

AN EXPLORATION OF THE FINDING AND
SEEKING OF MEANING IN LIFE
AND THE MEXICAN-AMERICAN NURSE'S MOOD STATE

A DISSERTATION
SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY
IN THE GRADUATE SCHOOL OF THE
TEXAS WOMAN'S UNIVERSITY

COLLEGE OF NURSING

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DENTON, TEXAS

December, 1980

The Graduate School
Texas Woman's University

Denton, Texas

December 1980

We hereby recommend that the Dissertation prepared under
our supervision by Gloria Jo Wade Floyd
entitled An Exploration of the Finding and Seeking of
Meaning in Life and the Mexican-American Nurse's
Mood State

be accepted as fulfilling this part of the requirements for the Degree of
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Table of Contents

	Page
Abstract.....	i
Dedication.....	ii
Acknowledgements.....	iii
List of Tables.....	v
Chapter	
I Significance and Urgency of the Problem.....	1
II Résumé of Present Knowledge.....	6
Introduction.....	7
Review of Related Literature.....	9
Purpose-in-Life.....	15
Mood States.....	17
Purpose-in-Life and Mood States.....	18
Conceptual Framework.....	33
III Methods.....	33
Purpose of the Study.....	33
Subjects.....	33
Hypotheses.....	34
Definition of Terms.....	36
Basic Assumptions.....	37
Limitations.....	38
Design and Data Analysis.....	38
Procedure.....	39
Research Instruments.....	40
Purpose-in-Life Test (PIL).....	45
The Seeking of Noetic Goals Test (SONG).....	46
The Profile of Mood States (POMS).....	50
Ethical Considerations.....	51
Pilot Study.....	52
IV Results.....	52
Hypotheses.....	60
Additional Findings.....	64
V Discussion.....	64
Summary.....	70
Discussion.....	

Implications.....	79
Recommendations for Future Studies.....	82
Appendices.....	86
A Letter to Participants.....	87
B PIL.....	89
C SONG.....	94
D Publishers of Research Tools.....	99
E Tables A - G.....	100
References.....	104

Abstract

The literature documents increasing concern about nurses' personal and professional life situations related to stress, frustrations, concerns and problems. An exploratory design was used to ascertain the relationship between the finding and the seeking of meaning in life and the nurse's mood state. One hundred and four Mexican-American, women, registered nurses, from a metropolitan area with a resident population approaching one million, participated in the study. A mailed instrument was employed and participants were asked to respond to three scales: The Purpose-in-Life Test (PIL), The Seeking of Noetic Goals (SONG) and The Profile of Mood States (POMS), which measures tension-anxiety, depression-dejection, anger-hostility, confusion-bewilderment, fatigue-inertia and vigor-vitality. Data were analyzed using descriptive and Pearson r Correlation statistics. It was concluded that there is a statistically significant relationship between the finding and the seeking of meaning in life and the mood states of: (1) vigor-vitality, (2) tension-anxiety, (3) confusion-bewilderment, (4) depression-dejection, (5) fatigue-inertia and (6) anger-hostility. These latter relationships were either slight, moderate or marked in terms of predictability value.

Dedication

To those who give meaning to my Life
my husband, Elliott
my children, and
my parents

Acknowledgements

The author wishes to express gratitude to her husband, Elliott Floyd, to her children Angela and Elliott, Jr. and to her parents, Mr. and Mrs. O. J. Wade, Sr., for on-going support and encouragement.

Special appreciation is extended to Dr. Anne Gudmundsen, my dissertation Chairperson and the Dissertation Committee; Dr. Margaret Beard, Dr. Margie Johnson, Dr. Mildred Pittman and Dr. John McFarland, for their guidance, suggestions, stimulation and professional concern.

Words of appreciation are also in order for Dr. Harold Dickson for his support and suggestions for computer programming and data analysis.

The author gratefully acknowledges, as well, the American Nurses Association's Minority Fellowship Program for its financial support, made possible through a National Institute of Mental Health award grant. The Program's Director, Dr. Hattie Bessent, is thanked for her support, thoughtfulness and advice during the course of study.

Gratitude is expressed to the nurses who participated in the study and extended the knowledge in the field.

Finally, this author's special votes of appreciation are extended to those providing secretarial and editing

support for this work: Louise Lagtuchik (typist), Ellen Lagutchik (editing) and Willie Mae Simmons (proofing).

List of Tables

	Page
1. Pearson \underline{r} Correlations of Vigor-Vitality With PIL, SONG, Selected POMS Factors	54
2. Pearson \underline{r} Correlations of Anger-Hostility With PIL, SONG and Selected POMS Factors	55
3. Pearson \underline{r} Correlations of Depression- Dejection with PIL, SONG and Selected POMS Factors	55
4. Pearson \underline{r} Correlations of Tension-Anxiety With PIL, SONG and Selected POMS Factors	57
5. Pearson \underline{r} Correlations of Fatigue-Inertia With PIL, SONG and Selected POMS Factors	59
6. Pearson \underline{r} Correlations of Confusion- Bewilderment with PIL, SONG and Selected POMS Factors	59
7. Means and Standard Deviations of PIL, SONG and POMS Factors	62
8. PIL. SONG and POMS Factor Score Distributions	63

Chapter I

Significance and Urgency of the Problem

According to Anderson (1973), the nurse is expected to be kind, understanding, available, gentle, tender, patient, sympathetic and consoling. Additionally, she is expected to be civil, courteous and polite. Such expectations can cause a great many individual responses when one considers that the demands of time constraints, too much paper work, staff shortages, tiring work and long hours are frequently overwhelming. Godfrey (1978) notes that the nurse is caught in a love-hate affair. She notes that 24% of some 17,000 nurses polled enjoy their work some of the time, not very often or not at all. Most of the 17,000 respondents noted that many things were difficult about nursing. These included unmotivated, inefficient staff; finding enough time for patients; indifferent management; keeping up-to-date technically; uncooperative patients and helping patients/families cope with sickness and death. Finding oneself in this type position, when goals were not shaped around these difficulties, causes the nurse to feel a variety of responses. These responses might include loss of meaning in life, failure to seek a revised purpose in life, depression-dejection, confusion-beiwlderment, tension-anxiety, anger-

hostility, loss of vigor-vitality and/or fatigue-inertia.

Much has been written generally about the nurse's response to work difficulty. However, very little has been done to systematically link these difficulties. Even more pronounced is the unproved assumption that all nurses experience these "problems" similarly. This research seeks to study systematically one group in nursing: the Mexican-American, woman, registered nurse.

Bessent (1979) points out that there is a need for research on mental health problems, particularly those of minority peoples. Minority nurses are given a special mission to carry out this charge. However, it seems that for minority nurses to conduct research on minorities and their mental health, these nurses must themselves be aware of who they are and how they themselves respond to work, life stresses and frustrations.

Minority nurses have been neglected in in-depth research studies. Frequently, as in the case with minority patients, findings for other nurses have been assumed to apply to the minority nurse as well. Minority nurses have experienced additional stress in the work place (Martinez, 1977). Advocacy may have been a major source of problem for them. Martinez (1977), for example, in speaking on Spanish-

surnamed individuals in the sciences, noted that advocacy and attitude are tied together. In order to be successful, most need some form of advocacy. Personal growth occurs with the interpersonal relationship of advocacy. As individuals encounter advocates for themselves, they in turn are able to advocate for others. Advocates are needed if individuals are to have barriers to success eliminated. This may be a problem for Mexican-American nurses since Martinez contends that:

Because of the apparent difference in life styles, it takes a minority member a longer time to cultivate that rapport that allows a supervisor to serve as an advocate for him or her. (p. 10)

This problem, common in the scientific field, may also have impact on minority nurses. These nurses may find themselves in much the same situation as minority students in majority institutions. Myers (1970) notes that minority students endure a major burden as they recognize that few share their point of view in majority institutions. Alienation occurs when individuals experience feelings of being different and misunderstood. Personally and racially, the person's self-esteem and self-respect are constantly challenged. And as Myers further described, "...One is forced into a long 'Are you who you think you are?' period and there is little help around to see you through" (p. 65).

If, in fact, minority, Mexican-American, women, registered nurses experience these additional kinds of encounters, there is a great need to legitimize any assumptions of psychological and sociological effects in research. An exploratory study of this type would fill a gap in the body of nursing research. Downs (1979), for example, notes that there is a weakness in nursing research. This weakness is that in nursing, and specifically in nursing research, many assumptive statements are made without scientific verification.

Sills (1979) writes that the quality of life should be a research dimension. Research is beneficial when it shares in the attempt to contribute to the quality of health as an aspect of the quality of life. However, this can only be done when researchers:

...make the commitment to study the
relationships of sexism, racism, poverty
and other forms of deprivation to need,
access, availability and quality of health
care. (p. 206)

If nurses as a group are stressed, it would follow that minorities who face additional pressure would be more stressed. This extra pressure might, therefore, affect the minority nurses' finding and/or seeking of meaning in life. In addition, the nurses' profile of mood states (e.g. anger-hostility, depression-dejection, confusion-bewilderment,

tension-anxiety, fatigue-inertia, vigor-vitality) might be impacted. If man, as a whole, is striving to find and fulfill meaning and purpose in life as Crumbaugh and Maholick (1975) have found, then it seems that nurses should be similar. This study will explore the impact of the Mexican-American nurses' finding and/or seeking of meaning in life and any interrelationships among the nurses' profile of mood states. Therefore, the problem this research addresses will be: What is the relationship between the finding and the seeking of meaning in life and the nurse's mood state?

Chapter II
Resumé of Present Knowledge
Introduction

Nurses are especially concerned about staying professionally knowledgeable and skillful. However, Doll (1979) notes that patients say "good" nurses are those who give safe and watchful care, are kind, friendly, helpful, courteous and communicate well. She notes further that if nurses want to be called "good" by their clientele, they must use four person-to-person qualities consistently: good communication, promptness, courtesy and concern. Increased anxiety and other responses are seen as a potential result of these type expectations in already harried and/or hurried nurses. For example, Holderby and McNulty (1979) report that:

Fear, anxiety, anger and hostility...
are appropriate responses to life
situations. In extreme cases, however,
such feelings can interfere with normal
functioning, stimulate negative be-
havior and generally make a bad situa-
tion a whole lot worse. (p. 39)

Dealing with a variety of responses to demands placed on them is a situation most nurses are assumed to face.

The Mexican-American is the second largest ethnic group in the United States, but most know little about him

or his culture. Stenger-Castro (1978) has found that there is:

...a definite correlation between the culture of the Mexican-American and his state of mental health...The different facets of the Mexican-American culture are generally incongruous with those of the Anglo culture to which the Mexican-American is constantly exposed. (p. 21)

If this difference is so, the Mexican-American, woman, registered nurse may have some added stress, even greater than other registered nurses.

Review of Related Literature

In searching for previous research findings related to the Mexican-American, woman, registered nurse, studies related to identifying and/or seeking of meaning in life and mood states were not found.

Two hundred and twenty five subjects in five sub-populations were studied using the PIL (Purpose-in-Life Test) to question the existence of breakdown because of a lack of perceived meaning or purpose in life. Lack of meaning was noted to be a possible potential cause and/or effect of depression. Relating to fatigue-inertia, it was pointed out that lack of meaning or purpose implies:

...a failure to perceive an integrated pattern of goals and values in life with a consequent dissipation of energies which can only be debilitating. (Crumbaugh and Maholick, 1964, p. 205)

Crumbaugh (1968) studied one thousand one hundred fifty one subjects. In this study, depression maintained a consistent relationship with the PIL and anxiety was shown to correlate negatively ($-.52$). Additionally, meaningful and purposeful lives were found not to be limited to those persons with educational opportunity or good incomes. Neither do educational opportunity and good incomes guarantee meaning in life.

On an alcoholism treatment unit, Crumbaugh (1977) found that these individuals presented with less motivation to find meaning in life due to an increase in actual meaning derived from therapy. Additionally, research employing results of PIL-SONG combinations in a pre- and post- therapy program with logotherapy and general regimen alcoholic patients showed differences as predicted. Clients who exhibited low PIL and high SONG (Seeking of Noetic Goals) scores prior to therapy did better in therapy than those who showed reverse pre-therapy scores.

Lorr, McNair and Droppleman (1971) noted several correlates with Profile of Mood States (POMS). All POMS factors, except anger-hostility were significantly related to sex. Women out-patients reported significantly higher scores than male out-patients on tension, depression, fatigue and confusion. Significantly higher vigor scores were obtained

with male out-patients. Demographically, these authors found that POMS scores are affected little by background differences. Older patients tended to obtain somewhat lower scores on anger and confusion. Mean profiles showed that being over 40 accounted for most of the age relationship. Individuals over the age of 50 evidenced much lower anger scores and those over 40, somewhat lower confusion scores. In males, POMS scores showed little relationship to education. Those who did not complete high school, however, displayed about 0.5 SD lower on all POMS scores except vigor. Vigor was slightly higher in these males. An interesting finding noted was that less educated patients were not as likely to express their problems in terms of mood.

