

DYNAMIC INTERACTIVE MODEL OF DAILY/PERSONAL STRESSORS AND COPING FOR GENERAL HEALTH OF WORKING WOMEN

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Abstract

This research was designed to examine the relationship amongst the daily/personal stressors (D/PS) coping and general health (GH) of women working (WW) in different organizations. The purpose was to explore the interactional effect of D/PS and coping strategies (CS) used by women, on their GH. Quantitative survey research design was castoff for data collection. A sample of (N= 300) women was selected from diverse organizations (banks, hospitals & telecom companies) of Lahore city. Participants age was 22 to 50 years, (M=35.55, SD=10.27). Working Women's Stressors Scale (WWSS) Asad & Najam, 2013) was administered to assess stressors; Cope (Carver et al., 1989) was applied to identify CS and general health questionnaire (GHQ 28) (Goldberg & Hillier, 1979) to explore GH. It is concluded that notable positive links existed between D/PS, problem-focused coping (PFC) and GH of WW. Demographic variables, such as the number of dependents, age, job status, and PFC and D/PS are interpreters of GH condition of professional women. Results also suggested that women's D/PS and PFC have significant interactive effect on their GH. From above findings it was concluded that higher increased D/PS and PFC contributed to health status of WW in banks, hospitals and telecom companies.

Key Words: Daily/personal stressors, coping strategies (CS), Problem-focused Coping (PFC), general health (GH), Interaction

INTRODUCTION

Big changes in responsibilities of women, is noted in the last three decades. Because of varying roles they encounter numerous problems at home and at work life, which harms their health (Khatoon, 2005, Fang, Hung, 2014). Present research is intended to explore the interactive effect of WW's D/PS on health and moderating influence of CS (Birknerova, 2011 ; Vaillant, 2000). Current studies stated that job responsibility has significantly influenced individual's life, and their health. Stress plays a coordinating act between individual's health and stressors around them. Consequently, stress in individual is seen when their problem exceeds their capacity to cope (Long & Kahn, 1993; Jordan, Khubchandani & Wiblishauser, 2016). During the last two decades, number of women workers rose (15.1% to 24.1%) and more attention is required to understand the effects of stress on WW (Pakistan: Female Labor force participation, 2019). The men and WW can have different problems. For example the WW can be greatly affected by the working environment, and badly influenced by the work responsibility, family and stress experience at work place. Work demands and family duties affect women perversely which may lead to ill health (Veldman, Meeussen, Laar, & Phalet, 2017).

According to Lazarus, 1993; & Forshow, 2002) the effects of stress are dependent on the vulnerability, and the competence of the individual's to manage their stress in stressful situation. From decades Psychologists are continuously investigating the sources of stress, association between stress and illness, health reforms, damaging life style and increase in ill health due to unhelpful coping (Sdorow, 1998; Holmes & Rahe (1967). Furthermore, various studies reported adverse consequences of stressors on health (Holmes & Masuda, 1974; Peeters, de Jonge, Jan., Janseen., Peter, Linden., & Sjaak..., 2004; Ewhrudjakpor, 2009; Chaudhari, 2019).

Studies conducted in Pakistan also provided evidence about the negative impact of stress on wellbeing of WW. Women faced problems regarding liberty to decide, duty duration, and minor opportunities for promotion and without social help at job are found major stressors, causing destruction to WW physical health (Niaz & Hassan (2006;Shama & Nasir, 2016)

