

COPING BEHAVIOUR IN WOMEN PROFESSIONALS: A DEVELOPMENTAL PERSPECTIVE

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Abstract

The aim of this study was to find out the developmental impact of professional level and residential settings on the coping behavior of female professionals.

The objectives and hypotheses were as follows:

- *The first objective of the study was to find out the impact of chronological*
- *Age on coping behavior. It was contended that variation in chronological*
- *Age would cause variation in coping behavior.*
- *The second objective of the study was to ascertain coping behavior as affected by professional type. It was hypothesized that professional differences would influence coping behavior.*
- *The third objective of the study was to ascertain the impact of the residential locale on the coping behavior. It was assumed that participants living in different residential settings would show a difference in coping behavior.*

Keeping these views in consideration, this study was planned. Three hundred sixty women, ranging in age from 25 to 50 years old, were served as participants. They are arranged according to the requirements of a 3-way factorial design with 3 levels of age (25–30, 35–40, and 45–50 years), 3 professional types (high, middle, and low), and 2 types of residential locale (capital and non-capital region), i.e., 20 participants per cell. In order to measure the pattern of coping behavior, the Shukla &Kharkwal (2015) scale was taken into consideration. Data collection were done individually or in groups and best attempts were made to avoid external distractions. The obtained data were analyzed using analysis of variance, and it was discovered that all independent variables, as well as interactions, had an impact on the coping behavior of female professionals.

Keywords

Women, Professionals, Coping, Behavior.

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The concept of coping is essentially defined as the efforts used to manage the internal or external demands that are perceived as potentially harmful and stressful to the individual (Lazarus & Folkman, 1984). Coping can be described as a process and it progresses across several stages (Lazarus & Folkman, 1984, Carver et al., 1999) Lazarus and Folkman (1984) defined the stages as primary and secondary appraisal. Primary appraisal is the initial decision used to assess whether an event is harmful and controllable. It is the evaluation stage. Secondary appraisal regards the perception of the ability to cope with a stressful event; it is the managing stage. These cognitive appraisal processes facilitate the ability to predict the type of coping strategies or behavior that one will use in terms of preventive measures or regulation of emotional distress.

As a result, coping strategies are actions taken by an individual in response to a perceived stressor (Fleming, Baum, and Singer, 1984; Lazarus & Folkman, 1984; Garris et al., 2015). According to Lazarus and Folkman (1984), there are two categories of coping strategies: problem-focused coping and emotion-focused coping. Problem-focused coping actively confront the problem and tackles it head-on. It is usually used when the individual appraises the situation as optimistic and controllable (Carver, Scheire, and Weintraub, 1999). Emotion-focused coping features behavior that reduces the emotional distress of the stressor, for example, avoidance, minimization, selective attention, and positive comparison. This coping strategy is most likely used when the individual perceives the situation as unavoidable and uncontrollable (Carver et al., 1999). Nevertheless, problem-focused and emotion-focused coping are not two distinct functions but both facilitate and impede each other in the coping process and may be more beneficial than the other in different situations (Lazarus & Folkman, 1984). To facilitate the coping process, six categories of coping resources (emotion-focused) have been identified: meditation, journaling, positive thinking, forgiveness, reframing, talking, and therapy.

Work stress and Coping Strategies

Given the importance of maternal coping and mother-child interaction, Eisergart et al. (2006). I explored the factor structure of coping in a sample of mothers experiencing high but verifying levels of stress and attempted to develop a stress model related to clinical applicability. Their sample included mothers with 2-year-old children that were born at full-term or at very low birth weight. The researchers conducted an exploratory factor analysis (EFA) on the Coping Orientation Problem Experience (COPE) Inventory and yielded a 7-factor model of coping. The result was cross-validated with Confirmatory Factor Analysis (CFA). The data revealed that avoidant and emotion-focused coping strategies were consistently

correlated with higher maternal distress. Eisengart et al. (2006) suggest that providing mothers with information on active coping strategies may improve mother-child interaction and relationships. Similarly, Killien and Brown (1987) reported that almost half of the working mothers did nothing at all in response to work stress, 49% and 48%, respectively. All other responses were also related to emotion-focused coping, such as seeking social support, complaining to co-workers, and avoiding. Besides that, Killien and Brown (1987) noted that problem-focused coping was the second most used strategy after combining all individual coping responses into the seven categories mentioned above.