Purpose-in-Life. Dolan (1978) notes that since the beginning of history, independent practitioners fulfilled the role of nurses. These individuals were intuitive and responsive. They were concerned about people, their health and their environment. They provided comfort, care and reassurance; and as a group, they were capable, concerned, compassionate and problem solvers. These practitioners displayed intelligence and interpersonal and psychomotor skills. Additionally, they represented caring for, with and about others, and they shared:

...knowledge and skills beyond family and neighborhood bounds by teaching individuals, families, communities and their own successors...were a composite of nurse, nutritionist, dietician, pharmacist, physical therapist and social worker. (p. 5)

According to Lund (1967), intangible rewards such as professional achievement; challenge of projects assigned; satisfaction in solving the problems presented and, treatment as a professional, including autonomy and respect for knowledge, are very important to workers. Similarly, Spurling (1968) has noted that for nurses, there must be enough choice so that they can find the work best suited to their own fulfillment.

The organization that employs the nurse is also important in the meaningfulness of work perception. Some of these are positive or negative job experiences, quality of management (Visser, 1960), effects of understaffing, lack of adequate communication channels and the absence of clear understanding of nursing roles and personnel policies (Maryo, 1959). Sex, age, number of years working, marital status, work association involvement, highest academic degree held and current salary play a part also (Plant, 1965).

Anderson (1973) found that nurses said a day on the ward is satisfying when:

...they felt useful or were grateful that the day had been uneventful, when tasks could be completed or patients were comfortable. (p. 66)

Nurses may have few very satisfying days because, as Anderson further notes, nurses have many problems in their day to day activities. These problems, noted by nurses themselves, include (1) shortage of staff, (2) problems of nursing leadership, (3) poor pay, (4) long hours, (5) off duties, (6) lack of communication, (7) lack of time to teach students, (8) lack of equipment, (9) keeping up-to-date with procedures, (10) too much paperwork, (11) too much red tape, (12) re-education problems, (13) deviation of tasks and (14) keeping in contact with patients.

Nurses are lacking many of the things noted earlier as giving meaning, purpose and satisfaction in a position. Godfrey (1978) found that in a study population of over 17,000 nurses, only 20% noted that they felt a sense of accomplishment, all or most of the time. Unhappiness in the work place or disenchantment is seen by the current researcher as an additional problem for nurses. If individuals experience these many "problems" it seems that such stress has the potential of being manifest in various mood states or lack of identification and/or seeking of a purpose in life.

McCloskey (1974) states that there are indications

that the rewards and incentives which hospital and staff nurses prefer might be tied to need for self-esteem. He notes that self-esteem is threatened for nurses daily by overwhelming responsibilities, limited power to change the system and an overload of paperwork and routines and, perhaps, criticism by the patient and public. In these findings, the top rewards rated as most important were of a psychological nature. Self-esteem needs seem important here, yet many of the items mentioned are lacking in most work settings. Research must be done to explore the effects of these inadequacies on nurses and their mood states and life purpose.

High levels of self-esteem have been associated in nursing with opportunities given to nurses to make decisions. Davis (1974), for example, in studying intrarole conflicts and job satisfaction, distributed a questionnaire to registered nurses, other staff members, patients and physicians. Each group was asked their expectations regarding the nurses' involvement in decision making on a unit. There was definite existence of intrarole conflict concerning the amount of nurse involvement. This difference in agreement was prevalent between the nurse group and the physician group, and the nurse group and the patient group. Nurses expected to be very involved in decision making, while the

patients and their doctors did not feel this was so.

This thwarting of goal identification and persual may affect nurses psychologically. Anderson (1973) found that 37% of nurses chose nursing because they like people and 30% for personal satisfaction. Personal satisfaction seems to be hindered, however, in the profession.

Frankl (1975, p. 78) notes that "Human existence ...is always directed to something, or someone other than itself." Baker (1979) found when studying five hundred and one randomly selected nurses from fifty different hospitals in the U.S., that successful nurses in their dealings with others, guided rather than directed. The successful individuals valued independence and were able to change in order to have life goals more consistent with their new leadership goals. Security concern does not seem to be consistent with being in a leadership role. Additionally, Baker (1979) suggested that there is a need for the start of educational programs that will help nurses build life goals in line with successful leadership functioning.

Future leadership training, to be maximally beneficial, should focus not only on leadership traits, styles and environment, but also on helping nurses to develop life goals which have been found to be necessary for effective nursing leadership. (p. 235)

Based on Frankl (1975), as noted above, "others" have to be important. Baker (1979) has shown that to be successful, goals have to change in accord with chosen alternatives if individuals are to meet them. One might speculate from this that if nurses have a high purpose-in-life score and a low seeking of noetic goals score, they may respond successfully to the "problems" noted in nursing herein and may even have small amounts of anger, tension, fatigue or loss of vigor, bewilderment and/or depression.

Need for achievement, power, affiliation and productivity have been studied. Christensen, Lee and Bugg (1979) found, when studying these relationships, that the high need for achievement was not associated with high professional productivity. They suggest that:

...nurse clinicians with moderate need for achievement, high need for affiliation and moderate need for power are the highest producers.
(p. 55)

In contrast:

those with high need for power who produced the least, were not motivated to seek complimentary interpersonal bonds and thus did not form such. (p. 55)

This type of responding could possibly lead to loss of purpose, less seeking of meaning in life and even to such emotional responses as feeling of depression-dejection,

anxiety-tension and loss of vigor-vitality.

Mood States. Numerous studies have explored the stresses, concerns and frustrations of health professionals (Dunn, 1979; Nelson, 1978). Cassileth (1978) explored the stresses faced by doctors and nurses working on an in-patient treatment unit for acute leukemia. Two major dilemmas common to this unit and to some extent faced by all those who care for the critically ill were (1) those of imperfect modalities; the need to sustain a balance between human concern and scientific objectivity; and (2) the need to come to terms, personally, with the frustrations and existential issues inherent in continuing care of persons with catastrophic disease. Others believe that various nursing units do present special stresses, for instance, nursing in units like the intensive care (Jacobson, 1976).

Studies indicate nursing seems to be a unique place where individuals can readily find stress, frustration, confusion and the like (Burgess, 1975; Little, 1978; Newlin and Wellisch, 1978; Willis, 1979).

Willis (1979) has suggested that individuals can diagnose their own stress by evaluating four areas of their own lives. These areas included analyzing how rationally they think in times of stress, examining their self-defeating behaviors compared to their self-respect enhancing ones,

assessing their work situation for the stressors versus deciding the setting is an enemy and finally, judging how their relationship could be improved to foster more support, inspiration and counsel. This same author points out that individuals must take personal responsibility for their behavior and recognize that there are always options from which to choose. This, too, relates to Frankl's theory that there is a need for a will to meaning.

If nurses are to find meaning and to experience less of life's negative emotions, they need to be aware of emotional danger signs. Newlin and Wellisch (1978) note that such manifestations in oncology settings might include (1) depression, which can be represented by sleep disorders (especially early morning awakenings), excessive irritability not related to circumstances and severe lack of energy; (2) dreams laden with conflict material symbolizing conscious defenses that are being overwhelmed by cancer-generated feelings; (3) inability to emotionally detach themselves from the job, characterized by involvement with the ward or patients or inability to stop thinking about patients during off-time; (4) repetitive accidents; or (5) guilt over taking time off from work. Additionally, they note that a good system of emotional supports can help. Support is seen as of two kinds. There is the supportive family or peer network and

the support that comes from the ability to put hospital situations aside when away from the job. These authors give support to the idea that nurses must have other than their work as a life focus. Other types of involvement are seen as necessary.

Purpose-in-Life and Mood States. Burgess (1975) studied nurses' self-esteem, career aspirations and selected biographical variables. She noted that a statistically significant relationship was shown between self-esteem and projected career goals. Individuals with greatest self-esteem had the highest goals, while those with low self-esteem exhibited lower projected career goals. Secondly, a statistically significant relationship was evidenced between aspiration and further educational plans. Nurses found to have goals for further nursing education scored higher on career aspirations. Five hundred and three nurses participated in the study. The research supports Frankl and the basis for this research: that meaning and purpose in life are significant. Burgess also supported the need for further research in this area. Little (1978) studied the relevancy of the motivator-hygiene theory for a population of school nurses. She found that two motivators, achievement and recognition were significant to job satisfaction. Job dissatisfaction was noted to be related to policy and adminis-

tration, interpersonal relationships with subordinates and interpersonal relations with superiors. These findings are consistent with previously mentioned ones and support the need for research in the area of the nurses' life focus and its subsequent effect on their mood states.

Conceptual Framework

The major concept and focus of this study is meaning-in-life (purpose-in-life) as set forth in the basic assumptions and tenets of Viktor Frankl's logotherapy or therapy through finding meaning-in-life. "Man's intentionality is the basis on which he builds his identity and it distinguishes him from other species" (Bugental, 1964, p. 24). Intentionality is concerned with having purpose through valuing and through creating and recognizing meaning. In logotherapy three pillar concepts are: the freedom of will, the will to meaning and the meaning of life. Freedom to will relates to the freedom of human will. That is, man has the freedom to take a stand on whatever condition he might face. The will to meaning is distinct from the ideas of the will to power and the will to pleasure. It is concerned with the motivational component of finding meaning. Frankl implies that man reaches out and finally attains the world; "...a world, which is replete with other beings to encounter, and meanings to fulfill" (Frankl, 1969, p. 3).

When man arrives on earth, he comes with certain tools. He can receive information and adapt that knowledge to guide his relationships with others. Aristotle (1910) held that one's mind is unable to relax until it perceives of things at a particular time of being needed and incapable of something else. Change was seen as important and in a never ending process of flux. Things were discontinuous but, also, continuous. Everything came from something, and there has to always be an end that is foremost. Aristotle believed in other words, that each person must have a cause to sustain them in life. Thus, if man is to find the major cause of his existence, he must identify the meaning or purpose in his life. The forces in this "meaning" may be intrinsic or extrinsic. Man must be concerned with self, but more so with others. One who is only turned inward does not grow.

Man needs man. His early contacts are as important as his later ones. Ideas hold meanings. Meanings are derived from his associations through various customs, beliefs, artifacts, relationship and institutions. As man continues along life's journey, these "ideas" become fixed and tend to integrate into a system of "meanings." He finds that choices are derived from the meanings that things hold for him (Sellin, 1970).

Plato (1896-1904) was concerned with the nature of

the "good" life and thought people should live it. The imitation of God framed his view of life. Men were seen as having an inherent endowment to enhance and perfect their originally given existence. Men needed to know not only what they were doing, but, why and how to do it as well. The supreme occupation of man was noted to be "tending the soul." This tending of the soul is majorally akin to finding of meaning or purpose in life. Thus, if man is to have a "good" life, he must continually search for the meaning therein. Meaning is so important in life, that where individuals have been shown to have none, suicidal thoughts or tendencies may be prevalent and/or the individual perhaps, should be considered at risk for suicide (Crumbaugh, 1964). Man strives to find purpose in his existence, to find a cause or sense of mission that is uniquely his own, that gives direction to his life and makes it comprehensible (Frankl, 1958). Man strives to see a purpose in all existence, and how he fits into it. Man is, thus, externally driven towards goals which stay just a little ahead of his grasp. However, these goals lead to the deepest satisfaction as long as some progress is made toward them. The will to find meaning in life is paramount. It surpasses all other desires (Crumbaugh and Maholick, 1963-1964).

Aristotle noted, in Historia Animalium (1910), that

man is a material being. He is a part of nature and possesses a soul containing three united parts. They are the vegetative soul which is responsible for the different organs and faculties of nutrition, growth and reproduction; the animal soul which is concerned with the faculties pertaining to sense and locomotion; and the rationale soul which attends to the non-physical components of intellect and rational choice or will. Thus, if man is to be whole or complete, man must have all of his soul components working optimally.

To have meaning in one's life, there must be one or more of several things. These are uniqueness, responsibility, self-affirmation, courage, transcendence (ability to transcend the immediate boundaries of time), faith-commitment and a world view. Man must strive to perfect himself from the outset (Kotchen, 1960). He has faculties and must operate them rationally. Nature has provided him with the capabilities of finding and/or seeking goals (purposes, meanings) for himself. Therefore, men (or nurses), if they reach out for it, will or have the potential for finding meaning in life. Happiness should be derived when this meaning is found. Happiness connotes meaning and provides lifelong incentives.

Many other things give meaning to life. Man takes di-

rection in life to attain results (Buhler, 1964). Results hoped for may include happiness, success, possessions, accomplishments, belongings, contributions and the like.