Many investigators (Dugsdale, Eklund, & Gordon, 2002; Lazarus, 2000) argued that one's failure to control their stressors, possibly impact greatly on their perception, sentimental, and also on physical qualities. Coping, is the procedure used for responding to stressful situation, consisting on several stages, initiate with analyzing the stressful reason (Anshel, 2001). Investigators recommend two significant functions; managing stress and control the stressed thoughts. Because of these roles, coping is usually segregated into two major groups, EFC and PFC (Aryee, Luk, Leung & Lo, 1999; Folkman & Lazarus, 1980). In view of Lazarus (2000) despite of dissimilarities of the two coping procedures, they performed interdependently and stabilized each other in the coping process. Problem-focused (PF) and EFC can have numerous forms, and can be divided further into sub-categories (Carveret, Scheier & Weintraub, 1989). But literature does not provide any evidence regarding the most persuading CS for problem solving, to keep away from future obstructions, or to facilitate the expected disturbing stress. The approach-coping, portrayed by effortful endeavors to resolve the problems is associated to better psychological results. In addition, avoidance coping (AC), depicted to be disregarding the problem and additionally focusing on emotional persecution is concluded to be associated with ill health outcome (Mattlin, Wethington, & Kessler, 1990). Job and coping clearly demonstrate that, coping is a multidimensional and amalgamated procedure (Botina & Kahn, 1994). Numerous researchers scrutinized the association between stress and CS of WW and its impact on their GH. Dissimilar results are observed related to these connections. It is assumed that women performed better in EFC in their routine, which gives way to bad physique. In general, women depicted more demoralizing signs than men, in compared to men, who mostly repressed or denied their emotions. Coping approaches, which are also associated with clinical outcomes focus on acceptance, disengagement and internalization. (O'Brien, Fahmy, & Singh, 2009) Professional women need to maintain their multiple jobs, which causes damage to their physique and restricts their approaches. Gutck (1988) persuasively debates that professional women with different domestic roles and as employee come across various stressors. On the whole, women face more and diverse job associated stressors, because of gender preference

at job and their family responsibilities. Women irrespective of their age, showed added stress in comparison to men, (Jayson 2010), he also concludes that in comparison to the older ones, the young women came across destructive sentiments more frequently. Researchers conclude that in Asian traditions, job enables women to add in the financial support for the family instead of their own recognition (Graham, 2003; Park, 2002). Furthermore, role burden emerged as indicator of work stress; this burden arisen as a significant difference between stress of married and unmarried women (Al Ghamdi, 2017).

According to Roberta, da Costa, Pinto (2017) working women can be affected by stress at any age in any area of work. Helpful coping strategies (PFC) can lessen the effect of stress. Investigations reveal that job position of WW can be a reason of anxiety for her. Thomas (1997), states that women in usual feminine jobs, such as secretarial and supportive hands, who face enhanced demands and less authority, registered added health problems. Qidwai, Waheed, Ayub and Azam (2008) studied the impact of job status, on the lives of WW.

As a result, high strength or persistent stressors can most suitably describe the connection related to coping. Inability to manage anxiety properly impacts health harmfully (Moos & Holahan, 2003, Pawkin, 2007. Measures taken to resolve a problem are efforts to achieve some useful results connected to the troubling state responsible for injuring, threatening, or challenging. EFC applies repetitive efforts to regulate sentiments arisen in distressing situations. Sometimes, EFC and PFC parameters act jointly (Taylor, 2011).

Naseem & Khalid (2010) argued that optimistic emotions and positive qualities of behavior increase human in different sphere; it can help in professional life, stress, coping and health. Optimistic approach of women can help in lessening the threat activated by stressful situation and support them in effective coping. Several researchers confirm obtaining different outcomes on application of different CS while asking for social help was found to be associated to added stress and sadness (Vaughn, Roesch, & Duangdao 2003; Aycok. 2011). Powerful authoritative personal faith were connected to the low intensity distress, for example adaptive viewpoint for coping like constructive recheck and success, whereas expressing and avoiding behavior were taken as non-active mean of coping (Carver et al., 1989; Knibb & Horton, 2008). It seconds the idea that organizational influence also produced notable amount of stress in job oriented women. The readily applied coping had optimistic approach, which include direct action coping and constructive approach. Women applying more constructive and less destructive coping procedure have the benefit of improved mental health. To summarize, stress affects individuals in any professional area. Women working in different settings are vulnerable to stress due to many reasons; Their work complications, dual roles, age (Roberta, da Costa, Pinto 2017), marital status (Al Ghamdi, 2017), leads them to stress (Garima & Kiran, 2014). To moderate the effects of stress on health there are explicit system of coping. To buffer the bad impact of stress on health women needs to improve helping

coping skills and personal resources (Guarino, 2009,). The present study is initiated to identify the role PFC, EFC & AC in buffering and enhancing bad impact of stress on health.