Although there is limited literature on mother-child relationships among working mothers in Malaysia, childcare and support policies are gradually adopted by a handful of Malaysian multinationals, and publicly listed and government-linked corporations for working mothers. According to a survey “Retaining Women in the Workforce” (2012) conducted in Malaysia, where 824 professional men (30.5%) and women (69.5%) responded. It was revealed that only 30% of Malaysian employers who participated in the survey had flexible work arrangements policies for working mothers and only 7% had childcare support facilities (Talent Corp & ACCA, 2012). In addition, it was also reported that 60% of the respondents still perceived a lack of gender equality practices in their workplace. Furthermore, 65% and 43% of the respondents attributed the main reasons for leaving the workforce to the difficulty of attaining work-life balance and increased family commitments. The survey further highlighted that organizational support, such as career development opportunities, flexible working hours, training and mentoring programs, etc., plays a major role in supporting working mothers. Hence, it can be presumed from this survey that working mothers were experiencing not only work stress and little organizational support but also stress from family commitments. On another note, this survey is the latest and perhaps the first to represent the views of Malaysian working mothers on such a large scale.

Moreover, in studying the general working female population, Raak and Wahren (2005) investigated the relationship between headache and coping among 257 female employees in a Swedish university hospital. Results revealed that tension-type headache sufferers utilized more emotion-focused coping strategies to deal with work stress, while headache-free participants utilized problem-focused coping strategies. It was implied that individuals with stress-induced headaches who used emotion-focused coping viewed the pain as uncontrollable. Likewise, Snow et al. (2003) found that greater work stressors predicted more negative psychological symptoms and increased use of problem-focus coping

significantly predicted fewer symptoms. At the same time, however, high levels of work stressors also predicted increased reliance on avoidance coping (a subset of emotion-focused coping), which adversely increased negative psychological symptoms (Snow et al., 2003).

However, previous research has revealed some inconsistencies regarding the relationship between work stress and problem-focused and avoidance coping. In a study on working mothers who played multiple roles as teachers and students, O'Bryan (2008) did not find a similar result for avoidance and problem-focused coping. The relationship was not significant as only emotion-focused coping had a significant negative relationship with perceived stress. Similarly, Day and Livingstone (2001) also found no relationship between problem-focused coping, work stress and psychological symptoms in working females. With respect to the studies above, one possible explanation for the contradictions is that the correlation between work stressors and the adopted coping strategies may vary depending on the type of problems being dealt with and the interplay between the employee and the demand (Lazarus & Folkman, 1984; Snow et al., 2003; Dhurandhar & Janghil, 2015).

Keeping these views in consideration, this study was planned. On the basis of this discussion, it is surely true to say that minimizing stress through various coping devices has become a center of attraction for researchers and mental health professionals, but in Uttarakhand, India, such attempts are very rare. Kharakwal (2018) studied coping behavior and related it to tribal women, but the difference between big cities (metropolitan capital) and small cities. The aim of this study was to find out the developmental impact of professional level and residential locale on the coping behavior of female professionals.

The objectives and hypotheses were as follows:

- The first objective of the study was to determine the impact of chronological age on coping behavior. It was concluded that variation in chronological age would cause variation in coping behavior.
- The second objective of the study was to ascertain coping behavior as affected by professional type. It was hypothesized that professional differences would have an impact on coping behavior.
- The third objective of the study was to ascertain the impact of the residential locale on the coping behavior. It was assumed that participants living in different residential locations would show a difference in coping behavior.
- Keeping these views in consideration, this study was planned.

Method

Sample: Three hundred sixty women, ranging in age from 25 to 50 years old, were served as participants. They were held by capitals (Delhi, Lucknow, and Dehradun) and non-capitals (Almora, Nainital, and Haldwani) and belonged to different professional strata, namely high (doctors, university/degree college teachers, and bank managers), middle (inter-college teachers, bank clerks, and nurses), and low (peons, maids, and sweepers). The basis of the bifurcation of the participants as high, middle and low professional types was based on their financial system and present-day social reputation. They were arranged according to the requirements of a 3-way factorial design with 3 levels of age (25–30, 35–40, and 45–50 years), 3 professional types (high, middle, and low), and 2 types of residential locale (capital and non-capital region), i.e., 20 participants per cell. The systemic presentation of experimental design is as follows:

Table - 1 Schematic Presentation of Experimental Design

A									
	A1			A2			A3		
	B1	B2	B3	B1	B2	B3	B1	B2	B3
C1	20	20	20	20	20	20	20	20	20
C2	20	20	20	20	20	20	20	20	20

Legends

A Chronological age

A1 25-30 years

A2 35-40 years

A3 45-50 years

C Residential locale

C1 Capital Region

C2 Non-CapitalRegion

B Professional Type

B1 High-Level Professional

B2 Middle-Level Professional

B3 Low-Level Professional

Measures: In order to measure the pattern of coping behavior, the coping behavior scale (Shukla &Kharkwal, 2015) was taken into consideration. This measure consists of 20 five-point items that explain the types of constraints (functional or professional) responsible for coping behavior in women. The scores range from 20–100. A low score indicates a higher level of coping behavior and a higher score, and vice versa. The split-half reliability is 72, and the test result reliability is .69.