People even feel that their lives must lead to results. One person's success may be seen by another as failure. Meaning belongs to the individual and thus, the individual must evaluate himself in light of his own goals or meanings. To see oneself as meaningful, the individual must first respect himself. The first step in respecting oneself is determining what one's own uniqueness and individual value as a human being is. To aid in this, man must have conscious experience of love, pain, pleasure and all of the feelings that individuals have and must see the worth and lasting reward in them. A person must determine "What is worth fighting for, and if need be, dying for" (Crumbaugh, 1960, p. 408)?

An individual must do what gives meaning to life. One must find his/her own joy. What makes up this meaning? Holmes says that these elements are "love, laughter and things that are agreeable to the senses. All five of them..." (1970, p. 59). Frankl, as well as the gestalt psychologists, explains this in terms of perceptual organization. The greatest chance of adaptive manipulation comes from being able to perceive, to read meaning into

the environment, to interpret and to organize stimulus elements into meaningful wholes (Crumbaugh and Maholick, 1963-1964). Basically, man in attempting to understand this meaningful totality, is looking to reveal himself as an individual with a purpose to fulfill. That is, he strives to find "...justification for his existence" (p. 45).

Individuals who have found meaning in life will experience greater mental health than those who have found no such meaning. If one is to have meaning in life, the individual must cherish what he is experiencing at a given point in his life. Frankl explains this further in Man's Search for Meaning (1962) by noting that having meaning in life is one thing that will help us to survive even the worst conditions. If one has a why to live for, Frankl believes that one can bear almost any how. "Mental health is based on a certain degree of tension, the tension between what one still ought to accomplish, or the gap between what one is and what one should be" (p. 105-106). An individual needs to strive and to struggle; but for some goal worthy of him. Nurses face many struggles; but they may not always see them as worthy (Sellin, 1970).

Nurses face many "problems" while nursing. Numerous situations place biological, psychological and social

pressure on these individuals (Doll, 1973; McCloskey, 1974). Minority nurses have shown, in the review of the literature, to have the potential for even greater stress due to previously mentioned added stresses. They are pulled in so many directions. These directions differ frequently from their own choosing. Therefore, their goals may be thwarted (Sellin, 1970).

Man is concerned not only about himself, but also others. He desires to see others happy and well. He usually is willing to help, to love and to care for these people. He may even choose a profession in which he can devote his life to a cause. Or he may volunteer. His concern for others is inborn. Man, therefore, usually seeks to contribute to the sum of human happiness (Holmes, 1970). As a result, all people find themselves belonging to groups. Groups of various kinds meet our various needs. They have norms of conduct that relate to their group purposes. Man, when a part of one of these groups, has to conduct himself in accordance with the group's norms, but at the same time, with his own (Sellin, 1970). The individual nurse, for example, may belong to many groups, which may have conflicting norms of conduct. The professional nurse's association, for example, may expect the nurse to seek autonomy in functioning, while at the same time the

agency may want her to be just the opposite. This creates conflict. Sellin (1970) points out that:

The more complex a culture becomes, the more likely it is that the number of normative groups which affect a person will be large, and...The norm of one group of which he is a part may permit one response...the norm of another perhaps the very opposite response. (p. 9)

Thus, when one's goals are hindered, conflict arises and the individual experiences on-going problems, concerns and frustration and meaning originally sought in one's life may seem to fade.

According to Crumbaugh, who has successfully tested Frankl's concepts in his Purpose-in-Life Test, "...when meaning is not found, the result is existential vacuum" (1968, p. 74). Frankl originally proposed this concept. Crumbaugh noted that the major manifestation of this vacuum in the "normal" individual is boredom. In the "abnormal" person, the result would be frustration or noogenic neurosis. Thus, it seems possible that nurses who find no meaning in their frustrations, stresses, concerns (suffering) will experience existential vacuum or boredom.

Kotchen says:

...a mind is healthy when it has achieved a sufficient store of "meaning" to enable it to master suffering and to direct daily action. (1960, p. 174)

Nurses find themselves stressed due to a multiplicity of "problems." If no meaning is found in this suffering, the individual may experience resulting mood changes. Therefore, nurses may experience a variety of mood states (e.g. anger, depression) when not finding meaning in their suffering (too many frustrations, problems, concerns). Frankl (1969) clarifies this in his theoretical postulations by noting that:

A sound amount of tension, such as that tension which is aroused by a meaning to fulfill, is inherent in being human and is indispensable for mental well being. What man needs first of all, is that tension which is created by direction.
(p. 48)

Nurses, in the review of the literature, seem to have tension, but not that tension born of direction or of knowing where they are going. Nurses respond to their pressures with stress, anger, depression, fatigue, confusion and loss of vigor. It seems that they are not finding meaning in their "suffering." Meaning in life sets the pace for living. It has been shown with man over and over again that to continue life, to manage the unmanageable:

...meaning must be specific and personal...a meaning which can be realized by this one person alone.
(Frankl, 1965, p. x)

Yes, meaning in life is an issue for all mankind. We

must at all times look for what is the good life or the purpose of life. Some believe that the "style of a person's life is his own final answer to the question of the meaning and purposes of life" (Jersild and Johnson, 1971, p. 2).

Perhaps the will to meaning can be summed by some basic ideas embodied in Frankl's The Doctor and the Soul, (1965). For all of us life is a task. Inherent in this task are several ideas related to man. Man is responsible, free and spiritual. Each person is ultimately responsible for the concrete meaning of his own existence. He is free in the face of his instincts, his inherited predisposition and the environment. Man is, also, a spiritual being. In the end, he decides for himself. For the individual to grasp the idea of will to meaning, he must understand, against the belief of Freud, that the pleasure principle does not guide him. Pleasure, however, should be viewed as coming from the attaining of one's aspirations in life. For joy, alone, cannot make life meaningful. Joy may make life meaningful only if it itself holds meaning. It must be directed toward an object. It's (joy's) meaning cannot lie within itself. Only when the emotions work in terms of joy can the individual feel great joy or pleasure. Frankl says that men experience values that are creative,

experiential and attitudinal. Because of this, life can never be totally and intrinsically meaningless. Our attitudes have some meaning. Individuals can believe that life has unconditional value only when they can find aim and purpose in their existence. This meaningfulness has two factors for every man; uniqueness and singularity. Individuality comes to fruition in the community. If a community is to have meaning, it cannot dispense with the individuality of the people that make it up. The individual, then, who has "good" uniqueness has a special significant value in his community. Frankl notes further that existence can be fulfilled by suffering, as well as, by creating and enjoying. Suffering is good when meaning can be found in it. Love and work give meaning too. Frankl (1965) sums up much of the above and his case for meaning by acknowledging that:

Man's position in life is like that of a student at a final examination; in both cases, it is less important that the work be completed than that its quality be high. (p. 66)

When meaning is not found or it is not high, people do not grow. In Psychotherapy and Existentialism, Frankl (1967) gives support for this latter point. He notes that the "existential vacuum is...a total lack, or loss of, an ultimate meaning to one's existence that would make life worthwhile" (p. 71). This is, also, called existential frustra-

tion "or frustration of the will to meaning." Frankl believes man to be majorally activated by his search for meaning, its fulfillment and actualization. He writes that:

...man is motivated by the will to meaning...Man's search for meaning is not pathological, but rather the surest sign of being truly human.
(p. 72)

If we are to have meaning in life, if we are to escape undue fatigue, fear, worry, mental conflicts and other disturbances, there are some conditions we must meet.

The individual must accept himself and be able to accept other persons and the world in which he lives. He must be able to control or sublimate some of his desires or drives. He has to have work that interests him and motivates him to forget himself. He needs faith and a set of consistent ideals that are life affirming (Titus and Keeton, 1966).

The review of the literature has shown that most of nursing is not life affirming or even satisfying to many.

Frankl notes that:

Today we live in an age of crumbling and vanishing tradition...Universal values are on the wane. That is why ever more people are caught in a feeling of aimlessness and emptiness, or, ...existential vacuum. (Frankl, 1969, p. 64)

The main thing that results from existential vacuum is

conformism and totalitarianism. Nurses frequently have been found to be conforming, thus placing themselves more and more in this vacuum. Frankl notes that if man is not to contradict his humanness, "He has to obey his conscious unconditionally" (Frankl, 1969, p. 64).

Existential vacuum derives from two dimensions. Men are different from animals in that no instincts and drives dictate what we must do. Today, as compared to earlier periods, neither do conventions, traditions and values dictate what one should do. Man may not even know that which he wishes to do and he may suffer as a result by conforming (Frankl, 1969).

Nurses have many roles and the nursing profession is dominated by women. Other pressures, problems and/or frustrations arise (Anderson, 1973; Doll, 1979). Women are mothers, spouses, minorities and are frequently treated as second class citizens (Stenger-Castro, 1978). Women may find themselves spending so much time in all these roles, that their own desires (e.g. to be active in men's professions, to be volunteers, to have time for fun/relaxation) are defeated. Women may find that they are growing older but enjoying work, life, etc. less and less. Having enough time and opportunity for fun/relaxation, volunteerism, accomplishments, commitment to the profession, for satisfying

work and satisfying relationships will decrease existential vacuum or boredom in the nurses.

The current researcher proposes as an extension of Frankl's concept, that when existential vacuum is found there is, also, potential for the presence of other related aspects namely; depression, anxiety, anger, fatigue, confusion and loss of vigor.

Nurses, too, are frequently placed in the position of feeling negative vibrations from their attempts to be independent of thought. On the one hand, they are to be responsible and make choices. On the other, they are to be subservient, quiet and compromising. Internal conflicts arise. These internal conflicts, if not resolved, deter from meaning in life. Frankl (1969) says that this leads to boredom or frustration. This researcher seeks to define whether other possibilities (e.g. anger) may be present as well. Hocking (1970) has noted that extreme stress results in neurotic symptom development in nearly all exposed to it. He writes that:

...if humans are born with ability to adjust to a certain amount of stress... the greater the stress at any period of life, the closer the individual is brought to the limit of his stress tolerance and the greater the possibility of breakdown when exposed to further stress. (p. 21)

Universal and basic reactions to stress noted by this same

author are depression, disturbed sleep, traumatic dreams, anxiety, apprehension, headache, difficulty in concentrating, memory impairment, tension, irritability, loss of energy, backache, vertigo and the like. If nurses experience daily and unrelenting stress in their personal and employment situations, they may respond with a variety of mood states. These mood states may include anger, depression, confusion, loss of vigor, fatigue and tension. Thus the purpose of this study is to ascertain the relationship between the finding and the seeking of meaning in life and the nurses' mood state.

Chapter III

Methods

Purpose of the Study

The major purpose of this study was to determine the relationship between the finding and the seeking of meaning in life and the nurse's mood state. A sub-purpose was to observe the mean scores for these nurses and previously studied patient and non-patient populations for the Purpose-in-Life and the Profile of Mood States scales.

Subjects

The population for this study was one hundred sixteen Mexican-American, women, registered nurses identified by their maiden names, from a mailing list obtained from the Board of Nurse Examiners for the State of Texas. Incomplete responses were discarded. Therefore, one hundred and four subjects participated in the study.

Hypotheses

1. There is no significant relationship between the finding and the seeking of meaning in life and vigor-vitality in the subject.
2. There is no significant relationship between the finding and the seeking of

meaning in life and anger-hostility in the subject.

3. There is no significant relationship between the finding and the seeking of meaning in life and depression-dejection in the subject.
4. There is no significant relationship between the finding and the seeking of meaning in life and tension-anxiety in the subject.
5. There is no significant relationship between the finding and the seeking of meaning in life and fatigue-inertia in the subject.
6. There is no significant relationship between the finding and the seeking of meaning in life and confusion-bewilderment in the subject.

Definition of Terms

For the purpose of this research, the following definitions prevailed:

Meaning in life (Purpose in Life): the significance of life from the frame of reference of the experiencing individual (Crumbaugh and Maholick, 1964).

Profile of Mood States: the measurement of identifiable mood or affective states of anxiety-tension, depression-dejection, anger-hostility, vigor-vitality, fatigue-inertia and confusion-bewilderment (McNair, Droppleman and Lorr, 1971).

Seeking of Meaning in Life: the measurement of an individual's attempt to search for purpose in his/her existence as measured by the Seeking of Noetic Goals Test.

Definite (High) Purpose in Life: the obtaining by an individual of a score of 113 or above on the Purpose-in-Life Test (Crumbaugh and Maholick, 1969).

Lack of Purpose in Life: the obtaining by an individual of a score of 91 or below on the Purpose-in-Life Test (Crumbaugh and Maholick, 1969).

Tension-Anxiety: an affective state or mood state characterized by tenseness, shakiness, edginess, panic, uneasiness, inability to relax, restlessness, nervousness and anxiousness (McNair, Lorr and Droppleman, 1971).

Anger-Hostility: an affective or mood state characterized by anger, grouchiness, spitefulness, annoyance, resentment, bitterness, readiness to fight, rebelliousness, feeling deceived and being peeved, furious and bad-tempered (McNair, Lorr and Droppleman, 1971).