Hypotheses

1. Positive relationship would be found among daily stressors, anxiety, somatic, social dysfunction, and depression and coping strategies of women.
2. Stress, problem-focused, emotional focused and avoidant coping are likely to be the predictors of health in WW.
3. Interactive effect of stress and coping would be predictor of health in WW.

METHODOLOGY

Research Design

Correlational research design was applied for this study.

Participants

A sample of N=300 WW chosen from different organizations (banks, hospitals & Telecom companies) by using convenient sampling technique. Age range of women was 22-59 years with (M=33.55, SD=10.27).

Table 1: Demographic characteristics of participants (N=300)

Variables	f(%)	M(SD)
Age	-	33.55(10.27)
Marital status		
single	156(52%)	--
Married	144(48%)	--
No. of dependents	-	1.60(1.63)
Work Experience	-	9.89(5.32)
Nature of work		
Doctors	107(35.66%)	--
Engineers	89(29.66%)	--
Bankers	104(34.66%)	--
Executive	47(15.66%)	--
Manager	110(36.66%)	--
Executive Worker	143(47.66%)	--
Working Hours		7.32(4.44)

Note. N=Number of Participants, f= Frequency, %= Percentage, M=mean, SD= Standard Deviation

MEASURES

Working Women's Stressors Scale (WWSS) (Asad & Najam, 2013)

It was used to find out stressors in WW. It is a 66 items scale developed for women working in different organizations. It is consisted of six sub-scales (Life events, daily/personal stressors, family stressors, social stressors, work stressors, and catastrophes). Its responses was obtained through Likert scale (5-point).It has a very good reliability with cronbach alpha=.92. In this research 18 items subscale daily/personal stressors was used.

General health questionnaire (GHQ 28) (Goldberg & Hillier, 1979)

To measure general health of working women GHQ28 was applied. The results are scored on Likert scale structure, as narrated by the writer. This edition of GHQ 28 presents four subscales. Each subscale is consisted of 7 items. The range of reliability coefficients is between .78 and .95 in a number of studies.

Cope (Carver et al., 1989)

The COPE has the capacity to check 60 items that give 15 factors depicting the active and the avoidant strategies. The respondents were directed to value the level of CS was put into to manage a specific stressful occasion. Likert-type 4 point scale was used for this purpose. This has strong psychometric qualities with the alpha ranging between .45 and .92.

A form was designed by the investigator to collect the demographic data and to identify the characteristic (age, marital status, no. of dependents, job status, nature of job, and working hours) of participants.

Procedure

Author's permissions were taken for using scales. Women were approached at their work places with the permission of administrative heads. Questionnaire were filled by the participants at their work places. It took 10 to 15 minutes to fill by each participant. Researcher briefed about the objective of the study. Consent was taken from every participant before presenting the questionnaires. The questionnaire contained a cover page that explained the purpose and guidelines to fill, an approval form and a demographic data form, WWSS (Asad & Najam, 2013), General health questionnaire (GHQ 28) (Goldberg & Hillier, 1979) and Cope (Carver et al., 1989).

Results

Pearson's Product -moment coefficient analysis was carried out to identify the relationship among study variables. Linear Regression was run to explore the predictors of working women's general health. Hierarchical regression analysis was applied to investigate the interactive effect of stress and coping on the GH of WW.