Procedure: Collection was done individually and/or in groups as per the availability of the participants, and best attempts were made to avoid external distractions.

Results

The obtained data were analyzed using a three-way analysis of variance and interpreted in terms of chronological age, professional type, and residential locale as coping behavior affecters. They are presented below in Table 2.

Table - 2
Table summarising the impact of chronological age, professional type, and residential location on coping behavior.

Sources of variations	SS	Df	MS	F
A	11.68	2	5.84	5.56
B	11.72	2	5.85	5.58
C	0.83	1	0.83	0.79
AB	16.04	2	8.02	7.64
AC	10.28	2	5.44	5.19
BC	8.57	1	8.57	8.16
ABC	42.42	4	10.61	10.16
Error	359.10	342	1.05	
Within		359		

The table shows that the main effect of chronological age was significant ($F_{2,359} = 5.56, P.01$). It showed that coping behavior was highly influenced by variation in chronological age and mean values pooled across professional type and residential locale were: 65.09, 58.18, and 67.42, respectively, for 25–30, 35–40, and 45–50-year-old participants. The following main effect, professional type, was also significant ($F_2, 359 = 5.58 P.01$). It was noted that variation in professions influenced the coping behavior of participants. The mean values for high, middle, and low professionals, when pooled across chronological age and residential location, were 54.72, 63.25, and 72.72, respectively. The third main effect of residential location was insignificance ($F, 1.359-0.79, P > .05$). It was noted that the main effect of residential locale was not able to yield its impact on coping behavior. The mean value pooled across chronological age and residential locale type were 62.66 and 64.33, respectively, for the participants of the capital and non-capital regions.

The two-way interaction of chronological age and professional type was significant ($F_{4,359} = 7.64 P.01$) and it is shown in table 3.

Table 3
Mean values showing the impact of chronological age and professional type on coping behavior

	A1	A2	A3
B1	63.64	44.32	57.58
B2	62.19	52.01	75.53
B3	69.27	77.80	69.15

Legends**A Chronological age**

A1 25-30 years

A2 35-40 years

A3 45-50 years

B Professional Type

B1 High-Level Professional

B2 Middle-Level Professional

B3 Low-Level Professional

A close perusal of the table indicates that a mixed trend of responses was revealed by the participants. The responses of participants aged 25–30 years were fairly consistent, but there were significant differences in the responses of low-class professionals aged 45–50 years and middle-class professionals aged 35–40 years. Hopefully, they were responsible for the significance of interaction. The next interaction of chronological age and residential locale was also significant ($F, 2.359 = 5.19, P.01$) and it is shown in Table 4.

Table 4
Mean values showing the impact of chronological age and professional type on coping behavior

	A1	A2	A3
C1	66.58	56.52	65.84
C2	64.61	59.52	68.98

Legends**A Chronological age**

A1 25-30 years

A2 35-40 years

A3 45-50 years

C Residential locale

C1 Capital Region

C2 Non-Capital Region

Table 4 reveals an almost similar trend in each age group, but the drastic decline in the age group of 35–40 years may be the cause of the significance in interaction. However, a similar trend of responses was observed everywhere.

The age and residential locale interaction was also significant (F, 2.359 = 8.16, P.01) and is depicted in table 5.

Table 5
Mean values showing the impact of professional type and residential locale on coping behavior

	B1	B2	B3
C1	53.67	59.63	73.64
C2	55.75	66.86	70.50

Legends

B Professional Type

B1 High-Level Professional
 B2 Middle-Level Professional
 B3 Low-Level Professional

C Residential locale

C1 Capital Region
 C2 Non-Capital Region

Table 5 reveals almost similar trends, but the differential in the responses was in the middle professional segment. That may have caused the difference.

The three-way interaction of chronological age, professional type, and the residential location were significant (F, 4.359=10.10 P.01), as shown in Table 6, indicating that all variables had an effect on coping behavior.

Table 6
Mean values showing the impact of chronological age, professional type and residential locale on coping behavior

	A1			A2			A3		
	B1	B2	B3	B1	B2	B3	B1	B2	B3
C1	67.54	59.48	69.74	40.32	49.64	79.60	56.16	69.79	71.59
C2	60.14	64.89	68.80	9.96	48.11	54.44	59.00	81.26	66.70

Legends

A Chronological age

A1 25-30 years
 A2 35-40 years
 A3 45-50 years

B Professional Type

B1 High-Level Professional
 B2 Middle-Level Professional
 B3 Low-Level Professional

C Residential locale

C1 Capital Region

C2 Non-Capital Region

Findings, in sum, reveal the impact of chronological age, professional type, and residential locale on coping behavior as main effects and interactive means as well.