Fatigue-Inertia: an affective or mood state character-

ized by being worn-out, listless, fatigued, exhausted, sluggish, weary and bushed (McNair, Lorr and Droppleman, 1971).

Confusion-Bewilderment: an affective or mood state characterized by confusion, inability to concentrate and being muddled, bewildered, inefficient, forgetful and uncertain (McNair, Lorr and Droppleman, 1971).

Depression-Dejection: an affective or mood state characterized by unhappiness, sadness, blueness, hopelessness, being sorry, feeling unworthy or worthless and being discouraged, miserable, desperate, helpless, terrified and guilty (McNair, Lorr and Droppleman, 1971).

Vigor-Vitality: an affective or mood state characterized by being lively, energetic, cheerful, alert, full of pep, carefree and vigorous (McNair, Lorr and Droppleman, 1971).

High Mental Health: a level of psychological well being which does not interfere with the individual's ability to find meaning or purpose in life and which enables the individual to master "suffering" and to direct daily action (Kotchen, 1960).

Basic Assumptions

1. Nurses, to find the major cause of their existence, must identify the meaning or

purpose in their lives.

2. Nurses have the potential to find meaning in life.
3. Nurses who have found meaning in life will experience higher mental health than those who have found no such meaning.
4. Nurses experience a variety of pressures, concerns, stresses and/or problems.
5. Pressures, concerns, stresses and/or problems impact on the finding and/or seeking of meaning in life and as a result the nurses' mood states.
6. It is possible to measure the finding and/or seeking of meaning in life and the nurses' mood states.

Limitations

1. The study was limited to participants from only one geographic area.
2. The study was descriptive in nature.
3. Generalizability of the findings applied only to this study group.

Design and Data Analysis

This research was of an exploratory design. Test scores for the Purpose-in-Life Test, Seeking of Noetic Goals and Profiles of Mood States scales were computed by the investigator. Statistical computations included descriptive statistics and Pearson r Correlation statistics. "Basically, a correlation is an index of the extent to which two variables are interrelated" (Pilot, 1978, p. 179).

Procedure

This research was planned and conducted over an extended time period. The review of the literature related to the topic of the Mexican-American, woman, registered nurse's mood states and purpose-in-life was done from December 1979 through February 1980. The research proposal was prepared during this same time frame, and presented to the Doctoral Dissertation Committee. It was accepted on March 10, 1980. Subsequent acceptance of the research proposal from the Graduate School followed. Permission to use the research instruments was obtained from the two separate publishers, Educational and Industrial Testing Service and Psychometric Affiliates, in January and February, 1980, respectively. Application was made in March 1980 to the Texas Woman's University Human Subjects Review Committee to conduct the research and was approved as meeting the requirements of

protection of individual's rights in research. The Pilot Study was initiated in the middle of March 1980. Participants were requested to respond within a 2 week period to the mailed instruments. A follow-up mailing was done ten days later to all non-replying up to this date. The major research investigation was initiated at the end of March 1980. Four hundred and forty Mexican-American, women, registered nurses were mailed research instruments designed to ascertain Purpose-in-Life scores, Seeking of Noetic Goals and Profile of Mood States scores. Participants were given two weeks to reply and a stamped, self-addressed envelope was enclosed for return of the research instruments. No follow-up mailing was done, since this did not increase the Pilot Study response. Data analysis was completed during the month of April 1980. The final chapters of the dissertation were completed during the months of April through September 1980.

Research Instruments

There were three research instruments used in this study, plus a cover letter (see Appendix A). The instruments were the Purpose-in-Life Test (Crumbaugh and Maholick, 1969), (see Appendix B), the Seeking of Noetic Goals Test (Crumbaugh, 1977), (see Appendix C), and the Profile of Mood States (McNair, Lorr and Droppleman, 1971). Permis-

sion was obtained for research usage of the instruments. Use of each is guided by strenuous guidelines. Permission for reproduction of the Profile of Mood States scale is not granted. Copies are available from the publisher.

The Purpose-in-Life Test (PIL). The PIL is an attitude scale. It was developed based on logotherapy or treatment through finding meaning in life. The scale measures existential vacuum (boredom) as postulated by Frankl which converts to existential frustration when not relieved. Existential frustration in the neurotic is thought to lead to noogenic neurosis. This is a breakdown derived by a compounding of neurotic symptoms with a failure to find meaning in life. Existential vacuum (boredom) is not, per se, a neurosis or abnormality, but rather a human condition. The aim of the Purpose-in-Life Test is to detect existential vacuum.

The instrument is composed of twenty items which the individuals rated on a seven point scale. The possible score range was 20 to 140. The individual was requested to circle the number that would be most nearly true for her. The numbering extended from one extreme to its opposite kind of feeling. Neutral implied no judgement on the item either way. For example, on the item "I am usually: the response could range from "completely bored" to "ex-

uberant, enthusiastic." Another item asked the individual to respond to "In life I have:" with possible responses ranging from "no goals or aims at all" to "very clear goals and aims."

The instrument has been used with fourteen others and several variables (e.g. age, sex, education, intelligence) to study relationships. Both construct and criterion (or concurrent) validity have been assessed for the instrument.

In 1968, Crumbaugh was able to predict, in relation to construct validity, the mean order of four "normal" populations. "Normal" populations in this instance referred to successful business and professional personnel, active and leading Protestant parishioners, college undergraduates and indigent non-psychiatric hospital patients. With psychiatric patients, his predictions were less exact. However, the expected drop in scores from neurotics to non-schizophrenic psychotics was isolated. Predicted differences between patient and non-patient (or normal) populations were obtained:

Combined "normal groups" ($M=112.42$, $N=805$, $SD=14.07$) versus combined psychiatric groups ($M=92.60$, $N=346$, $SD=21.34$). (Crumbaugh and Maholick, 1969, p. 2)

These findings were significant with p less than .001. Also, the difference in variance was significant at the

.01 level. Two measures were used for concurrent or criterion validity. First, a correlation was made between the PIL scores and the therapists' rating of the degree of purpose and meaning in life demonstrated by their patients. Here each therapist completed a PIL in line with how he thought his patient should have completed it. Secondly, a correlation between PIL scores and ratings by ministers of the degree of purpose and meaning exhibited by their participating parishioners was obtained. When employing Pearson-Product Moment Correlational Statistic, the therapists' ratings were correlated at .38, and the ministers' were correlated at .47 ($N=120$). This accounts for 14% and 22% of the variance, respectively and was of moderate significance. According to Borg and Gall (1971) correlations ranging from .20 to .35 show very slight but statistically significant relationship, correlations from .35 to .65 are statistically significant beyond the one percent level, ones from .65 to .85 are accurate for most purposes and those over .85 indicate a close relationship. For purposes of this research, these correlations will be defined as slight (.20 to .35), moderate (.35 to .65), marked (.65 to .85) and high (over .85). Employing the split-half (odd-even) method, the reliability of the PIL was .81. This was a relationship of marked significance. The reliability rating was corrected

to .90 when Crumbaugh and Maholick (1964) studied one hundred and five non-patients and one hundred and twenty patients, using the Spearman Brown. The exact types of individuals studied were not delineated in the paper. Crumbaugh (1968a) found the reliability to be .85 when studying one hundred and twenty Protestant, non-patient parishioners. The Spearman Brown corrected to .92, according to Crumbaugh and Maholick (1969). Each of these findings demonstrated a high level of significance.

Fourteen major instruments have been correlated with the PIL. The relationship between the PIL and Frankl's Questionnaire (an informal series of questions used by Frankl to estimate the presence of existential vacuum) was of marked significance at .68. There has been no significant relationship found between the PIL and Kerr and Sperry's Empathy Test, Washington Social Intelligence Test, the Allport-Vernon-Lindzey Scale of Values, Buhler and Life Goal Inventory and Shostrom's Personal Orientation Inventory. Using the MMPI, a consistent relationship has been shown between depression and the PIL. Significant negative correlations between the PIL and the Srole Anomie Scale were found. A moderately significant correlation of .58 between the PIL and the Social Desirability Test has been noted. When employing the California Personality Inventory, a

moderate relationship has been shown to four of its scales: self acceptance (.40), sense of well being (.52), achievement via conformance (.63) and psychological mindedness (.47). The Gordon Personal Profile in the areas of responsibility (.39) and emotional stability (.43) has correlated with the PIL. These showed a moderate significance as well. The Cattell Motivational Analysis Test, when studied with the PIL, showed a .28 relationship (slight) with the Home and Parental Sentiment sub-test only. From Cattell's 16 Personality Factor Test, moderately significant correlations with emotional stability (.41), expedient versus conscientious (.37), shy versus venturesome (.34) and trusting versus suspicious (-.35) were found with the PIL. When employing Cattell's 16-PF Second Order Variables, correlations with the PIL were neuroticism (-.32) slight, anxiety (-.52) moderate, acting out potential (-.25) slight and self control (.40) moderate. Finally, no consistent relationship between PIL scores and the variables of sex, age, education and intelligence have been reported (Crumbaugh and Maholick, 1969).

With the studies done with the PIL, scores of 113 or above suggested that the individuals at present had a definite purpose of meaning in life. Subjects with scores of 91 or below were thought to lack a clear meaning and pur-

pose in life, according to Crumbaugh and Maholick (1969).

The Seeking of Noetic Goals Test (SONG). The SONG is a complimentary tool to the PIL and was developed by Crumbaugh (1977) to measure the strength and motivation to find meaning in life. Combining use of the two scales has proved helpful in determining the success of interventions of a therapeutic nature.

If a subject scores a high PIL and low SONG, this means he already has a satisfactory level of life meaning and lacks motivation to find more...if he scores a low PIL and high SONG, he lacks life purpose and has motivation to find it.
(p. 1)

Validity and reliability with the SONG have been substantiated.

Patient or "abnormals" would consistently evidence higher scores than "normal" or non-patient populations. The author gave no further clarification as to the study population. The basis for this prediction was that it was felt that mental and emotional illnesses tend to frustrate meaning and purpose in life. Thus, with abnormals there should be greater evidence of need to find meaning. Additionally, there has been a consistent negative correlation with the PIL as previously predicted from $-.27$ to $-.52$ (Crumbaugh, 1977). Reliability has been determined by the odd-even method to be $.71 + .04$. Spearman Brown corrected

this to .83. These relationships show marked association. The test consists of twenty items that are rated from one to seven. Scores may range from 20 to 140. The test requested individuals to respond to questions on a scale of one to seven. Responses were from one extreme to the next farthest one. Sample questions were: "I feel that some element which I can't quite define is missing from my life," "I think about the ultimate meaning of life," "I feel the need for adventure and new worlds to conquer," and the like. The normative cutting range for "normals" (non-patients) is 73 and 85 for "abnormals" (patients). The normative cutting score is 79, halfway between the means of 73 for "normals" (non-patients) and 85 for "abnormals" (patients) (Crumbaugh, 1977, p. 2).

The Profile of Mood States (POMS). The POMS is a factor, analytically derived, inventory. The instrument is a sixty five part, five point adjective rating scale. The POMS rates six mood states. They are tension-anxiety, depression-dejection, confusion-bewilderment, anger-hostility, fatigue-inertia and vigor-vitality. To obtain a score for each mood factor, the sum of the responses was obtained for the adjectives defining the factor. The response range for each item in a factor is from 0 to 4. The numbers refer to the following descriptive phrases:

- 0 = not at all
- 1 = a little
- 2 = moderately
- 3 = quite a bit
- 4 = extremely

It requests individuals to respond to each of the 65 adjectives based on how they felt during the past week, including today. The adjective items are mixed for each major category (e.g. anger-hostility, depression-dejection) throughout the scale. Adjectives to be responded to related to tension-anxiety include tense, shaky, on edge, panicky, relaxed, uneasy, restless, nervous and anxious. The anger-hostility factor is noted by the adjectives angry, peeved, grouchy, spiteful, annoyed, resentful, bitter, ready to fight, rebellious, deceived, furious and bad-tempered. Items indicative of fatigue-inertia are worn out, listless, fatigued, exhausted, sluggish, weary and bushed. The items lively, active, energetic, cheerful, alert, full of pep, carefree and vigorous correspond to a mood state response of vigor-vitality. Confusion-bewilderment items are confused, unable to concentrate, muddled, bewildered, efficient, forgetful and uncertain about things. A depression-dejection score was obtained from the response to the descriptive terms of unhappy, sorry, sad, blue, hopeless, unworthy, discouraged, lonely, miserable, gloomy, desperate, helpless, worthless, terrified and guilty.

