This is to certify that the

dissertation entitled

THE PSYCHOLOGICAL EXPERIENCES OF

LATINA PROFESSIONALS: STRESS & COPING

presented by

LETICIA M. ARELLANO

has been accepted towards fulfillment
of the requirements for

__PH.D._____ degree in __COUNSELING__

__PSYCHOLOGY__

Robbie J. Steward
Major professor

Date 08/14/00

PLACE IN RETURN BOX to remove this checkout from your record.
TO AVOID FINES return on or before date due.
MAY BE RECALLED with earlier due date if requested.

DATE DUE	DATE DUE	DATE DUE

11/00 c/CIRC/DateDue.p65-p.14

THE PSYCHOLOGICAL EXPERIENCES OF LATINA PROFESSIONALS:
STRESS AND COPING

By

Leticia M. Arellano

A DISSERTATION

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

Department of Counseling, Educational, and School Psychology

2000

ABSTRACT

THE PSYCHOLOGICAL EXPERIENCES OF LATINA PROFESSIONALS:
STRESS AND COPING

By

Leticia M. Arellano

The current body on research on Latinas has increased within the past two

decades. However, a majority of these studies have examined Latinas in their traditional

roles of wives and mothers. Relatively little is known about Latinas employed in

professional fields and the stressors they encounter. The purpose of the current study was

to examine stress and coping strategies among Latina professionals. A national sample of

361 Latinas from diverse professional occupations were surveyed. Multiracial Feminist

Theory (Baca-Zinn & Dill, 1997) and Transactional Model of Stress (Lazarus &

Folkman, 1984) were integrated as theoretical frameworks. Instruments including the

Hispanic Stress Inventory, Brief COPE, Short Acculturation Scale, Rosenberg Self-

Esteem Scale, Attitudes Toward Women Scale, and a demographic questionnaire were

used to measure stress outcomes, coping strategies, self-esteem, acculturation, and gender

role attitudes. Simultaneous regression analyses indicated that self-esteem uniquely

predicted overall stress, marital stress, family/cultural conflict, and

occupational/economic stress. Emotion-focused coping uniquely predicted

family/cultural conflict and overall stress. Narrative data indicated that 50% of the

participants reported experiencing discrimination and 75% reported experiencing

occupational barriers. In addition, data suggested that Latinas utilized a variety of coping strategies that included cultural and nontraditional elements. Findings also suggested that as a construct, emotion-focused coping reflects Western concepts of coping, and traditional coping scales do not capture the dynamic coping process of Latinas. Implications and future research recommendations for examining the stress and coping process among Latinas are discussed. Recommendations for a stress management program for Latina professionals are also presented.

DEDICATION

This study is dedicated to my sister, Dr. Ofelia R. Arellano. Thank you for opening many doors for me, and for simply being my loving older sister. To the mujeres in my familia: Stella, Lorenza, Olivia, Guera, Xochitl, Stellita, and Alyssa. This study is also dedicated to the numerous women who participated in my study. You have my eternal gratitude, for without you, this study would not be possible! To past, present, and future Latina professionals. Our world would not be complete without you.

ACKNOWLEDGMENTS

My sincere appreciation is extended to my wonderful advisor, Dr. Robbie J. Steward, whose prayerful, patient, and supportive presence enabled me to endure my doctoral training and to complete my dissertation. Thank you for being a pillar of strength. I would also like to thank my additional committee members Drs. Gloria Smith, Linda Forrest, Maxine Baca-Smith, and Anna Ortiz. Thank you for your generosity and wonderful support.

My sincerest gratitude is also extended to my family and loved ones. This dissertation could not have been completed without the love and support of my parents, Stella and Frank Arellano. Also acknowledged are my additional family members: Nana Lorenza, Uncle Buddy, Ofelia, Olivia, Arthur, Richard, Guera, Milo, Chito, Xochitl, Stella, Anthony, Alyssa, J.R., and Mikie. Your love and encouragement gives me the courage to always persevere. A warm thank-you is also extended to my compadres, Norma and Bobby, for always supporting me and reminding me of what is important. Thank you Jacque, Romero, Hector, Arturo, Angelica, Amanda, Freda, and Linda. You are all very special and I love you! A warm abrazo is also extended to my outstanding WOC network: Esme, Neesha, Olga, and Leonore. Thank you for your friendship and support. My deepest appreciation is also extended to Dr. Manuel Ramirez III and Fr. Frank Sierra, for your mentoring and friendship. Thank you Luis A. Garcia and Rodney Patterson. Your encouragement and advocacy while at MSU will always be appreciated.

I am indebted to the mujeres who participated in my study. My warmest appreciation is extended to all of you. Also acknowledged are the many angels who have opened their hearts and extended their helping hands.

Most importantly, I thank my creator for an abundance of blessings. Thank you seems so inadequate. This journey has not been easy, but your eternal love has always sustained me.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER I

INTRODUCTION

Latinas are women from a complex culture deriving from a mixture of African,

Indian, Asian, and European ancestry (Arbona, 1990). There is tremendous diversity

among Latinas, due to their level of acculturation, socioeconomic class, Spanish use,

sexual orientation, generational status, and sociopolitical histories. Within the specific

Latino subgroups in the United States, those of Mexican descent (61%) are the largest

group, followed by those of Puerto Rican descent (12%). Other Latinos also include

persons of Central American (6%), Cuban (5%), South American (5%), and Caribbean

(2%) descent (Castañeda, 1995). Latinas are currently members of a rapidly growing

ethnic minority group in the United States, comprising 9.6 million in 1996 (U.S.

Department of Labor - Women's Bureau, 1997). Consequently, Latinas are becoming a

"highly visible force" (Arredondo, 1991, p. 143).

The current body of research on Latinas has also increased within the last two

decades. However, this body of research primarily focuses on Mexican American women

since they are the largest Latino subgroup (Castañeda, 1995). This research extensively

focuses on their traditional roles, particularly their role as wife and mother (Amaro,

Russo, & Johnson, 1987). Consequently, the limited emphasis on the employment and

career experiences of Latinas produces an incomplete picture of their lives (Amaro et al.,

1987). Recent studies identify factors that facilitate the success of Latinas in college

(Cardoza, 1991; Gomez & Fassinger, 1994; Lango, 1995), yet little is known about the

experiences of Latinas once they enter professional careers (Amaro et al., 1987; Gomez & Fassinger, 1995).

According to the U.S. Department of Labor (1997), 4.6 million Latinas were employed in 1996. Census predictions suggest their labor force participation will increase from 4.9 million in 1994 to 6.9 million by the year 2005 (U.S. Department of Labor - Women's Bureau, 1997). This 43 percent increase is the largest among all other groups of men or women, with the exception of Asian and Pacific Islander women (U.S. Department of Labor - Women's Bureau, 1997). Occupational distributions indicate Latinas are primarily employed in technical, sales, and administrative (39%), and service (26%) occupations (U.S. Department of Labor - Women's Bureau, 1997). Only a small group of Latinas are employed in professional occupations (16%), and relatively little is known about their professional experiences.

STATEMENT OF THE PROBLEM

The relationship between family and work roles and its influence on physical and mental well-being has been a topic of research interest due to the increased labor force participation of women. In general, the psychology of women and work is studied from the perspective that wage work forms an added dimension to women's fundamental roles in the family. Research has therefore focused on the stress experienced by women in their multiple roles and the factors that facilitate or hinder these roles (Baruch, Beiner, & Barnett, 1987). The majority of psychological studies on women and work have operationalized emotional or psychological well-being on the basis of stress indicators (Flores-Ortiz, 1993), and exclusively relied on professional middle-class White samples

2

(Baruch et al., 1987; Jackson & Sears, 1992).

Despite the substantial literature on White professional women, the research base on professional women of color is quite small (Morrison & Von-Glinow, 1990). Few researchers have attempted to integrate theoretical concepts of stress with concepts of ethnicity and culture (Smith, 1985; Slavin, Rainer, McCreary, & Gowda, 1991; Vega, 1994). Consequently, researchers have failed to examine the specific issues of stress and psychological well-being as they relate to women of color. As a result, little is known about the level of stress experienced by ethnic minority women in professional fields.

There has been an increased interest in the coping and stress process of employed women (Baruch et al., 1987; Greenglass, 1995). Existing research on coping is diverse in terms of its definition and measurement (Banyard & Graham-Bermann, 1993). However, most agree that it is composed of cognitive and behavioral efforts an individual makes to manage demands that tax or exceed his or her personal resources (Lazarus, 1993). Feminist scholars have noted the bias and limitations of current stress research (Banyard & Graham-Bermann, 1993; Baruch et al., 1987; Greenglass, 1995). The growing interest in the stressors experienced by women led researchers to conceptualize sex as a biological trait when examining gender differences (Greenglass, 1995). This body of research also depicted women less favorably than men, due to the exclusive focus of sex or biological differences. Gender is oversimplified and regarded as a unitary biological trait rather than a social construction that interacts with the environment (Hare-Mustin & Marecek, 1990).

Another critical limitation of this body of literature is the failure to examine

complex interactions between gender, ethnicity, and class variables. This neglect is

pervasive and negates the experiences of diverse women. For instance, most

investigations primarily include Anglo-middle class women (Amatea & Fong, 1991;

Kirchmeyer, 1993; Reifman, Biernat, & Lang, 1991; Schneer & Reitman, 1995;

Wolfgang, 1995) and recently, Canadian middle-class women (Beatty, 1996; Korabik &

Van-Kampen, 1995; Long, Kahn, & Schutz, 1992; Trocki & Orioli, 1994). Only a small

body of research specifically examines coping strategies of ethnic minority women

(Banyard & Graham-Bermann, 1993), and an even smaller body of literature specifically

examines those employed in professional fields (Amaro et al., 1987; Grijalva & Coombs,

1997; Zambrana & Frith, 1988).

Feminist critiques of current coping theories call for the examination of the coping

strengths of diverse groups of women and their social contexts (Banyard &

Graham-Bermann, 1993). Banyard and Graham-Bermann (1993) noted that current

theories of coping should not assume that gender differences are the most important

variable of inquiry, but should address how coping occurs in a context shaped by social

forces based on gender, race, class, age, and sexual orientation. According to Greenglass

(1995), social forces are a powerful influence on how a stressful situation is appraised and

how judgments are made.

Only three studies (Amaro et al., 1987; Grijalva & Coombs, 1997; Valtierra,

1989) specifically and systematically examine Latina professionals' mental health

indicators of stress. For example, Valtierra (1989) examined acculturation, stress, and

social support among 52 Latina physicians. Her findings indicated high levels of stress,

4

particularly related to role fragmentation or role strain (the experience of having two or more conflicting claims on time and energy). For these women, however, social support, particularly the support offered by family, served to alleviate the stress inherent in the medical profession and the stress of role fragmentation. Interestingly, these Latinas adhered to traditional cultural values of familism, but postponed certain roles to achieve their educational aspirations.

Also examining Latina physicians, Grijalva and Coombs (1997), explored the stressors, coping skills, and strengths of 20 Latina physicians and medical students. Participants reported stressors associated with organizational stress, sexism, financial pressures, ethnic prejudice, and a pervasive assumption of academic inferiority. Findings also indicated that Latina physicians experienced considerable stress due to cultural expectations and the separation from their close-knit families and communities. They received troubling criticism from family members and friends for deviating from the traditional gender roles. Findings also suggested that participants utilized a number of effective coping skills in dealing with their stressors, such as positive thinking and assertive skills, social support, and directing their energy towards the service of others.

Amaro and associates (1987) examined the relative contributions of family and work predictors on the psychological well-being among 303 Latina professionals. Findings indicated that although married women reported more life satisfaction, having children under the age of six and/or having a non-supportive spouse were related to higher psychological distress symptoms. Furthermore, Latinas with a Latino spouse experienced greater work-family conflict than Latinas with non-Latino spouses. Amaro

(1987) speculated that Latino partners possibly espoused traditional Latino values and norms regarding women's roles. Consequently, these Latinas possibly experienced increased stress in balancing these roles and reported increased psychological distress symptoms. Findings also indicated that Latino couples were economically disadvantaged when compared to non-Latino couples. Despite similar educational backgrounds, Latino spouses reported significantly lower incomes than their counterparts.

Studies by Amaro et al. (1987), Grijalva and Coombs (1997), and Valtierra (1989) are long-awaited empirical investigations examining stress among Latina professionals. Although these studies are exemplary, several limitations also prevail. Methodological constraints point to the critical need for research involving separate analyses for Latino subgroups, so that similarities and differences in their life circumstances may be fully explored, identified, and understood. Secondly, despite the examination of factors that mitigate or impede negative mental health outcomes, it is unclear as to which specific coping strategies these women employ in their variety of home and working contexts. As previously mentioned, more sophisticated empirical measures of stress and coping are needed to identify possible psychiatric symptomatology and to explore how Latinas balance their multiple roles and stressors.

The aforementioned studies point to the importance of future research on family dynamics among Latino families, as well as the inclusion of variables such as acculturation, self-esteem, and gender role attitudes, to fully explore the interplay of gender, ethnicity, and culture in the lives of Latina professionals. Based on the psychological and physical implications of women's employment, a professional group of

Latina women was of interest due to the following points: (a) There is a tremendous gap in the general psychological literature with regard to Latina professional women; (b) Despite these recent inquiries, many questions remain unaddressed. For example, it is not clear if Latina professionals utilize other coping strategies other than social support to deal with their multiple roles and stressors; and (c) Given the various Latino subgroups, it is unclear if Latinas from specific subgroups are advantaged over others.

Based on the limitations of the empirical research and unaddressed questions that shape the experiences of Latina professionals, the following research questions emerged:

1. Are there significant differences across Latino subgroups of Latina professionals (i.e. Mexican American, Puerto Rican, Cuban, Central American) in demographic variables, reported stress (i.e. marital, occupational/economic, parental, family/cultural), use of coping strategies (emotion-focused, problem-focused), acculturation, self-esteem, and gender role attitudes?

2. How do demographic variables (age, income, ethnicity of spouse/partner, marital status), self-esteem, coping (emotion-focused, problem-focused), acculturation, and gender role attitudes contribute to the variability in Latina professionals' self-reported stress (marital, occupational/economic, parental, family/cultural)?

3. How do demographic variables, self-esteem, stress, acculturation, and gender role attitudes contribute to the variability in Latina professionals' self-reported coping strategies (emotion-focused, problem-focused)?

4. What are the stressors, coping strategies, barriers, physical concerns, and areas of interest for a stress management program for Latina professionals?

<u>Purpose of the study</u>

As Latinas continue to acquire professional careers, they will encounter a series of conflicts as they attempt to reconcile the complicated interplay between psychological, social, economic, and cultural influences in their daily lives. Although they have demonstrated great strength and stamina, they also develop vulnerability to psychological and physical outcomes due to these social influences. However, despite these circumstances, relatively little is known about the career experiences of Latinas employed in professional occupations and the coping strategies they employ to deal with work and family stressors.

The purpose of this study was to obtain a clearer understanding of the relationship between stress and coping in a diverse group of Latina professionals. This research was important because it allowed for inquiry into the relationships among demographic variables, acculturation, gender role attitudes, self-esteem, stress, and coping strategies of Latina professionals.

<u>Theoretical Perspective</u>

As a discipline, counseling psychology has been interested in the individual and their interactions with their environment. The importance of research into the stress process has been made clear by increasing evidence about the negative effects of psychological and social stressors on physical and mental health (Baruch et al., 1987). For the purpose of this study, a transactional model of stress (Folkman & Lazarus, 1985; Lazarus & Folkman, 1984) was selected. A transactional model of stress is suitable for examining stress among Latinas, since it allows for the impact of the environment and

8

consideration of cultural aspects of coping.

A transactional model of stress emphasizes cognitive interpretations of environmental events, and includes five major components: (a) the occurrence of a potentially stressful event, (b) primary cognitive appraisal of the event, (c) secondary cognitive appraisal of the event, (d) the implementation of a coping strategy, and (d) physical and mental health outcomes.

In the primary appraisal phase, a stressful encounter is evaluated by the individual in order to determine whether or not it presents a threat. More specifically, an individual asks "Am I in trouble?" The stressful encounter is appraised as (a) irrelevant, (b) benign/positive, or (c) stressful (Lazarus & Folkman, 1984).

In the secondary appraisal phase, an individual evaluates his or her resources and potential options to handle the stressful encounter. More specifically, an individual asks "What can be done about it?" Depending on the availability of the coping resources, the stressful encounter is further appraised as (a) involving harm or loss, (b) presenting a threat, or (c) presenting a challenge. In this model, the encounter is only regarded as stressful when the demands are appraised as taxing or exceeding the resources of the individual (Lazarus & Folkman, 1984).

In the coping phase, coping is conceptualized as a transactional process between a person and the environment, with an emphasis on process rather than on personality traits (Folkman & Lazarus, 1985; Lazarus, 1993; Lazarus & Folkman, 1984). Coping is defined as "ongoing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person"

9

(Lazarus, 1993, p. 237). As a process, coping emphasizes temporal and contextual influences. It is highly specific both to the individual and the context, varying among individuals rather than remaining constant. The transactional model posits that there are at least two major functions of coping, problem-focused and emotion-focused. *Problem-focused* coping include attempts to modify or eliminate the stressor through one's own behaviors, such as problem solving or direct action. *Emotion-focused* coping include attempts to change one's emotional responses to the stressor, and include behavioral or cognitive responses, such as eliciting social support or tension reduction. The use of emotion-or problem-focused strategies depends on an individual's appraisal of the situation.

Finally, outcomes of stress can have short-term or long-term consequences. These outcomes can be classified into three areas: (a) social functioning, (b) morale, and (c) somatic illness. This model is also cyclical, indicating stressful encounters can tax a individual's coping resources, and cause poor health outcomes. These difficulties in turn, may erode an individual's coping resources and increase their vulnerability to further stressful events.

Although the distinction between problem-focused and emotion-focused coping is an important distinction, recent research has found it has not captured the multivariate aspects of coping (Carver, Scheier, & Weintraub, 1989; Greenglass, 1995). Similarly, other researchers argue that coping is associated with personality, suggesting that situational factors do not explain all of the variation in coping (Suls, David, & Harvey, 1996). For example, Parkes (1986) found that personality, environmental characteristics,

and situational factors predicted a wide range of cognitive and behavioral strategies, whereas personality and situational factors predicted direct attempts to change stressful circumstances. Recent studies have also included a taxonomic scheme of personality, the so called Big Five (neuroticism, extroversion, openness to experience, agreeableness, and conscientiousness). Researchers posit that the development of higher order dimensions allows for a more comprehensive approach to investigating the role of personality in a variety of domains, including coping (Suls et al., 1996).

Despite the numerous years of theory, research, and the development of various self-report coping instruments, researchers still lack a comprehensive understanding of the structure of coping (Suls et al., 1996), due to the inconsistencies in the literature. Many issues remain unresolved and a greater understanding of the impact of social forces and their influence on social- psychological factors is needed (Greenglass, 1995). Given the impact of sociocultural influences on the stress and coping process (Aldwin, 1994), a multiracial feminist framework (Baca-Zinn & Dill, 1997) was also employed to understand the interplay of these factors.

According to Baca-Zinn and Dill (1997), multiracial feminist theory focuses on the experiences and structures produced by intersecting forms of race and gender. Six basic tenets of multiracial feminist theory distinguishes it from other feminist or multicultural theories. First, multiracial feminism contends that people of the same race experience race differently depending upon class, gender, and sexuality social structures. Similarly, simultaneous systems that shape women's experiences and identity, and are not reducible to individual attributes to explain social outcomes. Second, multiracial

11

feminism emphasizes the intersectional nature of hierarchies at all levels of social life. For instance, class, race, gender, and sexuality are components of both social structure and social interaction. Women and men are differently embedded in positions created by these cross-cutting hierarchies. As a result, women and men throughout the social order experience different forms of privilege and subordination, depending on their race, class, gender, and sexual orientation. As a consequence of this social order, both oppression and opportunity are produced. Structures of race, class, and gender create disadvantages for women of color, and simultaneously provide unacknowledged benefits for those who are at the top of these hierarchies, such as White upper-class men. Therefore, multiracial feminism applies not only to culturally diverse women, but to women and men of all races, classes, and genders. Third, multiracial feminism highlights the relational nature of dominance and subordination. Power is the cornerstone of women's differences, and these differences are connected in systematic ways. Fourth, multiracial feminism explores the interplay of social structures and women's agency. Within the constraints of race, class, and gender oppression, women create viable lives for themselves, their families, and communities. Fifth, multiracial feminism encompasses wide ranging methodological approaches, and relies on various theoretical tools. Sixth, multiracial feminism brings together understandings drawn from the lived experiences of diverse and continuously changing groups of women. Among women of color, there are many different national cultural and ethnic groups. Each group is engaged in the process of testing, refining, and reshaping these broader categories in their own image.

12

Significance of the Study to the Practice of Counseling

The importance of research on the stress process has been made clear by increasing evidence about the negative effects of psychological and social stressors on physical and mental health (Baruch et al., 1987). The importance of being sensitive to the influence of cultural, environmental, social, political, and economic factors when addressing the entire stress-mediation process of Latinas in clinical settings cannot be overemphasized. For example, the demanding natures of their careers, numerous challenges in majority work settings, and separations from traditional female roles, subject Latinas to multiple sources of stress at home and in the workplace. These factors may also increase their vulnerability to physical and mental health problems. The professional status of Latinas may increase their vulnerability to psychological disorders, such as depression, anxiety, addictive behaviors, and other stress-related disorders (Comas-Diaz, 1997). In addition, exposure to stress also increases the vulnerability of Latinas to psychophysiological conditions, such as cardiovascular disease, diabetes, gastrointestinal problems, and borderline hypertension (Argueta-Bernal, 1991).

However, despite the prominent areas of concern regarding the psychological consequences of stress, the field of psychology has paid relatively little attention to this growing area of research and practice (Keita & Jones, 1990). As a sub-specialty, counseling psychology can advance the field by increased attention and wider application of their knowledge of occupational health and stress. For example, clinical and counseling psychologists provide clinical interventions to workers experiencing stress and other psychological problems. This need becomes amplified when working with ethnic

minority clients, who are faced with additional stressors due to the interplay of their race, ethnicity, gender, age, sexual orientation, and language. Keita and Jones (1990) critically noted that although psychologists are uniquely qualified to address many aspects of mental health issues relative to occupational stress, "their present training does not specifically prepare them to address these problems" (p. 1139).

In addition, our present body of research does not examine the interactions between class, race, or gender reactions to stress, coping strategies, health behaviors, and mental health interventions (Keita & Jones, 1990). Present findings provided insight into the factors contributing to stress in Latina professionals. More specifically, this study provided descriptive information about a highly select population of diverse Latina professionals and how they handle their challenging stressors. Much can be learned from the examination of their coping strategies under the variety of home and work contexts they experience. This study was developed to assist employers, researchers, and practitioners who are currently at a loss with respect to addressing specific work and family related issues with Latina professionals. Most important, findings will enable practitioners to obtain a full and realistic picture of Latinas employed in diverse professional occupations and potential sources of stress, and areas of strength.

Definition of Terms

1. Latina/o: According to Lee and Richardson (1991) Latino is a generic term that identifies a culture shared by several ethnic groups in the U.S. such as individuals of Mexican, Puerto Rican, Central and South American descent. Latino culture is fused by Spanish, American Indian, African, South American, and Caribbean cultures.

14

Commonalities are found in the usage of Spanish, Roman Catholic traditions, gender role socialization, and strong kinship between family members and friends. Great diversity exists due to their levels of acculturation, socioeconomic status, language use, and generation in the United States (p. 41).

2. Professional Occupation: According to Kemp (1994), professional occupations are those with specific advanced educational requirements, which are specifically characterized by a systematic body of theoretical knowledge; a service orientation; autonomy in selecting recruits; a code of ethics; self-regulation of members; authority over clients; an identifiable occupational culture maintained by associations, values, norms and symbols; and community and legal recognition that it is a profession (p. 218).

3. Stress: The dynamic relationship between individuals and the environment in which stress occurs when the environment is appraised as taxing or exceeding their resources and thus endangering their well-being. External, internal, and cognitive demands are appraised based on the strength of the demand as well as the coping strategies available (Lazarus & Folkman, 1984).

4. Coping: "ongoing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus, 1993, p. 237).

CHAPTER II

REVIEW OF THE LITERATAURE

For the purpose of providing as broad as informational literature due to the

multidimensional factors impinging on Latina professionals, seven specific areas will be

evaluated. First, this literature review will examine related stress literature pertaining to

the affect of Anglo women's paid employment. Second, women's coping strategies will

be examined. Third, current literature related to self-esteem and women will be

reviewed. Fourth, literature on Latinas and employment will be reviewed. Fifth,

literature specifically related to Latinas and stress will be examined. Sixth, acculturation

and gender role attitudes of Latinas will also be examined. Finally, coping strategies of

professional Latinas will be reviewed.

The Impact of Anglo Women's Paid Employment

The relationship between family and work roles and its influence on physical and

mental well-being has been a topic of research interest due to the increase in women's

labor force participation. Recently, researchers have attempted to clarify the

circumstances under which women's work level and family role pressures affect their

physical and mental well-being. Examinations of the association between work and

well-being among women suggested that work has been beneficial. Most of the research

regarding the beneficial nature of work focuses on both paid employment and multiple

role occupancy (Baruch et al., 1987; Beatty, 1996; Clearly, 1987; Kessler & McRae,

1982; Warr & Parry, 1982). Several correlational studies demonstrated significant

relationships between women's employment and physical and mental well-being. These findings suggested that employed women were comparatively healthier than nonemployed women (Baruch et al., 1987; Beatty, 1996; Clearly, 1987; Kessler & McRae, 1982; Warr & Parry, 1982). Research also suggested that paid employment provided the opportunity for challenge, control, structure, financial rewards, social support, and self-esteem (Baruch et al., 1987; Rodin & Ickovics, 1990).

Green and Russo (1993) postulated that whether or not a combination of employment, marriage, and motherhood results in mental health costs or benefits depends on a variety of factors, including personality characteristics, family variables, and job variables. Women's roles as wife and worker, mother and caretaker, contribute to stress as well as to well-being. Resources, stimulation, and social validation from one type of role may offset the strains of others (Green & Russo, 1993). However, inconsistent findings are prevalent in this area of inquiry. Some studies suggested relative differences in role satisfaction by type and number of roles. For instance Johnson and Johnson (1980) and others (Bailyn, 1978, as cited in Beatty, 1996) found that the management of multiple roles was detrimental to the health and well being of women due to role overload and strain. Conversely, others documented beneficial effects of multiple roles for women's physical and mental health (Amatea & Fong, 1991; Aneshensel, 1986; Thoits, 1986; Verbrugge, 1987). For example, Thoits (1986) reported that regardless of gender, occupancy of up to seven roles is positively associated with better mental health. Higher levels of self-esteem were also found among women who occupied the three roles of wife, mother, and employee than among women with fewer

17

roles (Barnett & Baruch, 1985).