Table 2: Correlation among daily/ personal stressors, coping strategies, health and demographics of participants (N=300)

Variables	N	M	SD	1	2	3	4	5	6	7	8	9	10	11	12
1 Age	300	34.55	8.86	-											
2 Dependents	300	2.59	1.95	.39**	-										
3 Education	300	2.94	.99	.03	-.05	-									
4 work experience	300	8.06	6.57	.94**	.39**	-.01	-								
5 Daily/personal stress	300	47.89	13.14	.38**	.42**	-.08	.35**	-							
6 emotfCop	300	68.34	10.25	.07	.16**	-.02	.08	.15**	-						
7 probfCop	300	53.17	8.83	-.04	.08	-.00	-.02	.01	.60**	-					
8 Somatic	300	1.98	2.31	.22**	.25**	-.13*	.21**	.43**	.03	-.04	-				
9 Anxiety	300	1.80	2.07	.08	.16**	-.14*	.10	.39**	.15**	.01	.65**	-			
10 Socialdys	300	1.35	1.71	.11	.18**	-.06	.10	.43**	-.02	-.11	.55**	.59**	-		
11 Depression	300	1.05	1.62	-.16**	-.04	-.14*	-.19**	.26**	-.15**	-.25**	.3**	.45**	.51**	-	
12 HealthTotal score	300	.17	.37	.10	.19**	-.15*	.09	.48**	.02	-.11	.83**	.86**	.81**	.68**	-

Note. *p < .05. **p < .01. ***p < .001. N= no. of participants, M=mean, SD= standard deviation. Socialdys: Social dysfunctioning, profcop: Problem focused coping, emofcop: emotional focused coping.

Pearson's product Moment Correlation Analysis was run to identify the association between WW's D/PS, CS and GH. Relation of these variables was also explored with demographic characteristics of participants. Results indicated significant positive and negative relationships among variables as table 2 showing.

Table 3: Daily/personal stressors, PFC and EFC as predictors of WW's GHQ (N=300)

Variables		B	SE	β	P	95% CI	
						LL	UL
Constant		2.846***	2.7		.000		
Daily/personal stressors		.06**	.02	.47	.00	.05	.08
Problem-focused coping		-.09*	.07	-.13	.04	-.18	-.00
Emotional-focused coping		.01	.05	.02	.81	-.08	.09
R ²	.24						
F	23.37						

Note. *p < .05. **p < .01. ***p < .001, B= Unstandardized coefficient, S.E= Standard Error, β= Standardized Coefficient, p=significance level, 95% CI=confidence interval, LL=Lower Limit, UL=Upper Limit.

Simple linear regression analysis was carried out to predict working women's general health it revealed that stressors as positive and problem focused solving as negative significant predictors of working women's general health. Emotional focused coping emerge as non-significant predictor of general health of women's

Table 4: Interacting effect of daily/personal stressors and problem-focused coping on the General Health of Working Women (N= 300)

Model	Variables	B	SE	β	R ²	ΔF	ΔR^2
Step1	Daily/personal stressors	.22	.024	.47***			
	Problem focused coping	-.07	.04	.04*	.23	44.31	.230
Step2	Daily/personal stressors	.14	.04	.29**			
	Problem focused coping	-.17	.047	-.24**			
	Interaction	.00	.00	.26**	.25	9.45	.024

Note. *p < .05. **p < .01. ***p < .001, B= Unstandardized coefficient, S.E= Standard Error, β = Standardized Coefficient, R²=Coefficient of Determination, ΔF = Change in overall model, ΔR^2 = Change in Coefficient Determination.

Hierarchical regression analysis revealed D/PS and PFC as predictors of women's health R²= .23 and with interaction between D/PS and PFC outcome explained significant additional variance than just through themselves R²= .25, R², change=.024, p=.00.

It explained 25% interaction of D/PS and PFC effect on GH of WW. The relation of stress with PFC accounted for significantly more variance than just by themselves R² change=.024, p=.00

Summary of Results

Significant relationships were found among D/PS, PFC and health of WW. D/PS was negatively related to GH, PFC influenced health positively. D/PS and PFC were emerged as predictors of WW' shealth. Significant interactive effect of stress and PFC was found on health of WW.