Internal consistency of the Profile of Mood States scale has been satisfactory. A .90 or above consistency has been derived when measuring the extent to which the individual items within the six mood scales measure that same factor. Specifically when studying 350 male psychiatric out-patients (Group A) and 650 female psychiatric out-patients (Group B), the internal consistency reliabilities were .92 and .90 for tension-anxiety, .95 and .95 for depression-dejection, .92 and .93 for anger-hostility, .89 and .87 for vigor-vitality, .94 and .93 for fatigue-inertia and .87 and .84 for confusion-bewilderment (McNair, Lorr, Droppleman, 1971).

The six factor analytic replications in the development of the POMS may be taken as evidence of the factorial validity of the six mood factors... four areas of research have provided evidence for the predictive and construct validity of the POMS. (McNair, Lorr, Droppleman, 1971, p. 10)

Specifically, these four research areas are brief psychotherapy studies, controlled out-patient drug trials, studies of response to emotion-inducing conditions and studies of concurrent validity coefficients and other POMS correlates. In brief psychotherapy, Lorr, McNair, Weinstein, Michauz and Raskin (1961) compared psychotherapy alone with four other treatment groups. They were psychotherapy plus meprobamate, psychotherapy plus chlorpromazine,

psychotherapy plus phenobarbital and psychotherapy plus placebo. One hundred eighty veteran administration out-patients showed highly significant ($p < .001$) improvement on tension-anxiety, depression-dejection, anger-hostility and fatigue. The central group of 45 showed no significant changes. Lorr, McNair and Weinstein (1964) found similar results in short term psychotherapy studies employing the POMS. In the Lorr, McNair and Weinstein (1964) study in controlled out-patients drug trials, compared with the placebo groups, patients treated with the active drug showed significantly greater increases in vigor after a week's treatment. No significant differences were noted on the other factors. After four weeks of active drug or placebo treatment, clients showed significantly more improvement on tension-anxiety and depression-dejection than patients who received no medication. In studies of emotion inducing conditions, one hundred thirteen subjects took the POMS test at several points before and after viewing an anxiety inducing autopsy film. Three drug groups were included and were made up of individuals taking chlordiazepoxide, secobarbital and placebo. POMS scores were obtained when medication was administered, after the subjects view a neutral film, prior to the autopsy film, after the autopsy film and at the end of the experiment. In all groups, tension scores decreased

significantly from the base following the neutral film, stayed the same as the score prior to the autopsy, increased significantly after the autopsy film and decreased significantly at the experiment's end. Fatigue scores decreased prior to the autopsy film. At the end of the autopsy film all groups exhibited less fatigue and the change was significantly greater for the placebo group (McNair, Lorr, Droppleman, 1971). A concurrent validity study was completed using the POMS and a modified version of the Hopkins Symptoms Distress Scale on admission of the subjects to a psychiatric clinic. Clinically derived distress scores were obtained for somatization, anxiety and depression. Each of the three but especially anxiety and depression were found to be highly correlated with the POMS with all significant at $p < .01$ (McNair, Lorr, Droppleman, 1971).

Ethical Considerations

This study was guided by both ethical and legal considerations. Protection of the subjects was a concern. Individuals were informed that it was a research study, that it was confidential, that only group results would be analyzed, what the expected results of the study would be and the fact that no untoward effects should befall them from

participation. It was a mailed instrument. Individuals were told that it was assumed that if the instrument was returned, this was a direct measure of consent to act as a subject for research investigation. Participants were asked not to sign their names on any of the tools. A place was provided for signature on the bottom of the cover letter. (see Appendix A) Texas Woman's University Guidelines for Research with Human Subjects were employed.

Pilot Study.

A pilot study of the entire planned research was carried out. Participants in the study were fifty Mexican-American, women nurses from throughout the state of Texas, who had attended continuing education courses in the past six months. The subjects were mailed a letter and the research tools requesting their participation. They were informed that it was a research study. Texas Woman's University Guidelines for Research with Human Subjects were followed. Twenty seven (54 percent) returned the instruments: the Purpose-in-Life Test (PIL), the Seeking of Noetic Goals (SONG) and the Profile of Mood States (POMS) (see Appendices). The purposes of the Pilot Study were to identify any problems in the research design and to ascertain the feasibility of the tools for usage. No problems in the design or use of tools were identified.

Chapter IV

Results

An exploratory design was employed to ascertain the relationship between the finding and the seeking of meaning in life and the Mexican-American, woman, registered nurse's mood state. Statistical computations included descriptive statistics and Pearson r Correlation statistics. Six hypotheses were examined. A discussion of each follows.

Hypothesis I: There is no significant relationship between the finding and the seeking of meaning in life and vigor-vitality in the subject. Finding meaning in life correlated significantly with vigor-vitality, $r (102) = .51$, $p < .01$, with moderate amount (26%) of the variance accounted for. For purposes of this research, slight relationship was evidenced by correlations of .20 to .35, moderate ones by correlations of .35 to .65, marked ones by correlations of .65 to .85 and high ones by .85 or over (Borg and Gall, 1971). Seeking of meaning in life exhibited significant negative association with vigor-vitality, $r (102) = -.31$, $p < .01$, with 9.6% of the variance accounted for. This showed a slight relationship. This hypothesis was rejected. Additionally, vigor-vitality showed a significant negative correlation with tension-anxiety, $r (102) = -.22$, $p < .05$,

with 4.8% of the variance defined; with depression-dejection $r(102) = -.43$, $p < .01$, with 18% of the variance accounted for; with anger-hostility, $r(102) = -.21$, $p < .05$, with 4% of the variance explained; with fatigue-inertia, $r(102) = -.44$, $p < .01$, with 19% of the variance derived and with confusion-bewilderment, $r(102) = -.27$, $p < .01$ with 7% of the variance accounted for. These findings showed slight to moderate relationship between the variables (see Table 1).

Hypothesis II: There is no significant relationship between the finding and the seeking of meaning in life and anger-hostility in the subject. Purpose in life showed a significantly negative relationship with anger-hostility, $r(102) = -.38$, $p < .01$, with 14% of the variance explained. Seeking of meaning in life correlated significantly with anger-hostility, $r(102) = .32$, $p < .01$, with 10% of the variance accounted for. These were moderate and slight relationships respectively. This hypothesis was rejected. Additionally, a significant relationship was identified between anger-hostility and tension-anxiety, $r(102) = .55$, $p < .01$, with 30% of the variance accounted for; depression-dejection, $r(102) = .50$, $p < .01$, with 25% of the variance accounted for; fatigue-inertia, $r(102) = .49$, $p < .01$, with 24% of the variance explained and with confusion-bewilderment, $r(102) = .52$, $p < .01$, with 27% of the variance accounted for. The correlations of .55, .50, .49 and .52

are in the moderate range for predictability. Anger-hostility correlated negatively at a significant level with vigor-vitality, r (102) = $-.21$, $p < .05$, with 4% of the variance explained. This was a slight relationship (see Table 2).

Table 1

Pearson r Correlations of Vigor-Vitality With
PIL, SONG, Selected POMS Factors

Variable	Pearson r	r^2	Value In Prediction
PIL	.51**	26.0	Moderate
SONG	-.31**	9.6	Slight
Tension-Anxiety	-.22*	4.8	Slight
Depression-Dejection	-.43**	18.0	Moderate
Anger-Hostility	-.21*	4.0	Slight
Fatigue-Inertia	-.44**	19.0	Moderate
Confusion-Bewilderment	-.27**	7.0	Slight

* $p < .05$.

** $p < .01$.

Hypothesis III: There is no significant relationship between the finding and the seeking of meaning in life and depression-dejection in the subject. A significantly negative correlation between finding meaning in life and depression-dejection was noted, r (102) = $-.62$, $p < .01$, with 38% of the variance accounted for. Seeking meaning in life was shown to correlate significantly with depression-de-

Table 2

Pearson r Correlations of Anger-Hostility With
PIL, SONG and Selected POMS Factors

Variable	Pearson r	r^2	Value In Prediction
PIL	-.38**	14	Moderate
SONG	.32**	10	Slight
Tension-Anxiety	.55**	30	Moderate
Fatigue-Inertia	.49**	24	Moderate
Depression-Dejection	.50**	25	Moderate
Confusion-Bewilderment	.52**	27	Moderate
Vigor-Vitality	-.21*	4	Slight

* $p < .05$.

** $p < .01$.

Table 3

Pearson r Correlation of Depression-Dejection
With PIL, SONG and Selected POMS Factors

Variable	Pearson r	r^2	Value In Prediction
PIL	-.62**	38.0	Moderate
SONG	.55**	30.0	Moderate
Tension-Anxiety	.63**	39.6	Moderate
Anger-Hostility	.50**	25.0	Moderate
Fatigue-Inertia	.55**	30.0	Moderate
Vigor-Vitality	-.43**	18.0	Moderate
Confusion-Bewilderment	.80**	64.0	Marked

* $p < .05$.

** $p < .01$.

jection, $r(102) = .55$, $p < .01$, with 30% of the variance accounted for. Both of these findings showed a moderate relationship. This hypothesis was rejected. Depression-dejection also related significantly and moderately to tension-anxiety, $r(102) = .63$, $p < .01$, with 39.6% of the variance defined; to anger-hostility, $r(102) = .50$, $p < .01$, with 25% of the variance explained; to fatigue-inertia, $r(102) = .55$, $p < .01$, with 30% of the variance noted and markedly to confusion-bewilderment, $r(102) = .80$, $p < .01$, with 64% of the variance accounted for. Significant negative association with moderate relationship was identified between depression-dejection and vigor-vitality, $r(102) = -.43$, $p < .01$ with 18% of the variance explained (see Table 3).

Hypothesis IV: There is no significant relationship between the finding and the seeking of meaning in life and tension-anxiety in the subject. Purpose in life correlated negatively with moderate relationship with tension-anxiety, $r(102) = -.44$, $p < .01$, with 19% of the variance accounted for. Seeking meaning in life was related to a low level of tension-anxiety in the study subject. Seeking of meaning in life evidenced a significant and moderate relationship with tension-anxiety, $r(102) = .50$, $p < .01$, with 25% of the variance accounted for. This hypothesis was rejected. Ad-

ditionally, tension-anxiety showed a significant negative association with vigor-vitality, $r(102) = -.44$, $p < .01$, with 29% of the variance explained. This represented a moderate relationship for prediction. Other significant correlations with tension-anxiety included depression, $r(102) = .63$, $p < .01$, with 39.6% of the variance accounted for; anger-hostility, $r(102) = .55$, $p < .01$, with 30% of the variance explained; fatigue-inertia, $r(102) = .59$, $p < .01$, with 34.8% of the variance accounted for and with confusion-bewilderment, $r(102) = .64$, $p < .01$, with 40.9% accountable variance noted. The value of these four correlations were moderate for prediction (see Table 4).

Table 4
Pearson r Correlation of Tension-Anxiety
With PIL, SONG and Selected POMS Factors

Variable	Pearson r	r	Value In Prediction
PIL	-.44**	19.0	Moderate
SONG	.50**	25.0	Moderate
Vigor-Vitality	-.44**	29.0	Moderate
Depression-Dejection	.63**	39.6	Moderate
Anger-Hostility	.55**	30.0	Moderate
Fatigue-Inertia	.59**	34.8	Moderate
Confusion-Bewilderment	.64**	40.9	Moderate

* $p < .05$.

** $p < .01$.

Hypothesis V: There is no significant relationship between the finding and the seeking of meaning in life and fatigue-inertia. There was a moderate significant negative relationship identified between fatigue-inertia and purpose in life, $r(102) = -.52$, $p < .01$, with 27% of the variance accounted for and vigor-vitality, $r(102) = -.44$, $p < .01$, with 19% of the variance accounted for. Seeking of meaning in life correlated significantly with fatigue-inertia, $r(102) = .42$, $p < .01$, with 17.6% of the variance explained. The relationship was moderate. This hypothesis was rejected. A significant moderate association was noted between fatigue-inertia and the factors of tension-anxiety, $r(102) = .59$, $p < .01$, with 34.8% of the variance explained; anger-hostility, $r(102) = .49$, $p < .01$, with 24% of the variance accounted for; depression-dejection, $r(102) = .55$, $p < .01$, with 30% of the variance accountable and confusion-bewilderment, $r(102) = .52$, $p < .01$, with 27% of the variance accounted for (see Table 5).

Hypothesis VI: There is no significant relationship between the finding and the seeking of meaning in life and confusion-bewilderment in the subject. A significant moderate negative correlation was found between purpose in life and confusion-bewilderment, $r(102) = -.51$, $p < .01$, with 26% of the variance accounted for. Seeking of meaning in

Table 5

Pearson r Correlation of Fatigue-Inertia
With PIL, SONG and Selected POMS Factors

Variable	Pearson <u>r</u>	<u>r</u> ²	Value In Prediction
PIL	-.52**	27.0	Moderate
SONG	.42**	17.6	Moderate
Vigor-Vitality	-.44**	19.0	Moderate
Tension-Anxiety	.59**	34.8	Moderate
Anger-Hostility	.49**	24.0	Moderate
Depression-Dejection	.55**	30.0	Moderate
Confusion-Bewilderment	.52**	27.0	Moderate

*p<.05.