Several authors have sought to identify factors that facilitate the combining of work and family roles. These include number and ages of children (Reifman et al., 1991), availability of social support (Amatea & Fong, 1991), role satisfaction (Barnett & Baruch, 1985; Baruch & Barnett, 1986), and the relationship between employment, health, and mental well-being (Barnett & Baruch, 1985; Cleary & Mechanic, 1983; Lewis & Cooper, 1987).

Coping Strategies Among Women

There is an increased interest in the coping strategies of employed women (Baruch et al., 1987; Greenglass, 1995). Existing research addressing coping is diverse in terms of its definitions and measurement (Banyard & Graham-Bermann, 1993). However, most researchers agree that coping is comprised of actions taken to deal with stress (Billings & Moos, 1981; Lazarus & Folkman, 1984; Perlin & Schooler, 1978), including both the appraisal of the situation and judgments about one's resources for dealing with the stressor. According to Banyard and Graham-Bermann (1993), gender is invisible in a large segment of the stress and coping research. Coping is treated as an abstract concept that is untouched by individual characteristics such as gender, race, or class. Prior studies exclusively examined men and assumed that individuals possess numerous resources such as power, money, and support, to aide in the coping process. Coping was often attributed to personality characteristics rather than access to resources. Gender-neutral theories were regarded as universal explanations of behavior although they were based on the experiences of those in more privileged strata of society. When models were applied to

18

other groups such as impoverished women, their behaviors were found to be deficient (Banyard & Graham-Bermann, 1993; Flores- Ortiz, 1998; Greenglass, 1995).

Social causal explanations have not successful in accounting for gender differences in psychological distress. Investigators reported men were more likely to aim their coping efforts at directly altering stressful problem by utilizing problem-focused coping strategies. Conversely, women were more likely to direct coping efforts at managing their emotional responses to stress, by utilizing emotion-focused coping strategies, or avoidance (Billings & Moos, 1981). Consequently, researchers further suggested that emotion-focused coping were less effective and associated with psychological distress. These differences have been cited as one reason why women seem more likely to be depressed than men (Hobfoll, Dunahoo, Ben-Porah, & Monnier, 1994).

Consequently, these studies depicted women less favorably, due to the exclusive focus of sex or biological differences (Banyard & Graham-Bermann, 1993; Greenglass, 1995). Gender was regarded as a unitary biological trait rather than a social construct that interacts with the environment (Hare-Mustin & Marecek, 1990). For example, Folkman and Lazarus (1980) examined 100 White men and women and found very few gender differences when participants were asked to describe a recent stressful event and to complete a coping strategies checklist. However, despite the lack of differences and outcome measures, the authors implied that men coped better. In addition, Folkman and Lazarus described women in an unfavorable light, as indicated in the following:

The most puzzling gender difference was the finding that men used more problem-focused coping than women in situations that had to be accepted. Perhaps men persevere in problem-focused coping longer than women before deciding that nothing can be done; and even when nothing can be done, men may be disposed to think about the problem more than women. (Folkman & Lazarus, 1980, p. 235)

Feminist critiques argued that coping is highly specific to the individual and the context (Lazarus & Folkman, 1984). Coping occurs in a context shaped by social forces based on gender, race, class, age, and sexual orientation. Harding (1991) asserted that researchers must go beyond simply adding women to theories developed on men. New perspectives must begin from the viewpoints of many women, and discuss gender as a process that cannot be seen as independent from the wider social context.

Moreover, current research indicated that when education, occupation were controlled, few gender differences in problem-focused coping are found (Billings & Moos, 1981; Greenglass, 1995; Lazarus & Folkman, 1990). Other studies suggested that men and women differed in their approaches to coping but not in a way that depicts men as problem solvers and women as emotionally volatile. Rather, women appeared to be more assertive and prosocial, whereas men appeared more aggressive and antisocial (Hobfoll, et al., 1994).

There is a new body of literature that suggests that men and women are exposed to different stressors (Trocki & Orioli, 1994; Matuszek, Nelson, & Quick, 1995). For example, Jick and Mitz's (1985) literature review on gender differences in work stress

indicated that women reported higher rates of psychological distress and men reported more severe physical illness. Matuszek et al. (1995) indicated that factors such as organizational politics, legitimate power deficits, total workloads, role overload, and socioeconomic status created increased stress for women.

With respect to professional women, many studies examined coping strategies in terms of social support (Amatea & Fong, 1991; Amatea & Fong-Beyette, 1987; Korabik & Van-Kampen, 1995; Long, 1988; Reifman et al., 1991; Wolfgang, 1995), while others investigated recreation (Decker & Borgen, 1993), self-care (Decker & Borgen, 1993; McLaughlin, Cormier, & Cormier, 1988), and time management (McLaughlin et al., 1988). Other researchers have also examined the use of problem-focused among professional women (Amatea & Fong, 1991; Bhagat, Allie, & Ford, 1991; Long, 1988). These findings suggested that professional women effectively coped with their family and work related stressors, and utilized more problem-focused coping strategies, such as problem-solving, role redefinition, and planful role behavior.

Although these studies extended our understanding of the coping process among women, a critical limitation of this body of literature was the failure to examine complex interactions between gender, ethnicity, and class variables. In a majority of these investigations, participants were Anglo-middle class women (Amatea & Fong, 1991; Bhagat et al, 1991; Kirchmeyer, 1993; Reifman et al., 1991) and more recently, Canadian middle-class women (Beatty, 1996; Korabik & Van-Kampen, 1995; Long et al., 1992; Trocki & Orioli, 1994). Only a small body of research specifically examined coping strategies of ethnic minority women (Banyard & Graham-Bermann, 1993).

21

This literature offered some insight regarding the social context of the coping strategies of African American women. Illustrating the need to study race as well as gender, Lykes (1983) examined the coping strategies utilized by 71 successful African American women when dealing with discrimination. Most importantly, Lykes did not seek to find the correct or best way to cope, but instead examined environmental forces and the active choices these women used. Using oral histories, her findings suggested the organizational environment in which women worked had a direct effect on the selection of their coping strategies. More specifically, the context in which the experience of discrimination took place was an important variable mediating their choice of coping strategy. Participants were able to use a variety of strategies due to the characteristics of the institution. Findings also suggested that African American women in predominantly White institutions who perceived the outcome to be under their personal control tended to use a high degree of flexibility and selectively ignored the incident. Conversely, women who worked in predominately Black institutions relied more on directly confronting the perpetrator of the discrimination. These findings extended our understanding of power, and highlighted how these women used emotion-focused coping strategies or avoidant strategies in a purposeful way. Participants coped creatively and effectively by choosing not to deal with the stress of discrimination but rather focusing on something else to keep their jobs and protect their families.

Examining the process of coping through the lives of diverse women further highlights the ways that the environment can constrain one's choice of coping strategy. This complex dynamic is missed when researchers exclusively examine populations of

people who do not confront chronic stressors, such as racism, which are not immediately amenable to direct behavioral actions (Banyard & Graham-Bermann, 1993). The work of Dill, Feld, Martin, Beukema, and Belle (1980) with low-income women also revealed a shift from the standard views of coping. Findings indicated that the environment constrained their choice of coping strategy and had powerful implications on their self-esteem.

Self-Esteem Among Women

Documenting the strengths of women of color in the face of oppression is critical in understanding the multiple determinants of discrimination which can be exhausting and diminishing of their self-esteem. According to Rosenberg (1989), self-esteem is defined as a person's overall evaluation of his or her worthiness as a human being. It captures the essence of how individuals think and feel about themselves as totalities. As a totality, self-esteem is "global" rather than "specific" and limited to a single dimension of the self. Global self-esteem is also associated with psychological well-being (Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995).

Research has indicated high levels of self-esteem function as an important resource in reducing the magnitude of stress (Abel, 1996; Pearlin & Schooler, 1978; Whisman & Kwon, 1993; Zuckerman, 1989). Self-esteem appears to protect individuals by affording less vulnerability and more resilience to stressful events (Abel, 1996). High self-esteem may also result in more active and effective coping in response to stress (Pearlin & Schooler, 1978; Zuckerman, 1989). However, findings regarding the moderating role of self-esteem are not in full agreement. For example, Grandey and

23

Cropanzano (1999) found that self-esteem did not moderate work-family stress among a university professors. Conversely, Rector and Roger (1996) found that self-esteem moderated the stress-illness relationship directly as well as indirectly, via coping styles and emotion-control strategies.

Other researchers have also challenged the current constructs of self-esteem. For instance, Chatham-Carpenter and DeFrancisco (1998) argued that self-esteem is socially constructed and should not be dichotomized as either high or low. As a complex phenomenon, self-esteem is constantly changing and context-specific. In their qualitative study exploring self-esteem from the perspectives of diverse adult women, Chatham-Carpenter and DeFrancisco (1998) found similar definitions of self-esteem but differing connotative views and experiences. In particular, participant's views of self-esteem were socially constructed in dialogue with their culture, other persons, and themselves. For example, there were also clear differences in how African American women and Caucasian women developed self-esteem. For the African American women, self-esteem was often encouraged by their families and churches as a means to protect them from the deleterious effects of racism. Conversely, for the Caucasian women, many reported early struggles with dependency, the need for approval from others, and perfectionism. Similar findings were reported by other researchers (Allen & Britt, 1983). Allen and Britt (1983) found that African American women reported positive self-concepts and displayed various strategies for survival in the face of oppression. Similarly, Evans (1997) reported that African American counselors utilized their self-esteem to cope against racism.

24

Although the aforementioned findings extended our understanding of the role of self-esteem, research investigating self-esteem among Latinas is markedly absent. A study conducted by Long and Martinez (1994) is currently one of the few studies that examined self-esteem among Latina professionals. Long and Martinez (1994) examined masculinity, femininity, self-esteem, and self-acceptance among Latinas and professional Anglo women and students. Findings indicated that Latinas reported slightly lower femininity scores and highly elevated masculinity scores compared with all groups of women. Self-esteem scores of Latinas did not significantly vary from other professional women or students. However, their self-acceptance scores were significantly lower than professional women or students. Given the association between self-esteem and psychological well-being, increased studies are needed to examine self-esteem among diverse women, particularly Latinas.

<u>Latinas and Employment</u>

As pioneering women, Latinas enter the professional ranks, break class, ethnic, and gender barriers (Comas-Diaz & Greene, 1994). Despite these accomplishments, Latina professionals also encounter various stressors and barriers in the workplace (Comas-Diaz, 1997). Consequently, the fatigue created by coping with a significant amount of ethnocultural occupational stress tends to increase their vulnerability to health and mental health problems. Comas-Diaz (1997) identified specific occupational stressors that compromise the occupational performance of Latinos: (1) tokenism; (2) lack of understanding and support for Latinos' ethnocultural occupational conflicts; (3) absence of role models and mentoring; (4) deficient communication and/or

25

information-sharing channels; (5) lack of institutional buffers and appropriate responses against group or individual ethnic and gender discrimination; (6) blaming the victim dynamics; (7) unclear evaluation and feedback about performance, including mixed messages about success; and (8) glass ceiling limitations.

A recent body of literature relative to professional ethnic minorities, is noted in perceived discrimination in the workplace due to racial features or cultural factors. In our polarized society, phenotype continues to impact the world of work. Light-skinned Latinas may encounter less racism in the workplace than darker skinned Latinas. Comas-Diaz (1994) denoted the term "LatiNegras" to identify African Latinas who are perceived as Black by both North American and Latino communities. Many LatiNegras employed in professional occupations encounter increased stress due to their phenotype and racial features.

Segura (1992) also noted the impact of phenotype and increased stress of 152 professional and clerical Latinas employed in a public university. One third of the 152 women experienced sexual harassment, whereas 44% encountered discrimination due to their ethnicity and gender. Several participants reported examples of "subtle discrimination" based on comments devaluing their culture or gender. In addition, participants reported that phenotype, accents, language skills, and cultural mannerisms also shaped their occupational experience. Interestingly, many of the participants who did not personally experience discrimination attributed it to their fair, or light complexions.

One participant commented:

> Maybe I haven't felt as much discrimination because I'm not- I'm kind of fair
>
> complected. So, a lot of people don't know, or don't even assume that I'm
>
> Mexican. They're real surprised when I say, 'yeah, I'm Mexican' (Segura, 1992, p.
>
> 174).

Recognizing the impact of the environment on employees, Gutierres, Saenz, and

Green (1994) examined job stress and health outcomes of Latino and Anglo employees.

As anticipated, higher levels of job-related stress were associated with more numerous

health problems for both groups. However, it is noteworthy that unexpected findings

were found for Anglo workers. Being a numerical minority resulted in higher levels of

stress and numerous health problems for Anglo employees. Conversely, Latino

employees did not show pronounced levels of stress and health problems when their

in-group was a numerical minority. Findings suggested that Anglo employees reported

heightened stress when the level of perceived discrimination against minorities in their

work unit was high. However, Anglo employees reported lower number of health

problems as a function of perceived discrimination unlike their Latino counterparts.

In a study of perceptions of discrimination among Latina managers (Yaffe, 1995),

74.4% of the respondents reported firsthand knowledge of ethnic and gender

discrimination against Latinas. Sixty-six percent believed that Latinas were discriminated

against in personnel practices despite their individual qualifications and experience.

Latinas also regarded their employee and management organizations as ineffective for

reducing discrimination, providing advocacy, and improving changes for achieving a

27

reasonable representation by the year 2000.

Barcena (1993) explored the experiences of 14 professional Latinas employed in a Anglo organization. Qualitative findings suggested that discrimination due to their gender and ethnicity was the most salient barrier. Sanchez and Brock (1996) examined discrimination and work stressors among Latinos residing in Dade County, Florida. Findings indicated that Latinos who grew up in the United States, who were members of the most numerous ethnic subgroup in this part of the country (Cuban), and who had high pay and job experience appeared the least affected by perceived discrimination. Examining the relationship of race and gender, Landau (1993) explored the ratings of promotion potential of managerial and professional employees. Results indicated that both race and gender were significantly related to promotion potential ratings. Being both female and Black or Asian negatively influenced ratings of promotion potential. Hence, Black and Asian women faced a double liability and were penalized due to their ethnicity and gender. Black and Asian men were also less likely to be rated higher than their White counterparts. Although Latinos were also subjected to stereotypical beliefs, they were not rated as critically as their Black and Asian counterparts since they were regarded as Mexican nationals.

Latinas and Family Stressors

It is suggested that Latina professionals face the challenge of finding a balance between middle class culture that stresses individual achievement outside the home and Latino culture that traditionally places great emphasis on the family and home (Ross, Mirowsky, & Ulbrich, 1983). In a qualitative study, Pesquera (1993) examined the

rel

Ch

th

rep

do

dis

far

On

(p.

"sup

sug

co-p

hou

also

supe

and

(198

indi

husb

fami

relationship between work and family roles of 24 professional, clerical, and blue-collar Chicanas (women of Mexican descent who reside in the U.S.). Her findings indicated that professional Chicanas experienced the most role conflict. Chicana professionals also reported the highest levels of work identity and the most demanding jobs.

Segura (1992) concluded that the professional Chicanas in her study attempted to downplay the "competing urgencies of family and work" (p. 176) although their discussions suggested considerable tension and stress in their spillover between work and family. Most women reported performing a majority of the housework and child-care. One participant reported considerable pressure to comply to the "superwoman" prototype (p. 176). Herrera and Del Campo (1995) investigated the compliance to the "superwoman syndrome" of working-class Mexican American women. Findings suggested that women held nontraditional gender roles and perceived themselves a co-provider with equal decision making authority. Work satisfaction and sharing of household tasks were associated with lower levels of role strain for women. Findings also suggested that working-class Mexican American women did not subscribe to the superwoman myth. Instead, these women desired for their husbands to modify their roles and increase their participation in housework and child-care tasks.

Also examining dual-earner Mexican American families, Holtzman and Gilbert (1987) investigated social support networks and psychological well-being. Findings indicated that network effectiveness was related to life satisfaction of both wives and husbands. Spousal support for women was also associated with positive affect toward family and work and associated negatively with role conflict. Hence, these findings

suggested that spousal and family life accommodations to the wife's employment were crucial to the well-being of wives in dual-earner families. For wives, spousal support was the only network measure that correlated with all four indices of well-being.

Krause and Markides (1985) investigated the relationship between employment and psychological well-being of Mexican American women. Mexican American women who worked outside the home overall reported less psychological distress. In addition, divorced or married women who also had young children described their multiple role responsibilities as extremely stressful.

Zambrana and Frith (1988) examined the relationship between life role status and the level of personal and professional satisfaction among 170 professional Mexican American women. Their findings suggested that single respondents were more likely to report higher work related stress, a higher priority on work career goals and personal development. A surprising finding was the high personal satisfaction among women with partners only. This group was characterized by a high priority in work-career and family life, and high levels of personal satisfaction.

In a similar study, Amaro, Russo and Johnson (1987) studied the relative contributions of family and work predictors on the psychological well-being among 303 Latina professionals. Although married women reported more life satisfaction, having children under the age of six and/or having a non-supportive spouse were related to higher psychological distress symptoms. Furthermore, Latinas with a Latino spouse experienced greater work-family conflict than Latinas with non-Latino spouses. In examining acculturation, stress, and social support among 49 Latina physicians, Valtierra

(1989) found that high levels of stress, were related to role fragmentation or role strain (the experience of having two or more conflicting claims on time and energy). For these women, however, social support, particularly the support offered by family, served to alleviate the stress inherent in the medical profession and the stress of role fragmentation.

Grijalva and Coombs (1997), explored the stressors, coping skills, and strengths of Latina physicians and medical students. Their findings indicated that Latina physicians experienced considerable stress due to the separation from their close-knit families and communities. They received troubling criticism from family members and friends for deviating from traditional gender roles.

Acculturation and Gender Role Attitudes

The aforementioned studies point to the importance of future research on family dynamics among Latino families, as well as the inclusion of variables such as acculturation and gender roles, to fully explore the interplay of gender, ethnicity, and culture in the lives of Latina professionals. Gonzalez (1988) noted that a strong sense of ethnic identification, coupled with a preference to marry within one's ethnic group, presented "double bind" for high achieving Chicanas. Tension was created as the gender role attitudes of Chicanas increased at higher rates than their counterparts. Other research examining gender roles among Latinas has suggested that acculturation is accompanied by the acquisition of more liberal attitudes towards women (Kranau, Green, & Valencia-Weber, 1982). These findings suggested that women who were less acculturated found it more stressful to balance professional and family responsibilities.

Others suggest that acculturation influences liberal gender role attitudes and preferences for egalitarian partnerships (Flores- Ortiz, 1993).

<u>Coping Strategies of Latina Professionals</u>

Only three studies (Amaro et al., 1987; Grijalva & Coombs, 1997; Valtierra, 1989) have specifically and systematically examined Latina professionals' mental health indicators of stress. Valtierra (1989) examined acculturation, stress, and social support among 52 Latina physicians. Of the fifty-two physicians in the study, twenty-nine were married, three divorced, and eighteen never married. Findings indicated high levels of stress, particularly related to role fragmentation or role strain (the experience of having two or more conflicting claims on time and energy). For these women, however, social support, particularly the support offered by family, served to alleviate the stress inherent in the medical profession and the stress of role fragmentation. Interestingly, these Latina physicians adhered to traditional cultural values of familism, but postponed certain roles to achieve their educational aspirations.

Although this study is an important contribution to the literature on Latinas because of its focus on Latina physicians and stress, it is limited by its methodology. As Arbona (1990) and Rogler, Cortes, and Malgady (1991) noted that although Latinos share common cultural and linguistic characteristics, each group is distinct in terms of its historical, political, economic, and racial differences. As suggested, studies on Latinos need to include the diverse experiences of various Latino subgroups, such as Mexican Americans, Puerto Ricans, Cuban Americans, and Central and South Americans. Secondly, this study is limited by the lack of sophisticated measures of mental health

outcomes and the lack of empirical measures of specific coping strategies.

Also examining Latina physicians, Grijalva and Coombs (1997), explored the stressors, coping skills, and strengths of 20 Latina physicians and medical students residing in the Los Angeles and Boston areas. Many described stressors associated with work stressors such as sexism, financial pressures, ethnic prejudice, and a pervasive assumption of academic inferiority. Findings also indicated that Latina physicians experienced considerable stress due to cultural expectations from their families and physical separation from their close-knit families and communities. They received troubling criticism from family members and friends for deviating from traditional gender roles. These women utilized a number of effective coping skills in dealing with their stressors such as positive thinking skills, assertive skills, social support, and directing their energy towards the service of others.

Although this study provides considerable insight regarding work and family related stressors and strengths of Latina physicians, several limitations prevail. First, the lack of demographic variables including marital status, ethnicity of spouse/partner, number of children, acculturation, gender roles, and ethnic subgroup, limits the ability to provide a profile of these Latina physicians and to make comparisons among these factors. In the absence of attention to these variables, the complex dynamics between Latinas and their partners due to variances in cultural expectations and norms that may exacerbate tension or stress was not examined. Secondly, this study is limited by its small sample size. The use of a larger sample allows for a more in-depth investigation of the nature of stress and coping among a successful population of women. The use of

empirical measures can also aide in identifying and examining factors that produce or mitigate negative mental health outcomes for professional Latinas.

Amaro and associates (1987) studied the relative contributions of family and work predictors on the psychological well-being among 303 Latina professionals. Findings indicated that although married women reported more life satisfaction, having children under the age of six and/or having a non-supportive spouse were related to higher psychological distress symptoms. Furthermore, Latinas with a Latino spouse experienced greater work-family conflict than Latinas with non-Latino spouses. Amaro et al. (1987) speculated that Latino partners possibly espoused traditional Latino values and norms regarding women's roles. Consequently, these Latinas experienced increased stress in balancing these roles and reported increased psychological distress symptoms. Findings also indicated that Latino couples were economically disadvantaged when compared to non-Latino couples. Despite similar educational backgrounds, Latino husbands had significantly lower incomes than their counterparts. These economic discrepancies may have also contributed to higher psychological distress symptoms and stress of balancing roles among women with Latino spouses.

Amaro's et al. (1987) study is a long-awaited empirical investigation of the relationships among work and family characteristics and indicators of psychological well-being for a highly select group of Latina professionals. Although this study is exemplary in identifying sources of strength and stress for employed Latina professionals, several limitations also prevail. Despite the examination of factors that mitigate or impede negative mental health outcomes, it is unclear as to which specific coping

strategies these women employed in their variety of home and work contexts. As previously mentioned, more sophisticated empirical measures of stress and coping are needed to identify how Latinas balance their multiple roles and stressors.

The examination of social, political, and economic variables also warrant exploration in the examination of family and work-related stressors for Latinas. For example, Kaufman (1989) critically noted that professional women of color do not enjoy the same advantages of their White female counterparts, such as prestige, autonomy, or high incomes. In surveying job satisfaction and other characteristics of Latino human service workers in four geographically distinct areas, including Sacramento, CA., Colorado Springs, CO., Miami Florida, and Flint, MI, McNeely's (1989) findings supported this discrepancy. His findings indicated income discrepancies between Latino professionals and their Anglo counterparts, even when controlling for education, length of employment, and occupational status.

Professional Latinas may confront situations in which few or no women of color precede them. As pioneering women, Latinas enter the professional ranks, and dismantle class, ethnic, and gender barriers. They also embody a collective representation of their Latino communities. This responsibility entails enormous stress (Pesquera, 1993). In examining the work commitment and work identity of working class and professional Chicanas, Pesquera (1993) found that for Chicana professionals, political and personal dimensions fuse work identity, causing tremendous pressure. A high ranking administrator discussed the following:

Well, the first thing is that you are working in a nontraditional environment. You are a pioneer. People expect a lot out of you since you are the one and only. There is a lot riding on you from your family, from other Chicanas and Chicanos, other minorities. Whether it is real or not, you feel it. It's the fact that you are a woman. If you are a minority, it complicates it further (Pesquera, 1990, p. 110).

Latinas may also find themselves in organizational environments where subtle forms of discriminatory practices tax and deplete their energy. As major socializing agents, institutions erect barriers that women of color and Latinas must confront. Zambrana (1988) designated the term" cultural assault" to denote the psychological consequences due to assault or injury to one's sense of identity and self-esteem. As such, the continuous experience of those assaults leads to stress for Latinas, leading to marginalization or constructive anger.

In examining Chicana academics, Segura and Pesquera (1990, as cited in Segura, 1992) revealed the predicament of Chicana academics in traditionally male institutions:

I'm fighting a battle by myself. I am alone, I am the only Chicana (Hispanic for that matter) in a University department of _____. I am alone in an ocean of racial prejudice and sexual oppression. I cope (p. 12).

Other researchers also documented the use of constructive anger as a coping strategy, in which an individual becomes an educator, advocate, and role model (Grijalva & Coombs, 1997; Segura, 1992; Zambrana, 1988). Although this anger may mobilize all of their resources to succeed, the costs associated with this coping strategy warrants further examination. Comas-Diaz and Greene (1994) also posited that professional

36

women of color may also link professional aspirations with community needs, become the conscience of their organizations, exaggerate their need to prove their competence, and express their anger in a productive manner. However, while these behaviors may function as coping skills, these behaviors are met with opposition and misunderstanding. Some women may find themselves marginalized, pigeonholed, and have their contributions minimized. Similarly, other complications arise when women of color express their anger towards social injustices. For example, if a woman of color publicly expresses her anger, she risks being stereotyped as an aggressive or violent person, while conversely, the same behavior for a White woman may be regarded as assertive (Comas-Diaz & Greene, 1994).

As Latinas and other women of color continue to acquire professional careers, they will encounter a series of conflicts as they attempt to reconcile the complicated interplay between psychological, social, economic, and cultural influences in their daily lives. Although they have demonstrated great strength and stamina, they also develop vulnerability to mental health and physical problems due to these social influences.

