Effect of Life Events Stress on Mental Health of Managers: The Role of Coping

A.P. Singh* & A.K. Singh**

ABSTRACT

Stress has become a prominent feature of modern work place. Present study was conducted to examine the stress and health relationship as moderated by coping styles. Stress related to life events was measured by using the Life Changes Experiences Survey (Dohrenwend et al., 1978) whereas mental health of managers was measured with the help of General Health Questionnaire (12 items version, by Goldberg, 1972). To measure the coping styles Coping Scale was used. The results of correlation indicate that mental health is significantly and positively correlated with job positive stress and coping. Further results point out that difference was found significant for mental health in case of high (Q3) and low (Q1) groups of job negative stress, job positive stress of life events and coping. The results of regression analysis (step-wise) specify that maximum variance in mental health is significantly accounted by coping, job negative stress and job positive stress. Moderator regression analysis indicates that coping significantly moderated the relationship between job negative stress and mental health, total negative stress and mental health, job positive stress and mental health, and personal positive stress and mental health. Thus, we can say that stress significantly affects the health status of managers and coping has a somewhat moderating effect in stress-health relationship.

Key Words: Life events stress, mental health, coping

There is no agreement among researchers about the definition of stress. In the biomedical sciences, stress is mainly understood as an organism’s response
to adverse stimulation. In psychology, stress is usually understood as the
process where a person and the environment interact. Sometimes the nature
of the stressor is the focus of research. In health psychology, joint effects of
the person and environment on pathology are studied, along with mediating
and moderating factors, such as coping and social support (Hobfoll, Schwarzer,
& Chon, 1998). Basically, three broad perspectives have been chosen during
stress study: (a) the response-based perspective, (b) the stimulus-based
perspective, and (c) the cognitive transactional process perspective.

The stimulus based perspective in this study has been used due to two
reasons:

1. Response based perspective has neglected the role of emotions and
cognition by focusing solely on physiological reactions in animals,
including humans.
2. Cognitive transactional process perspective has no good way to
measuring stress as a process.

The stimulus-based perspective has paid more attention to the particular
characteristics of the stressor. It is argued that each critical episode in life has
its unique demands, may it be physical, social, role, or task, which specifically
tax the individual’s coping resources, thus triggering a particular stress response.
The research question explores the relationships between a variety of distinct
stressors and outcomes, including illness. This line of research emerged when
Holmes and Rahe (1967) attempted to measure life stress by assigning numbers,
called life-change units, to 43 critical life events. A volume subsequently
edited by Dohrenwend and Dohrenwend (1974) was another milestone of the
stimulus-based perspective of stress.

Basically two aspects of stress have been studied in literature. One is job
stress and second is personal life stress. By focusing only on job stress or
personal life stress, past research has ignored their combined effects, resulting
in segment rather than a holistic perspective. Bhagat (1980, 1983) has argued
in favour of research that would incorporate the influence of both work and
personal life stress on the employee. Therefore, in this study we have concerned
with job stress and personal life stresses both.

Job stress is usually conceptualised as a condition wherein job related
factors interact with the individual to change (disrupt or enhance) his /her
psychological or physiological condition such that the person (mind and/or
body) is forced to deviate from normal functioning (Beehr & Newman, 1978).
A number of Indian psychologists took interest in conducting studies on topic
of occupational stress (Beehr & Bhagat, 1985; Pestonjee, 1992; Srivastava & Singh, 1981). Sources of stress may arise from either positive (enhancing) or negative (disrupting) conditions, operationalised through measure of role ambiguity, role overload, role conflict, resource inadequacy, underutilisation of skills (Kahn & Quinn, 1970; Gupta & Beehr, 1979), characteristics and conditions of the job itself or the organisation’s structure, climate and information flow, role related factors, work relationship, career development opportunities, and external commitments (Parker & DeCotiis, 1983).