Discussion

The obtained data were analyzed using a three-way analysis of variance and interpreted in terms of chronological age, professional type, and residential location as coping behavior influencers. Prior to the conduction of the study, some hypotheses were made and the findings will be discussed accordingly.

Variation in chronological age would cause variation in the magnitude of coping behavior Our first and foremost concern was related to the developing mentor pattern of coping behavior. It is contended that people of varying ages use different types of coping behavior. Our hypothesis was confirmed and we noted that with variation in age, coping behavior in participants varied. Although there are many studies that have examining age-related variation and developmental heights (Aldwin, 1994; Fields & prinz, 1997; Losoyal, Eisenberg and Faber, 1998) but such studies are very few. Although the type and way of coping changes over the time but overlapping in coping categories have also been noticed (Campos, Frankel and Camrass, 2004). We can say that conceptualization, understanding and implementation of coping depends on the individual conditions, developmental changes and needs of the hour.

It has been commonly observed that women feel more stress than men (Joshi, 2006) because they have to do so many housekeeping and outside chores and, generally, they are not supported by the male members of the family (Mehra, 2007). The age group of 45–50 years is somewhat relaxing, but the age group of 25–40 years is a period of high-level responsibilities and tremendous stress. As a result, coping is widely used among female participants aged 25 to 45. Perhaps it has caused the findings. When individuals feel more stressed or face demanding situations, they adopt methods for coping or minimizing the stressful situations, because remaining stressed in a continuous situation is not easy. In the working environment, the phenomena of stress and psychological pressure constitute an indispensable part of occupational life and affect one physically, emotionally, and mentally. When the individual experiences stress or face a demanding situation, they adopt ways of dealing with it either by changing or modifying themselves or by changing or modifying the situation with their active efforts. They resolve stress

and create new ways of handling new situations at each stage of life (Erikson, 1959). Marilda and Novas (2009) examined the level of occupational stress, quality of life, work-related stressors and coping strategies among senior police officers and showed a clear association between emotional stress and poor quality of life. Perhaps these notions have influenced our findings. Our hypothesis was confirmed, and we found that variation in the scores of coping was caused by variation in chronological age.

Professional differences would have an impact on coping behavior. Our second concern was related to the impact of professional types on coping behavior. It was contended that variation in the profession would have an influence on coping behaviors and this hypothesis was also confirmed. The professional types were pooled across and they were placed under three groups: high professional group (class one and executive services and business group), middle professional group (class two, and three-level services and business group), and low professional group (class four level services and business group). It was noted that variation in coping scores was observed by variation in professional status.

It is apparent that various forms of jobs were done in this study, and every job has its own circumstances, demands, and types of stress that are purely situation-based. Different types of job stress are job insecurity, job complexity, overload, and compatibleness at work (Rosemarie & Mathias, 2019; Ahamad, 2015) and ambiguity (Martinez, Cifre, and Salanava, 1999). In addition, stress is also produced in the underlying home environment and situations. It can also be stated that, just as the impact of stress varies from person to person, variation in job conditions has varying effects on different people. Many studies have found that women experience more stress than men when carrying out household and employment responsibilities (Bharathi & Babu, 2015). Rosemarie and Mathias (2019) have again reported that employed women use more coping strategies as compared to men. In this way, the findings are supported by these studies and confirm the hypothesis

Participants living in different residential locales would exhibit differences in coping behavior. Last but not least, it was our concern in which we studied the impact of residential locales on coping. It was contended that participants living in different residential locations would exhibit a difference in coping behavior.

Unfortunately, our findings were unable to yield the significant impact of residential location on coping, and participants living in the capital or non-capital region were almost equal in relation to their scores on coping behavior.

Before two or three decade's capitals of the states were paid more attention by the government and all possible facilities were awarded to them. Moreover, people living there use to experience better environments and facilities and elaborate them

better as compared to those living in the noncapital region because experiential scarcity always prevailed there. But now, things are changing very rapidly. Due to the increase in science, technology, and information and communication technologies, people living in the capital and non-capital regions are availing themselves of more or less the same facilities. In terms of employed women, they have access to all facilities and use nearly identical coping strategies. During data collection, the investigation asked one participant living in a non-capital region to shed light on existing facilities. She holds that we almost have all that the people of the capital region may have. In terms of household issues, they seek assistance from their family and supporting staff. Perhaps these thoughts have caused our findings. (Aditi & Kumari, 2005).

Findings generally reveal that the use of coping behavior is a personal way to do it and people use it. There is a need to explore new ways to deal with the complexity of life so that it could be easier.

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