Summary and Conclusion

While psychological studies of women and work have examined the affect of stress, few studies have empirically examined its affect on culturally diverse samples. This body of literature is methodologically flawed and biased. Few researchers have emphasized the specific issues of stress as they relate to women of color, particularly Latinas. In addition, few researchers have attempted to integrate theoretical concepts of stress with concepts of ethnicity and culture (Jackson & Sears, 1992). As Latinas and

other ethnic minority women continue to enter professional fields, the need for systematic research that examines their experiences in the work force has never been greater.

Although there is a growing body of literature examining professional women of color, additional research is needed to examine factors which contribute to job stress and the various coping strategies they employ in their various contexts. Research including more sophisticated measures of work and family variables, and culturally appropriate mental health outcomes are also needed. In addition, research is needed to explore the psychological, social, economic, and cultural influences that produce or mitigate negative mental health outcomes for Latina professionals. Given this limited attention, counseling psychology can advance the field by increased attention and wider application of their knowledge of occupational health and stress. This need becomes amplified when working with ethnic minority clients, who are faced with additional stressors due to the interplay of their race, class, gender, age, and sexual orientation. Although psychologists are uniquely qualified to address many aspects of mental health issues relative to occupational stress, their training does not adequately prepare them in addressing these complex issues with Latinas. They are frequently at a loss with respect to addressing the interplay between personal and environmental factors.

As clients often seek counseling psychologists to help them reduce stress and improve their well-being, it is imperative that they possess cultural competencies. It is also critical for psychologists be able to identify sources of strength and stress for Latinas employed in professional fields, while understanding the complexity of the influences of cultural, political, social, and economic variables.

Research Hypotheses

Given the previously reviewed literature, the current study was designed to address the stress and coping strategies of professional Latinas, while simultaneously attending to many of the previously cited limitations. First, in the study of Latina stress, a multidimensional approach was taken, such as the examination of marital, occupational, parental, and family stress.

Second, the relationship between all sets of key variables that have been associated with working professional Latinas were examined in this study (i.e. stress, coping strategies, acculturation, self-esteem, and gender role attitudes). The relationship between these variables and demographic information was also examined.

Third, given that the literature suggests levels of stress and coping strategies may be uniquely associated with setting characteristics (i.e. racial/ethnic composition), and that such strategies may not result in positive feelings about self; this study addressed stress, psychological well-being, and self-esteem as separate and unique experiences.

Based on the limitations of the empirical research and unaddressed questions that shape these women's experiences, the specific hypotheses for this study were as follows:
1. There will be significant relationships found across Latino subgroup (Mexican American, Puerto Rican, Cuban, and Central American) of Latina professionals among the following variables: demographic variables (age, income, level of education, number of children, and years in current position), reported stress (parental, marital, occupational/economic, family/cultural), coping strategies (emotion-focused, problem-focused), self-esteem, acculturation, and gender role attitudes.

39

2. Demographic variables (age, income, marital status, ethnicity of spouse/partner), coping strategies (emotion-focused, problem-focused), acculturation, gender role attitudes, and self-esteem will significantly contribute to the variance in professional Latinas' self-reported stress (parental, marital, occupational/economic, family/cultural).

3. Demographic variables (age, income, marital status, ethnicity of spouse/partner), stress, acculturation, gender role attitudes, and self-esteem will significantly contribute to the variance in professional Latinas' self-reported coping strategies (emotion-focused, problem-focused).

CHAPTER III

METHOD

<u>Research Design</u>

A descriptive correlational research design was used for this investigation. The purpose of this design was to describe relationships among variables than to establish a cause-and-and effect relationship. According to Woods and Catanzaro (1988), descriptive correlational surveys are appropriate for exploring relationships as part of theory-generating research. A more complete understanding of the relationship among stress, coping, and demographic variables among Latina professionals is warranted.

<u>Participants</u>

Participants included a sample of convenience. Participants were recruited by word of mouth and professional Latina internet listserves. With nine predictor variables in a simultaneous multiple regression design, a sample of 152 was required for an alpha level of .01, and moderate effect size (Cohen, 1992). However, current sample size included 361 participants. Although a nonprobability sampling method limited the generalizability of the study, nonprobability sampling facilitated data collection, particularly since research participants resided in various geographical regions and distant travel would be required.

To be considered for the study, eligibility requirements included: (a) self-identification as a Latina, (b) employment in a professional occupation, and (c) residency in the United States for at least ten years. Recent immigrants were not included in the

study to control for the confounding affects of acculturative stress. Five hundred surveys were mailed to individuals who personally volunteered to participate in the present study, by contacting the present investigator. Of the 500 questionnaires that were mailed, a total of 376 participants returned completed questionnaires, with a return rate of 75%. However, 15 questionnaires were not considered in the data analysis since the participants did not meet the criteria for the present study. A total of 361 participants were included in the present study, suggesting an overall return rate of 72.2%.

Procedure

Formal contact was made with contact persons of professional Latina organizations to introduce the study and recruit potential participants. Formal inquiries for official mailing lists were requested but these requests were denied. All contact persons indicated mailing lists were not available to the general public to ensure the privacy of its members. A personal request (Appendix H) briefly describing the present study and highlighting health-related implications of stress was posted to two professional Latina internet listserves. This request was also forwarded throughout the United States, and over 800 women personally contacted the present investigator to inquire about the current study. Questionnaires were mailed to the first 500 women who volunteered to participate in the present study. Participants were not compensated for their time but participation in the study entitled them to enter a cash drawing. Two (100.00) cash prizes and two subscriptions to *Latina Magazine* were awarded as incentives to participate in the study. Research packets were mailed to the participants, and completion of the questionnaire took approximately one half hour. Research packets contained the

following items: (a) a personal cover letter requesting assistance, description of the study, and elements of consent; (b) demographic questionnaire; (c) the Hispanic Stress Inventory (HSI) (Cervantes, Padilla, & Salgado de Snyder, 1989); (d) the Brief COPE (Carver, 1997); (d) the Short Acculturation Scale (SAS) (Marin, Sabogal, VanOss Marin, Otero-Sabogal, & Perez-Stable, 1987); (e) the Rosenberg Self-Esteem Scale (RES) (Rosenberg, 1965); (f) Attitudes Toward Women Scale (AWS) (Spence, Helmreich, & Stapp 1973); (g) a prepaid return envelope; and (h) a postcard for the cash drawing. To ensure confidentiality and candid responses, participants were asked not to write their names on the questionnaire. Questionnaires were identified through numbers that could not be traced to the participants.

Instruments

Demographic Questionnaire.

Demographic information was gathered through an adapted questionnaire previously utilized by Amaro, Russo, and Johnson (1987) in their investigation of psychological well-being among Latina professionals. The demographic questionnaire (Appendix G) contained three broad categories; personal characteristics, work characteristics, and family characteristics. The personal characteristics section gathered information regarding Latino subgroup, age, state of residence, place of birth, income, education, and sexual orientation. The family characteristics section gathered information regarding marital status, number of children, ages of children, ethnicity of spouse/partner, income of spouse/partner, educational level of spouse/partner, and responsibility for household work. The work characteristics section gathered information

43

regarding occupation, years in current occupation, hours worked per week, and rank ordering of first priority.

Hispanic Stress Inventory (HSI; Cervantes, Padilla, and Salgado de Snyder (1989).

The HSI is a self-report measure (Appendix B), designed to assess level of stress in U.S. born and immigrant Hispanics. There are two versions of the HSI; Immigrant and Non-Immigrant. The Non-Immigrant version was employed in this study, and consists of 59 items and four sub-scales. The four sub-scales include: (1) Marital Stress; (2) Occupational/Economic Stress; (3) Parental Stress; and (4) Family/Cultural Conflict. Individual items assess whether a particular stressor has occurred within the last three months. If experienced, the stressor is rated on a 5-point Likert scale ranging from 1 (Not at all stressful) to 5 (extremely stressful).

Each sub-scale contains a Stress frequency score and Stress Appraisal score. A stress frequency score is calculated by tallying all "yes" responses within each sub-scale. A stress appraisal score is calculated by tallying the Likert scores for each sub-scale. Raw scores of each stress appraisal score are transformed into a T-score equivalent to determine high or low stress. Finally, a HSI Total Stress score is computed by adding together all four sub-scales. (Cervantes, Padilla & Salgado De Snyder, 1991).

Four distinct research phases were conducted to develop the HSI and establish reliabilities. The HSI was normed on a total of 305 recent Mexican and Central American immigrants and 188 U.S.-born Mexican Americans. Criterion validity of the HSI involved computation of Pearson correlations for the HSI sub-scales with the Anxiety,

Depression and Somatization sub-scales of the Symptom Checklist 90-revised, Rosenberg Self-Esteem Inventory, Campbell Personal Competency Inventory, and the Center for Epidemiologic Studies Depression Scale. Most of the HSI sub-scales for both the immigrant and U.S. versions were found to significantly correlate at the $p<.01$ level, with each of the criterion measures (Cervantes et al., 1989,1991). Significant correlations between HSI immigrant versions and criterion measures ranged from .20 to .45. Similarly, significant positive correlations ranged from .29 to .40 between the HSI U.S.-born version and criterion measures (Cervantes et al., 1991).

Internal consistency for each of the HSI sub-scales was computed using Cronbach alpha coefficients. Both versions were found to have acceptable levels of internal consistency, ranging from .77 to .91. A small sample (n=35) of older immigrant adults were administered the HSI on two separate occasions with a two-week time interval. Test-retest coefficients were also found to have an acceptable level of reliability ranging from .61 to .86.

Psychometric properties of the HSI were established in the course of this study. Internal consistency and split-half reliability estimates were computed using the entire sample data ($\underline{N} = 361$). Cronbach alpha coefficients for the scales were as follows: Total Stress = .74, Occupational/Economic Stress = .87, Parental Stress = .89, Family/Cultural Conflict = .89, and Marital Stress = .85. Split-half reliability for the entire scale was .73.

The Brief COPE- (Carver, 1997).

The Brief COPE (Carver, 1997) is a self-report instrument measure designed to assess coping responses of adults (Appendix E). This measure was originally published

as the COPE Inventory by (Carver, Scheier, and Weintraub, 1989). The COPE is theoretically based on the transactional model of stress (Lazarus & Folkman, 1984) and a model of behavioral regulation (Carver et al., 1989). The Brief COPE is comprised of 28 items and 14 scales, with two items in each scale. Individual items are scored on a 4-point Likert scale, ranging from 1 (I haven't been doing this at all) to 4 (I've been doing this a lot).

Individual scores are given for each of the 14 scales, with a possible score range from 2 to 8, with higher scores designating a tendency to use that type of individual coping style. Based on the theoretical model of stress, coping styles were also delineated with two dimensions: problem-focused coping and emotion-focused coping. Problem-focused coping are regarded as attempts to modify or eliminate a stressful encounter, and consist of the following sub-scales: (1) Active Coping; (2) Planning; (3) Using Social Support for Instrumental Reasons; and (4) Behavioral Disengagement. The second dimension, emotion-focused coping are regarded as attempts to manage one's emotional responses to a stressful encounter, and consist of the following sub-scales: (1) Using Social Support for Emotional Reasons; (2) Positive Reframing; (3) Acceptance; (4) Religion; (5) Venting; (6) Humor; (7) Self-Distraction; (8) Denial; (9) Substance Use; and (10) Self-Blame.

Reliability for the Brief COPE included 168 adults from a community in Florida recovering from Hurricane Andrew. The sample was largely female (approximately 66%), and Anglo (40%), but included African Americans (34%), Latinos (17%), and Asian Americans (5%) participants. Three assessment periods (3, 6, 12 months post-

46

hurricane) were utilized to determine its psychometric properties.

Factor analysis yielded nine factors with eigenvalues greater than 1.0, which together accounted for 72.4% of the variance. Subscales were found to have acceptable levels of internal consistency, ranging from .50 (Venting) to .90 (Substance Abuse). Other psychometric properties for the Brief COPE were not reported. However, the original COPE correlated well with the various personality measures (Carver et al., 1989), such as the Life Orientation Test (Scheier & Carver, 1985), Rosenberg Self-Esteem Scale (Rosenberg, 1965), Personal Views Survey (Hardiness Institute, 1985), Jenkins Activity Survey (Krantz, Glass, & Snyder, 1974), and the State-Trait Anxiety Inventory (Spielberger, Gorsuch, & Lushene, 1970).

Psychometric properties of the Brief COPE were also established for the present study. Alpha coefficients were computed for the scales using the entire sample ($\underline{N}$=361), and were as follows: Active Coping = .71, Planning = .72, Positive Reframing = .73, Acceptance = .60, Humor = .75, Religion = .85, Using Emotional Support = .70, Using Instrumental Support = .82, Self-Distraction = .51, Denial = .50, Venting = .57, Substance Abuse = .83, Behavioral Disengagement = .41, Self-Blame = .76, and all items = .86. Split-half reliability for the entire scale was .76. Due to the low alpha coefficients, Behavioral Disengagement (.41), Self-Distraction (.51), Denial (.50), and Venting (.57) sub-scales were not included in the data analyses.

The Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965).

The RSE is a self-report measure designed to assess a unidimensional measure of global self-esteem (Appendix C). The 10-item measure assesses general feelings of self-

47

worth, and items are arranged in a 4-point Likert scale. After reversing the negatively

worded items of the RSE, response scores range from 10 to 40, with higher scores

designating higher self-esteem. Reliability estimates for the RSE ranged from Cronbach's

alpha coefficients of .77 to .88. Test-retest reliabilities have been reported between .85

(after a two-week interval) to .82 (after a one-week interval). Thus, the confidence were

reported as .65 and between the RSE and popularity as .39. The RSE correlated well with

the Lerner Self-Esteem Scale (.72) and with the Coopersmith Self-Esteem Inventory

(.55). Scores on the RSE also have a negative relationship with anxiety (-.64), depression

(-.54), and anomie (-.43). Therefore, the RSE has demonstrated adequate convergent

validity. Reports of the discriminant validity of the RSE did not demonstrate significant

correlations with achievement scores or with gender, age, work experience, or marital

status.

Attitudes Towards Women Scale (AWS: Spence, Helmreich & Stapp, 1973).

The AWS was created to measure the attitudes of females and males towards the

roles and of women in the following areas: (a) dating behavior and etiquette; (b) sexual

behavior and etiquette; (c) sexual behavior; and (d) marital relationships (Appendix F).

This self-report measure was originally published with 55 items by Spench and

Helmreich (1972) and later adapted to a 25-item short form (Spence, Helmreich, & Stapp,

1973). The AWS short version is comprised of 25 items scored on a 4-point Likert Scale,

with 0 representing the most traditional and 3 the most liberal or contemporary response.

After reverse scoring negatively worded items, the range of possible scores extends from

0 (extremely conservative) to 75 (extremely liberal). The AWS has demonstrated

48

acceptable internal consistency reliability for a sample of 278 American adults (Cronbach's alpha = .84) (Nelson, 1988) and British women (Cronbach's alpha = .77 and .85) (Parry, 1983).

Construct validity of the AWS has been demonstrated in studies which discrimination among various subgroups of the general population. Studies have shown that women were found to have more liberal sex role attitudes than men (Haworth, Povery, & Clift, 1986; Nelson, 1988; Spence et al. 1973), younger people have more liberal attitudes than older people, and those of higher social status have more liberal al attitudes than those of lower status (Nelson, 1988). Others have also demonstrated the AWS's ability to significantly discriminate between women in the working class and those in the upper middle class (Parry, 1983).

The Short Acculturation Scale for Hispanics; (SAS; Marin, Sabogal, VanOss Marin, Otero-Sabogal, & Perez-Stable, 1987).

The SAS is a self-report measure (Appendix D) designed to assess the acculturation process of diverse Hispanic groups. The SAS is available in English and Spanish, and comprises 12 items. Individual items are rated on a 5-point Likert scale 1(Only Spanish) to 5(Only English). Possible total scores range from 5 to 60, indicating low and high acculturation.

The SAS was normed on a sample of 363 Hispanic and 228 Anglo adults residing in California, Florida, and Wisconsin. Factor analyses indicated that 67.6% of the total variance was explained by language use/ethnic loyalty, media, and ethnic social relations. Reliability alpha coefficient for the total scale was .92. All sub-scale coefficients were

49

found to have acceptable levels of internal consistency, ranging from .78 (Social Relations) to .90 (Language). Validity of the SAS involved the computation of validity coefficients by correlating the sub-scales with criteria previously used by researchers in the development of their acculturation scales. More specifically, total scale scores were significantly correlated with the following validation criteria: participants' generation, proportion of time spent living in the United States, participant's self-evaluation of acculturation level, acculturative index, and age of arrival in the United States. Additional analysis also demonstrated discriminant validity between Anglo and Hispanics on all sub-scales and total scale scores.

Psychometric properties of the SAS were also established for the present study. Alpha coefficients were computed for the scales using the entire sample ($\underline{N}$ = 361), and were as follows: Language Use = .83, Media Scale = .75, Social Relations = .81, and Total Scale = .75. Split-half reliability for the entire scale was .77.

Although the SAS tends to have adequate psychometric properties, and lends itself to use with various Latino subgroups, further studies are needed to investigate and establish other areas of validity in both clinical and non-clinical samples.

CHAPTER IV

RESULTS

In this chapter, the results from the analysis of the data are presented in four

sections. The first section of the chapter describes the demographic characteristics of the

sample including individual characteristics, work-related characteristics, and other

measured variables. The second section examines the quantitative data, including the

reliabilities of the scales, correlations among predictor variables, and correlations among

predictor and criterion variables. The third section focuses on the tests of the research

hypotheses. The fourth section presents narrative data regarding coping strategies, health

problems/concerns due to stress, self-perceived discrimination, self-perceived barriers,

and recommendations for a stress management program for Latina professionals.

The variables examined in this study's research questions included the following:

demographic variables (age, income, partner/spouse ethnicity, marital status), stress,

coping skills, gender role attitudes, self-esteem, and acculturation. The conceptual

framework used for this study included an integration of a Transactional Model of Stress

(Lazarus & Folkman, 1984) and Multiracial Feminist Theory (Baca-Zinn & Dill, 1997).

Description of the Sample

This section describes the demographic data from the 361 participants in the

study. The individual characteristics of the sample are summarized in Tables 1 to 3.

Individual characteristics included age, place of birth, ethnic subgroup, marital status,

sexual orientation, spouse/partner's ethnic background, number of children, ages of

children, desire for children in the future, and person responsible for household work, educational level, and spouse/partner's educational level.

Work-related characteristics included job title, number of years in current position, number of hours worked weekly, income, spouse/partner's income. Related characteristics included first priority ranking of work/career goals, marriage, personal development, social life, and other priorities. The frequency distribution of work-related variables are summarized in Tables 4 and 5.

<u>Individual Characteristics</u>

In this sample, the age of the participants ranged from 23 to 60 (Table 1). The mean age of the sample was 35.96 years. Participants resided in thirty states throughout the United States, with 48.5% (n=175) residing in California. Seventy-four percent (n=269) were born in the United States. In the sample, 70.1% (n=253) of the participants self-identified as Mexican American or Chicana, 9.1% (n=33) Puerto Rican, 2.5% (n=9) Cuban, 9.1% (n=33) South American, 4.4% (n=16) Central American, 2.8% (n=10) Dominican, and 1.7% (n=6) self-identified as Other. Participants were primarily (93.3%, n=336) heterosexual; lesbian (2.5%, n=9) and bisexual (3.6%, n=13) women were modestly represented. Forty-eight percent (n=173) of the participants were married and 29.2% (n=105) were single. Of the 173 married women 48% (n=83) were married to Latinos whereas 28.9% (n=50) were married to Anglos. Approximately 58% (n=20) of the participants did not have children (Table 2) but 70% (n=146) indicated they desired children in the future. The mean number of children was .79 (SD = 1.08). Twenty-nine percent of the children (n=45) were under six years old, and 37.4% (n=57) were 18 years

52

Table 1

Frequency Distribution and Percentage of Selected Individual Variables

Variable	Category	N	Percent
Age Group	20 - 30	131	36.3%
	31 - 40	116	32.1%
	41 - 50	88	24.4%
	51 +	26	7.2%
Place of Birth	U.S.	269	74.5%
	Non-U.S.	92	25.5%
Ethnic Subgroup	Mexican American	253	70.1%
	Puerto Rican	33	9.1%
	Cuban	9	2.5%
	South American	33	9.1%
	Central American	16	4.4%
	Dominican	10	2.8%
	Other	6	1.7%
	Missing	1	.3%
Sexual Orientation	Heterosexual	336	93.3%
	Lesbian	9	2.5%
	Bisexual	13	3.6%
Marital Status	Single	105	29.2%
	Married	173	47.9%
	Divorced	38	10.5%
	Widowed	1	.3%
	Living with partner	43	11.9%
Spouse/Partner's Ethnicity	Latino	83	48.0%
	Anglo	50	28.9%
	African American	10	5.8%
	Asian American	4	2.3%
	American Indian	1	.6%
	European	23	13.3%
	Other	2	1.2%

Table 2

Frequency Distribution and Percentage of Selected Individual Variables (Cont'd.

Variable	Category	N	Percent
Number of Children	No Children	207	57.3%
	1 Child	65	18.0%
	2 Children	53	14.7%
	3 Children	30	8.3%
	4 Children	6	1.7%
Ages of Children	< than 6 yrs old	45	29.0%
	6-12 years old	26	16.8%
	13-17 years old	26	16.8%
	18 yrs and older	57	37.4%
Desire children in the future	Yes	146	70.5%
	No	24	12.0%
	Uncertain	33	16.0%
	Missing	4	1.5%
Person Responsible for Household Work	Self	138	38.2%
	Domestic Help	14	3.9%
	Shared b/w self and partner	157	43.5%
	Shared b/w self and family	21	5.8%
	Partner	7	1.9%
	Other	8	2.2%
	Missing	16	4.4%
Participant Educational Level	High School	11	3.0%
	AA Degree	24	6.6%
	Bachelors	118	32.7%
	Masters	123	34.1%
	J.D.	13	3.6%
	Doctorate	67	18.6%
	M.D.	5	1.4%

and older. Approximately 44% (n=157) shared housework with their spouse/partner. A variety of educational levels were represented. Ninety percent of participants obtained at least a college degree. More specifically, 32.7% (n=118) reported a Bachelors degree, 34.1% (n=123) Masters degree, 3.6% (n=13) J.D. degree, 18.6% (n=67) Doctoral degree, and 1.4% (n=5) reported a M.D. degree. With respect to spouse/partner educational level, 31.2% (n=54) earned Bachelors degrees, and 39% (n=71) earned post-graduate degrees (Table 3).

Work-Related Variables

Work-related variables included job title, number of years in current position, number of hours worked weekly, income, partner/spouse's income, and rank order of priorities (work/career, marriage, personal development, social life, and other). Descriptive statistics of selected work-related variables are summarized in Tables 4 and 5.

In this sample, participants were employed in diverse fields. Seventeen occupational categories were represented in the sample, including University Professors (12.7%), Program Coordinators (12.2%), Counselors (9.7%), Analyst/Specialists (9.1%), and various occupational areas (e.g., attorneys, engineers, executives, administrators) (Table 4). The mean number of years employed in current position was 4.7 years, and ranged from 1 to 40. The mean number of hours worked was 44.43 hours per week, with a range of 23 to 50 (Table 5). Yearly mean income was $47,115 (range $4,000 to $300,000). Yearly mean income for partner/spouse was $48,221 (range $0 to $380,000). A variety of rank-ordered first priorities were represented (more than one category could

Table 3

Frequency Distribution and Percentage of Selected Individual Variables (Cont'd).

Variable	Category	N	Percent
Spouse/Partner's Educational Level	High School	28	16.2%
	AA Degree	16	9.2%
	Bachelors	54	31.2%
	Masters	45	26.0%
	J.D.	4	2.3%
	Doctorate	19	11.0%
	M.D.	3	1.7%
	Other	4	2.3%

Table 4

Frequency Distribution and Percentage of Selected Work-Related Variables

Variable	Category	N	Percent
Job Title	Manager	24	6.6%
	Director/Executive	27	7.5%
	Researcher	21	5.8%
	Business	8	2.2%
	Other Professional	49	13.6%
	Law Enforcement	6	1.7%
	Government Official	7	1.9%
	Attorney	8	2.2%
	Physician	5	1.4%
	University Professor	46	12.7%
	Teacher	22	6.1%
	Counselor	35	9.7%
	Administrator	16	4.4%
	Owner	2	.6%
	Coordinator	44	12.2%
	Analyst/Specialist	33	9.1%
	Engineer	6	1.7%
	Missing	2	.6%
Income	$0 - 40,000	157	45.1%
	$41 - 60,000	137	39.4%
	$61 - 80,000	33	9.5%
	$81 - 100,000	12	3.4%
	$101,000 +	9	2.6%
	Missing	12	3.3%
Number of Years in Current Position	1 - 5	253	70.1%
	6 - 10	59	16.3%
	11 - 15	25	6.9%
	16 - 20	7	1.9%
	21 +	17	4.8%

Table 5

Frequency Distribution and Percentage of Selected Work-Related Variables (Cont'd).

Variable	Category	N	Percent
Number of Hours	< 20	3	.8%
Worked Weekly	21 - 40	179	49.6%
	41 - 50	118	32.7%
	51 - 60	50	13.9%
	61+	4	1.1%
	Missing	7	1.9%
Spouse/Partner's	$0 - 40,000	103	45.17%
Income	$41 - 60,000	60	21.42%
	$61 - 80,000	33	14.47%
	$81- 100,000	10	4.3%
	$101,000 +	10	1.8%
	Missing	18	7.9%
First Priority	Work/Career		
Rank Order	Goals	55	15.2%
	Marriage	111	30.7%
	Personal		
	Development	98	27.1%
	Social Life	2	1.0%
	Other	106	29.3%

be ranked as their first priority), 30.7% (n=111) ranked marriage, 27.1% (n=98) ranked

personal development, 15.2% (n=55) ranked work/career goals, 1% (n=2) ranked social

life, and 29.3% (n=106) ranked other priorities.

<div align="center">Other Measured Variables</div>

Other measured variables included gender role attitudes, acculturation, self-

esteem, stress (family/cultural, marital, occupational/economic, parental), and coping

strategies (problem-focused and emotion-focused). The means and standard deviations

for other measured variables are shown in Tables 6 and 7.

In this sample, the mean score for self-esteem was 34.39 ($\underline{SD}$ = 5.05), indicating

high self-esteem. The mean score for acculturation was 40.65 ($\underline{SD}$ = 7.02), indicating

high acculturation. Finally, the gender role attitude mean score was 63.71 ($\underline{SD}$ = 7.27),

indicating liberal gender role attitudes.