**p<.01.

Table 6

Pearson r Correlation of Confusion-Bewilderment
with PIL, SONG, Selected POMS Factors

Variable	Pearson <u>r</u>	<u>r</u> ²	Value In Prediction
PIL	-.51**	26	Moderate
SONG	.54**	29	Moderate
Vigor-Vitality	-.27**	7	Slight
Tension-Anxiety	.65**	42	Moderate
Depression-Dejection	.80**	64	Marked
Anger-Hostility	.52**	27	Moderate
Fatigue-Inertia	.52**	27	Moderate

*p<.05.

**p<.01.

life was found to be significantly related to confusion-bewilderment, $r(102) = .54$, $p < .01$, with 29% of the variance accounted for. This hypothesis was rejected. Vigor-vitality, $r(102) = -.27$, $p < .01$, with 7% of the variance accounted for was, also, found to be negatively significant with confusion-bewilderment. The relationship for prediction was slight. A statistically significant association was found between confusion-bewilderment and tension-anxiety, $r(102) = .65$, $p < .01$, with 42% of the variance explained, showing a moderate relationship; depression-dejection, $r(102) = .80$, $p < .01$, with 64% of the variance defined, evidencing a marked relationship; anger-hostility, $r(102) = .52$, $p < .01$, with 27% of the variance derived and fatigue-inertia, $r(102) = .52$, $p < .01$, with 27% of the variance accounted for. The latter two exhibited a moderate relationship for prediction (see Table 6).

Additional Findings

Mean and standard deviation scores were obtained for the Purpose-in-Life (PIL), the Seeking of Noetic Goals (SONG) and the six factors (tension-anxiety, depression-dejection, anger-hostility, vigor-vitality, fatigue-inertia, confusion-bewilderment) of the Profile of Mood States (POMS). The mean score for the Purpose-in-Life was 116.5 and the standard deviation was 14.1. For the Seeking of Noetic Goals

scale, the mean score was 66 and the standard deviation was 16.7. The mean and standard deviation score for each factor of the Profile of Mood States was: tension-anxiety ($\underline{M}=12.7$, $\underline{SD}=4.9$), depression-dejection ($\underline{M}=11.6$, $\underline{SD}=8.1$), anger-hostility ($\underline{M}=12.0$, $\underline{SD}=7.7$), vigor-vitality ($\underline{M}=23.1$, $\underline{SD}=5.9$), fatigue-inertia ($\underline{M}=12.5$, $\underline{SD}=5.6$) and confusion-bewilderment ($\underline{M}=10.6$, $\underline{SD}=3.4$) (see Table 7).

The possible score range on the PIL was 20 to 140. This study group's scores ranged from 65 to 140. The same range of scores was possible for the SONG. For this group, 30 was the lowest score and 109 the highest. A score range of 0-36 was possible on the factor of tension-anxiety and 4-29 was the actual range for this study population. The depression-dejection score range possible was 0-60 and the actual range was 4-41. For anger-hostility, the possible range of scores was 0-48, while the actual range for these subjects was 4-47. The actual range of scores for vigor-vitality stood at 10-21 compared with a possible of 0-32. The fatigue-inertia possible score was 0-28, with the actual tabulation being 4-27. Finally, the group's actual range of scores for confusion-bewilderment was 4-23, compared to a possible of 0-28 (see Table 8).

Table 7
Means and Standard Deviations of
PIL, SONG and POMS Factors

Females								
<u>N</u> =104	PIL	SONG	T/A	D/D	A/H	V/V	F/I	C/B
<u>M</u>	116.5	66.0	12.7	11.6	12.0	23.1	12.5	10.6
<u>SD</u>	14.1	16.7	4.9	8.1	7.7	5.9	5.6	3.4

Table 8
PIL, SONG and POMS Factor
Score Distributions

Scores	PIL	SONG	T/A	D/D	A/H	V/V	F/I	C/B
Actual Range	65-140	30-109	4-29	4-41	4-47	10-21	4-27	4-23
Possible Range	20-140	20-140	0-36	0-60	0-48	0-32	0-28	0-28

Chapter V

Discussion

An exploratory design was used to ascertain the relationship between the finding and the seeking of meaning in life and the nurse's mood state. One hundred and four Mexican-American, women, registered nurses participated in the study.

A mailed instrument was employed and participants were asked to respond to three scales: the Purpose-in-Life Test (PIL), the Seeking of Noetic Goals (SONG) and the Profile of Mood States (POMS), which measures tension-anxiety, depression-dejection, anger-hostility, confusion-bewilderment, fatigue-inertia and vigor-vitality. Data were analyzed using descriptive and Pearson r Correlation statistics.

It was concluded that there is a significant relationship between the finding and the seeking of meaning in life and the mood states of: (a) vigor-vitality, (b) tension-anxiety, (c) confusion-bewilderment, (d) depression-dejection, (e) fatigue-inertia and (f) anger-hostility.

Summary

The major purpose of this study was to determine the relationship between the finding and the seeking of meaning

in life and the Mexican-American, woman, registered nurse's mood state. A statistically significant relationship was found between the finding and the seeking of meaning in life and the nurse's mood state.

A sub-purpose of this research was to observe the mean scores for these nurses and previously studied patient and non-patient populations for the Purpose-in-Life Test and Profile of Mood States scale. These Mexican-American, women, registered nurses had high purpose in life as defined by Crumbaugh and Maholick. Raw scores of 113 or above suggested the presence of definite purpose and meaning in life according to these authors (1969). Based on Crumbaugh and Maholick's (1969) definition, these nurses had definite purpose in life ($\bar{M}=116.5$) while previously studied groups did not. Previously studied groups consisted of both normal and patient populations. Crumbaugh (1968) studied a normal group (e.g. successful business and professional Rotarians and Kiwanians, active and leading Protestant parishioners, college undergraduates and indigent non-psychiatric patients) and a patient group (e.g. neurotic outpatients with mixed diagnoses, hospitalized neurotics, hospitalized alcoholics, hospitalized Negro schizophrenics, hospitalized schizophrenics and non-schizophrenic hospitalized psychotics) and found their PIL scores to be $\bar{M}=112.42$

and $\underline{M}=92.60$, respectively (see Appendix E, Table A).

Mean Profile of Mood States scores were noted for the current study population of Mexican-American, women, registered nurses and previously studied female and male college students and female and male psychiatric patients for each mood factor. The latter groups were studied by McNair, Lorr and Droppleman, (1971). Mean score for the R.N. study group for anger-hostility was $\underline{M}=12.0$ versus $\underline{M}=9.3$ and $\underline{M}=10.1$ for previously studied female college students and male students respectively and $\underline{M}=14.9$ and $\underline{M}=13.5$ for previously studied female psychiatric clinic patients and male psychiatric clinic patients (McNair, Lorr, Droppleman, 1971) (see Appendix E, Table B).

The R.N.s in this study had a mean tension-anxiety score of $\underline{M}=12.7$. Previously studied female college students had a mean tension-anxiety score of $\underline{M}=13.9$, the male college students, $\underline{M}=12.9$, the female psychiatric clinic patients $\underline{M}=20.7$ and the male psychiatric clinic patients $\underline{M}=18.4$ (McNair, Lorr, Droppleman, 1971) (see Appendix E, Table C).

The vigor-vitality mean score for this study group of R.N.s was $\underline{M}=23.1$. Previously studied groups exhibited mean scores of $\underline{M}=15.6$, $\underline{M}=15.6$, $\underline{M}=9.3$ and $\underline{M}=11.3$. These groups were female college students, male college students, female psychiatric clinic patients and male psychiatric clinic pa-

tients researched by McNair, Lorr and Droppleman (1971).

(see Appendix E, Table D)

The R.N.s in this study had mean depression-dejection scores of $\underline{M}=11.6$. Those previously studied by McNair, Lorr and Droppleman (1971) had $\underline{M}=14.8$ (female college students), $\underline{M}=13.1$ (male college students), $\underline{M}=28.0$ (female psychiatric patients) and $\underline{M}=22.3$ (male psychiatric clinic patients).

(see Appendix E, Table E)

The R.N.s currently studied had a mean confusion-bewilderment score of $\underline{M}=10.6$, while McNair, Lorr and Droppleman (1971) found that female college students had $\underline{M}=11.7$, male college students $\underline{M}=10.2$, female psychiatric clinic patients $\underline{M}=13.3$ and male psychiatric clinic patients had $\underline{M}=12.4$. (see Appendix E, Table F)

The fatigue-inertia mean score for these R.N.s was $\underline{M}=12.5$ and $\underline{M}=10.7$, $\underline{M}=10.4$, $\underline{M}=13.0$ and $\underline{M}=10.0$ for female college students, male college students, female psychiatric clinic patients and male psychiatric clinic patients previously studied by McNair, Lorr and Droppleman (1971).

(see Appendix E, Table G)

Hypothesis I was rejected. There was a statistically significant relationship between the finding and the seeking of meaning in life and vigor-vitality in the subject. Finding meaning in life correlated significantly with vigor-

vitality with a moderate predictability value. A significant negative relationship was demonstrated between seeking meaning in life and vigor-vitality. Additionally, several serendipitous findings were noted. Vigor-vitality was correlated negatively at a significant level with tension-anxiety, depression-dejection, anger-hostility, fatigue-inertia and confusion-bewilderment.

Hypothesis II was rejected. There was a statistically significant relationship between the finding and the seeking of meaning in life and anger-hostility in the subject. Purpose in life showed a significant negative relationship with anger-hostility. Seeking of meaning in life was also found to correlate significantly with anger-hostility. Several serendipitous findings of moderate predictability value were that anger-hostility was associated significantly with tension-anxiety, fatigue-inertia, depression-dejection and confusion-bewilderment and it evidenced a slight value for prediction of seeking of meaning in life as well. Anger-hostility also was found to be negatively significant with moderate predictability value to purpose in life and slight predictability value to vigor-vitality.

Hypothesis III was rejected. There was a statistically significant relationship between the finding and the seeking of meaning in life and depression-dejection in the

subject. A significant negative correlation with moderate predictability value was found between finding meaning in life and depression-dejection. Seeking of meaning in life was shown, as well, to correlate significantly with moderate predictability to depression-dejection. Serendipitously it was found that depression-dejection has a significant relationship to tension-anxiety, anger-hostility and fatigue-inertia with a moderate predictability value and a marked predictability value to confusion-bewilderment.

Hypothesis IV was rejected. There was a statistically significant relationship between the finding and the seeking of meaning in life and tension-anxiety in the subject. Finding meaning in life correlated negatively at a significant level of predictability value to tension-anxiety. Seeking of meaning in life was found to correlate significantly with moderate predictability value to tension-anxiety. Other accidental or serendipitous findings were that tension-anxiety correlated significantly at moderate predictability levels with depression-dejection, anger-hostility, fatigue-inertia and confusion-bewilderment.

Hypothesis V was rejected. There was a statistically significant relationship between the finding and the seeking of meaning in life and fatigue-inertia in the subject. There was a significant negative relationship with moderate

association between fatigue-inertia and purpose in life. Fatigue-inertia, also, related significantly with moderate predictability value to seeking of meaning in life. At a level of moderate predictability value, fatigue-inertia was demonstrated as significantly related to tension-anxiety, anger-hostility, depression-dejection and confusion-bewilderment. All of the latter were found serendipitously.

Hypothesis VI was rejected. There was a statistically significant relationship between the finding and the seeking of meaning in life and confusion-bewilderment in the subject. A significant negative relationship and moderate association existed between purpose in life and confusion-bewilderment. Seeking of meaning in life evidenced a significant relationship and moderate association with confusion-bewilderment, as well. Confusion-bewilderment was found serendipitously, to significantly relate to tension-anxiety, depression-dejection, anger-hostility and fatigue-inertia and to be negatively related to vigor-vitality. All of these latter correlations had moderate value for predictability except for vigor-vitality which was only slight.

Discussion

The following statements were suggested by the findings of this study.

1. A statistically significant relationship was

found between the finding and the seeking of meaning in life and vigor-vitality in the Mexican-American, woman, registered nurse subject.

2. A statistically significant relationship was found between the finding and the seeking of meaning in life and anger-hostility in the Mexican-American, woman, registered nurse subject.
3. A statistically significant relationship was found between the finding and the seeking of meaning in life and depression-dejection in the Mexican-American, woman, registered nurse subject.
4. A statistically significant relationship was found between the finding and the seeking of meaning in life and tension-anxiety in the Mexican-American, woman, registered nurse subject.
5. A statistically significant relationship was found between the finding and the seeking of meaning in life and fatigue-inertia in the Mexican-American, woman, registered nurse subject.

6. A statistically significant relationship was found between the finding and the seeking of meaning in life and confusion-bewilderment in the Mexican-American, woman, registered nurse subject.