DISCUSSION

This investigation is carried out to find out the connections between, stress managing procedures, stress and GH of WW. Helms (2009) pointed out stress, to be associated with the personal justifications of the individual or are generated by the existing situations around him. Women in comparison to men responded more to stress, and registered increased stress and sickness associated. Job stress is responsible for sudden diagnosed up of depression and restlessness in staff members, who were previously healthy (Melchior, Caspi, Milne et al., 2007). Literature directs stressors to be the main reason in generation of health problems in professional women, from various investigations; stressors are proved to have a negative impact on health. (Holmes & Masuda, 1974; Hipwell, 2009; Ewhrudjakpor, 2009, Chaudhari, 2019). Present research also supports the presumption that coping procedure can manipulate the parameter at which the outcome effects the physical wellbeing Torkelson & Muhonen, 2003; Nomura, Nakao, Sato, Ishikawa, & Yano, 2007). Being unable to manage stress capably impacts adversely on physical wellbeing (Pawkin, 2007). This research found social failure responsible in strengthening of behavioral isolation. O'Brien et.al (2009) concluded similar

outcome that CS providing worsening results were put in the acceptance and avoidance. Women applying PFC did not suffer sickness problem (social dysfunction) (Monroe, Slavich, & Georgiades, 2009). It is likely that depression is connected with strong coping, trailed by substance use and refusal. These findings are in line to those found in the earlier investigations. (Harlow, Newcomb & Bentler, 1986).

The study concludes that curbing on the struggling qualities; acceptance, constructive transformation and expansion like CS reduce the indicators of depression, as observed by Gray and Hedge, 1999. Examining regression, it is observed that stress and issue specific coping are good interpreters of health; higher levels of stress distress women's GH and PFC defend against its bad effect on health. The conclusions thus obtained are also seconded by the conclusions reached by Monroe, Slavich, and Georgiades (2009). They advocate that women who apply PFC enjoy better health compared to those applying EFC to counter stress. In addition, many investigations confirm that PFC procedures are useful in countering stressors (Moskowitz, Hult, Bussolari, & Acree, 2009; Duangdao & Roesch, 2008). Further, Epping-Jordann, Compas, & Howell (1994) concluded that sick, who try, evading techniques such as countering their sickness, deteriorated faster as compared to the individuals who fought their problems. Additionally, (Neill & Zeichner, 1985) carried out research to find out coping relation impacting physical condition of WW, measured the relation to their professional environments and home situations. Enhanced stress was concluded to be the ideal translator to define intensity of depression, visible signs on physique and nervousness. The opinion gets support from the outcomes that stress at work place has damaging influence on the Physical and Psychological health of professional women. Preference to apply targeted and AC is found to be one significant predictor. PFC was concluded to be the superior procedure to fight the adverse effects of stress on GH. This research found out that women in Pakistan mostly applied EFC to depict their poor physical condition. Coping methods, regulated by emotions engage repression, diverting, carryout destructive feelings, mediating, applying resting methods etc. Women are mostly able to opt for EFC, whereas EFC is responsible in lowering the identified procedure to manage it.

CONCLUSION

It was concluded from the results that working women's stress negatively affect their GH. PFC may buffer the negative impact of stress in WW. Association among age, number of dependents, education, work experience D/PS, PFC and GH was recognized. It was also suggested that women who practiced PFC to cope with their stressors have better health rather than who used EFC. Interaction of stress and PFC may help in buffering bad effects on wellbeing of professional women.

Limitations

Some limitations of the study were noted, first of all sample was small, larger sample can reveal broader picture of working women's stress coping and health. Study was done with different organizations of Lahore city; other cities of Pakistan can be included for data collection. There is a need to develop indigenous coping scale which reflects the actual CS of Pakistani WW and their effectiveness.

Implications and suggestions

This study enlightens the importance of adopting healthy CS to reduce the bad effects of stress on the health of WW. Results of this study may help working women to understand and manage their stressors through optimistic healthy coping strategies. It will help them to prevent development of ill health. Organizations can arranged workshops and generate counseling centers to support women workers in maintaining healthy attitude, adopting healthy coping strategies to and balancing their work and home responsibilities.

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