With respect to stress mean scores on the Hispanic Stress Inventory, differences

were observed between the normative population and the present sample (Table 6). Mean

scores on all sub-scales were typically higher for the present sample. For example, the

total stress mean score for the present sample was 134.46 ($\underline{SD}$ = 19.24), versus 96.22

($\underline{SD}$ = 28.19) for the normative population. The parental stress mean score for the present

sample was 18.81 ($\underline{SD}$ = 2.80), versus 11.77 ($\underline{SD}$ = 4.48) for the normative population.

The marital stress mean score for the present sample was 30.42 ($\underline{SD}$ = 4.63), versus 19.06

($\underline{SD}$ = 9.93) for the normative population. The occupational/economic

mean score for the present sample was 33.20 ($\underline{SD}$ = 6.91) versus 21.42 ($\underline{SD}$ = 8.21) for

the normative sample. Lastly, the mean score for family/cultural conflict sub-scale for

Table 6

Comparison of Means and Standard Deviations of the Hispanic Stress Inventory

Sub-scale	Normative Sample		Present Sample	
	Mean	SD	Mean	SD
Total Stress	96.22	28.19	134.46	19.24
Marital Stress	19.06	6.93	30.42	4.63
Occupational/Economic Stress	21.42	8.21	33.20	6.91
Parental Stress	11.77	5.38	18.81	2.80
Family/Cultural Conflict	43.97	14.59	51.93	9.33

the present sample was 51.93 ($\underline{SD}$ = 9.33), versus 43.97 ($\underline{SD}$ = 14.59) for the normative sample.

In comparison to the normative population, the sample in this study was found to have higher scores in all areas of stress. Independent T-tests indicated these differences were also statistically significant on total stress (t = 37.03, $\underline{p}$<.001), family/cultural conflict (t = 15.91, $\underline{p}$<.001), marital stress, (t = 46.50, $\underline{p}$<.001), occupational/economic stress (t = 32.35, $\underline{p}$<.001), and parental stress (t = 47.74, $\underline{p}$<.001).

These differences may be reflective of the demographic differences between both samples. For example, the normative population was smaller (n = 118), and also included men (n = 78). Similarly, other differences included age ($\underline{M}$ = 21.6), educational level ($\underline{M}$ = 12.9 yrs), monthly income ($\underline{M}$ = $448.56), and marital status (81.2% single). Conversely, the present sample solely consisted of Latinas employed in professional fields, who are older ($\underline{M}$ = 35.96), highly educated (90% college graduates), earn higher incomes ($\underline{M}$ = $ 47,115), and primarily married (29%).

In regards to coping strategies, diverse coping strategies were represented, ranging from the most frequent (Planning), to the least represented (Substance Abuse). The mean scores for the 10 scales of the Brief COPE are reported on Table 7. Mean scores indicated that as a coping strategy, Planning ($\underline{M}$ = 6.01, $\underline{SD}$ = 1.61) was reported most often, whereas Substance Abuse was reported least often ($\underline{M}$ = 2.59, $\underline{SD}$ = 1.16). Remaining scores are found on Table 7. Comparison of mean scores between the

Table 7

Means and Standard Deviations of the Brief COPE

Sub-scale	Mean	SD
Planning	6.01	1.61
Active Coping	5.80	1.69
Using Emotional Support	5.57	1.67
Positive Reinterpretation & Growth	5.37	1.71
Acceptance	5.35	1.64
Using Instrumental Support	5.18	1.79
Religion	4.83	2.11
Self-Blame	4.10	1.73
Humor	4.03	1.70
Substance Abuse	2.59	1.16

normative population and the present sample are not possible since the Brief COPE

(Carver, 1997) was modified by the first author from the COPE Inventory (Carver et al.,

1989), to contain fewer items. In addition, the author did not provide mean scores for the

Brief COPE normative sample.

Data Examination and Correlations among Variables

This section will present the findings from an examination of the quantitative

data. The results of Cronbach's alpha reliability of each scale or sub-scale and

correlations among variables will be presented. Pearson product-moment correlations

were computed for interval level variables to determine any patterns of association among

variables. Probability levels for significance testing were set at .05 for analyses of the

research questions.

Results of Reliability Studies

Cronbach alpha reliabilities were determined for each scale or sub-scale used in

this study. Results indicated that the Behavioral Disengagement, Self-Distraction,

Denial, and Venting sub-scales of the Brief COPE demonstrated poor reliabilities.

Cronbach alpha reliability coefficient for the scales used to measure acculturation, gender

role attitudes, and self-esteem for this study were as follows: (a) Short Acculturation

Scale for Hispanics, .75 ; (b) Brief Cope, .86; (c) Brief Cope---Emotion-Focused and

Problem-Focused Dimensions, .83; (d) Hispanic Stress Inventory---Total Score, .74; (e)

Hispanic Stress Inventory- --Sub-scales, .80; (f) Attitudes Towards Women Scale, .72;

and (g) Rosenberg Self-Esteem Scale, .74.

<u>Correlations</u>

Pearson product-moment correlations (r) were computed for criterion and predictor variables to determine any patterns of association. Scatterplots were used to examine the assumption of linearity for significant correlations among predictor and criterion variables. No evidence of non-linear relationships was found when examining the scatterplots of these correlations.

First, correlations among predictor variables were examined for significant relationships. Predictor variables included acculturation, age, gender role attitudes, self-esteem, income, marital status, ethnicity of spouse/partner, emotion-focused coping, and problem-focused coping. Categorical data were dummy coded in the following manner: (a) marital status: married=1, non-married=0, and (b) ethnicity of spouse/partner: Latino=1, non-Latino=0. Linear correlations among predictor variables are shown on Table 8

Correlations were examined between all predictor variables and criterion variables to determine whether or not the scales were operating in the manner expected. Due to the low alpha coefficients of Behavioral Disengagement, Self-Distraction, Denial and Venting, these subs-scales were not included as coping scales. The criterion variables were Total Stress, Marital Stress, Parental Stress, Occupational/Economic Stress, Family/Cultural Stress, Emotion-Focused Coping, and Problem-Focused Coping. Table 9 illustrates the linear correlations among criterion and predictor variables.

64

<u>Correlations Among Predictor Variables</u>.

In examining the correlations among predictor variables, several associations were found (Table 8). Though there were significant correlations among predictor variables, the relationships were not strong enough to suggest multicollinearity. Correlations indicated that participants' age was significantly and positively correlated with higher self-esteem scores ($r = .13$, $p<.05$), income ($r = .23$, $p<.001$) and marital status ($r = .21$, $p<.001$), suggesting older and married participants reported higher self-esteem and income. Gender role attitude scores were significantly and positively correlated with higher self-esteem scores ($r = .13$, $p<.05$) and negatively associated with non-Latino spouse/partner ($r = -.14$, $p<.05$), suggesting participants with liberal gender role attitudes reported high self-esteem and had spouses/partners who were not Latinos. Acculturation scores were significantly and negatively correlated with non-Latino spouse/partner ($r = -.29$, $p<.001$), suggesting highly acculturated participants had spouses/partners who were not Latinos. Participants' income was significantly and positively correlated with marital status ($r = .11$, $p<.05$) and emotion-focused coping ($r = .15$, $p <.01$), suggesting participants with higher incomes were married and used more emotion-focused coping strategies. Higher self-esteem scores were significantly and negatively correlated with emotion-focused coping strategies ($r = -.18$, $p<.001$), suggesting participants with higher self-esteem reported less use of emotion-focused coping strategies. Finally, emotion-focused coping strategies were significantly and positively correlated with problem-focused coping ($r = .65$, $p <.001$).

Table 8

Linear Correlations Among Predictor Variables

Variable	1	2	3	4	5	6	7	8	9
1. SAS	--								
2. Age	.07 (315)	--							
3. AWS	.01 (292)	-.02 (326)	--						
4. RSE	-.02 (310)	.13* (353)	.13 (320)	--					
5. Income	.02 (305)	.23** (349)	.09 (316)	.04 (342)	--				
6. Marital Status	.04 (315)	.21** (360)	.02 (326)	.04 (353)	.11* (349)	--			
7. Spouse Ethnicity	-.29 (204)	-.09 (233)	-.14 (211)	-.05 (228)	-.07 (228)	-.01 (233)	--		
8 Emotion Focused	.03 (308)	.09 (352)	.00 (318)	-.18*** (345)	.15** (341)	-.06 (352)	-.10 (227)	--	
9 Problem Focused	-.02 (315)	-.05 (360)	.10 (326)	-.07 (353)	.10 (349)	-.07 (360)	-.10 (233)	.65*** (352)	--

Note. n= 361. SAS= Acculturation; AWS = Gender Role Attitudes; RSE = Self-Esteem; Spouse Ethnicity = Spouse/Partner Ethnicity; * p<.05. ** p<.01. *** p<.001.

66

<u>Correlations Among Criterion and Predictor Variables</u>.

Pearson product correlations were used to examine relationships between all predictor variables and criterion variables to determine whether or not the scales were operating in the manner expected. Predictor variables included acculturation, age, gender role attitudes, self-esteem, income, marital status, ethnicity of spouse/partner, and coping strategies. The criterion variables were total stress, marital stress sub-scale, parental stress sub-scale, occupational/economic stress sub-scale, family/cultural conflict sub-scale, emotion-focused coping, and problem-focused coping (Table 9).

The expected associations among the variables were based on the literature, and a one-tailed level of significance was used for testing. Among the predictor and criterion variables, it was expected that greater income and age would be associated with lower stress scores. It was also expected that lower acculturation and self-esteem scores would be associated with higher stress scores.

In examining the correlations among criterion and predictor variables, several associations were found (Table 9). Though there were significant correlations among predictor variables, the relationships were not strong enough to suggest multicollinearity. Correlations indicated that age was significantly and negatively correlated with family/cultural conflict ($r = -.15$, $p<.01$) and positively correlated with parental stress ($r =.24$, $p<.001$), and emotion-focused coping strategies ($r = .09$, $p<.05$). Correlations suggested that older participants reported less family/cultural but more parental stress and emotion-focused coping strategies. Acculturation scores were significantly and negatively correlated with total stress scores ($r = -.11$, $p<.05$), marital stress

Table 9

Linear Correlations Among Criterion and Predictor Variables

	Accult-uration	Age	Gender Roles	Self-Esteem	Income	Marital Status	Spouse Ethn	Emotion Focused	Problem Focused
Marital Stress	-.11 (314)	-.05 (359)	-.03 (325)	-.23*** (352)	-.08 (348)	.03 (359)	.02 (233)	.17*** (351)	.11 (359)
Occup Stress	-.10 (315)	-.01 (360)	.00 (326)	-.35*** (353)	-.09* (349)	.00 (360)	-.03 (233)	.25*** (352)	.17*** (360)
Parental Stress	.00 (315)	.24*** (360)	-.06 (326)	.00 (353)	-.02 (349)	.10 (360)	.05 (360)	.07 (352)	-.04 (360)
Family Conflict	-.09 (306)	-.15** (348)	-.02 (317)	-.35*** (342)	-.13** (337)	-.03 (348)	.01 (348)	.31** (336)	.17*** (348)
Total Stress	-.11* (305)	.06 (347)	.03 (316)	-.35*** (341)	-.13* (336)	.00 (347)	.01 (227)	.30*** (340)	.15** (347)
Emotion Focused	.03 (308)	.09* (352)	.00 (318)	-.18** (345)	.15** (341)	.17*** (351)	-.10 (227)	1.00 (361)	.65*** (352)
Problem Focused	-.02 (315)	-.05 (360)	.10* (326)	.66 (353)	.10* (349)	-.07 (360)	-.10 (233)	.67*** (347)	1.00 (361)

Key: One-tailed Significance
* (p<.05), ** (p<.01), ***(p<.001)

68

and occupational/economic stress ($r = -.10$, $p<.05$). Correlations suggested that highly acculturated participants reported less total stress, marital stress, and occupational/economic stress. Higher self-esteem scores were significantly and negatively correlated with total stress ($r = -.35$, $p<.001$), family/cultural conflict ($r = -.35$, $p<.001$), marital stress ($r = -.23$, $p<.001$), occupational/economic stress ($r = -.35$, $p<.001$), emotion-focused coping ($r = -.18$, $p<.01$). Correlations indicated that participants with higher self-esteem reported less total stress, marital stress, occupational/economic stress, and emotion-focused coping strategies. Participants' income was significantly and negatively correlated with total stress ($r = -.13$, $p<.05$), family/cultural conflict ($r = -.13$, $p<.05$), occupational/economic stress ($r = -.09$, $p<.05$). and positively correlated with emotion-focused coping strategies ($r = .15$, $p<.01$), and positively correlated with problem-focused coping strategies ($r = .10$, $p<.05$). Correlations suggested that participants with higher incomes reported less occupational/economic stress, family/cultural conflict, total stress, and more emotion-focused and problem-focused coping strategies. Emotion-focused coping strategies were significantly and positively correlated with marital status ($r = .17$, $p <.001$), marital stress ($r = .17$, $p<.001$), occupational/economic stress ($r = .25$, $p<.001$), family/cultural conflict ($r = .31$, $p<.001$), total stress ($r = .30$, $p<.001$), and problem-focused coping ($r = .67$, $p<.001$). Correlations suggested that participants who used emotion-focused coping strategies were married and reported more occupational/economic stress, family/cultural conflict, total stress, and used more problem-focused coping strategies. Finally, the use of problem-focused coping strategies was significantly and positively correlated with

liberal gender role attitudes ($r = .10$, $p < .05$), marital stress ($r = .11$, $p < .05$), occupational/economic stress ($r = .17$, $p < .001$), family/cultural conflict ($r = .17$, $p < .05$), and total stress ($r = .15$, $p < .01$). Correlations suggested that participants who used problem-focused coping strategies reported more liberal gender role attitudes, marital stress, occupational/economic stress, family/cultural conflict, and total stress.

Data Analysis of Research Hypotheses

Statistical data addressing the research hypotheses will be presented and discussed in this section. Simultaneous regression procedures were used to answer research questions. Scatterplots of the residuals were examined to confirm that the assumptions of normality, homoscedasticity, and linearity were met (Hamilton, 1992). Correlations among predictor and criterion variables were determined. These correlations did not demonstrate multicollinearity among the predictor variables. Also, computer-generated tolerance figures for each predictor variable were performed. Tolerance values range from 0.00 (multicollinearity) to 1.00 (no multicollinearity). Tolerance values for predictor variables in the regression equations did not indicate multicollinearity.

A simultaneous procedure was utilized to determine significant predictor variables to build a model. Due to the multiple comparisons of criterion variables, Bonferonni tests were used to adjust for the observed significance level of .01 (.05/5). For analysis of the research hypotheses, the probability level for significance testing was set at $p < .01$. To be included in the model, a predictor variable had to meet the probability level of $p < .01$ and a statistically significant change in R^2.

<u>Data Analysis for Research Question 1-</u> There will be significant relationships found across Latino subgroup (Mexican American, Puerto Rican, Cuban, and Central American) of Latina professionals among the following variables: demographic variables (age, income, level of education, number of children, and years in current position), reported stress, coping strategies, self-esteem, acculturation, and gender role attitudes.

Demographic data indicated that the sample was primarily Mexican American/Chicana (70.1%), and other Latino subgroups (Puerto Rican, Cuban, South American, Central American, Dominican) were modestly represented. Due to the small representation of these groups, this research question was not addressed.

<u>Data Analysis for Research Question 2 -</u> Demographic variables (age, income, marital status, ethnicity of spouse/partner), coping strategies (emotion-focused, problem-focused), acculturation, gender role attitudes, and self-esteem will significantly contribute to the variance in professional Latinas' self-reported stress.

Simultaneous regressions were conducted in all analyses to examine the contributions of the predictor variables. Each model contained the same predictor variables to maintain consistency across all models, and to measure their potential significance across diverse areas of stress. As such, all models contained the following nine predictor variables to measure diverse areas of stress: (a) acculturation; (b) age; (c) gender role attitudes; (d) ethnicity of spouse/partner; (e) income; (f) marital status; (g) self-esteem; (h) emotion-focused coping; and (i) problem-focused coping. Problem-focused coping strategies were defined as attempts to modify or eliminate the stressor through one's own behaviors, such as problem solving or direct action. Whereas

71

emotion-focused coping strategies were defined as behavioral or cognitive responses to manage one's emotional responses, such as eliciting social support or tension reduction.

A simultaneous regression analysis was calculated to determine the amount of total variance in total stress that could be accounted for by the nine predictor variables (Table 10). Entered together, the predictor variables were significant predictors of total stress scores, $F(9,164) = 5.45$, $p<.001$, with $R^2 = .23$. In this model, the results indicated that self-esteem and emotion-focused coping strategies were the most significant predictors, accounting for 23% of the variance in total stress scores. Increased levels of self-esteem scores predicted decreased total stress scores; and increased levels of emotion-focused coping strategies predicted increased total stress scores. The data indicated Latinas with high levels of self-esteem reported less stress. Conversely, Latinas who used more emotion-focused coping strategies reported increased stress.

A simultaneous regression analysis was calculated to determine the amount of total variance in the marital stress sub-scale that could be accounted for by the nine predictor variables (Table 11). Entered together, the predictor variables were significant predictors of marital stress scores, $F(9,169) = 2.86$, $p<.01$, with $R^2 = .13$. In this model, the results indicated that acculturation and self-esteem were the most significant predictors, accounting for 13% of the variance in marital stress. Increased levels of acculturation and self-esteem predicted decreased levels of marital stress scores. The data indicated that Latinas with high levels

Table 10

<u>Summary of Simultaneous Multiple Regression Analysis for Total Stress</u>

Variable	B	β	<u>SEB</u>	<u>t</u>
Self-Esteem	-1.24	-.31	.29	4.37**
Acculturation	-.45	-.17	.00	-2.40
Age	-.12	-.05	.17	-.74
Gender Role Attitudes	4.44	.02	.20	.21
Emotion-Focused Coping	.90	.30	.28	3.24**
Income	-1.07	-.17	4.00	-2.47
Spouse/Partner Ethnicity	-3.30	-.09	2.82	-1.16
Marital Status	1.10	.03	3.15	.35
Problem-Focused Coping	-.29	-.06	.41	-.70

<u>Note</u>. n=361

* $p<.01$. ** $p<.001$.

Table 11

Summary of Simultaneous Multiple Regression Analysis for Marital Stress

Variable	B	β	SEB	t
Self-Esteem	-.29	-.21	.11	-2.79*
Acculturation	-.20	-.22	.07	-2.78*
Age	-5.53	-.70	.06	-.89
Gender Role Attitudes	1.32	.01	.06	-.17
Emotion-Focused Coping	.18	.16	.10	1.72
Income	-3.41	-.16	.00	-2.12
Spouse/Partner Ethnicity	-1.37	.10	1.03	.32
Marital Status	.90	.06	1.15	.78
Problem-Focused Coping	.13	-.08	.15	-.85

Note. n=361
* $p<.01$. ** $p<.001$.

of acculturation and self-esteem reported less marital stress.

A simultaneous regression analysis was calculated to determine the amount of total variance in the occupational/economic stress sub-scale that could be accounted for by the nine predictor variables (Table 12). Entered together, the nine predictor variables were significant predictors of occupational/economic stress scores, $F(9,169) = 4.05$, $p<.001$, with $R^2 = .18$. In this model, the results indicated that acculturation and self-esteem were the most significant predictors, accounting for 18% of the variance in occupational/economic scores. Increased levels of acculturation and self-esteem predicted lower levels of occupational/economic stress scores. The data indicated Latinas with high levels of acculturation and self-esteem reported less occupational/economic stress.

A simultaneous regression analysis was calculated to determine the amount of the variance in the parental stress sub-scale that could be accounted for by the nine predictor variables (Table 13). Entered together, the predictor variables were significant predictors of parental stress scores, $F(9,169) = 4.93$, $p<.001$, $R^2 = .21$. In this model, the results indicated that age was the most significant predictor, accounting for 21% of the variance in parental stress scores. Older age predicted higher parental stress scores, indicating that older Latinas reported more parental stress.

A simultaneous regression analysis was calculated to determine the amount of total variance in the family/cultural conflict sub-scale that could be accounted for by the nine predictor variables (Table 14). Entered together, the predictor variables were

Table 12

Summary of Simultaneous Multiple Regression Analysis for Occupational/Economic Stress

Variable	B	β	SEB	t
Self-Esteem	-.52	-.27	.14	-3.74**
Acculturation	-.27	-.22	.09	-2.93*
Age	1.78	.02	.08	.22
Gender Role Attitudes	-2.07	-.02	.10	-.20
Emotion-Focused Coping	.27	.18	.14	1.98
Income	-4.86	-.16	.00	-2.25
Spouse/Partner Ethnicity	-1.89	-.10	1.38	-1.37
Marital Status	.54	.03	1.54	.35
Problem-Focused Coping	6.71	.03	.20	.33

Note. n=361

* $p<.01$. ** $p<.001$.

Table 13

Summary of Simultaneous Multiple Regression Analysis for Parental Stress

Variable	B	β	SEB	t
Self-Esteem	- 6.98	-.08	.07	-1.08
Acculturation	- 2.38	-.04	.04	-.56
Age	.21	.43	.04	5.72
Gender Role Attitudes	2.88	.05	.05	.63
Emotion-Focused Coping	4.98	.07	.06	.79
Income	-1.03	-.08	.00	-1.04
Spouse/Partner Ethnicity	.60	.07	.63	.95
Marital Status	-5.48	.00	.71	-.01
Problem-Focused Coping	-.16	-.15	.09	-1.68

Note. n=361
* p<.01. ** p<.001.

77

Table 14

Summary of Simultaneous Multiple Regression Analysis for Family/Cultural Conflict

Variable	B	β	SEB	t
Self-Esteem	-.84	-.33	.18	- 4.82**
Acculturation	-.21	-.13	.12	-1.85
Age	-.22	-.15	.10	-2.09
Gender Role Attitudes	3.22	.02	.13	.26
Emotion-Focused Coping	.71	.36	.17	4.13**
Income	-5.83	-.15	.00	-2.18
Spouse/Partner Ethnicity	-1.93	-.08	1.73	-1.11
Marital Status	-.21	-.01	1.94	-.11
Problem-Focused Coping	-.20	-.07	.25	-.76

Note. n=361

* $p<.01$. ** $p<.001$.

significant predictors of family/cultural conflict scores, $F_{(9,164)} = 7.66$, $p<.001$, with $R^2 = .30$. In this model, the results indicated that self-esteem and emotion focused coping strategies were the most significant predictors, accounting for 30% of the variance in family/cultural conflict scores. Higher levels of self-esteem predicted decreased levels of family/cultural conflict scores; and higher levels of emotion-focused coping strategies predicted higher levels of family/cultural conflict. The data indicated that Latinas with high levels of self-esteem reported less family/cultural conflict. Conversely, Latinas who used more emotion-focused coping strategies reported increased family/cultural conflict.

Data Analysis of Research Question 3- Demographic variables (age, income, marital status, ethnicity of spouse/partner), stress, acculturation, gender role attitudes, and self-esteem will significantly contribute to the variance in professional Latinas' self-reported coping strategies.

Simultaneous regressions were conducted in both analyses to examine the contributions of the predictor variables. Both models also contained the same predictor eight variables to maintain consistency in both models, and to measure their potential significance in coping strategies. As such, all models contained the following eight predictor variables to measure diverse areas of coping strategies: (a) acculturation; (b) age; (c) gender role attitudes; (d) ethnicity of spouse/partner; (e) income; (f) marital status; (g) self-esteem; and (h) stress.

As previously indicated, problem-focused coping strategies were defined as attempts to modify or eliminate the stressor through one's own behaviors, such as problem solving or direct action. Whereas emotion-focused coping strategies were

defined as behavioral or cognitive responses to manage one's emotional responses, such as eliciting social support or tension reduction.

A simultaneous regression analysis was calculated to determine the amount of variance in emotion-focused coping strategies that could be accounted for by the eight predictor variables (Table 15). Entered together, the predictor variables were significant predictors of emotion-focused coping scores, $F(8, 165) = 3.44$, $p<.01$, with $R^2 = .14$. In this model, the results indicated that income and stress were the most significant predictors, accounting for 14% of the variance in emotion-focused coping strategies.

A simultaneous regression analysis was calculated to determine the amount of total variance in problem-focused coping sub-scales that could be accounted for by the eight predictor variables (Table 16). Entered together, the predictor variables were not significant predictors of problem-focused coping scores, $F(8,170) = 2.56$, $p>n.s.$

Data Analysis of Research Question 4 - What are the stressors, coping strategies, physical concerns, and areas of interest for a stress management program identified by Latina professionals?

Narrative Findings

This section will describe findings of exploratory and narrative data used to answer the research question. The intent of the question was to conduct a preliminary exploration to explore how cultural, psychological, and social forces impact stress and coping processes of Latina professionals. Through anecdotal comments, participants were provided with the opportunity to express themselves in their own words. Five open-ended questions were developed to explore various aspects of coping,

Table 15

Summary of Simultaneous Multiple Regression Analysis for Emotion-Focused Coping Strategies

Variable	B	β	SEB	t
Self-Esteem	-5.30	-.04	.10	-.52
Acculturation	1.95	.02	.07	.30
Age	3.64	.05	.06	.65
Gender Role Attitudes	7.07	.08	.07	1.04
Income	4.39	.22	.00	2.99*
Spouse/Partner Ethnicity	-.64	-.05	.96	-.67
Marital Status	-1.38	-.10	1.07	-1.30
Stress	9.11	.28	.03	3.57**

Note. n=361
* $p<.01$. ** $p<.001$.

Table 16

Summary of Simultaneous Multiple Regression Analysis for Problem-Focused Coping Strategies

Variable	B	β	SEB	t
Self-Esteem	1.61	.02	.07	.23
Acculturation	8.93	.02	.05	.20
Age	-6.37	-.13	.04	-1.65
Gender Role Attitudes	.12	.19	.05	2.53
Income	2.05	.15	.00	2.01
Spouse/Partner Ethnicity	-.51	-.06	.66	-.77
Marital Status	-.39	-.04	.74	-.53
Stress	3.16	.14	.02	1.80

Note. n=361
* $p<.01$. ** $p<.001$.

stress, self-perceived discrimination, self-perceived barriers, and recommendations for a

stress management program. Due to the exploratory nature of the research question,

responses were recorded using the actual wording of the participants whenever possible.