Minority persons have been said to experience more stresses, frustrations and concerns than most, since less advocacy was identifiable. For the individual to be successful, an advocate is needed (Martinez, 1977). This author further implied that advocacy for the Spanish sur-named individuals may be a problem, since it takes these individuals a longer time to cultivate the rapport necessary for advocacy to occur. This does not seem to be the case with this study group. Success as measured by the amount of purpose in life was evident. If problems exist with advocacy (Martinez, 1977) and alienation (Myers, 1977) these individuals seemed to have adjusted or adapted to them. Crumbaugh and Maholick (1969) noted that PIL scores of 113 or above are indicative of high purpose in life. These nurses had a mean score of 116.5. According to the literature review, nurses experience many stresses, concerns, frustrations and problems. They are faced with understaffing, lack of adequate communication channels and absence of clear cut policies and roles (Maryo, 1959). Anderson (1973)

noted problems of nursing leadership, poor pay, long hours, equipment inadequacies, too much paper work and too much red tape, as well. Many studies have thus delineated the "problems" in nursing. Nurses have been defined as unhappy and frustrated. Unhappiness and frustration should lead to less meaning for the nurses. The nurses in this study group, however, had high purpose in life according to Crumbaugh and Maholick's definition (1969). Additionally, Crumbaugh's contention that purpose in life leads to low scores on the Seeking of Noetic Goals scale was supported in this research (1977). These nurses had a mean Seeking of Noetic Goals score of 66. Their PIL score was 116.5

From these current findings, it can be postulated that these Mexican-American, women, registered nurses are happier than other females. Kotchen (1960) notes that happiness is derived from meaning. According to Crumbaugh and Maholick (1969), Mexican-American nurses in this study have high levels of meaning in life. Another consideration here is a point clarified by Frankl (1968). He noted that a sound amount of tension is inherent in living, and that it is necessary for mental well being. Perhaps, this alone, accounts for the high meaning in life noted in these subjects. How much stress is best in a nursing and life situation? It seems that stress may be guided by the meaning

derived from it. Nurses have stress. If their stress is meaningful, the nurse will experience greater mental health than those who have found no such meaning (Frankl, 1969).

Nurses are portrayed in the literature as overwhelmed and facing insurmountable problems. How then, are they able to maintain this high level of purpose in life and the mental health noted by their POMs scores? Frankl (1962) has noted that having meaning in life will enable survival despite the worst conditions. The subjects did not lose sight of their meaning in life. They exhibited instead, high meaning in life and adaptation to their stresses, conflicts, concerns and frustrations. Nurses have been shown in the review of the literature, to be stressed, to have problems, concerns and conflicts and frustrations (Anderson, 1973; Doll, 1979; Jacobson, 1976). Also, they have been noted to be pulled in many directions (Sellin, 1970). That is, nurses are concerned about staying professionally knowledgeable and skillful. Doll (1979), though, notes that patients say "good" nurses are those who give safe and watchful care, are kind, friendly, helpful, courteous and communicate well. Being a "good" nurse by the patient's standard may be difficult for nurses with too much paperwork, staff shortages and the like. Nurses may be desirous of being "good" as the patient defines it, but may be thwarted. The directions they may have to take may differ from that of their choosing. Thus, their goals

may be blocked. Since these study subjects had high meaning in life and are nurses, it might be assumed that the individuals are able to accomplish their goals despite the obstacles that get in their path. It might be that these individuals having additional stresses as minorities have learned to work around or with their stressors. A study might evolve that would look at the way the Mexican-American, woman, registered nurse prioritizes her life events. Women have been taught to heed the needs of others (Martinez, 1977). Perhaps, the Mexican-American nurses in this study have defined a way to meet the needs of themselves and others synonymously. It can be speculated that these Mexican-American subjects are able to make meaning out of apparent chaos. They have a high level of mental health as noted by their mean profile of mood states scores and their purpose in life scores (Kotchen, 1960). It is possible that, as has been speculated in the past, the Mexican-American has more clearly defined values and behavioral patterns that are followed than majority cultures (Stenger-Castro, 1978). If this is in fact true, these individuals might be better able to find meaning in what would be frustration to others. This might account for their mood states and purpose in life.

These study results also lead one to believe that if

one has no true purpose identified, that even though they may be seeking that purpose, it will not increase vigor-vitality. This assumption is possible in light of the statistically significant findings related to finding meaning in life and vigor-vitality. Similarly, lack of purpose in life was significantly related to depression-dejection, confusion-bewilderment, tension-anxiety and anger-hostility.

Perhaps all "problems" described by Anderson (1973) and Doll (1979) impact through anger-hostility. Seeking of meaning in life was found to also correlate at a statistically significant level with anger-hostility. This assumed that if the individual is still searching for meaning in life he should present with anger-hostility. Perhaps, in this group, though they had high purpose in life scores, they responded with anger-hostility in accord with a desire for further improvement in their work and/or personal lives. It is possible that these individuals would have had even greater meaning in life scores if they had better handled their stress evident in their anger-hostility. Perhaps the anger-hostility is related to the nurses' frequent complaints relating to demands of time constraints, too much paperwork, staff shortages and related problems.

Seeking of meaning in life was shown, as well, to correlate significantly and moderately with depression-dejec-

tion. This relationship implied in conjunction with the other related research components that one is easier depressed when he/she has not found meaning even though seeking it. Perhaps, if studies were devised to work with children to improve their ability to find meaning in life, the world would actually be freer of negative mood states. Myers (1977) has implied that minorities in certain settings have their self-esteem and self-respect constantly challenged. This study population exhibited high meaning and thus were not victims of a loss of self-esteem or self-respect. That is having high purpose in life scores is indicative of low or no levels of depression-dejection. Did this higher level of purpose in life derive from having had to deal with multiple stresses, frustrations and concerns throughout a lifetime? Perhaps instead of allowing these (e.g. discrimination, fewer resources) to become hindrances, the Mexican-American nurse in this study used each stressor for growth. If an individual is faced with ongoing stress, it seems logical that she/he, over a life's span, may learn to use it as a creative force. The Mexican-American has had multiple stressors that have been well defined (Martinez, 1977; Stenger-Castro, 1978). It might also be contended that growth from stresses was the basis for the higher purpose in life scores. These nurses evidently are

finding some meaning in their frustrations, concerns and problems. Nurses, in general, have been presented as having tension. These Mexican-American nurses either do not experience undue stress or they do not exhibit it in relation to feelings of tension-anxiety. Tension-anxiety has been shown here to not be related to high purpose in life. These nurses had definite life purpose.

There was a moderate and significant negative relationship identified between fatigue-inertia and purpose in life in this study. A moderate and significant relationship with seeking of meaning in life and fatigue-inertia was evident, as well. The latter relationship was not borne out with this study group. These Mexican-American, women, registered nurses had high purpose in life scores but exhibited fatigue-inertia. Since the literature review showed the nurse as contending with the roles of mother, spouse, minority, it seems that more opportunity for fatigue might exist. Additionally, the nurse has to frequently do much physical labor and handle daily emotional conflict. Each of these have the potential for leading to fatigue.

A significant and moderate negative relationship was found to exist between purpose in life and confusion-bewilderment. This conclusion implies that if one has high meaning (purpose in life) he/she will experience less con-

fusion-disorientation. This was true for this study group.

Since early time, man has been concerned with the quality of life. He has been concerned with the predictable, as well as, the unpredictable aspects of his existence. Man has strived to understand the rational and the irrational; the reasons for suffering; the basis for storms and quiet times; why some live and others die and how each of these components relate to "life" itself. According to Frankl (1969), the individual seeks to find meaning in life. The search for meaning is a motivating force, and it guides and directs. The clearer one's purpose in life, the sounder the person's mental health should be. Man must find some cause to make his existence worthwhile. This worthiness of life may be derived from friendships, from work, from stresses, from hope, from family and from multiple other sources. It varies with the individual (Frankl, 1969), and leads to positive mood states as evidenced by definite purpose in life.

Implications

Mexican-American, women, registered nurses in this study have been shown to have definite meaning and purpose in life. This finding has implications for examining both the personal and work life of these study participants. They have meaning. The approaches for maintaining that

meaning and subsequent happiness (Kotchen, 1960) must be continued. Thus an implication of this study is to help the nurse/individual identify her/his level of life meaning. If meaning in life is low, the stressors, problems and frustrations in the environment could be identified and the study participant assisted to cope with them better. This is important for preventive health.

Negative mood states of anger-hostility, depression-dejection and the like have been shown to impact on one's ability to seek meaning in life. Perhaps, massive screening of individuals should be employed using the POMS to identify those individuals at risk for lack of meaning in life. Once the negative mood factors were identified, early therapeutic intervention through psychotherapy, logotherapy, yoga, workshops, etc. could be carried out. This approach has implications for an improved society at large. Working with all levels of society to improve meaning could lead to greater vigor-vitality which was found to be statistically significant in this study population. Greater vigor-vitality would lead to a decrease in the individual's confusion, anger, depression, fatigue and tension-anxiety.

Another implication of this study is to ascertain on a larger scale whether the Mexican-American, women, registered nurses are experiencing other things (e.g. roles, positive

family relationships) in their lifestyles that lead to a high purpose in life and mental health.

Important to society at large would be the appraisal of whether these individual nurses' physical health was better due to this defined meaning and purpose in life. If positive physical health could be tied to definite purpose in life, even greater significance could be attached to the mass screening suggestion noted earlier. An important implication of the observation of these nurses PIL scores with previously studied subjects indicates a need for a study that explores through defined statistical analysis, the true difference in these nurses and other groups as relates to PIL. These nurses indicated by their scores a definite purpose and meaning in life based on Crumbaugh and Maholick's definition (1969). Was this definite purpose and meaning statistically greater than previously studied subjects or for that matter, subjects who might be studied in the future? This should form a basis for new research. Another important implication of the POMS scores with these nurses and the previously studied patients is a need for a study to explore the statistical significance of the observed mean scores for these groups. An attempt should be made to ascertain whether the low mean scores for the nurses were truly indicative of less confusion-bewilderment, tension-

anxiety and depression-dejection than that of previously or future patients studied. Additionally, these nurses had a mean score suggestive of more anger-hostility, more vigor-vitality and fatigue-inertia. This, too, must be a research focus.

These Mexican-American, women, registered nurses were able to work around their roles, stressors and frustration to find meaning. An implication is to assess how they were able to do so if this finding is replicated with larger segments of this minority population. To aid other nurses sharing of this ability and its actual implementation with others could be done via course, programmed instruction and/or media or communication sources. It could also be taught in career planning courses.

Recommendations for Future Study

Since the Mexican-American, woman, registered nurse is able to find meaning in life despite the held belief that minorities suffer from too little advocacy (Martinez, 1977) and frequent alienation (Myers, 1977), a study should be done that explores these phenomenon: purpose in life, alienation and advocacy. The future study should look at "The Effects of Advocacy Versus Alienation on Purpose-in-Life scores and/or Mood States in the Nurse." Study should also be done to ascertain the "Connectedness or Togetherness

in the Mexican-American, Woman, Registered Nurse's Life that Supports or Encourages Meaning in Her Life." Another research topic should be "What are the Personal and Professional Factors that Impact on High Levels of Life Meaning?"

Based on the Profile of Mood State and Purpose-in-Life score observations made between these Mexican-American, women, registered nurses and previous study subjects, several studies should be done to include: (1) An Exploration of Mood States (e.g. tension-anxiety) in Registered Nurses and Non-Nurse Populations; (2) An Examination of Factors Conducive to Anger-Hostility and Fatigue-Inertia in Selected Registered Nurse and Non-Nurse Populations; (3) An Exploration of Personal and Professional Variables Contributing to Positive Mental Health Based on Profile of Mood States; (4) Contributing Factors to Happiness Level in Minority and Non-Minority Nurse Populations; (5) Continuing Education as A Medium for an Increase in Happiness Levels in Selected Registered Nurse Populations; (6) Tension: How Much For Positive Mental Health?; (7) Personal and Professional Setting as a Contributor to Meaning in Life and (8) Cultural Commons in the Minority and Non-Minority Populations that Influence Mood States and Meaning in Life.

Is Purpose-in-Life the most significant variable for happiness in life? A comparative study might be done be-

tween the variable of purpose in life, life roles, family relationship, life work and related variables. Logotherapy As a Therapeutic Regimen, as an experimental study, could compare logotherapy versus no or some other therapy as a therapeutic approach to increasing meaning in life and/or happiness level. Groups of different make-ups could be studied in a cross-sectional study in several major centers concurrently. Different approaches to logotherapeutic encounter might be examined in accord with their impact on life meaning and/or happiness level. Training and technique should be strictly controlled to control variables of a personality nature.