In contrast to the occupational stress literature, which focuses on ongoing or chronic sources, stress research in clinical psychology and in health sciences focuses on the social readjustments that specific stressful life events often precipitate. This approach defines stress as an unsolved environmental demands requiring adoptive social readjustment (Dohrenwend & Dohrenwend, 1974; Gunderson & Rahe, 1974; Homes & Rahe, 1967; Rabkin & Streuning, 1976).

Mental and emotional health generally refers to an individual’s thoughts, feelings and actions, particularly when faced with life’s challenges and stresses. Good mental health isn’t just the absence of mental health problems. The Surgeon General’s report (2005) defines mental health as “the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with adversity.” Mental health is described by W H O as: ... a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2001).

Our mind is not a separate entity from the rest of us. When we are distressed, our physical health is also affected, and our spirits flag. Many physical conditions are actually rooted in a state of mind, or in a history of stress that has never been balanced. Our personal relationships and work abilities are affected by both physical and mental health issues. Lives can even be endangered when people are stressed, depressed, anxious, or grief-stricken.

Lazarus and Launlier (1978) defined coping as an “effect, both action oriented and intra psychic, to manage (i.e. to master, tolerate, reduce and minimise) environmental and internal demands and conflicts among them which exceed a person’s resources”.

Coping depends on the individual’s perception of the environment. It is the process of gathering information, generating alternatives, weighing and
then selecting the best alternatives and finally implementing or evolving strategies. Coping thus requires analysis of one's own needs as well as of the situation. To Burke and Weir (1980) coping process refers to “any attempt to deal with successful situations when a person feels he must do something about, but which tax or exceed his existing adaptation response pattern”.

Psychologists have identified several coping strategies but they all may be classified in two categories. There are two major ways in which people cope with the stress they experience. One way is that, a person may decide to suffer or deny the experienced stress, this is a passive approach. In other ways, a person may decide to face the realities of experienced stress and make efforts to deal with them, which is an active approach. Termed them as “dysfunctional” and “functional” style of dealing with stress. Present study attempts to measure the functional style of dealing/coping with stressful life situations.

Extensive empirical research on life events and illnesses has demonstrated that life events stress may result in problems in both physical and/or mental health (Cohen, 1980). There is growing body of literature on the role of life events in producing variety of mental disorders. However, majority of individuals undergoing serious life events do not develop psychological impairment. Hence, the focus of current life events research has been to understand the conditions under which life events produce psychological dysfunction and to identify those persons who are at risk.

Johnson and Sarason (1979), in their review of research on life stress, cited evidence demonstrating that life stress is related to sudden cardiac death, myocardial infection, pregnancy and birth complications, tuberculosis, diabetes and certain major physical complaints. Life stress is also responsible for psychological outcomes, such as anxiety and depression and behavioural outcomes, such as reduced academic and work performance (Carranza, 1973; Harris, 1973). Vinokur and Selzer (1975) have showed that undesirable life event changes are related to measures of depression, anxiety, and tension, whereas desirable life event changes are not.

A significant relationship between stressful events and onset of anxiety symptoms was reported by Ram and Sharma (1988). Similarly, Takeuchi, Takahashi, & Kotsuki (1986) have reported life events as playing an important role in the inception of anxiety disorder in 118 patients with the disorder. Servant and Parquet (1994b) found that early and recent life events, especially loss and separation may be a risk factor for secondary depression in anxiety disorder.
Investigating the impact of stress due to life events on mental health, Kumari and Prakash (1986) have found a significant negative correlation ($r = -0.243$) between life stress and mental health. In another study, Satija, Nathawat and Shah (1982) studied the effect of life events in depression. They found that psychiatric patients who were more severely depressed had significantly greater life events scores during six months preceding onset of depression. Their findings further revealed the fact that recent life events as opposed to a chronic history of stressful life events are responsible for depression.

Bharti (1986) found that hysteric subjects had significantly higher negative life stress than their siblings. Srivastava and Broota (1987) concluded on the basis of their findings that many cancer patients had experienced significantly higher stress derived from the death of their mothers before the age of 15 years and lack of closeness with the mother as compared to normal subjects.