Using frequency counts, themes were grouped into categories.

<u>Coping Strategies</u>

Of the 361 participants included in this study, 90% (n = 326) provided written

comments regarding their coping strategies. These comments were brief but ranged from

a few sentences to a paragraph. Participants frequently indicated multiple coping

strategies, yielding 985 total responses that were delineated into ten categories (Table 17).

The use of multiple coping strategies is indicated in the following:

> I focus on the cause of the stress, look at the 'big' picture. Then I determine whether
>
> or not to take action in confronting the stress or let it dissipate, plan on time off to
>
> rejuvenate. When I come home, I seek refuge in my room, have a glass of wine, and
>
> meditate. I also call on friends to cheer me up. My husband is a wonderful care-
>
> giver. I also like to go for long walks in natural surroundings. I work out at the
>
> fitness center 3x's a week.

In addition to multiple responses, bicultural and multidimensional approaches to

coping were also suggested. For example, one participant described a holistic and

multicultural approach to coping, "I listen to music, exercise, meet with my counselor,

call family members, speak with my husband, seek acupuncture, and talk to a curandera."

Cultural aspects also appear to prescribe coping behaviors and the availability of

resources. More specifically, the availability of extended family relationships and

Table 17

Frequency Distribution and Percentage of Self-Reported Coping Strategies

Area	N	Percentage
Social Support	197	60.4%
Sports & Physical Exercise	164	50.3%
Artistic & Literary Activities	91	27.9%
Alternative Therapies	75	23.0%
Direct Action/Problem Solving	71	21.7%
Spirituality or Religion	54	16.5%
Recreational Activities	41	12.5%
Rest or Relax	40	12.2%
Moderate use of alcohol or cigarettes	26	7.9%
Other Coping Skills	223	68.4%
Total Coping Skills	985	

Note. Multiple coping skills possible; percentages based on n=326

collective approaches to coping.

Approximately 61% (n=197) indicated seeking social support from family, friends, spouses, partners, or co-workers for both emotional and instrumental reasons. Several indicated "I have a wonderful friend/support group" or "I talk about the stressful event with my partner." For many, families were regarded as "very supportive" and participants regarded themselves as having "strong family values." Fifty-one percent (n=164) also indicated the use of sports and physical exercise (n=164), ranging from weight training, aerobics, walking, running, and swimming.

Approximately 28% (n=91) indicated the use of artistic and literary activities, such as drawing, music, dancing, reading, writing, and other forms of artistic expression. Twenty-three percent (n=75) indicated the use of alternative therapies, such as Tae Chi, massage, yoga, candles, folk healers, teas/herbs, and candles. Although the use of alternative therapies was reported, the use of traditional psychotherapy was only modestly reported. Only thirteen participants indicated the use of psychotherapy.

Twenty-two percent (n=74) noted the use of direct or problem solving coping strategies. There was great diversity in regards to specific behaviors, such as "If I know a stressful event is forthcoming, I imagine possible scenarios and role play with my spouse." Another indicated "I try to solve the problem ... become involved in some activity to solve it or alleviate the stress." Seventeen percent (n=54) of the participants reported the use of spirituality or religion, consisting of both eastern and western religious practices. For example, participants regarded the practice of meditation as helpful. Others regarded their spirituality as an integrated part of their lives. For example one

participant indicated: "First, I pray about it. I present any stressful situations before God. I tell Him about it and ask Him for guidance in dealing with it. I find relief from these situations through my personal relationship with God."

Other strategies included (a) recreational activities (12.5%, n=41), such as visiting the beach, outdoor activities, gardening, traveling, and hobbies; (c) rest and relaxation (12.2%, n=46), and (d) moderate use of alcohol or cigarettes (7.9%, n=26). Participants also reported 223 different coping strategies that could not be categorized due to the small frequencies within the categories. There was great diversity in these strategies, including playing with pets, positive thinking, mentally disengaging, eating chocolate, community work, and acquiring new skills.

When comparing coping strategies among the narrative and quantitative data, differences and similarities emerged (Table 18). Narrative findings suggested cultural and diverse coping strategies, such as extended families, yoga, religion, folk healers, and artistic activities. Traditional coping strategies such as exercise, social support, direct action, and problem solving were substantiated. The large number of total coping strategies (n=985) also suggested that multiple coping strategies were employed.

When comparing the Brief COPE with the narrative data, the findings suggested differences in the frequencies of specific coping strategies. For example, the means of the Brief COPE indicated frequent use of the following scales: planning, active coping, social support for emotional reasons, positive reinterpretation, and acceptance. However, with the exception of social support, narrative findings indicated frequent use of divergent coping strategies, including sports/exercise, artistic/literary activities, and alternative

Table 18

Comparison of Brief COPE and Self-Reported Coping Strategies

Brief COPE Sub-scales	Mean	Self-Reported Coping Skills	Freq.
Planning	6.01	Social Support	197
Active Coping	5.80	Sports/Exercise	164
Using Emotional Support	5.57	Artistic/Literary Activities	91
Positive Reinterpretation	5.37	Alternative Therapies	75
Acceptance	5.35	Direct Action/Problem Solving	71
Using Instrumental Support	5.18	Spirituality/Religion	54
Religion	4.83	Recreational Activities	41
Self-Blame	4.10	Rest or Relax	40
Humor	4.03	Moderate use of alcohol and cigarettes	26
Substance Abuse	2.54		

therapies. These findings suggest that traditional coping scales do not capture all aspects of coping strategies, and do not measure the use of cultural or non-mainstream coping strategies. The high volume of total responses also suggests that multiple strategies are employed, and coping instruments are limited to solely measuring the specific areas of inquiry. Findings also indicated that emotion-focused coping strategies appeared to function differently for Latinas, and did not appear to be maladaptive, as suggested by prior research on Anglo populations (Bhagat et al., 1991; Long, 1988).

<u>Health Problems/Concerns due to Stress</u>

Fifty-percent (n=180) of the participants reported experiencing health problems or concerns due to stress. Participants frequently indicated multiple health concerns, yielding 314 total health problems/concerns, and ten broad categories (Table 19). The number of health concerns dramatized the enormous impact of high demands and multiple stressors. These demands also appeared to have both a physical and psychological impact, as suggested by the following statement: "I usually keep pushing myself until I crash and burn. Usually, I internalize it and end up with a stomach ulcer."

Written responses suggested the most frequent health problems/concerns included headaches (25.6%, n=46), muscle tension (20%, n=36), and gastrointestinal problems (18.8%, n=34). Psychological aspects of stress were also reported, such as anxiety (10%, n=18) and depression (9.4%, n=17). One participant stated, "I eat too much. I sometimes cry and also become nervous and agitated. At times, I'll even lash out and regret it later." Another noted the psychologically debilitating effects of stress in the following: "I was clinically depressed in 95-96 due to overwhelming family stress and

Table 19

Frequency Distribution and Percentage of Self-Reported Health-Related
Problems/Concerns due to Stress

Category	N	Percent
Headaches	46	25.6%
Muscle Tension	36	20.0%
Gastrointestinal	34	18.8%
Sleep Disturbance	24	13.3%
Weight Gain	23	12.8%
Anxiety	18	10.0%
High Blood Pressure	18	10.0%
Depression	17	9.4%
Rashes	13	7.2%
Ulcers	11	6.1%
Other Health Concerns	74	41.1%
Total reported health problems/concerns	314	

Note. Multiple responses possible; percentages based on n=180.

unfair expectations of myself - I call it 'perfection paralysis'. After that awful time, I

minimize my stress and its effects on me in every way possible."

Related symptoms also included sleep disturbance (13.3%, n=24), weight gain

(12.8%, n=23), high blood pressure (10%, n=18), rashes (7.2%, n=13), ulcers (6.1%,

n=11), and other health concerns (41.1%, n=74), such as low immune systems, chest

pains, fatigue, or irregular menstrual periods.

<div align="center">

Self-Perceived Discrimination

</div>

Approximately 56% (n=204) reported experiencing discrimination at work, and

provided written comments regarding their experiences. The remaining 44% of the

sample appeared to have other perceptions. Perhaps these differences were attributed to

differences in world views or other factors. Participants frequently indicated

discrimination in multiple forms, yielding 316 total responses delineated into seven

categories (Table 20).

Tokenism

The most frequent area of self-perceived discrimination was tokenism

(61.7%, n = 126), including: being regarded as inferior by colleagues, isolation,

pejorative remarks, and limited decision making power. For example, a physician stated,

"Co-workers and other medical staff on occasion have been surprised to find out I'm

Mexican 'because I've made it so far and I'm good at what I do!'" Similarly, another

indicated, "I was introduced to my co-workers as the 'affirmative action hire' - I am now

two ranks higher than the supervisor who introduced me that way. I'll never treat anyone

that way." Also questioned regarding her qualifications, another participant stated,

Table 20

Frequency Distribution and Percentage of Self-Perceived Discrimination

Category	N	Percent
Tokenism	126	61.7%
Sexism	76	34.3%
Career Immobility	70	37.2%
Ageism	16	7.8%
Racism	15	7.3%
Other Areas	13	6.3%
Total	316	

Note. Multiple responses possible; percentages based on n=204

91

"Despite my record of achievement, there have been some people who prejudge me as inferior - so I have had to be twice or three times better, just to be considered equal." Despite their unjust treatment, several participants were also proactive in confronting these situations, such as filing grievances and complaints. A proactive position is indicated by the following:

> At my first teaching position, a mostly White male faculty gave me horrible
>
> evaluations and attempted to remove me. Subsequently, I arranged for an
>
> outside evaluation and the evaluation concluded that my department had been
>
> discriminatory in their actions. I then moved on to another university, where
>
> I have received tenure and was promoted to department chair this year.

Another faculty member commented, "years ago, a male colleague was promoted over me, even when I had more qualifications and seniority. After that, I've had to file discrimination complaints and salary inequity complaints four times."

Sexism

The second area of self-perceived discrimination sexism, (37.2%, n = 38), including: exclusion from informal male networks, limited decision making, sexual harassment, and salary inequity. Commenting on subordination from male administrators, the following was expressed:

> I have been subordinated by older male administrators who try to control my energy
>
> by obfuscating the facts and focusing on my rank. I've heard from equals who are
>
> young males that they are encouraged to speak out and ask hard questions. I
>
> represent a threat that must be controlled for some reasons.

Also discussing differential treatment, another noted: "my male colleagues expect me to perform secretarial tasks although I hold an equal position." Commenting on salary inequity, one participant stated, "My supervisor told me my male co-worker needed to make more money because he is married and has a family (3 children) to support."

Career Immobility

The third area of self-perceived discrimination was career immobility (34.3%, n = 70), including: a glass ceiling, salary inequity, lack of mentors, disparity of work, and lack of promotions or job interviews. Aware of her career immobility, a participant indicated:

> Absolutely. I've been ignored of job promotions or reclassification over and over again. My job responsibilities continue to grow every year but it's a battle to get reclassified. I have earned my master's degree, continuously pushing professional development, and sit on many important committees to improve the service we provide to students--and it feels like it just doesn't matter what I do--I'm not going anywhere!

Ageism

The fourth area of self-perceived discrimination was ageism (7.8%, n = 16). Participants frequently indicated their discrimination was based on their younger age. A 32-year old Chicana expressed:

> As a woman and Latina (and a young professional), I have been overlooked as a key player in an organization. My saving grace however, has been my degree from an Ivy League institution. It still hasn't helped my credibility 100%.

Another 28 year-old Mexican American participant expressed concern about how her age and ethnicity intersect:

> Because of my relatively young age, I've experienced a degree of ageism, not from colleagues, but from the constituencies that we serve. This may, at times, be confounded by the fact that I'm not only young, but also a young woman of color.

Racism

The fifth area of self-perceived discrimination was racism (7.3%, n = 15), including overt and covert acts. For example, one participant commented on multiple forms of racism, "I was called the 'chimichanga' at work, asked if my parents and I did the Mexican hat dance after dinner, paid at a lower rate than Anglo counterparts." Another commented on the impact of her phenotype, "I am a Black Latina. The form of discrimination I have felt is more an isolation because there are not very many other Latinas and they do not known what to expect of me."

Other Related Areas

The sixth area of self-perceived discrimination was "other related areas" (6.3%, n = 13), such as language or homophobia. Commenting on her language, a participant stated, "People think that because I have an accent I don't understand what they are telling me. They also are very aware of the fact that I talk 'funny' and they remind me of it constantly!"

Self-Perceived Occupational Barriers

Approximately 75% (n = 270) reported experiencing occupational barriers, and provided written comments regarding their experiences. Participants frequently indicated multiple occupational barriers, yielding 349 total responses delineated within five categories (Table 21). The parallels between self-perceived discrimination and occupational barriers was an unexpected finding. Although the categories of tokenism and career immobility may appear redundant, they were retained to underscore perceptual differences between self-perceived discrimination and self-perceived barriers.

Intersection of Gender, Culture, and Age

The first occupational barrier included the intersection of gender, culture, and age (41.4%, n = 112). This intersection was typically suggested by the following comment: "On some occasions people have made assumptions about me as a person and my performance based on my race and ethnicity. I have also experienced sexual harassment from friendly coworkers." Pondering upon the interplay between gender, cultural, and age, the following was stated:

> Reward and recognition by the White male director of my work. Seems surprised that I can do tasks so thoroughly and efficiently. I wonder if this is because I'm young, a woman, or Latina? Perhaps all three? Other co-workers recognize work I do, but hardly ever hear praise by the director. This creates stress in me.

Table 21

Frequency Distribution and Percentage of Self-Perceived Occupational Barriers

Category	N	Percent
Intersection of Gender Culture, and Age	112	41.4%
Tokenism	93	34.4%
Career Immobility	85	31.4%
Other Areas	59	21.8%
Total	349	

Note. Multiple responses possible; percentages based on n=270.

Also cognizant of the tension created with her others, a participant expressed:

> I feel insecure and that people don't take me seriously. I feel tension even with my fellow administrators who are White women. In the past, I have felt the teachers I supervise, question my directives and thoughts because I look young, am a woman, and a person of color.

Competing cultural and organizational values were also indicated in the following:

> The greatest barriers have always been the very competitive attitude of the work environment that prohibits the time needed to collaborate and work more cooperatively with others. People are so caught up in acquiring positions and power, they show little value for language and cultural differences.

Tokenism

The second occupational barrier was tokenism (26.6%, n = 93), including areas of being regarded as inferior, incompetent, disrespected, and the need to prove oneself. One participant indicated she was not valued, and stated, "lack of respect, being condescended to, and not being treated as equal. Not being felt like a contributor to the success of an organization." In their attempts to prove themselves as competent, participants stated they felt pressured to work harder than their counterparts to "prove" themselves. For example, one participant indicated, "I feel like I have to perform highly and fulfill all expectations. Otherwise, I put a lot of pressure on myself. Mom used to say I had to preform at a higher level to prove myself, since I was Latina." Similarly, another participant commented, "Allowing people to see my greatest potential. At times I strive so hard to prove myself to others and when it is not recognized I become a bit discouraged."

Career Immobility

The third occupational barrier was career immobility (31.4%, n = 85), consisting of limited promotions or salary increases, lack of entry into informal networks, and insufficient education. For example, the following participant commented on her lack of promotions: "Never 'enough' experience. Reasons for not being promoted are ever changing depending on the circumstances while Anglo men and women seem to be more readily promoted and accepted in their new roles." Another observed how mobility was not based on merit or experience, stated, "I've seen men with less experience, younger, and less time in the company get ahead quicker and make more money. I feel I have to prove myself on a daily basis."

The lack of access to informal networks also appeared to limit career mobility, as indicated, "Overcoming discrimination and not being allowed to enter the 'informal network' of power sharing that occurs mostly among men, but also among White women." Similarly, another participant commented, "Administration and higher management is predominately Anglo. Consequently, the influence power is controlled by this dominant group. My perception of this environment is that it limits input from those of us who have new and different value systems." Also commenting on informal networks, "'The Male Club' I believe most men think women don't belong in the workplace. Even the male management don't involve females (Hispanic, Black, Asian, or White) in most meetings or functions."

<u>Other Barriers</u>

The fourth occupational barrier consisted of other barriers (21.8%, n = 59). These barriers were very diversified, but included barriers such as lack of child care facilities, overextending oneself, and homophobia.

<u>Stress Management Recommendations for Latina Professionals</u>

Seventy-seven percent (n = 277) of the participants provided recommendations for a stress management program for Latina professionals. Participants frequently provided multiple recommendations yielding 492 individual responses and eight categories (Table 22). Participants frequently commented on the importance of integrating cultural elements in a stress management program, such as the following:

> I think any stress management program for Latinas must obviously be culturally sensitive to our cultural traits. It should be taken into consideration the role that our families play in our lives, our language, our views as far as what being a woman means, our spirituality, etc. The program should exist in the context of how we define what being a Latina is.

Also commenting on the importance of cultural issues and Latina facilitators, another participant suggested:

> I think the program should definitely be run by a fellow Latina, because it would help the participants if someone who is culturally aware of some of the barriers which are specific to Latinas. I think a majority of our stress comes from the constant struggle to be there for 'la familia' and at the same time be successful according to American standards.

Table 22

Frequency Distribution and Percentage of Recommendations for a Stress Management
Program for Professional Latinas

Recommended Element	N	Percent
Work, Family, and Cultural Dimensions	86	31.0%
Support Groups and Mentoring	80	28.9%
Personal Care and Self-Esteem	69	24.9%
Interpersonal Skills	55	19.9%
Alternative Therapies & Spirituality	53	19.1%
Health and Exercise	36	13.0%
Stress Management Techniques	31	11.1%
Other Recommendations	82	29.6%
Total	492	

Note. Multiple responses possible; percentages based on n=277

Similarly, others also emphasized the diversity among Latinas, "Any thing that is holistic. That it does not try to make us 'white.' Exercise techniques that builds on our varied backgrounds, that acknowledges there isn't a 'one size fits all.'"

Work, Family, and Cultural Dimensions

The first recommendation (31%, n = 86) for a stress management program included work, family, and cultural dimensions. Participants expressed an interest in learning how to reconcile competing work, family, and cultural issues, as indicated by the following:

> More and more we are faced with learning how to balance our desire for careers
> and economic security with desires for a fulfilling intimate relationship. I think
> we've bought into the myth of the 'modern woman' without having been prepared
> to deal with the real conflicts and choices the myth brings.

Others also stressed the importance of maintaining balance in their lives:

> As Latinas we share the burden of being very strong women, capable of doing
> anything, and working three times as hard at it. Figuring out how to balance what
> our fathers have taught us to be, what our partners want us to be, and what we
> want to be.

Another participant also expressed, "Something that would include discussion and strategies on how to deal with family obligations and balancing school or work with these additional responsibilities (i.e. taking care of children and elderly parents)."

Single women sought to address issues relative to being partnered, as illustrated by the following statement:

> I do not have children yet, but as I contemplate my future with children, I can see
> how conflicts may arise in regards to my professional and family life. My ideas
> are to stay home with my children (because it's cultural and a duty as a mother),
> but I also would like to pursue my career goals.

Also attempting to reconcile cultural issues, a single Latina, indicated:

> It seems difficult to convince your family that it's okay to be a Latina and
> successful without being married yet. I focus on my career but not at the expense
> of my family. Beginning my own family is important to me, but I want to make
> sure I find the right person, because I don't want to be stuck in an
> unhappy/unhealthy relationship for religious or cultural reasons.

Participants also desired to learn how to deal with other areas of family conflict due to their professional orientations, as noted in the following: "How to deal with the stress produced when one is trying to move on with one's own life while leaving the rest of the family." Similarly, "Being as how Latina women generally come from 'traditional' families, it can be challenging, trying to convince parents that being career oriented is not a bad thing and that it will not take away from family."

Support Groups and Mentoring

The second recommendation (28.9%, n = 80) for a stress management program included support groups and mentoring. Participants expressed an interest in support groups to informally come together. For example, a participant commented, "I would

make a bee line to any group meeting with Latina professionals--I absolutely crave that sense of community." Another also stated her interest in, "Support groups that meet once or more a month. Develop a place that is a 'safe heaven' where we can go and feel good about ourselves."

Participants also expressed an interest in mentoring. More specifically, "Information on mentors and role models. People who do the same load and work at the same level. I have always felt this to be very important and somewhat lacking in our culture." Similarly, another sought an exchange of information, stating "As a young/new professional Latina, I would like to know how educated Latinas with children manage their lives in terms of being a wife, mother, professional, etc."

Personal Care and Self-Esteem

The third element (24.9%, n = 69) for a stress management program included personal care and self-esteem, such as time alone, self-care, assertiveness training, and increasing self-esteem. Participants frequently indicated, "I think it would be useful to include some self-esteem programs to help Latinas feel positive about ourselves and our culture." Similarly, another requested "Techniques/information to build self-esteem."

Participants expressed an interest in learning how to take care of themselves, as indicated in the following:

How to balance life, family, friends, and a job; how to put space between you and your job (i.e. don't take the job home with you); take time out for yourself. The ability to think of yourself first and your best interests, and put those interests before your job.

103

Also emphasizing self-care, a participant expressed:

> As Latinas we have been taught to be modest, deal with what we're given, and
> work with what we've got. We're not usually taught to complaint, vent, or be
> angry. We need to learn, how to deal with stress verbally without being made to
> feel guilty for whining.

Interpersonal Skills

The fourth recommendation (19.9%, n = 55) for a stress management program included interpersonal skills, such as leadership skills, communication skills, goal setting, and conflict resolution skills. Expressing an interest in communication skills, a participant sought to learn, "How to deal with male directors with different cultural expectations in relation to: communication, social and professional relationships, and work styles. Also, how to deal with the stressors of being the only person of color on staff." Similarly, another desired to learn, "How to deal with frustration, anger, that ensues from tokenism in the work place. My battery often runs low and I feel I'm the only one fighting these battles."

Alternative Therapies or Spirituality

The fifth recommendation (19.1%, n = 53) for a stress management program included alternative therapies, such as yoga, meditation, music, folk healing and spirituality. Participants expressed interest regarding, "Something to do with spirituality that each individual can use in their own way to release stress."

Similarly, another participant noted, "More intellectually, spiritually based tools to deal with this type of prejudice. Also helpful would be concrete information on this topic, so we can be better informed and thus better prepared to deal with situations."

Health and Exercise

The sixth recommendation (7.3%, n = 36) for a stress management program included health and exercise. A frequent interest included understanding and preventing stress-related illness. Other areas included understanding the impact on one's mental health. In particular, one participant stated:

> It is important for Latinas to indulge in taking care of their personal health first. The focus should be on how to better themselves, and not on how to make the world treat them better. When you treat yourself well, others will treat you with more respect. Don't focus so much on injustices, but on how you can make stand by example. Find a creative outlet, physical challenge, and quite time to express yourself.

Stress Management Techniques

The seventh recommendation (7.3%, n = 31) for a stress management program included stress management techniques. For example, participants sought to learn, "Categories of stress management - physical, psychological, etc. How to deal with stress at work at home, in relationships, etc." Another indicated, "Techniques of relaxation, quiet time, meditation, and exercise are all good methods of holistic care of self." Another also desired, "Relaxation, ways to focus, meditate. Common ways that others deal with stress."

Relative to cultural differences, a participant commented, "If there are cultural differences that affect the way we choose or decline certain stress reducers, it would be useful to identify these."

Other Recommendations

The eighth recommendation (29.6%, n = 82) for a stress management program included other recommendations, such as financial planning, sexual harassment, limited resources, and the internet. In designing stress management programs for Latina professionals, the following is a consideration:

Latinas face a great number of challenges in seeking a higher education and higher career goals. Some are family related, others are brought on by environmental pressures. Counseling and motivational programs are needed to empower Latinas and assist in better overcoming all these obstacles.

Summary of Narrative Findings

The results of the narrative findings highlighted the various aspects of social and cultural forces. Findings suggest that Latina professionals utilized numerous coping strategies, with the most frequent being social support, physical exercise, and artistic/literary activities. With the exception of social support, these findings were not fully supported by the Brief COPE. Half of the participants reported experiencing health problems or concerns due to stress. The most frequently reported concerns included headaches, muscle tension, gastrointestinal problems, sleep disturbances and weight gain. Psychological concerns also included anxiety and depression. However, only 13 participants reported seeking mental health services.

Numerous barriers and discriminatory practices were reported. Approximately 65% of the participants indicated they felt pressure to compete with others. Findings also suggested that 57% also experienced multiple forms of discrimination, based on a combination of their ethnicity, gender, age, and other factors. Similarities were also reported among occupational barriers, including tokenism, career immobility, and intersections among age, gender, and culture. Finally, findings indicated that participants (9%, n=32) desired stress management programs that are culturally sensitive and provide them with the ability to address competing and multiple roles. Of particular interest was their desire for mentoring and social support, which are not typical elements of mainstream stress management programs.

CHAPTER V

DISCUSSION

This chapter is presented in three sections. The first section presents a discussion

and interpretation of the findings in relation to the research questions. The second section

presents methodological considerations and conclusions. The third section presents

implications and recommendations for counseling psychology.

The purpose of this study was to obtain a clearer understanding of the relationship

between stress and coping in a diverse sample of Latina professionals. More specifically,

the differences among Latino subgroup, acculturation, gender role attitudes, self-esteem,

stress, and coping strategies of Latina professionals. This study was guided by a

transactional model of stress (Lazarus & Folkman, 1984), emphasizing cognitive

interpretations of environmental events. A transactional model of stress (Lazarus &

Folkman, 1984) defines stress as an unfavorable person-environment relationship.

Coping efforts are determined by one's appraisal of the event. Problem-focused coping

strategies include attempts to modify or eliminate the stressor through one's own

behaviors, such as problem solving or direct action. Whereas emotion-focused coping

include behavioral or cognitive responses to manage one's emotional responses, such as

eliciting social support or tension reduction. Multiracial feminist theory (Baca-Zinn &

Dill, 1997) was also integrated to examine social structures and the social context of

Latina professionals.

Differences Across Latino Subgroups

Due to the large representation of Mexican American participants, and modest representation of other Latino subgroups, the area of within group differences was not examined. Given the large heterogeneity between Latino subgroups, and research findings indicating within group differences with respect to psychological well-being, further research is needed in this area (Amaro et al., 1987; Rivera Torres, and Carre, 1995).

