone: [612-312-1283](tel:612-312-1283)

Office address for Walden University:
100 Washington Avenue South, Suite 900
Minneapolis, MN 55401

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link: <http://academicguides.waldenu.edu/researchcenter/orec>

Appendix B: Permission to Use the Spiritual Perspective Scale

From: "Reed, Pamela G - (preed)" <email address redacted> 4/28/2015
 3:23:37 PM
 Subject: Re: Permission for the Spiritual Perspective Scale
 To: Lois S. Harris
 Attachments: SPS 2010.pdf Uploaded File 40K

Hello Lois,

You are most welcome to use the SPS in your interesting study. I sent along the SPS and accompanying materials in case they are helpful. As you may already know, many have used the instrument with ease and success. If you have any questions along the way, please let me know.

Best wishes in your research into spirituality, gender and resilience!

Sincerely,

Pam

-----From: Lois S. Harris <email address redacted>

Sent: Tuesday, April 28, 2015 2:24 PM

To: Reed, Pamela G - (preed)

Cc: Lois S. Harris

Subject: Permission for the Spiritual Perspective Scale

Good afternoon, Dr. Reed

My name is Lois Harris; I am conducting a research study through Walden University.

The purpose of this quantitative correlational study is to assess the relationship between spirituality, gender, and resilience to daily, non-traumatic stressors. This study will

address an under researched area and will go beyond epidemiology of predictors of resilience by investigating how spirituality and gender impact resilience. I will be using a quantitative correlational study to assess the relationship between spirituality, gender, and resilience to daily, non-traumatic stressors. Findings from this study can assist with treatment interventions that can help clinicians to decrease resistance and maximize goal setting for resilience to daily, non-traumatic stressors among their clients.

The target population for this study will be both male and female ages 18 and older. The study will be launched online through survey monkey and I am requesting permission to use "The Spiritual Perspective scale" within my research.

Thank you for your assistance!

Lois S. Harris, MA, PhD Candidate

Appendix C: Flyer Directed to Potential Study Participants



Volunteers Needed

Help us understand how daily hassles and spiritual views interact with one's resiliency building...

You may be eligible to participate in a study for people ages of 18 and older conducted by Lois Harris, PhD Student from Walden University School of Psychology. This four week research will study the effects of the relationship between spirituality, gender, and resilience to daily, non-traumatic stressors.

If interested, please select the survey monkey link and follow the research procedures.

Appendix D: Email Sent to Prospective Study Participants

From: Lois Harris

Subject: Participating in a research study

To: Potential study participants

You are receiving this email because we are asking for your participation in a research study that will help us understand how daily hassles and spiritual views interact with one's resiliency building.

You may be eligible to participate in this study for individual's ages of 18 and older conducted by Lois Harris, PhD Student from Walden University School of Psychology via survey monkey online.

This four week research will study the effects of the relationship between spirituality, gender, and resilience to daily, non-traumatic stressors.

If interested in volunteering to complete the online surveys, please select the survey monkey link and follow the research procedures

Appendix E: Demographics Survey

Q. What is your Gender?

Q. How old are you?

Q. What is your marital status?

Q. Which of the following best describes the area you live in?

- Urban
- Suburban
- Rural

Q. Education (highest degree or level of school you have completed. If currently enrolled, mark the previous grade or highest degree received.)

- No schooling completed
- Nursery school to 8th grade
- 9th, 10th or 11th grade
- 12th grade, no diploma
- High school graduate - high school diploma or the equivalent (for example: GED)
- Some college credit, but less than 1 year
- 1 or more years of college, no degree
- Associate degree (for example: AA, AS)
- Bachelor's degree (for example: BA, AB, BS)
- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

Q. Ethnicity origin (or Race): Please specify your ethnicity.

- Hispanic or Latino
- Black or African American
- White
- Native American or American Indian
- Asian / Pacific Islander
- Other

Q. What is your religious/spiritual affiliation or beliefs: please specify?

- Protestant Christian
- Roman Catholic
- Evangelical Christian
- Jewish
- Muslim
- Hindu
- Buddhist
- Atheist
- Other

Q. How many children under 16 years old live in your household?

Q. Which of the following categories best describes your experiences with trauma (an emotional response to a terrible event: severe illness, accident, violence or natural disaster)?

- Never dealt with it personally
- Coped through relationship with friends
- Coped through work and outside relationships

- Coped through family
- Coped with trauma myself

Appendix F: Informed Consent Form

Informed Consent

PURPOSE

Volunteers are sought to participate in a research study conducted by doctoral candidate, Lois Harris, from Walden University. The purpose of this study is to address an under researched problem in helping to determine how daily hassles and spiritual views influence the manner in which individuals learn how to endure and remain resilient when dealing with life's daily stressors. Daily hassles are those problems and situations that one encounters throughout everyday life. Research has noted that people use many ways to problem solve and one's spiritual practices may help.

PARTICIPANTS

Men and women ages 18 and older who have experienced dealing with daily hassles in life are invited to participate in this study. This form is a part of a process called "informed consent" which allows potential participants to be informed of the study before deciding whether to share experiences that will contribute to the research.