In a comprehensive study on dual career couples, Singh and Rai (2004) have found that role conflict, role ambiguity, role overload, and overall work role stress were negatively related with mental health in both men and women sample. Researchers further found a significant positive correlation between social support and mental health.

Singh, Srivastava and Mandal (1999) concluded on the basis of their finding that life stress was significantly and positively correlated to systolic blood pressure and psychosomatic health complaints. Researchers further revealed the fact that organisational sources of social support played a significant role in moderating the relationship between job stresses, life stress and health outcomes in both top and front level managerial personnel.

On the basis of above mentioned literature we found that very few studies were conducted to find out the relationship among stress, coping and mental health in private sector managerial personnel. We have also used a multidimensional scale for comprehensive measurement of stressful life events.

By incorporating the above mentioned gaps in the literature, the objectives of the present study are:

- To find out the impact of stress and coping variables on mental health among private sector managerial personnel.
- To assess separately the levels of mental health in high and low stress groups as well as in high and low coping groups.
- To examine the moderating effect of coping in stress-health relationship among managerial personnel.
METHOD

Sample

Present study was conducted on 210 managerial personnel (top, middle and front) of different private sector organisations in India. Participants age vary between 22 to 59 years (Mean = 43.13 and SD=9.109) and having on an average 2 children (SD=1.149). They visited on an average three times to their doctors (minimum 0 to maximum 20 times) in the past year.

Tools

1. Life Changes Experience Survey (Dohrenwend et al., 1978): Stress due to life events was measured by using Life Changes Experience Survey. This questionnaire has been frequently used in studies to measure life events stress. Internal consistency reliabilities (Cronbach’s Alpha) of the different sub-scales were found to be 0.53 for job negative stress, 0.70 for personal negative stress, 0.74 for total negative stress, 0.58 for job positive stress, 0.73 for personal positive stress, and 0.77 for total positive stress of life events. High scores on this scale show high level of life events stress.

2. Coping Scale: This scale comprises eight items with five point response format from strongly agree (5) to strongly disagree (1). Respondents had to choose one most appropriate category which s/he generally uses to cope with stressful situation.

3. General Health Questionnaire-12 version (Goldberg, 1972): This scale was developed by Goldberg, (1972) to measure the health status of individual. In this scale, items are rated on the basis of relationship of perceived health in present and the last two weeks before. Split-half reliability of this scale was found to be 0.83. This scale was developed to screen out the psychiatric patients from general population. In present study this questionnaire was used to assess the level of mental health of managerial personnel. High scores on this scale show good health.

Procedure

Participants were contacted personally and requested to respond on above mentioned measures. They were asked to read carefully the instructions given in the questionnaires. Participants were allowed to take their own time to complete the questionnaire. All the above-mentioned psychometric devices were administered in single session to the selected participants.
RESULTS

The results of correlation coefficient (Table 1) indicated the significant positive correlation between mental health and positive job stress (r = 0.147, P<.05), mental health and coping (r = 0.311, P<.01).

The significance of differences between mean scores of mental health on high (1) and low (2) stress groups indicated that managerial personnel who have higher scores on negative dimension of job stress, scored significantly lower on mental health(t = 4.577, P<0.01) in comparison to managers of low stress group. On the other hand managerial personnel who have higher scores on positive dimension of job stress also scored significantly higher on mental health (t = 1.993 P< 0.05) in comparison to managers of low stress group. Differences of mean on mental health between high (1) and low (2) coping groups was found highly significant (t = 4.301 P< 0.01) (Tables 2 & 3).

The findings of step-wise regression analysis (Table 4) indicate that coping contribute 9.7% of the variance, negative stress contribute 1.9% of the variance and job stress contribute 1.9% of the variance for predicting mental health.