Total Stress

A simultaneous regression analysis was calculated to determine the amount of total variance in total stress that could be accounted for by acculturation, age, gender role attitudes, ethnicity of spouse/partner, income, marital status, self-esteem, emotion-focused coping strategies, and problem-focused coping strategies. In this analysis, the results indicated that self-esteem and emotion-focused coping strategies were the most significant predictors, accounting for 23% of the variance in total stress scores. Self-esteem significantly predicted decreased total stress scores. Conversely, emotion-focused coping strategies significantly predicted increased total stress scores. The data indicated Latinas with high levels of self-esteem reported less stress. Conversely, Latinas who used more emotion-focused coping strategies reported increased stress.

High levels of self-esteem appeared to function as an important resource in reducing the magnitude of perceived stress. Perhaps high levels of self-esteem enabled

Latinas to cope with perceived stress due to their self-confidence in dealing with adversity. High levels of self-esteem possibly provided Latinas with the ability to employ more adaptive coping strategies. These findings were also consistent with prior studies observing a negative relationship between self-esteem and stress (Abel, 1996; Pearlin & Schooler, 1978; Zuckerman, 1989). Similar findings were found by Rector and Roger (1996) in their examination of stress, self-esteem, and coping among college freshmen. Findings suggested that self-esteem reduced the magnitude of perceived stress.

A high reliance on emotion-focused modes of coping might make it difficult to effectively deal with the demands of one's stress. The positive relationship between emotion-focused coping strategies and stress substantiated prior studies (Billings & Moos, 1981; Lazarus & Folkman, 1984). Vega (1994) also found that emotion-focused coping was associated with increased psychological distress in female Puerto Rican college students. However, with the exception of Vega (1994), these studies primarily involved Anglo or Canadian populations, and excluded the impact of cultural influence. To a large extent, the coping strategies of Anglo and Canadian professional women are based on Western or cultural norms and expectations. As current stress and coping theories continue to reflect Western conceptions of emotional control and suppression of emotions, diverse cultural patterns of expression are regarded as deficient or deviant. In addition, the consideration of the social context elucidates how racially stressful situations restrict available coping options and deplete Latinas of their psychological resources. Clearly, a greater understanding of the use of emotion-focused coping strategies among Latinas warrants further investigation.

110

<u>Marital Stress</u>

A simultaneous regression analysis was calculated to determine the amount of total variance in the marital stress sub-scale that could be accounted for by acculturation, age, gender role attitudes, ethnicity of spouse/partner, income, marital status, self-esteem, emotion-focused coping strategies, and problem-focused coping strategies. In this analysis, the results indicated that acculturation and self-esteem were the most significant predictors, accounting for 13% of the variance in marital stress scores. Acculturation and self-esteem significantly predicted decreased marital stress scores. The data indicated that Latinas with high levels of acculturation and self-esteem reported less marital stress.

Findings indicated that Latinas with high levels of acculturation reported less marital stress. Although acculturation of spouse or partner was not measured, it is plausible that participants selected spouses or partners that espoused similar values or attitudes. These similarities possibly contributed to increased martial satisfaction and decreased marital stress. Current findings did not support previous literature examining the association between acculturation and marital stress (Flores-Ortiz, 1993; Negy & Snyder, 1997). For example, Negy and Snyder (1997) reported that Latino couples with higher levels of acculturation reported increased marital stress, due to the stressors inherent in redefining marital roles. Flores-Ortiz (1993), observed that among professional and working-class Chicanas, women who described traditional marriages experienced greater marital harmony and cohesion. Conversely, women with more egalitarian gender roles and decision-making patterns experienced greater marital difficulty.

111

High levels of self-esteem appeared to function as an important resource in reducing the magnitude of marital stress. Perhaps high levels of self-esteem enabled Latinas to cope with marital conflict without feeling threatened or insecure. Perhaps they also felt more confident in dealing with adversity, and employed more adaptive coping strategies. The inverse relationship between self-esteem and marital stress collaborated previous findings among Anglo couples (Katz, Beach, & Anderson, 1996) and Mexican American couples (Vega, Kolody, & Valle, 1988). Katz and associates (1996), suggested that higher levels of self-esteem were related to higher levels of marital quality for both Anglo men and women. Vega and associates (1988) observed that among 550 Mexican American women, less acculturated women experienced higher levels of marital strain based on non-reciprocity of spouse. Decreased self-esteem was also reported due to negative self-evaluations and decreased use of negotiation skills.

Occupational/Economic Stress

A simultaneous regression analysis was calculated to determine the amount of total variance in the occupational/economic stress sub-scale that could be accounted for by acculturation, age, gender role attitudes, ethnicity of spouse/partner, income, marital status, self-esteem, emotion-focused coping strategies, and problem-focused coping strategies. In this analysis, the results indicated that acculturation and self-esteem were the most significant predictors, accounting for 18% of the variance in occupational/economic scores. Acculturation and self-esteem significantly predicted decreased occupational/economic stress scores. The data indicated Latinas with high levels of acculturation and self-esteem reported less occupational/economic stress.

112

The inverse association between acculturation and occupational stress supported prior studies. As previously indicated acculturation into U.S. society, as reflected by the ability to communicate in English (Rivera et al., 1997), and higher levels of education (Negy & Woods, 1992) appeared to provide professional Latinas with greater access to resources that are typically not available to their counterparts with lower acculturation or educational levels (Rivera et al., 1997). Additional resources in decreasing occupational stress may include social support by co-workers. For example, Rojas and Metoyer (1995) found that working-class Mexican American women who made acculturative shifts, incorporated mainstream values, and increased their English speaking-skills reported a greater perception of social support at work. Amaro et al. (1987) also found that perceived support and lack of discrimination were significant predictors of mental health distress symptoms for Latina professionals.

High levels of self-esteem appeared to provide Latinas with the ability to employ adaptive coping measures to deal with occupational stressors. Grandey and Cropanzano (1999) recently found similar results, indicating that high self-esteem was associated with decreased occupational stress among White female university professors. Although previous studies on Latina professionals did not examine the relationship between self-esteem and occupational stress, current findings supported Long and Martinez' (1994) findings, indicating Latina professionals have high self-esteem. As a cognitive trait, self-esteem appears to function as a resource that provides Latinas with the ability to cope with organizational stressors. Perhaps the combination of high self-esteem and acculturation was also attributed to biculturalism, or the ability to successfully navigate

between two opposing worlds. For example, Gandara (1982) found that Mexican American women from lower socioeconomic status obtained professional or advanced degrees (J.D., M.D., Ph.D.) because they were able to successfully maneuver between American mainstream culture and their culture of origin. Gomez and Fassinger's (1994) investigation of high achieving Latinas, indicated that bicultural women demonstrated a wider repertoire of achievement behaviors and flexibility in adapting to their environments.

Parental Stress

A simultaneous regression analysis was calculated to determine the amount of the variance in the parental stress sub-scale that could be accounted for by acculturation, age, gender role attitudes, ethnicity of spouse/partner, income, marital status, self-esteem, emotion-focused coping strategies, and problem-focused coping strategies. In this analysis, the results indicated that age was the only statistically significant predictor, accounting for 21% of the variance in parental stress scores. Older age significantly predicted higher parental stress scores, indicating that older Latinas reported increased parental stress.

This association between older age and increased parental stress collaborates a recent trend among Latina professionals, such as delaying motherhood (Pesquera, 1993; Valtierra, 1987; Zambrana & Frith, 1988). The high frequency of childless (58%) and single (52%) women in the present study collaborated previous findings suggesting Latina professionals exhibit divergent childbearing trends (Pesquera, 1993; Valtierra, 1987; Zambrana & Frith, 1988). For example, Valtierra (1987) indicated that although the

114

Latina physicians in her study adhered to traditional cultural values of familism, they postponed certain roles to achieve their educational aspirations. Similarly, Pesquera (1993) reported that the majority of professional Latinas in her study delayed marriage and childbearing until after completing educational goals and establishing their careers. It is plausible that Latinas in this study also delayed marriage and childbearing until completing their educational goals or establishing their careers. Although they possess resources such as self-esteem, income, and liberal gender attitudes, as older parents their parental stress may be attributed to physical exhaustion. Similar to other employed women, the demands of their jobs and other responsibilities may tax them of their physical and emotional energy. Perhaps this fatigue may also create increased parental stress, particularly during childhood adolescence.

Family/Cultural Conflict

A simultaneous regression analysis was calculated to determine the amount of total variance in the family/cultural conflict sub-scale that could be accounted for by acculturation, age, gender role attitudes, ethnicity of spouse/partner, income, marital status, self-esteem, emotion-focused coping strategies, and problem-focused coping strategies. In this analysis, the results indicated that self-esteem and emotion-focused coping strategies were the most significant predictors, accounting for 33% of the variance in family/cultural conflict scores. Self-esteem significantly predicted decreased family/cultural conflict scores. Emotion-focused coping strategies significantly predicted increased family/cultural conflict scores. The data indicated that Latinas with high self-esteem reported less family/cultural conflict. Conversely, Latinas who used more

emotion-focused coping strategies reported increased family/cultural conflict.

High levels of self-esteem appeared to function as an important resource in reducing the magnitude of family/cultural conflict. Perhaps the combination of employment in a professional career interacts with high self-esteem to increase the bargaining power and decision making among Latinas. For example, Herrera and DelCampo (1995) found that working-class Mexican American women from dual-earner families perceived themselves as co-providers, with equal decision making authority as their husbands. These women also expected their husbands to participate in housework and child-care tasks. Increased sharing of household tasks was associated with work satisfaction and lower levels of role strain. In another study, Schwartzberg & Dytell (1996) investigated family stress, work-stress, and self-esteem among 48 dual-earner Anglo families. Findings suggested that while men and women reported equivalent levels of stress and well-being, self-esteem and depression were affected by both job and family stress.

With respect to the positive association between emotion-focused coping strategies and family/cultural conflict, previous researchers found that the use of avoidant coping was positively associated with stress among women (Spangenberg & Theron, 1999). Perhaps present findings suggested that increased family stress was related to managing conflicting social messages between U.S. mainstream and Latino cultures, and not simply the use of avoidant coping. For example, participants endorsed items indicating their professional and family goals were in conflict with one another. Similar findings were also found for professional and working-class Latinas in other studies. For

example, Pesquera (1993), observed that while all Mexican American women in her study expressed a degree of difficulty reconciling the competing urgencies of work and family, professional Mexican American women expressed the highest level of anxiety, conflict, ambivalence, and guilt. Professional Mexican American women were also uncertain of their ability to adequately perform both sets of expectations and expressed concern in their tendencies to bring their work home, causing role overlap. Segura (1992) concluded that professional Chicanas in her study attempted to downplay the "competing urgencies of family and work" (p. 176) although their discussions suggested considerable tension and stress in their spillover between work and family.

<center>Summary of Stress Findings</center>

Present findings suggested that overall, self-esteem was the most significant predictor in four of the five models examined. Acculturation, age, and emotion-focused coping were also significant predictors in the present models. Current findings demonstrated that income, gender role attitudes, marital status, and ethnicity of spouse/partner were not significant predictors of various types of stress.

The lack of statistical significance for these variables was unexpected. Despite the lack of statistical significance of spouse/partner ethnicity, present findings did not support findings by Amaro et al. (1987), suggesting that Latino spouses or partners were associated with increased stress. Although marital status was not a significant predictor variable of stress, the realities of single parenthood, particularly among Puerto Rican women warrants further investigation to elucidate present findings. Finally, the lack of statistical significance of gender role attitudes was also surprising given the large

<center>117</center>

emphasis in the literature on employed Latinas (Amaro et al., 1987; Flores-Ortiz, 1993). Overall, present findings appear to indicate that the Latino family is currently in flux and various forces appear to shape the lives of Latina professionals.

Coping

Emotion-Focused Coping

A simultaneous regression analysis was calculated to determine the amount of variance in emotion-focused coping strategies that could be accounted for by acculturation, age, gender role attitudes, ethnicity of spouse/partner, income, marital status, self-esteem, and stress. In this analysis, the results indicated that income and stress were the most significant predictors, accounting for 14% of the variance in emotion-focused coping strategies. Income and stress predicted increased emotion-focused coping scores. The data indicated that Latinas with high levels of income and stress reported more emotion-focused coping strategies.

Present findings indicated emotion-focused coping (attempts to regulate one's emotional reactions, such as tension reduction or emotional support) was significantly associated with increased stress. The positive relationship between emotion-focused coping and stress was collaborated by research on professional women. Among professional women with high incomes, emotion-focused coping was associated with increased stress. Long's (1988) qualitative examination among professional Canadian professional women suggested that increased stress was reported among women who used emotion-focused strategies, such as resigned acceptance. Bhagat and associates (1991) also observed that the use of emotion-focused coping was related to higher levels

of organizational stress among predominately married Anglo female teachers.

While a positive relationship between emotion-focused coping and increased stress was supported, these studies primarily involved Anglo or Canadian populations, and excluded the impact of cultural influence. To a large extent, the coping strategies of Anglo and Canadian professional women are based on Western or cultural norms and expectations. As current stress and coping theories continue to reflect Western conceptions of emotional control and suppression of emotions, diverse cultural patterns of expression are regarded as deficient or deviant.

Another consideration is the use of the Brief COPE to measure coping strategies. As a dimension of coping, emotion-focused coping strategies appeared to function differently for the Latinas in this study. This may be due in part, to the unequal distribution of emotion-focused (7) and problem-focused (3) scales. It is possible that the disproportionate amount of emotion-focused scales may have confounded the current results. Further studies are needed to elucidate these findings.

The small body of cross-cultural empirical studies examining stress and coping strategies of Puerto Ricans (Vega, 1994), Cubans (Casares, 1999) and African Americans (Plummer and Slane, 1996) supported the increased use emotion-focused coping strategies. Perhaps the positive relationship between emotion-focused coping and stress is attributed to differences in world views, and differences in cognitive appraisals. As suggested by Coyne and Gottlieb (1996), personal characteristics, history, and circumstances determine the incidents perceived as stressful and the options that are available to deal with these events. For example, Vega (1994) observed that Puerto Rican

119

college students used emotion-focused coping strategies when they perceived that the stressful event was more harmful to them or their families. Plummer and Slane (1996) also found that racially stressful situations restricted available coping options for African Americans. Consequently, African Americans used significantly more emotion-focused coping strategies to deal with racially stressful events.

Although a high reliance on emotion-focused modes of coping might make it difficult to effectively deal with chronic stressors, future investigations need to consider the impact of the social context in which Latinas or other culturally diverse individuals are forced to suppress their emotions for the protection of their families or overall well-being. Failure to attend to the insidious effects of discriminatory or offensive practices may limit our understanding of the coping process, particularly regarding the use of emotion-focused coping strategies. The consideration of possible psychological and physical outcomes due to constant exposure to social stressors, also warrant further investigation.

A greater understanding and appreciation of the influence of social and cultural factors deriving from the social context is needed. What is less understood is the coping process through which the sociocultural context affects the stress and coping process (Aldwin, 1994). The integration of these variables in the study of stress and coping provides researchers with the opportunity for greater insight and accurate understanding of the psychological processes involved, particularly for culturally diverse individuals (Vega, 1994).

<u>Problem-Focused Coping</u>

A simultaneous regression analysis was calculated to determine the amount of total variance in problem-focused coping (attempts to take direct action) that could be accounted for by acculturation, age, gender role attitudes, ethnicity of spouse/partner, income, marital status, self-esteem, and stress. In this analysis, the results indicated that this model was not statistically significant.

In addition to the eight predictor variables utilized in the model, the lack of statistical significance of problem-focused coping strategies may be attributed to psychometric properties of the Brief COPE. More specifically, due to the availability of only 6 items that comprise problem-focused coping, this finding should be interpreted with caution. Moreover, as previously noted with respect to emotion-focused coping strategies, a greater understanding and appreciation of the influence of social and cultural factors deriving from the social context is needed. As present findings suggest, coping among Latinas is complex, and the integration of culture and the greater social context is needed. Also, as problem-focused coping continues to be venerated by mainstream society, future research is warranted.

Summary of Findings on Coping Strategies

The participants in the present study appeared to demonstrate a combination of problem-focused and emotion-focused coping strategies. However, coping strategies appeared more complex than initially postulated, and present findings supported only partially supported previous coping literature with respect to professional women. The predominate focus on Anglo or Canadian professional women provides a limited

understanding of the dynamic and complex nature of the coping process, particularly among diverse professional women.

The newly emerging cross-cultural literature examining coping strategies among culturally diverse populations suggest that patterns of coping vary from one stressful encounter to another, and are contextually based. Contradictory findings within the coping literature are in part, due to lack of attention to the social context. Different coping strategies can have different outcomes in different situations since the meaning, function, and effectiveness of specific coping strategies dramatically vary across persons and situations.

Outcomes may have both psychological and physical affects. For instance, racially stressful events can lead to increased stress and vulnerability, such as high blood pressure, hypertension, stroke, and cardiovascular disease (Utsey et al., 2000). Such events may also predispose Latinas to psychological outcomes, such as depression, anxiety, psychosomatic disorders, or addictive behaviors (Comas-Diaz & Greene, 1994). Clearly, a greater understanding and appreciation of the influence of social and cultural factors deriving from the social context is needed.

Narrative Data

Exploratory and narrative data was used with the intent of exploring how cultural, psychological, and social forces impacted the stress and coping processes of Latina professionals. Through anecdotal comments, participants were provided with the opportunity to express themselves in their own words. Five open-ended questions were developed to explore various aspects of coping, stress, self-perceived discrimination,

self-perceived barriers, and recommendations for a stress management program. Due to the exploratory nature of these open-ended questions, responses were recorded using the actual wording of the participants whenever possible. Using frequency counts, themes were also grouped into categories.

Coping Strategies

Ninety-percent (n=326) of the participants provided written comments regarding their coping strategies. These comments were brief but ranged from a few sentences to a paragraph. Participants frequently indicated multiple coping strategies, yielding 985 total responses delineated into ten categories. In addition to multiple responses, bicultural and multidimensional approaches to coping were also suggested. More specifically, 60% (n=197) reported social support, 50% (n=164) sports and physical exercise, 28% (n=91) artistic and literary activities, 23% (n=75) alternative therapies, 22% (n=71) direct action or problem solving, 17% (n=54) spirituality or religion, 13% (n=41) recreational activities, 12% (n=40) relaxation, 8% (n=26) moderate use of alcohol or cigarettes, and 68% (n=223) indicated other coping strategies.

When comparing coping strategies among the narrative and quantitative data, differences and similarities emerged. Narrative findings suggested cultural and diverse coping strategies, such as extended families, yoga, religion, folk healers, and artistic activities. Previously identified coping strategies for professional men and women were collaborated, such as exercise, social support, direct action, and problem solving (Trocki & Orioli, 1994). However, the use of artistic/literary activities, has not been identified as a coping strategy.

Comparisons between the Brief COPE and open-ended questions revealed differences in the frequencies of specific coping strategies. For example, the means of the Brief COPE indicated frequent use of the following scales: planning, active coping, social support for emotional reasons, positive reinterpretation, and acceptance. However, with the exception of social support, narrative findings indicated frequent use of divergent coping strategies, including sports/exercise, artistic/literary activities, and alternative therapies. These findings contributed to our understanding of the coping process and suggested that traditional coping scales did not capture all aspects of coping strategies. With the exception of religion, traditional coping scales do not measure the use of cultural coping strategies. These cultural aspects are important, considering Latinas cultural aspects often affect the coping process. The high volume of total responses also suggested that multiple strategies were employed, and coping instruments are limited to solely measuring the specific areas of inquiry.

While current narrative and quantitative findings collaborated previous studies suggesting that women (Carver et al., 1989; Trocki & Orioli; Vega, 1994) and Latinos (Vega, 1994) utilized both problem-focused and emotion-focused coping, present findings also extended our understanding of the coping process of Latina professionals. The large emphasis regarding problem-focused coping strategies, and the devaluing of emotion-focused coping appears biased due to the limited attention of social forces, such as discriminatory practices and unequal social power. More specifically, present findings challenged previous portrayals of Latinos as avoidant, due to their use of emotion-focused coping strategies (Vega, 1994). Similarly, present findings also challenged previous

portrayals of women as ineffective copers, due to their reliance on emotion-focused

coping strategies and social support (Banyard & Graham-Bermann, 1993). As the use of

emotion-focused coping strategies is regarded by researchers as ineffective, explanations

relevant to the stress process of Latinas are grounded on a deficit perspective. Present

findings indicated that Latinas utilized a diverse repertoire of coping strategies, that

included a combination of emotion and problem-focused coping strategies. Most

importantly, the use of emotion-focused coping did not appear to be maladaptive.

Health Problems/Concerns due to Stress

Fifty-percent (n=180) of the participants reported experiencing health

problems/concerns due to stress. Participants frequently indicated multiple health

concerns, yielding 314 total health problems/concerns, and 11 categories. The number of

health concerns dramatized the enormous impact of high demands and multiple stressors.

These demands also appeared to have both a physical and psychological impact. More

specifically, 60% (n=197) reported headaches, 20% (n=36) muscle tension, 19% (n=34)

gastrointestinal problems, 13% (n=24) sleep disturbance, 13% (n=23) weight gain, 10%

(n=18) anxiety, 10% (n=18) high blood pressure, 9% (n=17) depression, 7% (n=13)

rashes, 6% (n=11) ulcers, and 41% (n=74) other health concerns, such as low immune

systems, chest pains, fatigue, or irregular menstrual periods.

Although an empirical measure was not utilized to measure somatic complaints,

current findings collaborated anecdotal data by Argueta-Bernal (1991) and Comas-Diaz

(1997), suggesting that constant exposure to stress results in increased risk for illness.

Professional status may also increase their vulnerability to depression, anxiety,

125

psychosomatic disorders or addictive behaviors (Comas-Diaz, 1997; Comas-Diaz & Greene, 1994). Consequently, future studies on Latina professionals should consider health outcomes of stress and employment.

Self-Perceived Discrimination

Fifty percent (n=204) of the participants reported experiencing discrimination at work. Participants frequently indicated discrimination in multiple forms, yielding 316 total responses and six categories. More specifically, 62% (n=12) reported tokenism, 37% (n=76) sexism, 34% (n=70) career immobility, 8% (n=16) ageism, 7% (n=15) racism, and 6% (n=13) reported other areas of perceived discrimination. These findings supported studies suggesting Latina professionals experienced both individual discrimination (Amaro et al., 1987; Grijalva & Coombs, 1997; Segura, 1992) and organizational discrimination (Yaffe, 1994; Gutierres et al., 1994).

Latinas encountered similar barriers as their Anglo counterparts, such as sexual harassment, salary inequity, glass ceilings, and sexism (Comas-Diaz & Greene, 1994). However, as ethnic women, they also appeared to encounter additional stressors, due to status-related social roles associated with gender, race, ethnicity, social class, sexual orientation, religion, and disability. Findings also highlighted the hierarchies of domination that exist in occupational settings and power relationships within these organizations. Latinas were perceived by their colleagues as inferior, subjected to scrutiny, and felt judged by harsher standards. For example, participants frequently reported the need "to prove" themselves. This finding was also substantiated by quantitative findings, indicating that among the 361 participants in the present study, 65%

reported pressure to compete with others to get ahead in their jobs. Sexist practices also disadvantaged Latinas with respect to informal social networks and decision making opportunities. Discriminatory practices also contributed to salary inequities, occupational immobility, and pejorative statements. However, findings suggested that participants also resisted oppression and devaluation, and were proactive in confronting these situations by filing grievances and complaints. Grijalva and Coombs (1997), also observed similar findings in their qualitative investigation of Latina physicians. They observed that Latinas were disadvantaged by overwhelming working demands, sexism and a pervasive assumption of inferiority. Determined to succeed, Latina physicians also challenged racial or ethnic stereotypes, and joined committees to deal with social inequities.

Self-Perceived Occupational Barriers

Seventy-five percent (n=270) of the participants reported experiencing occupational barriers. Participants indicated multiple occupational barriers, yielding 349 total responses and five categories. More specifically, 34% (n=93) reported tokenism, 31% (n=85) career immobility, 23% (n=62) intersections of gender/culture/age, 19% (n=50) lack of support, and 22% (n=59) other barriers. The parallels between self-perceived discrimination and occupational barriers was an unexpected finding. The high rates of self-perceived discrimination (50%) and self-perceived barriers (75%), suggested that social environments adversely impact Latinas. Perhaps some women regarded these situations as barriers, while others regard them as forms of discrimination.

Although the categories of tokenism, career immobility may have appeared redundant to the reader, they underscored perceptual differences. Similarly, they

underscored the subtleties of discriminatory practices that may not have been regarded as discriminatory, but perceived as organizational barriers. This subtlety was also recognized by Landau (1993), suggesting "Today, the sources of these barriers is rarely bigotry, but rather more subtle and indirect forms of discrimination that might not even be recognized by its perpetrators" (p. 391).

An important finding was the lack of fit between the organizational culture and Latino culture. According to Bell (1990) organizational cultures are often characterized as male dominated and create bicultural stress. The need to effectively manage their lives as Latinas in a White male culture also creates paradoxes. These environments frequently require competitive and aggressive behaviors for occupational survival and occupational advancement. Consequently, these values and orientations may be in direct opposition to the social and collective traditions of Latinas. Discriminatory practices or organizational neglect may also force Latinas to engage in corporate gamesmanship (Comas-Diaz, 1997). For example, Garza and Santos (1991) reported that when Latinos found themselves in the minority, they engaged in intense competition for power.

Stress Management Recommendations for Latina Professionals

Seventy-seven percent (n=277) of the participants provided recommendations for a stress management program for Latina professionals. Participants frequently provided multiple recommendations yielding 492 individual responses and eight categories. Participants also commented on the importance of integrating cultural elements in a stress management program. More specifically, 31% (n=86) reported work/family/cultural dimensions (n=86, 31%), 28.9% (n=80) support groups and mentoring, 24.9% (n=69)

personal care/self-esteem, 19.9% (n=55) interpersonal skills, 19.1% (n=53) alternative

therapies and spirituality, 9.3% (n=36) health and exercise, 11.1% (n=31) stress

management techniques, and 29.6% (n=82) reported other recommendations.

Present findings highlighted the importance of integrating cultural elements into a

stress management program for Latina professionals. As suggested by previous studies

(Flores-Ortiz, 1993; Pesquera, 1993; Segura, 1992), Latinas experienced competing

urgencies between their work and family lives. Findings suggested that Latinas sought

how to reconcile competing work, family, and cultural issues. Similarly, Latinas were

also faced with the challenges of ill or elderly parents. Current findings suggested that

tension was also created between Latinas and other individuals when they selected to

remain single or childless. Grijalva and Coombs (1997) also observed that cultural

expectations of marriage and motherhood created tension between Latina physicians and

their families. Participants also reported reservations in selecting Latinos as potential

mates, due to gender-biased expectations and conflict.