PROCEDURES

Upon providing consent, participants will be asked to complete four questionnaires:

- Demographic Survey Questionnaire
- Spirituality Perspective Scale
- 10- item Resilience Scale
- Daily Hassles Scale

The estimated time of completion for these questionnaires is approximately an hour and thirty minutes. Here are some sample questions from the surveys:

- Do you share you're your personal spiritual beliefs, are your beliefs significant in your life and how do they influence you (SPS; Reeds,1986)
- Ones style of management, ways one problem solve and energy levels of completing task (RS; Neil, 2006)
- Feelings when one loose things, neighbors and maintaining social obligations (DHS; Kanner, 1981).

At the end of the questionnaires, participants will be provided a website link and time frame to check for results of the study.

Risks and Benefits

Being in this study may involve some risks of stress from questions regarding life experiences. Question content may trigger negative or positive feelings/memories that could cause symptoms of distress. Participation in this study will not pose risk to your safety or wellbeing. There will be a three question debriefing along with a free hotline number to assist all participants with any connected distress. Results from this study may potentially bring an awareness of how people are able to bounce back from struggles of daily living and persevere. Individuals may gain an understanding of what practices give them strength and an endurance to survive. Therapists, counselors, doctors and educators may also be able to alter treatment methods to include an individual's spiritual beliefs as part of further treatment goals and planning.

CONFIDENTIALITY

Your identity and confidentiality will be protected throughout the study. Personal identifying information will not be used in any papers, notes, or published data. Only the researcher will have access to the data. The researcher will maintain your identity in a

locked file in her home office. Data and consent forms will be stored separately in a different locked file. The data collected during the interview will only be used in this study and further use will not occur unless written permission is obtained.

COSTS/COMPENSATION

There will be no compensation for participation in this study.

RIGHT TO REFUSE OR WITHDRAW

- Participation in this study is completely voluntary. You have the right to withdraw at any time during the research process.
- Participants will be given an informed consent special identifier. If you decide to withdraw, you will have to provide the identifier to the researcher to withdraw your information from the study.

QUESTIONS

If you have any questions, please contact Lois Harris at xxx-xxx-xxxx or you may contact the University's Research Participant Advocate at USA number 001-612-312-1210 or email address at irb@waldenu.edu. Walden University's approval number for this study is 06-12-15-0155497 and it expires June 25, 2016.

STATEMENT OF CONSENT:

By checking the box agreed and clicking continue, I am indicating that I am at least 18 years of age and I have read, understood, and decided to volunteer as a research participant. I understand that I am encouraged to print a copy of this consent page for my records.

_____ Special Identifier (what is your favorite color)

Appendix G: Biserial Correlation Analysis for Research Question One

The biserial correlation analysis was conducted to examine the significant relationships among the different study variables of spirituality, resiliency, and daily non-traumatic stressors. Specifically, the responses are analyzed for this research question: what is the relationship between spirituality as measured by Reed's (1986) Spiritual Perspective Scale and resilience as measured by Neill's (2006) Resilience Scale to daily, non-traumatic stressors as measured by the Daily Hassles Scale of Kanner et al. (1981)? The biserial correlation test is a statistical test that determines the correlation between two continuous measured variables (Nikolić et al., 2012). A biserial correlation coefficient was calculated to index the strength (weak, moderate, and strong) and direction of the relationships (positive or negative) among the stated variables (Pearson, 1895). A two-tailed test and level of significance of 0.05 was used in the correlation test. A significant correlation between variables is observed if the probability value of the r statistic of the biserial correlation test is less than the critical value of the level of significance set at 0.05. Table 10 includes the results of the correlation.

The results of the correlation showed that only resiliency and daily non-traumatic stress, $r(92) = 0.72, p < 0.001$, were significantly and positive correlated. The strength of the correlation was strong because the r coefficient is in the strong range of values which are greater than 0.70. The positive correlation means that daily non-traumatic stress will increase if the categorical grouping for resiliency is in the high resilience group. On the other hand, the correlation test did not show that resiliency and spirituality, $r(92) = -0.19, p = 0.10$, and spirituality and daily non-traumatic stress, $r(92) = -0.16, p = 0.12$ were significantly related. With this result, the null hypothesis of research question one that

“there will be no significant relationship between spirituality as measured by Reed’s (1986) Spiritual Perspective Scale, and resilience as measured by Neill’s (2006) Resilience Scale, and daily non-traumatic stressors as measured by the Daily Hassles Scale of Kanner et al. (1981)” was not rejected.

Table 10

Biserial Correlation Results of Correlation among Study Variables

		Resiliency	Non-traumatic stress
Spirituality	Biserial Correlation	-0.17	-0.16
	Sig. (2-tailed)	0.10	0.12
	N	94	94
Resiliency	Biserial Correlation		0.72*
	Sig. (2-tailed)		0.00
	N		94

*. Correlation is significant at the 0.05 level (2-tailed).