For ascertaining the moderating effect of coping in the stress and health relationship (Table 5), the moderator regression analysis has been computed. Results indicate that coping is found to be a significant moderator in the relationship between job negative stress and mental health (F=6.798, P<0.01) total negative stress and mental health (F=5.974, P<0.05), job positive stress and mental health (F=4.532, P<0.05) and personal positive stress and mental health (F=4.738 P<0.05).

TABLE-1

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Mental Health (Criterion Variable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Negative</td>
<td>-.133</td>
</tr>
<tr>
<td>Personal Negative</td>
<td>.014</td>
</tr>
<tr>
<td>Total Negative</td>
<td>-.037</td>
</tr>
<tr>
<td>Job Positive</td>
<td>.147*</td>
</tr>
<tr>
<td>Personal Positive</td>
<td>.049</td>
</tr>
<tr>
<td>Total Positive</td>
<td>.096</td>
</tr>
<tr>
<td>Coping</td>
<td>.311**</td>
</tr>
</tbody>
</table>

** p < .01; * p < .05
TABLE-2
The Mean, SD and t statistic of mental health in case of high & low stress (life events) groups (N=106)

<table>
<thead>
<tr>
<th>Stress (life event)</th>
<th>High group=1</th>
<th>Low group=2</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Negative</td>
<td>&gt; 1</td>
<td>53</td>
<td>35.42</td>
<td>4.111</td>
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<tr>
<td></td>
<td>&lt; 2</td>
<td>53</td>
<td>39.04</td>
<td>4.038</td>
<td>4.577**</td>
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</tr>
<tr>
<td>Personal Negative</td>
<td>&gt; 1</td>
<td>53</td>
<td>37.23</td>
<td>3.577</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt; 2</td>
<td>53</td>
<td>38.26</td>
<td>5.467</td>
<td>1.156</td>
<td></td>
</tr>
<tr>
<td>Total Negative</td>
<td>&gt; 1</td>
<td>53</td>
<td>37.17</td>
<td>3.373</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt; 2</td>
<td>53</td>
<td>38.32</td>
<td>5.612</td>
<td>1.280</td>
<td></td>
</tr>
<tr>
<td>Job Positive</td>
<td>&gt; 1</td>
<td>53</td>
<td>38.53</td>
<td>3.959</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt; 2</td>
<td>53</td>
<td>36.57</td>
<td>5.129</td>
<td>1.993*</td>
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</tr>
<tr>
<td>Personal Positive</td>
<td>&gt; 1</td>
<td>53</td>
<td>37.74</td>
<td>4.583</td>
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<tr>
<td></td>
<td>&lt; 2</td>
<td>53</td>
<td>37.94</td>
<td>5.231</td>
<td>.217</td>
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<tr>
<td>Total Positive</td>
<td>&gt; 1</td>
<td>53</td>
<td>37.98</td>
<td>4.401</td>
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<tr>
<td></td>
<td>&lt; 2</td>
<td>53</td>
<td>37.00</td>
<td>5.687</td>
<td>.993</td>
<td></td>
</tr>
</tbody>
</table>

** p < .01
* p < .05

TABLE-3
The Mean SD and t statistic of mental health in case of high & low coping (N=106)

<table>
<thead>
<tr>
<th>Coping</th>
<th>High group = 1</th>
<th>Low group = 2</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>&gt; 1</td>
<td>53</td>
<td>39.89</td>
<td>4.007</td>
<td>4.301**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt; 2</td>
<td>53</td>
<td>36.02</td>
<td>4.975</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** p < .01

TABLE-4
Step- wise multiple regression analyses for mental health as a dependant variable