An unexpected finding was the desire for mentoring and social support in a stress

management program. Participants expressed an interest to informally come together for

social support and mentoring. The desire for social support and mentoring may be

attributed to the lack of guidance and support in their professional careers, and a

collective orientation, heightening their feelings of alienation and isolation. Ferdman and

Cortes (1992) observed Latino managers endorsed an orientation to people combined

with a strong belief in respect for oneself and others. In a related study, Denton (1990)

found that bonding and supportive relationships among professional African American

women were restorative and self-enhancing, thus enabling them to cope with their

multifaceted stressors associated with being professional women.

Summary of Narrative Findings

Narrative findings highlighted the various aspects of social and cultural forces.

Findings suggested that Latina professionals utilized numerous coping strategies, with the

most frequent being social support, physical exercise, and artistic/literary activities. With

the exception of social support, these findings were not fully supported by the Brief

COPE. Half of the participants reported experiencing health problems or concerns due to

stress. However, only 13 (3.6%) participants reported seeking mental health services.

Findings suggested that 57% (n=204) of the participants experienced multiple

forms of discrimination, based on a combination of their ethnicity, gender, age, and other

factors. Similarities were also reported among occupational barriers and self-perceived

discrimination, including tokenism, career immobility, and intersections among

age/gender/culture. Finally, findings indicated that participants desired culturally

sensitive stress management programs to provide them with the ability to address

competing and multiple roles. Of particular interest was their desire for mentoring and

social support, which are not typical elements of mainstream stress management

programs.

Limitations of the Study

Several limitations of this research should be kept in mind when interpreting the

present findings. This study was limited by a non-randomized sampling procedure.

Therefore, the findings of the present study cannot be generalized to the entire population

130

of Latina professionals residing in the United States. Participants volunteered to participate in the study, and may reflect a homogenous sample. It is possible that women who regarded stress and coping as important issues were also more likely to participate in the present study.

A descriptive correlational design with the use of multiple regression analyses was used in this investigation. Therefore, inferences about causality cannot be made. Self-report measures were also utilized and are limited to the information reported by the present participants. Similarly, self-report measures are also limited to the scope of inquiry. This study was also limited by the variables of inquiry. Multiple regressions indicated that the largest proportion of variance explained in the current models was only 30%. Consequently, 70% of the variance remained unexplained by the nine predictors in the models. Future studies examining stress among Latinas should consider other variables for predictions, such as ages of children, number of hours worked, geographical region, and professional occupation.

Other limitations may also pertain to the instruments utilized in the present study, more specifically the Hispanic Stress Inventory and the Brief COPE. Although the HSI was normed on Latinos and demonstrated sound psychometric properties, it does not appear as an appropriate instrument for individuals employed in professional occupations, or single or childless persons. Administration errors are also possible if participants do not carefully follow the instructions for responding.

Similarly, the Brief COPE warrants further revisions and does not appear to be an appropriate coping instrument for Latinas. This may be due in part, to the unequal

distribution of emotion-focused (7) and problem-focused (3) scales. Due to the low alpha coefficients Behavioral Disengagement, Venting, Denial, and Self-Distraction, these sub-scales were not included in the analyses. Problem-focused and emotion-focused dimensions appear to function differently with Latinas. Consequently, findings based on the Brief COPE should be interpreted with caution. These factors should also be considered in future studies utilizing emotion-focused and problem-focused dimensions with culturally diverse individuals.

Within-group heterogeneity, characterized by different ethnicities or Latino subgroups, was not analyzed in this study due to sampling procedures. As indicated by Amaro et al. (1987) and Rojas et al. (1997), women from diverse Latino subgroups appear to fare better than others. However, due to limited representation of diverse Latino subgroups, the current study was unable to ascertain these differences. Similarly, this study was limited by its predominately heterosexual sample, and the examination of heterosexual relationships.

Implications for Counseling Psychology

Findings indicated that only 13 (4%) women reported the use of psychological services. Given the small utilization rate for mental health services, the need for culturally competent psychologists has never been greater. As Latinas seek counseling psychologists to help them reduce their stress and improve their well-being, it is imperative that psychologists possess cultural competencies. Although Latinas share common cultural and linguistic characteristics, each group is distinct in terms of its historical, political, economic, and racial differences. Counseling psychologists working

with Latinas should be sensitive to these differences as this sensitivity will help professionals provide more comprehensive and effective services. Additionally, psychologists must embrace the challenge of understanding the nature of multiple identities and multiple oppression, thus calling for multiple perspectives.

It is also critical for psychologists to be able to identify sources of strength among Latinas, as demonstrated by their resiliency, creativity, and human agency. Culturally sensitive interventions should take into account the cultural context in which Latinas are located. Psychologists must also understand the complexity of cultural, political, social, and economic variables. Race, culture, and gender all simultaneously operate in every social situation. They also operate as social constructs that provide power and simultaneous oppression. For example, a counselor working with a LatiNegra (Comas-Diaz, 1994) should take into account how her experiences differ from lighter Latinas. Similarly, when working with lesbian or bisexual Latinas, professionals should also be sensitive to discriminatory practices based on sexism, homophobia, and racism.

When working with contemporary Latino families, clinicians should consider that in situations of social injustice the family becomes a buffer and a source of support. As such, Latino families function as systems that evolve despite a hostile context. Inherent power differentials between men and women further promotes imbalanced relationships. The uniqueness and diversity of the family also needs to be understood through a sensitive assessment. Critical examinations of the support a family offers, as well as the ways in which family life oppresses and victimizes women (Flores-Ortiz, 1993; 1998) should also be regarded with sensitivity.

Professionals who work with issues relative to biculturalism should also consider the paradoxes afforded by biculturalism. For example, although biculturalism provides a wider range of achieving styles and flexibility to adopt to both Latino or U.S. mainstream culture (Gomez & Fassinger, 1994), bicultural stress can also be created for professional women of color (Bell, 1990). Therefore, professionals must be sensitive that this process requires constant adaptation and negotiation, and bicultural stress can be created when paradoxical and opposing circumstances are created. As noted by Garcia-Preto (1998), "the process of Latinas adapting to mainstream culture is always in flux...it is a process of selective adaptation, becoming American only to the extent that it feels safe" (pp. 330-331).

Counseling psychologists must also consider power and opportunity in the social context of Latinas. As previously noted, Latinas experience multiple oppression that exacerbate their stress. When examining coping strategies, professionals should not employ a deficit model to Latinas when emotion-focused coping strategies or alternative coping strategies prevail. Professionals should be sensitive to the noxious effects of racism or disenfranchisement. Racially stressful events can lead to increased stress and vulnerability, such as high blood pressure, hypertension, stroke, and cardiovascular disease (Utsey et al., 2000). Vulnerability to possible psychological outcomes, such as depression, anxiety, psychosomatic disorders, or addictive behaviors should also be considered (Comas-Diaz, 1997).

Finally, the current findings suggest that a stress management program for Latinas should entail culturally sensitive aspects. Such a program should be facilitated by a

Latina and resources should be available both in English and Spanish. A stress management program for Latinas should not be limited to a brief workshop, but rather weekly sessions to cover a broad scope of concerns. Although traditional elements such as stress or time management, nutrition, and exercise may be integrated, careful attention should also be given to the complex cultural issues that both support and fatigue Latinas. Other areas of cultural sensitivity should also include opportunities for bonding, social support, and networking.

Future Research Recommendations

Given the limitations of the present study, future studies of Latinas should consider their heterogeneity characterized by different ethnicities and Latino subgroups. Given that Latinas are comprised of diverse subgroups, it is important to understand similarities and differences between them. In addition, it is important to ascertain how these differences impact their well-being. A multidimensional analysis of the identity development of Latinas is also needed, and must be viewed through the lens of gender, ethnicity, and sexual orientation (Flores-Ortiz, 1998).

Present findings suggested that traditional coping scales do not measure cultural aspects of coping, and the multidimensional nature of the coping process. In particular, the Brief COPE did not appear to demonstrate adequate statistical properties for examining the coping process among Latinas. Therefore, the Brief COPE warrants future modifications.

Future research on stress and Latinas should incorporate cultural elements to allow researchers to move away from the abstract and superficial manner in which culture

has been previously regarded. The findings of the present study suggested that the use of emotion-focused coping strategies is both cultural and adaptive. Most importantly, coping strategies should not be dichotomized into "good" versus "bad" strategies. The works of Lykes (1983) increases our understanding of the coping process of African American women with regards to dealing with discrimination. Findings indicated that the context in which the experience of discrimination took place was important variable that mediated the women's choice of coping strategy.

A follow-up study would advance our understanding of the dynamic stress and coping process. In particular, the use of qualitative approaches will enhance our understanding of the holistic experiences of Latinas. In addition, qualitative approaches will increase our understanding of their multiple oppression and the institutions that oppress Latinas.

The findings of this study also suggest that the Latino family is currently in flux. Various configurations presently exist within married and partnered couples. Further research of family stress among Latinos should also include couples from diverse sexual orientations. Family configurations should also include single or divorced heads of households. In addition, future studies should also examine single and childless women, and the factors associated with delaying marriage or childbirth. Although present findings did not reveal that a Latino spouse or partner was associated with increased stress, one cannot erroneously assume that tension does not exist between Latino partners or spouses. Future studies should further examine areas of conflict and cohesion among diverse Latino families.

Finally, future studies would benefit from exploring the role of biculturalism in the stress and coping process. According to the work of Ramirez (1983), exposure to two cultures allows the individual to develop a bicultural orientation to life. Such exposure also provides extensive socialization and life experiences in both cultures. Most importantly, a bicultural person possesses the ability to achieve flexibility using aspects of both cultures to suit a particular situation.

APPENDIX A

Cover Letter

December 1999

Dear Colleague:

My name is Leticia M. Arellano and I am a doctoral candidate in Counseling Psychology at Michigan State University. I am writing you to seek your assistance with my dissertation I am currently conducting my dissertation on stress and well being among Latina professionals, under the direction of Dr. Robbie Steward. Little is known about these prominent women who have overcome tremendous obstacles and have demanding lives. However, recent studies suggest that chronic stress increases their vulnerability to cardiovascular disease, diabetes, gastrointestinal problems, depression, anxiety, and addictive behaviors. Given these findings, I seek to understand how they manage their demanding careers and family responsibilities.

This study is one of its kind, and will require the input of many Latinas on a national basis. I am writing you to ask for your assistance in completing the enclosed research packet and self-addressed envelope. Completion of this research packet is approximately 30 minutes. Your participation is entirely voluntary, and you may refuse to answer any question(s) without penalty. Completion and return of these questionnaires indicates your voluntary agreement. All responses will be treated with strict confidence and safely secured. By also returning the completed survey materials, and completing the entry card, you will automatically be entered into a drawing for $100.00 or a year subscription to Latina Magazine. The chance that you could win the drawing will be approximately 1 in 60.

I greatly appreciate your time and consideration with this most important aspect of my study. If you have any questions or would like to speak with me about the study, please do not hesitate to call me at (512) 385-4362 or contact through electronic mail at arellanolm@mail.utexas.edu. You may also contact the Human Subjects Review Board at (517) 355-2180 regarding your rights as a participant in this project.

Cordially,

Leticia M. Arellano, M.C.   Robbie Steward, Ph.D.
Doctoral Candidate   Dissertation Chair

APPENDIX B

Hispanic Stress Inventory

The following questionnaire examines various situations that may cause stress for Latinas. If the following situation occurred to you during the last 3 months, mark the "yes" box, and indicate how worried or tense the situation made you feel. If the situation did not occur to you during the past 3 months, mark the "no" box, and proceed to the next question.

1= Not at all worried/tense   2= A little worried/tense

3= Moderately worried/tense   4= Very worried/tense

5= Extremely worried/tense

1.   I have seen that traditional religious customs are ignored.
       Yes [ ] No [ ]   1   2   3   4   5

2.   I have not been able to forget about the war related deaths which happened to my friends or family members.
       Yes [ ] No [ ]   1   2   3   4   5

3.   My spouse/partner and I have disagreed on the importance of religion within our family.
       Yes [ ] No [ ]   1   2   3   4   5

4.   It has been difficult for me to understand why my spouse/partner wishes to be more Americanized.
       Yes [ ] No [ ]   1   2   3   4   5

5.   The need for members of my family to achieve economically has caused my family to drift apart.
       Yes [ ] No [ ]   1   2   3   4   5

6.   I have had difficulty finding legal services.
       Yes [ ] No [ ]   1   2   3   4   5

7.   My children have not been given the same opportunities in school that other children have.
       Yes [ ] No [ ]   1   2   3   4   5

8.   Because of the lack of family unity, I have felt lonely and isolated.
       Yes [ ] No [ ]   1   2   3   4   5

9.   I have seen my son/daughter behave delinquently.
       Yes [ ] No [ ]   1   2   3   4   5

10. My children have talked about leaving home.
Yes [ ] No [ ]   1   2   3   4   5

11. My children have not respected my authority the way they should.
Yes [ ] No [ ]   1   2   3   4   5

12. My children have received bad school reports (or bad grades).
Yes [ ] No [ ]   1   2   3   4   5

13. I have had to watch the quality of my work so others do not think I'm lazy.
Yes [ ] No [ ]   1   2   3   4   5

14. I have been around too much violence.
Yes [ ] No [ ]   1   2   3   4   5

15. I have had serious arguments with family members.
Yes [ ] No [ ]   1   2   3   4   5

16. My personal goals have been in conflict with family goals.
Yes [ ] No [ ]   1   2   3   4   5

17. My spouse/partner has not been adapting to American life.
Yes [ ] No [ ]   1   2   3   4   5

18. I have felt as though I would never see some family members again.
Yes [ ] No [ ]   1   2   3   4   5

19. My spouse/partner and I have disagreed on how to bring up our children.
Yes [ ] No [ ]   1   2   3   4   5

20. My spouse/partner has been drinking too much alcohol.
Yes [ ] No [ ]   1   2   3   4   5

21. Members of my family have considered divorce as a solution to their marital problems.
Yes [ ] No [ ]   1   2   3   4   5

22. People that are close to me have been less concerned about morals.
Yes [ ] No [ ]   1   2   3   4   5

23. Because I am Latina, I have felt isolated at work.
Yes [ ] No [ ]   1   2   3   4   5

24. I have felt guilty about leaving my family and friends in my home country.
Yes [ ] No [ ]   1   2   3   4   5

25. My income has not been sufficient to support my family or myself.
Yes [ ] No [ ]   1   2   3   4   5

26. I have thought that my children have used illegal drugs.
Yes [ ] No [ ]   1   2   3   4   5

27. The pressure to achieve economic success have made me stop going to church.
Yes [ ] No [ ]   1   2   3   4   5

28. There have been cultural conflicts in my marriage or relationship.
Yes [ ] No [ ]   1   2   3   4   5

29. I have put pressure on myself to provide more things for my family.
Yes [ ] No [ ]   1   2   3   4   5

30. I have been forced to accept low paying jobs.
Yes [ ] No [ ]   1   2   3   4   5

31. I have felt that my children's ideas about sexuality are too liberal.
Yes [ ] No [ ]   1   2   3   4   5

32. There has been conflict among members of my family.
Yes [ ] No [ ]   1   2   3   4   5

33. I have felt that due to work, the rhythm of my life has changed.
Yes [ ] No [ ]   1   2   3   4   5

34. I have been criticized about my work.
Yes [ ] No [ ]   1   2   3   4   5

35. I have felt that family relations are becoming less important for people that I am close to.
Yes [ ] No [ ]   1   2   3   4   5

36. Both my spouse/partner and I have had to work.
Yes [ ] No [ ]   1   2   3   4   5

37. My spouse/partner and I have had disagreements about who should control the household money.
Yes [ ] No [ ]   1   2   3   4   5

143

38. My spouse/partner and I have disagreed on which language is spoken by our children at home.
Yes [ ] No [ ]   1   2   3   4   5

39. It has been difficult for my spouse/partner and I to combine Latino and American culture.
Yes [ ] No [ ]   1   2   3   4   5

40. My boss has thought of me as being too passive.
Yes [ ] No [ ]   1   2   3   4   5

41. Some members of my family have become too individualistic.
Yes [ ] No [ ]   1   2   3   4   5

42. Because of the importance of getting ahead in my job, I had to compete with others.
Yes [ ] No [ ]   1   2   3   4   5

43. I have questioned the idea that "marriage is forever."
Yes [ ] No [ ]   1   2   3   4   5

44. I did not get the job I wanted because I did not have the proper skills.
Yes [ ] No [ ]   1   2   3   4   5

45. My children have been drinking alcohol.
Yes [ ] No [ ]   1   2   3   4   5

46. My spouse/partner has not helped with household chores.
Yes [ ] No [ ]   1   2   3   4   5

47. Others have been too worried about the amount and quality of the work I do.
Yes [ ] No [ ]   1   2   3   4   5

48. Because I am Latina, it has been hard to get promotions or salary raises.
Yes [ ] No [ ]   1   2   3   4   5

49. My spouse/partner has expected me to be more traditional in our relationship.
Yes [ ] No [ ]   1   2   3   4   5

50. I have seen friends treated badly because they are Latinos.
Yes [ ] No [ ]   1   2   3   4   5

51. I have missed close relationships with others.
    Yes [ ] No [ ]   1   2   3   4   5

52. I have felt that my spouse/partner and I have not been able to communicate.
    Yes [ ] No [ ]   1   2   3   4   5

53. My children have been influenced by bad friends.
    Yes [ ] No [ ]   1   2   3   4   5

54. There has been physical violence among the members of my family.
    Yes [ ] No [ ]   1   2   3   4   5

55. Because I am a Latina, I have been expected to work harder.
    Yes [ ] No [ ]   1   2   3   4   5

56. I could not decide on how liberal I should be in my family sexual conduct.
    Yes [ ] No [ ]   1   2   3   4   5

57. My doctor did not spend enough time with me to understand my illness.
    Yes [ ] No [ ]   1   2   3   4   5

58. Because I am Latina, I have been paid less than others.
    Yes [ ] No [ ]   1   2   3   4   5

59. I have felt that members of my family are losing their religion.
    Yes [ ] No [ ]   1   2   3   4   5

APPENDIX C

Rosenberg Self-Esteem Scale

The statements listed below describe attitudes towards one's self-esteem. There are no right or wrong answers, only opinions. Please circle the answer that best applies.

1= Strongly Agree   2= Agree

3= Disagree   4= Strongly Disagree

1.   I feel that I am a person of worth, at least on an equal basis with others.
      1   2   3   4

2.   I feel that I have a number of good qualities
      1   2   3   4

3.   All in all, I am inclined to feel that I am a failure.
      1   2   3   4

4.   I am able to do things as well as most other people.
      1   2   3   4

5.   I feel that I do not have much to be proud of.
      1   2   3   4

6.   I take a positive attitude toward myself.
      1   2   3   4

7.   On the whole, I am satisfied with myself.
      1   2   3   4

8.   I wish I could have more respect for myself.
      1   2   3   4

9.   I certainly feel useless at times.
      1   2   3   4

10.   At times I think I am no good at all.
      1   2   3   4

APPENDIX D

Short Acculturation Scale

The statements listed below pertain to your language use and other preferences. Please circle the answer that best applies.

1. In general, what language(s) do you read and speak?

   (1) Only Spanish (2) More Spanish than English (3) Both Equally
   (4) More English than Spanish (5) Only English

2. What language(s) did you speak as a child?
   (1) Only Spanish (2) More Spanish than English (3) Both Equally
   (4) More English than Spanish (5) Only English

3. What language(s) do you usually speak at home?
   (1) Only Spanish (2) More Spanish than English (3) Both Equally
   (4) More English than Spanish (5) Only English

4. In which language(s) do you usually think?
   (1) Only Spanish (2) More Spanish than English (3) Both Equally
   (4) More English than Spanish (5) Only English

5. What language(s) do you usually speak with your friends?
   (1) Only Spanish (2) More Spanish than English (3) Both Equally
   (4) More English than Spanish (5) Only English

6. What language(s) are the T.V. programs that you usually watch?
   (1) Only Spanish (2) More Spanish than English (3) Both Equally
   (4) More English than Spanish (5) Only English

7. What language(s) are the radio programs that you usually listen to?
   (1) Only Spanish (2) More Spanish than English (3) Both Equally
   (4) More English than Spanish (5) Only English

8. In general, what language(s) are the movies, T.V., and radio programs that you *prefer* to watch and listen to?
   (1) Only Spanish (2) More Spanish than English (3) Both Equally
   (4) More English than Spanish (5) Only English

9. In general, your close friends are:
   (1) All Latinos (2) More Latinos than Anglos (3) Both Equally
   (4) More Anglos than Latinos (5) All Anglos

10. You prefer going to social gatherings/parties in which the people are:
(1) All Latinos (2) More Latinos than Anglos (3) Both Equally
(4) More Anglos than Latinos (5) All Anglos

11. The persons you visit or who visit you are:
(1) All Latinos (2) More Latinos than Anglos (3) Both Equally
(4) More Anglos than Latinos (5) All Anglos

12. If you could choose your children's friends, you would want them to be:
(1) All Latinos (2) More Latinos than Anglos (3) Both Equally
(4) More Anglos than Latinos (5) All Anglos

APPENDIX E

Brief COPE

The following questionnaire asks you to indicate what you generally do and feel when you experience stressful events. Please try to respond to each item separately and circle the answer that best applies.

1= I haven't been doing this at all   2 = I've been doing this a little bit
3= I've been doing this a medium amount 4 = I've been doing this a lot

1. I've been turning to work or other activities to take my mind off things.
   1 2 3 4

2. I've been concentrating my efforts on doing something about the situation I'm in.
   1 2 3 4

3. I've been saying to myself "this isn't real."
   1 2 3 4

4. I've been using alcohol or other drugs to make myself feel better.
   1 2 3 4

5. I've been getting emotional support from others.
   1 2 3 4

6. I've been giving up trying to deal with it.
   1 2 3 4

7. I've been taking action to try to make the situation better.
   1 2 3 4

8. I've been refusing to believe that it has happened.
   1 2 3 4

9. I've been saying things to let my unpleasant feelings escape.
   1 2 3 4

10. I've been getting help and advice from other people.
   1 2 3 4

11. I've been using alcohol or other drugs to help me get through it.
   1 2 3 4

12. I've been trying to see it in a different light, to make it seem more positive.
   1 2 3 4

13. I've been criticizing myself.
    1   2   3   4

14. I've been trying to come up with a strategy about what to do.
    1   2   3   4

15. I've been getting comfort and understanding from someone.
    1   2   3   4

16. I've been giving up the attempt to cope.
    1   2   3   4

17. I've been looking for something good in what is happening.
    1   2   3   4

18. I've been making jokes about it.
    1   2   3   4

19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.
    1   2   3   4

20. I've been accepting the reality of the fact that it has happened.
    1   2   3   4

21. I've been expressing my negative feelings.
    1   2   3   4

22. I've been trying to find comfort in my religion or spiritual beliefs.
    1   2   3   4

23. I've been trying to get advice or help from other people about what to do.
    1   2   3   4

24. I've been learning to live with it.
    1   2   3   4

25. I've been thinking hard about what steps to take.
    1   2   3   4

26. I've been blaming myself for things that happened.
    1   2   3   4

27. I've been praying or meditating.
1 2 3 4

28. I've been making fun of the situation.
1 2 3 4

APPENDIX F

Attitudes Towards Women Scale

.

The statements listed below describe diverse attitudes towards the role of women in society. There are no right or wrong answers, only opinions. Please circle the answer that best applies.

1 = Agree Strongly   2 = Agree Mildly
3 = Disagree Mildly   4 = Disagree Strongly

1.   Swearing and obscenity are more repulsive in the speech of a woman than of a man.
     1   2   3   4

2.   Women should take increasing responsibility for leadership in solving the intellectual and social problems of the day.
     1   2   3   4

3.   Both husband and wife should be allowed the same grounds for divorce.
     1   2   3   4

4.   Telling dirty jokes should be mostly a masculine prerogative.
     1   2   3   4

5.   Intoxication among women is worse than intoxication among men.
     1   2   3   4

6.   Under present economic conditions, men should share in household tasks.
     1   2   3   4

7.   It is insulting for women to have the "obey" clause in the marriage service.
     1   2   3   4

8.   There should be a strict merit system in job appointment and promotion without regard to gender.
     1   2   3   4

9.   A woman should be as free as a man to propose marriage.
     1   2   3   4

10.   Women should worry less about their rights and more about becoming good wives and mothers.
     1   2   3   4

11. Women who earn as much as their dates should equally share expenses when they go out together.
1   2   3   4

12. Women should assume their rightful place in business and all the professions along with men.
1   2   3   4

13. Women should not expect to go to exactly the same places or to have quite the same freedom as men.
1   2   3   4

14. Sons should be given more encouragement to go to college than daughters.
1   2   3   4

15. It is ridiculous for a woman to run a locomotive and for a man to mend socks.
1   2   3   4

16. In general, the father should have greater authority than the mother in the rearing of children.
1   2   3   4

17. Women should be encouraged not to become sexually intimate before marriage, even their fiancé.
1   2   3   4

18. The husband should not be favored by the law over the wife in the disposal of family property or income.
1   2   3   4

19. Women should be concerned with their duties of childbearing and the home, rather than their desires for professional and business careers.
1   2   3   4

20. The intellectual leadership of a community should be largely in the hands of men.
1   2   3   4

21. Economic and sexual freedom is worth far more to women than acceptance of the idea of femininity.
1   2   3   4

22. On the average, women should be regarded as less capable of contributing economically than men.

   1   2   3   4

23. There are many jobs in which men should be given preference over women in being hired or promoted.

   1   2   3   4

24. Women should be given equal opportunity with men for apprenticeship in the various trades.

   1   2   3   4

25. Today's females are entitled to the same freedom as males.

   1   2   3   4

APPENDIX G

Demographic Form

1. Age _____

2. State of Residence _____

3. Place of Birth
    a. U.S.
    b. Non-U.S. (please specify) _____   How long have you lived in the
    U.S.? _____

4. Marital Status _____

5. Sexual Orientation
    a. Heterosexual   b. Lesbian   c. Bisexual

6. Number of Children _____

7. Ages of Children _____

8. If no children, do you want children in the future?
    a. Yes   b. No   c. Uncertain

9. Ethnic Background
    a. Mexican American/Chicana   b. Puerto Rican   c. Cuban
    d. South American   e. Central American   f. Dominican
    g. Other _____

10. Spouse/Partner's Ethnic Background _____

11. Your Educational Level _____

12. Spouse/Partner's Educational Level_____

13. Person responsible for household work _____

14. Your Job Title _____

15. Number of years in your current position_____

16. Number of hours worked weekly_____

17. Your Present Yearly Income _____

18. Spouse/Partner's Income _____

19. Rank Order of Priorities (rank 1-5 in order of importance)
   _____ a. Work/Career Goals
   _____ b. Marriage
   _____ c. Personal Development
   _____ d. Social Life
   _____ e. Other _____

20. In general, how do you deal with stress?

21. Do you have health problems due to stress?
   a. No
   b. Yes

22. Have you ever experienced discrimination at work?
   a. No
   b. Yes - Please explain the space provided below

23. If any, what has been your greatest barrier at work?

24. What specific information/techniques would you find useful in a stress management program for Latinas?

25. Please feel free to comment on anything you feel is relevant to this study.

Please complete the entry card and return it with your completed survey.
Thank you for your participation!