In view of the findings of this study, individual Mexican-American nurses and their respective work agencies should seriously consider formats for improving the level of purpose nurses identify in their lives. Agencies must look at what they are providing and Mexican-American nurses should critique their current life focus for its relevance at that time. Perhaps educational opportunities could be devised to improve the level of meaning nurses can obtain. Workshops, seminars, think tanks, career assessment, support groups and related strategies might be explored in research as to their suitability in increasing the nurses' satisfaction with their work and personal life. Research areas might

include the effects of assertiveness, time management, problem solving, goal setting and related themes, in improving purpose in life and concomittantly mood states.

APPENDICES

Appendix A

Letter to Participants

Dear Nurse:

I am writing to request your participation in my doctoral research. This research study is designed to assess how nursing and selected variables impact in the nurse's life focus and her response patterns. The completion of the enclosed questionnaires, which are printed back and front, will take only 10-15 minutes. The benefits this study may have are to give more insight into nurses, their life focus and their various responses.

No deleterious effect on you as a participant in this study is anticipated. The study is confidential and only group results will be analyzed. Do not put your name on any of the sheets.

Your reply will increase the information known about nurses.

It is assumed that when you return the survey instruments that you are giving consent to be a participant. If you would like to have an abstract of the completed research, please enclose a self-addressed envelope when returning all sections of the instrument.

In order to facilitate the completion of this research project, please return the demographic data sheet and three

questionnaire sheets, completed back and front, by _____.
Please be advised that the deadline for the return is very
important.

I know that you are very busy and I would, therefore,
like to thank you in advance for returning the data sheet and
the three questionnaire sheets, in the addressed and stamped
envelope enclosed, no later than _____.

Thank you again for your help and contribution to
nursing.

Sincerely,

Gloria "JO" Floyd, R.N., M.S.N.
Doctoral Student
Texas Woman's University, Denton, Texas

P.S. Your reply is really very important and truly needed.
Thanks again.

Please sign below and return if you agree to participate and
understand that this is a research study.

Signature

Date

Appendix B

P I L

James C. Crumbaugh, Ph. D.
Veterans Administration Hospital
Gulfport, Mississippi

Leonard T. Maholick, M.D.
The Bradley Center, Inc.
Columbus, Georgia

PART A

For each of the following statements, circle the number that would be most nearly true for you. Note that the numbers always extend from one extreme feeling to its opposite kind of feeling. "Neutral" implies no judgment either way; try to use this rating as little as possible.

1. I am usually:

1	2	3	4	5	6	7
completely			(neutral)			exuberant
bored						enthusiastic

2. Life to me seems:

7	6	5	4	3	2	1
always			(neutral)			completely
exciting						routine

3. In life I have:

1	2	3	4	5	6	7
no goals or			(neutral)			Very clear
aims at all						goals and
						aims

4. My personal existence is:

1	2	3	4	5	6	7
Utterly meaning-			(neutral)			very
less, without						purposeful
purpose						and meaningful

5. Every day is:

7	6	5	4	3	2	1
constantly			(neutral)			exactly
new						the same

6. If I could choose, I would:

1	2	3	4	5	6	7
prefer			(neutral)			Like nine more
never to have						lives just like
been born						this one

7. After retiring, I would:

7	6	5	4	3	2	1
do some of			(neutral)			loaf completely
the exciting						the rest of my
things I have						life
always wanted to do						

8. In achieving life goals I have:

1	2	3	4	5	6	7
made no			(neutral)			progressed to
progress						complete ful-
whatever						fillment

9. My life is:

1	2	3	4	5	6	7
empty,	filled		(neutral)			running over
only with des-						with exciting
pair						good things

10. If I should die today, I would feel that my life had been:

7	6	5	4	3	2	1
very			(neutral)			completely
worthwhile						worthless

11. In thinking of my life, I:

1	2	3	4	5	6	7
often			(neutral)			always see a
wonder why						reason for my
I exist						being here

12. As I view the world in relation to my life, the world:

1	2	3	4	5	6	7
completely			(neutral)			fits meaning-
confuses me						fully with my
						life

13. I am a:

1	2	3	4	5	6	7
very			(neutral)			very
irresponsible						responsible
person						person

14. Concerning man's freedom to make his own choices, I believe man is:

7	6	5	4	3	2	1
absolutely			(neutral)			completely
free to						bound by
make all life						limitations
choices						of heredity
						and environ-
						ment

15. With regard to death, I am:

7	6	5	4	3	2	1
prepared			(neutral)			unprepared
and unafraid						and frightened

16. With regard to suicide, I have:

1	2	3	4	5	6	7
thought			(neutral)			never given
of it seriously						it a second
as a way out						thought

17. I regard my ability to find a meaning, purpose, or mission in life as:

7	6	5	4	3	2	1
very great			(neutral)			practically none

18. My life is:

7	6	5	4	3	2	1
in my hands			(neutral)			out of my hands and controlled by external factors
and I am in control of it						

19. Facing my daily tasks is:

7	6	5	4	3	2	1
a source of pleasure and satisfaction			(neutral)			a painful and boring experience

20. I have discovered:

1	2	3	4	5	6	7
no mission or purpose in life			(neutral)			clear-cut goals and a satisfying life purpose

Appendix C

S O N G

by

James C. Crumbaugh, Ph.D

1. I think about the ultimate meaning of life:

1	2	3	4	5	6	7
Never	Rarely	Occa-	Some-	Often	Very	Constantly
		sionally	times		Often	

2. I have experienced the feeling that while I am destined to accomplish something important, I cannot quite put my finger on just what it is:

1	2	3	4	5	6	7
Never	Rarely	Occa-	Some-	Often	Very	Constantly
		sionally	times		Often	

3. I try new activities or areas of interest, and then these soon lose their attractiveness:

7	6	5	4	3	2	1
Constantly	Very	Often	Some-	Occa-	Rarely	Never
	Often		times	sionally		

4. I feel that some element which I can't quite define is missing from my life:

1	2	3	4	5	6	7
Never	Rarely	Occa-	Some-	Often	Very	Constantly
		sionally	times		Often	

5. I am restless:

7	6	5	4	3	2	1
Constantly	Very	Often	Some-	Occa-	Rarely	Never
	Often		times	sionally		

6. I feel that the greatest fulfillment of my life lies yet in the future:

7	6	5	4	3	2	1
Constantly	Very	Often	Some-	Occa-	Rarely	Never
	Often		times	sionally		

7. I hope for something exciting in the future:

1	2	3	4	5	6	7
Never	Rarely	Occa-	Some-	Often	Very	Constantly
		sionally	times		Often	

8. I daydream of finding a new place for my life and a new identity:

1	2	3	4	5	6	7
Never	Rarely	Occa-	Some-	Often	Very	Constantly
		sionally	times		Often	

9. I feel the lack of - and a need to find - a real meaning and purpose in my life:

7	6	5	4	3	2	1
Never	Rarely	Occa-	Some-	Often	Very	Constantly
		sionally	times		Often	

10. I think of achieving something new and different:

1	2	3	4	5	6	7
Never	Rarely	Occa-	Some-	Often	Very	Constantly
		sionally	times		Often	

11. I seem to change my main objective in life:

1	2	3	4	5	6	7
Never	Rarely	Occa-	Some-	Often	Very	Constantly
		sionally	times		Often	

12. The mystery of life puzzles and disturbs me:

7	6	5	4	3	2	1
Constantly	Very	Often	Some-	Occa-	Rarely	Never
	Often		times	sionally		

13. I feel myself in need of a "new lease on life":

7	6	5	4	3	2	1
Constantly	Very	Often	Some-	Occa-	Rarely	Never
	Often		times	sionally		

14. Before I achieve one goal, I start out toward a different one:

1	2	3	4	5	6	7
Never	Rarely	Occa-	Some-	Often	Very	Constantly
		sionally	times		Often	

15. I feel the need for adventure and "new worlds to conquer":

7	6	5	4	3	2	1
Constantly	Very	Often	Some-	Occa-	Rarely	Never
	Often		times	sionally		

16. Over my lifetime I have felt a strong urge to find myself:

1	2	3	4	5	6	7
Never	Rarely	Occa-	Some-	Often	Very	Constantly
		sionally	times		Often	

17. On occasion I have thought that I had found what I was looking for in life, only to have it vanish later:

1	2	3	4	5	6	7
Never	Rarely	Occa-	Some-	Often	Very	Constantly
		sionally	times		Often	

18. I have been aware of all-powerful and consuming purpose toward which my life has been directed:

7	6	5	4	3	2	1
Constantly	Very	Often	Some-	Occa-	Rarely	Never
	Often		times	sionally		

19. I have sensed a lack of a worthwhile job to do in life:

1	2	3	4	5	6	7
Never	Rarely	Occa-	Some-	Often	Very	Constantly
		sionally	times		Often	

20. I have felt a determination to achieve something
far beyond the ordinary:

7	6	5	4	3	2	1
Constantly	Very	Often	Some-	Occa-	Rarely	Never
	Often		times	sionally		

Appendix D

Addresses of Publishers of Research Instruments:

Purpose-in-Life Test
Psychometric Associates
P. O. Box 3167
Munster, Indiana 46321

Seeking of Noetic Goals Test
Psychometric Associates
P. O. Box 3167
Munster, Indiana 46321

Profile of Mood States
Educational and Industrial Testing Service
P. O. Box 7234
San Diego, California 92107

Permission to reproduce the Purpose-in-Life Scale and
the Seeking of Noetic Goals was granted by the publisher.

Appendix E

Table A

Mean and Standard Deviations for
Purpose-in-Life for Registered Nurses,
Normal Subjects and Psychiatric Patients

	Mexican- American Nurses	*Normal Subjects	*Psychiatric Patients
N	104.0	805.0	346.0
M	116.5	112.42	92.60
SD	14.1	14.07	21.30

*Normal Subjects

- N₁ Successful business
and professional
(kiwanians, Rotarians)
- N₂ Active and leading
Protestant parishioners
- N₃ College undergraduates
- N₄ Indigent hospital
patients (non-psychiatric)

*Psychiatric Patients

- P₁ Neurotic outpatients
(mixed diagnoses)
- P₂ Hospitalized neu-
rotic
- P₃ Hospitalized alco-
holics
- P₄ Hospitalized negro
schizophrenics
- P₅ Hospitalized schi-
zophrenics
- P₆ Hospitalized psy-
chotics (non-
schizophrenics)

Table B

Score Differences for Anger-Hostility for
Registered Nurses, College Students
and Psychiatric Clinic Patients

	Mexican- American Female R.N.'s	Female College Students	Male College Students	Female Psychiatric Clinic Patients	Male Psychi- atric Clinic Patients
N	104.0	516.0	340.0	650.0	350.0
M	12.0	9.3	10.1	14.9	13.5
SD	7.7	7.4	7.8	11.5	10.3

Table C

Score Differences for Tension-Anxiety for
Registered Nurses, College Students and
Psychiatric Clinic Patients

	Mexican- American Female R.N.'s	Female College Students	Male College Students	Female Psychiatric Clinic Patients	Male Psychi- atric Clinic Patients
N	104.0	516.0	340.0	650.0	350.0
M	12.7	13.9	12.9	20.7	18.4
SD	4.9	7.4	6.8	8.8	8.8

Table D

Mean and Standard Deviations for
 Vigor-Vitality for Registered Nurses,
 College Students and Psychiatric Clinic Patients

	Mexican- American Female R.N.'s	Female College Students	Male College Students	Female Psychiatric Clinic Patients	Male Psychiatric Clinic Patients
N	104.0	516.0	340.0	650.0	350.0
M	23.1	15.6	15.6	9.3	11.3
SD	5.9	6.0	6.6	6.3	6.7

Table E

Mean and Standard Deviations for
 Depression-Dejection for Registered Nurses,
 College Students and Psychiatric Clinic Patients

	Mexican- American Female R.N.'s	Female College Students	Male College Students	Female Psychiatric Clinic Patients	Male Psychiatric Clinic Patients
N	104.0	516.0	340.0	650.0	350.0
M	11.6	14.8	13.1	28.0	22.3
SD	8.1	11.4	10.5	15.9	15.0

103
Table F

Mean and Standard Deviations for
Confusion-Bewilderment for Registered Nurses,
College Students and Psychiatric Clinic Patients

	Mexican- American Female R.N.'s	Female College Students	Male College Students	Female Psychiatric Clinic Patients	Male Psychiatric Clinic Patients
N	104.0	516.0	340.0	650.0	350.0
M	10.6	11.7	10.2	13.3	12.4
SD	3.4	5.7	5.2	6.7	6.7

Table G

Mean and Standard Deviations for
Fatigue-Inertia for Registered Nurses,
College Students and Psychiatric Clinic Patients

	Mexican- American Female R.N.'s	Female College Students	Male College Students	Female Psychiatric Clinic Patients	Male Psychiatric Clinic Patients
N	104.0	516.0	340.0	650.0	350.0
M	12.5	10.7	10.4	13.0	10.1
SD	5.6	6.8	6.2	8.2	7.6

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