<table>
<thead>
<tr>
<th>Predictors</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>R Square Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coping</td>
<td>.311</td>
<td>.097</td>
<td>.093</td>
<td>.097</td>
</tr>
<tr>
<td>Job Negative Stress</td>
<td>.341</td>
<td>.116</td>
<td>.107</td>
<td>.019</td>
</tr>
<tr>
<td>Job Positive Stress</td>
<td>.368</td>
<td>.135</td>
<td>.123</td>
<td>.019</td>
</tr>
</tbody>
</table>
TABLE-5
Moderated Regression Analysis for Mental health,
Coping and Predictor Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Zero Order correlation with Mental Health</th>
<th>RS Adding Coping</th>
<th>F (Rm- Ri)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Negative Stress</td>
<td>-.133</td>
<td>.341</td>
<td>.363</td>
</tr>
<tr>
<td>Personal Negative Stress</td>
<td>.014</td>
<td>.311</td>
<td>.321</td>
</tr>
<tr>
<td>Total Negative Stress</td>
<td>-.037</td>
<td>.314</td>
<td>.334</td>
</tr>
<tr>
<td>Job Positive Stress</td>
<td>.147</td>
<td>.333</td>
<td>.348</td>
</tr>
<tr>
<td>Personal Positive Stress</td>
<td>.049</td>
<td>.312</td>
<td>.328</td>
</tr>
<tr>
<td>Total Positive Stress</td>
<td>.096</td>
<td>.318</td>
<td>.319</td>
</tr>
</tbody>
</table>

Ri = linear multiple correlation
Rm = moderated multiple correlation

** p < .01
*  p < .05

DISCUSSION

The present study was conducted to ascertain the stress and health relationship and also the moderating effect of coping in this relationship among managers. Results indicate that positive and negative dimensions of job stress significantly influence mental health. As our findings suggest that job stress (either negative or positive) significantly affects the mental health but there is no such effect of personal life events stress on mental health. In this study stress has been classified into four categories namely, job negative, personal negative, job positive and personal positive. Our results indicate that personal life events do not significantly influence managers mental health. Job stress negative and job stress positive have significant effect on mental health. When managers experience job stress negative they show poor mental health whereas job stress positive has effect on mental health. The managers with high job stress positive have better mental health. This confirms that stress is not always bad. When managers experience some stress due to getting promotion or had significant success at work, such situations promote mental health. When managers experiences trouble with boss, or when they are demoted, in that situation their mental health is deteriorated.

Now-a-days priority of person’s life has changed. Employees are more career oriented and they are giving little importance to their personal life. Their job involvement is much more than their family involvement.

Coping is another factor which affects the mental health status of managers. It is assumed that managers in private sector organisations have a
lot of work duties and responsibilities to perform and on the other hand there prevails departmental politics at the time of promotions. Personality and working styles of managers significantly influence the employee-boss relationship. Managers’ job is always stressful because they are responsible for others’ performance. But main thing is how managers perceive and react in these stressful situations. Their dealing with stressful situation or coping skills significantly influence the mental health status. If managers have good coping skills they certainly enjoy the stressful situations too and at the same time they feel more mentally healthy. To become successful managers they have to make plans and execute it with proper attitude and attain the gains.

Further we have computed step-wise regression analysis where all aspects of stress namely, job negative, personal negative, total negative, job positive, personal positive, and total positive and coping are treated as predictors and mental health as criterion variable. The results indicate that coping explains 9.70%, job negative 1.9% and job positive 1.9% variance in mental health. This again confirms that managers who apply problem focused strategy in dealing with stress maintain a good mental health. When managers encounter job negative stress their level of mental health deteriorates. Similarly, good work and upward promotions enhance mental health.

We have also tried to find out the moderating effect of coping in stress and health relationship. Results indicate that problem focused strategy significantly reduces the bad impact of job negative stress on mental health. Further active coping also enhances job and personal positive stress which ultimately improves mental health.

**Conclusion**

On the basis of obtained results it can be concluded that both positive and negative job stresses affect the mental health status of the executives. Job negative stress adversely affects the mental health whereas job positive stress boost up the mental health. Results also indicate that personal life events have little impact on mental health of managers. Direct effect of coping is more dominant for determining the better mental health. On the other hand, moderating effect of coping in stress and health relationship is somewhat limited.

**REFERENCES**


*Journal of Indian Health Psychology*