APPENDIX H

Recruitment Letter

Dear Colleagues:

My name is Leticia Arellano, and I am currently a doctoral candidate in the Counseling Psychology program at Michigan State University. I am currently conducting my dissertation on Latina professionals and stress.

Given the association between stress and symptoms of heart disease, depression, anxiety, and gastrointestinal problems, and diabetes, I am seeking to survey how they deal with their professional and personal stressors.

I hope to enlist your invaluable assistance with my dissertation. My survey takes approximately 30 minutes to complete and a self-addressed stamped envelope is included for your convenience. Completion of my survey also entitles you to enter two drawings for $100.00 or a year subscription to Latina Magazine.

The first drawing will be held in early January and the second in early April. If you know of any potential participants or would like to participate yourself, please e-mail me at arellanolm@mail.utexas.edu or call me at (512) 475-6942. Please feel free to forward this request to any interested parties.

Thank you very much for your help and support!

Leticia M. Arellano

REFERENCES

References

Abel, M.H. (1996). Self-esteem: Moderator or mediator between perceived stress and expectancy of success? Psychological Reports, 79, 635-641.

Aldwin, C.M. (1994). Stress, coping, and development: An integrative perspective. New York: The Guilford Press.

Allen, L., & Britt, D. (1983). Black women in American society: A resource development perspective. Issues in Mental Health Nursing, 5, 61-79.

Amaro, H., Russo, N.F., & Johnson, J. (1987). Family and work predictors of psychological well-being among Hispanic women professionals. Psychology of Women Quarterly, 11, 505-521.

Amatea, E.S., & Fong-Beyette, M.L. (1986). Through a different lens: Examining professional women's interrole coping by focus and mode. Sex Roles, 5/6, 237-252.

Amatea, E.S., & Fong, M.L. (1991). The impact of role stressors and personal resources on the stress experience of professional women. Psychology of Women Quarterly, 15, 419-430.

Aneshensel, C. (1986). Marital and employment role-strain, social support, and depression among adult women. In S. Hobfoll (Ed.), Stress, social support, and women (pp. 99-114). Washington, DC: Hemisphere.

Arbona, C. (1990). Career counseling research and Hispanics: A review of the literature. The Counseling Psychologist, 18, 300-323.

Argueta-Bernal, G.A. (1991). Stress and stress-related disorders in Hispanics: Biobehavioral approaches to treatment. In F.C. Serafica, A.I. Schwebel, R.K. Russell, P.D. Isaac, & L.B. Meyers (Eds.), Mental health of ethnic minorities (pp. 202-221). New York: Praeger.

Arredondo, P. (1991). Counseling Latinas. In C.C. Lee & B.L. Richardson (Eds.), Multicultural issues in counseling: New approaches to diversity (pp. 143-156). Alexandria, VA: American Association for Counseling and Development.

Baca-Zinn, M., & Dill, B.T. (1997). Theorizing difference from multiracial feminism. In M. Baca-Zinn, P. Hondagneu-Sotelo, M.A. Messner (Eds), Through the prism of difference: Readings on sex and gender (pp. 23-29). Needham Heights, MA: Allyn & Bacon.

Baca-Zinn, M., & Dill, B.T. (1997). Theorizing difference from multiracial feminism. In M. Baca-Zinn, P. Hondagneu-Sotelo, M.A. Messner (Eds), Through the prism of difference: Readings on sex and gender (pp. 23-29). Needham Heights, MA: Allyn & Bacon.

Banyard, V.L., & Graham-Bermann, S.A. (1993). Can women cope? A gender analysis of theories of coping with stress. Psychology of Women Quarterly, 17, 303-318.

Barcena, C.M. (1993). Bicultural women in monocultural organizations: Professional Hispanic women's experience of diversity and their recommendations for organizations. Dissertation Abstracts International, 54, 1002A.

Barnett, R.C., & Baruch, G.K. (1985). Women's involvement in multiple roles, and psychological distress. Journal of Personality & Social Psychology, 49, 135-145.

Baruch, G.K., & Barnett, R.C. (1986). Role inequality, multiple role involvement and psychological well-being in midlife women. Journal of Personality & Social Psychology, 5, 578-585.

Baruch, G.K., Beiner, L., & Barnett, C.R. (1987). Women and gender in research on work and family stress. American Psychologist, 42, 130-136.

Beatty, C.A. (1996). The stress of managerial and professional women: Is the price too high? Journal of Organizational Behavior, 17, 233-251.

Bell, E. (1990). The bicultural life experience of career-oriented Black women. Journal of Organizational Behavior, 11, 459, 477.

Bhagat, R.S., Allie, S.M., & Ford, D.L., Jr. (1991). Organizational stress, personal life stress and symptoms of life strains: An inquiry into the moderating role of styles of coping. Journal of Social Behavior and Personality, 6, 163-184.

Billings, A.G., & Moos, R.H. (1981). The role of coping responses and social resources in attenuating the stress of life events. Journal of Behavioral Medicine, 4, 139-157.

Cardoza, D. (1991). College attendance and persistence among Hispanic women: An examination of some contributing factors. Sex Roles, 24, 133-147.

Carver, C.S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. International Journal of Behavioral Medicine, 4, 92-100.

Carver, C.S., Scheier, M.F., & Weintraub, J.K. (1989). Assessing coping strategies: A theoretically based approach. Journal of Personality and Social Psychology, 56, 267-283.

Casares, M.L, (1999). Psychological correlates of acculturation among Cuban-Americans. Dissertation Abstracts International Section B: the Sciences & Engineering, Vol 60(1-B), 0360.

Castañeda, D. (1995). Gender Issues among Latinas. In J.C. Chrisler, C. Golden, & P.D. Rozee (Eds.), Lectures on the Psychology of Women (pp. 167-181). San Francisco, CA: McGraw-Hill.

Cervantes, R.C., Padilla, A.M., & Salgado de Snyder, N. (1989). Reliability and validity of the Hispanic stress inventory. Hispanic Journal of Behavioral Sciences, 12, 76-82.

Cervantes, R.C., Padilla, A.M., & Salgado de Snyder, N. (1991). The Hispanic stress inventory: A culturally relevant approach to psychosocial assessment. Psychological Assessment, 3, 438-447.

Chatham-Carpenter, A., & DeFrancisco, V. (1998). Women construct self-esteem in their own terms. A feminist qualitative study. Feminism & Psychology, 8, 467-489.

Cianni, M., & Romberger, B. (1995). Interactions with senior managers: Perceived differences by race/ethnicity and by gender. Sex Roles, 32, 353-373.

Cleary, P.D. (1987). Gender differences in stress-related disorders. In R.C., Barnett & L. Biener (Eds.), Gender and Stress (pp. 39-72). New York: Free Press.

Cleary, P., & Mechanic, D. (1983). Sex differences in psychological distress among married people. Journal of Health and Social Behavior, 24, 111-121.

Cohen, J. (1992). A power primer. Psychological Bulletin, 112, 155-159.

Comas-Diaz, L. (1994). LatiNegra: Mental health issues of African Latinas. Journal of Feminist Family Therapy, 5, 35-74.

Comas-Diaz, L. (1997). Mental health needs of Latinos with professional status. In J.G. Garcia & M.C. Zea (Eds.), Psychological interventions and research with Latino populations (pp. 142-165). Boston: Allyn & Bacon.

Comas-Diaz, L., & Greene, B. (1994). Women of color with professional status. In L. Comas-Diaz & B. Greene (Eds.), Women of color: Integrating ethnic and gender identities in psychotherapy (pp. 347-388). New York: Guilford Press.

Coyne J.C., & Gottlieb, B.H. (1996). The mismeasure of coping by checklist. Journal of Personality, 64, 959-991.

Decker, P.J., & Borgen, F.H. (1993). Dimensions of work appraisal: Stress, strain, coping, job satisfaction, and negative affectivity. Journal of Counseling Psychology, 40, 470-478.

Denton, T.C. (1990). Bonding and supportive relationships among Black professional women: Rituals of restoration. Journal of Organizational Behavior, 11, 447-457.

Dill, D., Feld, E., Martin, J., Beukema, S., & Belle, D. (1980). The impact of the environment on the coping efforts of low-income mothers. Family Relations, 29, 503-509.

Evans, K. (1997). Wellness & Coping activities of African American counselors. Journal of Black Psychology, 23, 24-35.

Ferdman, B.M., & Cortes, A.C. (1992). Culture and identity among Hispanic managers in an Anglo business. In S.B. Knousel, D. Rosenfeld, A.L. Culbertson (Eds.), Hispanics in the Workplace (pp.246-277). Newbury Park, CA: SAGE.

Flores-Ortiz, Y.G. (1993). Levels of acculturation, marital satisfaction, and depression among Chicana workers: A psychological perspective. Aztlan, 20, 151-175.

Flores-Ortiz, Y.G. (1998). Voices from the couch: The co-creation of Chicana psychology. In C. Trujillo (Ed.), Living Chicana Theory (pp. 102-122) Berkeley, CA: Third Woman Press.

Folkman, S., & Lazarus, R. (1980). Analysis of coping in a middle-aged sample. Journal of Health and Social Science Behavior, 21, 219-239.

Folkman, S., & Lazarus, R.S. (1985). If it changes it must be a process: Study of emotion and coping during three stages of a college examination. Journal of Personality & Social Psychology, 48, 150-160.

Gandara, P. (1982). Passing through the eye of the needle: High achieving Chicanas. Hispanic Journal of Behavioral Sciences, 4, 167-180.

Garcia-Preto, N. (1998). Latinas in the United States: Bridging two worlds. In M. McGoldrick (Ed.), Re-visiting family therapy: Race, culture, and gender in clinical practice (pp. 330-344). New York: The Guilford Press.

Garza, R.T., & Santos, S.J. (1991). Ingroup/outgroup balance and interdependent interethnic behavior. Journal of Experimental Social Psychology, 27, 124-137.

Gomez, M.J., & Fassinger, R.E. (1994). An initial model of Latina achievement: Acculturation, biculturalism, and achieving styles. Journal of Counseling Psychology, 41, 205-215.

Gomez, M.J., & Fassinger, R.E. (1995). Paths of highly accomplished Latinas. Paper presented at the annual meeting of the American Psychological Association, New York.

Gonzalez, J.T. (1988). Dilemmas of the high-achieving Chicana: The double-bind factor in male/female relationships. Sex Roles, 18, 367-380.

Grandey, A.A., & Cropanzano, R. (1999). The conservation of resources model applied to work-family conflict and strain. Journal of Vocational Behavior, 54, 350-370.

Green, B.L., & Russo, N.F. (1993). Work and family roles: Selected issues. In F.E. Denmark & M.A. Paludi (Eds.), Psychology of women: A handbook of issues and theories (pp. 685-719). Westport, CN: Greenwood Press.

Greenglass, E.R. (1995). Gender, work stress, and coping: Theoretical implications. Journal of Social Behavior and Personality, 10, 121-134.

Grijalva, C.A., & Coombs, R.H. (1997). Latinas in medicine: Stressors, survival skills, and strengths. Aztlan, 22, 67-88.

Gutierres, S.E., Saenz, D.S., & Green, B.L. (1994). Job stress and health outcomes among White and Hispanic employees: A test of the person-environment fit model. In G.P. Keita & J.J. Hurrell, Jr. (Eds.), Job stress in a changing workforce: Investigating gender, diversity, and family issues (pp. 107-125). Washington, DC: American Psychological Association.

Hamilton, L.C. (1992). Regression with graphics: A second course in applied statistics. Belmont, CA: Duxbury Press.

Hardiness Institute (1985). The personal views survey. Chicago, The Hardiness Institute.

Harding, S. (1991). Whose science? Whose knowledge? Thinking from women's lives. Ithaca, NY: Cornell University Press.

Hare-Mustin, R., & Marecek, J. (Eds.). (1990). Making a difference: Psychology and the construction of gender. New Haven, CT: Yale University Press.

Haworth, G., Povery, R., & Clift, S. (1986). The attitudes towards women scale (AWS-B): A comparison of women in engineering and traditional occupations with male engineers. British Journal of Social Psychology, 25, 329-334.

Herrera, R.S., & DelCampo, R.L. (1995). Beyond the superwoman syndrome: Work satisfaction and family functioning among working-class, Mexican American women. Hispanic Journal of Behavioral Sciences, 17, 49-60.

Hobfoll, S.E., Dunahoo, C.L., Ben-Porath, Y., & Monnier, J. (1994). Gender and coping: The dual-axis model of coping. American Journal of Community Psychology, 22, 49-82.

Holtzman, E.H., & Gilbert, L.A. (1987). Social support networks for parenting and psychological well-being among dual-earner Mexican-American families. Journal of Community Psychology, 15, 176-186.

Jackson, A.P., & Sears, S.J. (1992). Implications of africentric worldview in reducing stress for African American women. Journal of Counseling & Development, 71, 184-191.

Jick, T.D., & Mitz, L.F. (1985). Sex differences in work stress. Academy of Mangement Review, 10, 408-420.

Johnson C.L., & Johnson, F.A. (1980). Parenthood, marriage, and careers: Situational constraints and role strain. In F. Pepitone-Rockwell (Ed.), Dual Career Couples (pp. 143-161). Beverly Hills, CA: Sage Publications.

Katz, J., Beach, S.R.H., & Anderson, P. (1996). Self-enhancement versus self-verification: Does spousal support always help? Cognitive Therapy & Research, 20, 345-360.

Kaufman, D.R. (1989). Professional women: How real are the gains? In J. Freeman (Ed.), Women: A feminist perspective (4th ed., pp. 329-346). Mountain View, CA: Mayfield.

Keita, G.P., & Jones, J.M. (1990). Reducing adverse reaction to stress in the workplace. Psychology's expanding role. American Psychologist, 45, 1137-1141.

Kemp, A.A. (1984). Women's work: Degraded & devalued. Englewood Cliffs, NJ: Prentice Hall.

Kessler, R.A., & McRae, J.A. (1982). The effects of wives' employment on the mental health of men and women. American Sociological Review, 49, 216-227.

Kirchmeyer, C. (1993). Nonwork-to-work spillover: A more balanced view of the experiences and coping of professional women and men. Sex Roles, 28, 531-552.

Korabik, K., & Van Kampen (1995). Gender, social support, and coping with work stressors among managers. Journal of Social Behavior and Personality, 10, 135-148.

Kranau, E.J., Green, V., & Valencia-Weber, G. (1982). Acculturation and the Hispanic woman: Attitudes towards women, sex role attribution, sex role behavior, and demographics. Hispanic Journal of Behavioral Sciences, 4, 21-40.

Krantz, D.S., Glass, D.C., & Snyder, M.L. (1974). Helplessness, stress level, and the coronary-prone behavior pattern. Journal of Experimental Social Psychology, 10, 284-300.

Krause, N., & Markides, K.S. (1985). Employment and psychological well-being in Mexican American women. Journal of Health and Social Behavior, 26, 15-26.

Landau, J. (1993). The relationship of race and gender to managers' ratings of promotion potential. Journal of Organizational Behavior, 16, 391-400.

Lango, D.R. (1995). Mexican American female enrollment in graduate programs: A study of the characteristics that may predict success. Hispanic Journal of Behavioral Sciences, 17, 33-48.

Lazarus, R.S. (1993). Coping theory and research: Past, present, and future. Psychosomatic Medicine, 55, 234-247.

Lazarus, R.S., & Folkman, S. (1984). Stress, appraisal, and coping. New York: Springer.

Lee, C.C., & Richardson, B.L (Eds.), Multicultural issues in counseling: New approaches to diversity (pp. 143-156). Alexandria, VA: American Association for Counseling and Development.

Lewis, S. & Cooper, C. (1987). Stress in two earner couples and stage in the life cycle. Journal of Occupational Psychology, 60, 289-303.

Long, B.C. (1988). Work-related stress and coping strategies of professional women. Journal of Employment Counseling, 25, 37-44.

Long, B.C., Kahn, S.E., & Schutz, R.W. (1992). Causal model of stress and coping: Women in management. Journal of Counseling Psychology, 39, 227-239.

Long, V.O., & Martinez, E.A. (1994). Masculinity, femininity, and Hispanic professional women's self-esteem and self-acceptance. Journal of Counseling & Development, 73, 183-186.

Lykes, M.B. (1983). Discrimination and coping in the lives of Black women. Journal of Social Issues, 39, 79-100.

McLaughlin, M., Cormier, S.L., & Cormier, W.H. (1988). Relation between coping strategies and distress, stress, and marital adjustment of multiple-role women. Journal of Counseling Psychology, 35, 187-193.

McNeely, R.L. (1989). Job satisfaction and other characteristics among Hispanic-American human services workers. Social Casework: The Journal of Contemporary Social Work, 8, 237-242.

Marin, G., Sabogal, F., Van Oss Marin, B., Otero, G., Sabogal, R., & Perez-Stable, E.J. (1987). Development of a short acculturation scale for Hispanics. Hispanic Journal of Behavioral Sciences, 9, 183-205.

Matuszek, P.A.C., Nelson, D.L, & Quick, J.C. (1995). Gender differences in distress: Are we asking all of the right questions? Journal of Social Behavior and Personality, 10, 99-120.

Morrison, A.M., & Von-Glinow, M.A. (1990). Women and minorities in management. American Psychologist, 45, 200-208.

Negy, C., & Snyder, D.K. (1997). Ethnicity and Acculturation: Assessing Mexican American Couples' relationships using the martial satisfaction inventory-revised. Psychological Assessment, 9, 414-421.

Negy, C., & Woods, D.J. (1992). A note on the relationship between acculturation and socioeconomic status. Hispanic Journal of Behavioral Sciences, 14, 248-251.

Nelson, M.C. (1988). Reliability, validity, and cross-cultural comparisons for the simplified Attitudes Towards Women Scale. Sex Roles, 5/6, 289-298.

Parkes, K.R. (1986). Coping in stressful episodes: The role of individual differences, environmental factors, and situational characteristics. Journal of Personality and Social Psychology, 51, 1277-1292.

Parry, G. (1983). A British version of the Attitudes Toward Women Scale (AWS-B). British Journal of Social Psychology, 22, 216-263.

Perlin, L.I., & Schooler, C. (1978). The structure of coping. Journal of Health & Social Behavior, 19, 2-21.

Pesquera, B.M. (1993). "Work gave me a lot of confianza": Chicanas' work commitment and work identity. Aztlan, 20, 97-119.

Plummer, D.L., & Slane, S. (1996). Patterns of coping in a racially stressful situation. Journal of Black Psychology, 22, 302-315.

Ramirez, M. (1983). Psychology of the Americas: Mestizo perspectives on personality and mental health. New York: Pergamon Press.

Rector, N.A., & Roger, D. (1996). Cognitive style and well-being: A prospective examination. Personal Individual Differences, 21, 663-674.

Reifman, A., Biernat, M., & Lang, E.L. (1991). Stress, social support, and health in married professional women with small children. Psychology of Women Quarterly, 431-445.

Rivera, R., Torres, M.I., Carre, F.J. (1997). Role burdens: The impact of employment and family responsibilities on the health status of Latino women. Journal of Health Care for the Poor and Underserved, 8, 99-133.

Rodin, J., & Ickovics, J.R. (1990). Women's health: Review and research agenda as we approach the 21st century. American Psychologist, 45, 1018-1033.

Rogler, L.H., Cortes, D.E., & Malgady, R.G. (1991). Acculturation and mental health status among Hispanics. American Psychologist, 46, 585-597.

Rojas, R.S., & Metoyer, P.H. (1995). The Mexican American female worker: Perspectives on gender and culture in the workplace. Journal of Social Behavior and Personality, 10, 163-178.

Rosenberg, M. (1965). Society and adolescent self-image. Princeton, NJ: Princeton University Press.

Rosenberg, M. (1989). Self-concept research: A historical overview. Social Forces, 68, 34-44.

Rosenberg, M., Schooler, C., Schoenbach, C., & Rosenberg, F. (1995). Global self-esteem and specific self-esteem: Different concepts, different outcomes. American Sociological Review, 60, 141-156.

Ross, C., Mirowsky, J., & Ulbrich, P. (1983). Distress and the traditional female role: A comparison of Mexicans and Anglos. American Journal of Sociology, 89, 670-682.

Sanchez, J.I., & Brock, P. (1996). Outcomes of perceived discrimination among Hispanic employees: Is diversity management a luxury or a necessity? Academy of Management Journal, 39, 704-719.

Schneer, J.A., & Reitman, F. (1995). The impact of gender as managerial careers unfold. Journal of Vocational Behavior, 47, 290-315.

Scheier, M.F., & Carver, C.S. (1985). Self-consciousness, expectancies, and the coping process. In T. Field, P.M., McCabe, & N. Schneiderman (Eds.), Stress and coping, (pp. 305-330). Hillsdale, NJ: Erlbaum.

Schwartzberg, N.S., & Dytell, R.S. (1996). Dual-earner families: The importance of work stress and family stress for psychological well-being. Journal of Occupational Health Psychology, 1, 211-223.

Segura, D. (1992). Chicanas in white-collar jobs: "You have to prove yourself more." Sociological Perspectives, 35, 163-182.

Slavin, L.A., Karie, K.L., Rainer M.L., McCreary, and Kalpana, K.G. (1991). Toward a multicultural model of the stress process. Journal of Counseling & Development, 70, 156-163.

Smith, E.M.J. (1985). Ethnic Minorities: Life stress, social support, and mental health issues. The Counseling Psychologist, 13, 537-579.

Spangenberg, J.J., & Theron, J.C. (1999). Stress and coping strategies in spouses of depressed patients. Journal of Psychology, 133, 253-262.

Spence, J.T., & Helmreich, R.L. (1972). The attitudes toward women scale: An objective instrument to measure attitudes toward the rights and roles of women in contemporary society. JSAS Catalog of Selected Documents in Psychology, 2, 667-668.

Spence, J.T., & Helmreich, R.L., & Stapp, J. (1973). A short version of the Attitudes Toward Women Scale, Bulletin of the Psychonomic Society, 2, 219-220.

Speilberger, C.D., Gorsuch, R.L., & Lushene, R.E. (1970). Manual for the State-Trait Anxiety Inventory (Self-Evaluation Quiestionnaire). Palo Alto, CA: Consulting Psychologists Press.

Suls, J., David, & Harvey J.H. (1996). Personality and coping: Three generations of research. Journal of Personality, 64, 712-733..

Thoits, P.A. (1986). Multiple identities: Examining gender and marital status differences in distress. American Sociological Review, 51, 259-272.

Trocki, K.F., & Orioli, E.M. (1994). Gender differences in stress symptoms, stress-producing contexts, and coping strategies. In G.P. Keita, & J.J. Hurrell Jr. (Eds.), Job stress in a changing workforce: Investigating gender, diversity, & family issues (pp. 7-22). Washington, DC: American Psychological Association.

U.S. Department of Labor - Women's Bureau (December, 1997). Women of Hispanic Origin in the Labor Force., 97(2).

Utsey, S.O., Ponterotto, J.G., Reynolds, A.L., & Cancelli, A.A. (2000). Racial discrimination, coping, life satisfaction, and self-esteem among African Americans. Journal of Counseling & Development, 78, 72-80.

Valtierra, M. (1989). Acculturation, social support and reported stress of Latina physicians. Unpublished doctoral dissertation, University of California, Berkeley.

Vega, R.R. (1994). A cross-cultural examination of Lazarus' cognitive-phenomenological model of stress and coping among Puerto Rican and Anglo college students. Unpublished doctoral dissertation, University of Texas, Austin.

Vega, W.A., Kolody, B., & Valle, R. (1988). Marital strain, coping, and depression among Mexican-American women. Journal of Marriage and the Family, 50, 391-403.

Verbrugge, L.M., (1987). Role responsibilities, role burdens and physical health. In F.J. Cosby (Ed.), Spouse, parent, worker: On gender and multiple roles (pp. 154-166). New Haven, CT: Yale University Press.

Warr, P., & Parry, G. (1982). Paid employment and women's psychological well-being. Psychological Bulletin, 91, 491-516.

Whisman, M.A., & Kwon, P. (1993). Life stress and dysphoria: the role of self-esteem and hopelessness. Journal of Personality and Social Psychology, 65, 1054-1060.

Wolfgang, A.P. (1995). Job stress, coworker social support, and career commitment: A comparison of female and male pharmacists. Journal of Social Behavior and Personality, 10, 149-160.

Woods, N.F., & Catanzaro, W. (1988). Nursing Research: Theory & Practice. St. Louis: C.V. Mosby.

Yaffe. J. (1994). Institutional and racial barriers to employment equity for Hispanics. Hispanic Journal of Behavioral Sciences, 16, 211-229.

Yaffe, J. (1995). Latina managers in public employment: Perceptions of organizational discrimination. Hispanic Journal of Behavioral Sciences, 17, 334-346.

Zambrana, R.E. (1988). Toward understanding the educational trajectory and socialization of Latina women. In T. McKenna & F.I. Ortiz (Eds.), The broken web: The educational experience of Hispanic American women (pp. 61-77). Claremont, CA: The Tomas Rivera Center.

Zambrana, R.E., & Frith, S. (1988). Mexican-American professional women: Role satisfaction differences in single and multiple role lifestyles. Journal of Social Behavior and Personality, 3, 347-361.

Zuckerman, D.M. (1989). Stress, self-esteem, and mental health: How does gender make a difference? Sex Roles, 7/8, 429-444.