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Occupational Stress: Sources and Coping Behaviors of Professional Women

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Occupational Stress: Sources and Coping

Behaviors of Professional Women

By

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Vita

The author, Joan Marie Bochenski, is the daughter of
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CHAPTER I

INTRODUCTION

With the emergence of the feminist philosophy, women today have begun to enter new arenas. Women are now actively seeking higher educations and becoming more marketable for jobs. Along with this, the economic atmosphere has dictated that women become financially independent, and entering the workforce has helped women achieve financial independence. With these changes, women have added one more role to the list already existing for them--spouse, mother, and now worker--and society has not provided support systems to enable women to deal confidently with the demands of these multiple roles. Zappert & Weinstein (1985) state that in attempting to integrate the often conflicting role demands of worker, spouse, and mother, women may be confronting stresses that pose serious hazards to their physical and psychological well-being. Figures from the United States Department of Labor show that during the past 30 years the number of female workers has doubled (Haw, 1982 & Long, 1988). Currently, women have been advancing in the work hierarchy, assuming higher positions and more responsibilities within organizations. Along with this, women have begun to enter occupations formerly open only to males. The demands that each of

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these roles imposes on women cause stressors that are unique to this segment of society. Previous research has shown that women in professional positions experience higher pressure levels stemming from stressors in the work, home/social, and individual arenas and greater manifestations of stress compared to male managers (Davidson & Cooper, 1981). Women are more susceptible to stress due to these various roles inherent in maintaining a career, a home, and a family simultaneously and successfully. The extra pressure and the scarcity of free time can adversely affect the stress-coping abilities and result in mental and physical illnesses. Women face more responsibilities from all the arenas. Women take on concurrent roles simultaneously while men still take on the singular role of worker/breadwinner. Cooper & Marshall (1982) state that the finding of the National Heart, Lung, and Blood Institute implies that working women experience more daily stress, marital dissatisfaction, and aging worries and are less likely to show overt anger than either housewives or men. The term "Superwoman Syndrome" typifies the woman's attempt to integrate these roles successfully. Haynes (1986) states that the superwoman tries to be everything to everyone, juggling family life, social life, and commitments outside the home. The struggle to attain this self-imposed or internally imposed superhuman standard is complicated by the necessity to qualify as a female professional in a man's world (p.432). The purpose of this thesis is to examine the stressors that women face in the occupational environment

and the behaviors and strategies they use to attempt to control or mediate the noxious effects of stress. For the purpose of this study, stress will be defined as occurring in the face of demands to which there are no readily available or automatic adaptive resources (Lazarus, 1981).

Past research concludes that work may be a significant source of stress (Cooper & Marshall, 1976). Stress has also been linked to serious consequences in terms of psychological (anxiety, depression, etc.) and physical (migraine headaches, coronary heart disease, etc.) tolls on the individual. In today's society, stress is omnipresent. Antonovsky (1979) argues that there is a broad cultural, if not universal, consensus that certain experiences are noxious and/or stressful. The changing values of the current generation place a great deal of importance on one's career--emphasis on success in terms of money and one's job is ever present today. Thus a major source of stress in an individual's life seems to be work-related. Occupational stress directly and indirectly costs the individual and the company. Some organizational consequences associated with stress are equated in terms of millions of dollars for absenteeism, medical expenses, decreased productivity, and workman's compensation claims. Higgins (1986) estimates the company cost due to stress is $50-$75 billion per year. According to Cooper & Marshall (1976), cardiovascular diseases accounted for 12% of the time lost in the working population in the United States. The total economic loss was estimated at $4 billion per year. Research has also

shown that mental disorders, nervousness, and migraine headaches accounted for 22.8 million work days lost (Cooper & Marshall, 1976). Furthermore, research on occupational stress has implied that stress manifests itself into other areas such as alcoholism, industrial accidents, and short-term illness. These areas have an estimated cost of 300 million working days lost, totaling $126 million in insurance and benefit payments (Davidson & Cooper, 1981).

The direct and indirect effects from occupational stress place a similar toll on the individual. Research implies that there is a link between stress and illness. Mental and physical ill effects of stress are frequently used to measure stress, particularly occupational stress. Goldberger & Breznitz (1982) synthesize the types of effects (dependent variables) measured in occupational research (see Table 1: Research Supporting the Stress and Illness Link). The ability to cope with stress effectively is a major factor in determining one's health and welfare (Matheny, 1986). Selye (1976) reports that diseases such as psychiatric disturbances, cardiovascular disease, and bronchial maladies, as well as diabetes, tuberculosis, migraines, and gastrointestinal malfunctions are all linked to stress. According to Levi (1971) stress has been shown to elicit psychological changes which release hormones which contribute to a release of increased amounts of fatty acids from the adipose tissue. These changes have been used in studies investigating coronary heart disease. Stress has also been found to be a factor contributing to accidents,

Table 1

Research Supporting the Stress and Illness Link:

Types of Effects Measured in Occupational Stress Research

(Dependent Variables)

STUDY	SYMPTOMS/STRAINS
	Physiological
Mott, 1976	Disrupted sleep, bowel function, and eating habits
Caplan, 1975	Pulse rate and blood pressure
Chadwick, 1980	Serum cholesterol, high and low density lipoproteins
Caplan, 1975	Serum cortisol, thyroid hormones, serum glucose, serum uric acid
	Illness and Mortality
Glass, 1977	Heart disease
Work in America, 1973	Cerebral accidents (strokes)
House, 1979	Peptic ulcer
Cobb, 1971	Arthritis
Kimball, 1979	Headaches
Cobb & Rose, 1973	Diabetes
Colligan, 1977	Mortality rates
Caplan, 1975	Respiratory illness (bronchitis and asthma)

job dissatisfactions, and illness such as coronary heart

disease, alcoholism, and hypertension (Davidson & Cooper,

1981). Davidson & Cooper further state that evidence
suggests that occupational stress is a causal factor in
physiological changes in subsequent diseases. Herold's
(1987) research shows there is a link between job-induced
stress and alcohol consumption; he states that the link has
been conceptualized as job-related factors relating to long
term alcohol abuse, which in turn is related to changes in
physical and/or emotional health. Davidson & Cooper (1981)
found that workers experiencing high job stress drank more
frequently than those in jobs which were less stressful.
Evidence suggests that continual high levels of stress will
significantly lower one's energy level, and will also result
in performance failure, ineffective cognitive processes, a
flattened effect, a weakened immune system, disturbances in
interpersonal relationships, and other forms of degenerative
diseases (Matheny, 1986). Thus a link between stress and
illness has been established from past research.

Recent studies have been performed to research the
coping strategies of professional women: this thesis will
attempt to synthesize this current research and then make
suggestions for further research on this subject. Based on
the synthesis, implications for stress management programs,
tailored specifically to women, will be discussed.

CHAPTER II

DEFINITIONS OF STRESS, COPING,

AND COPING BEHAVIORS AND RESOURCES

Stress has been conceptualized in a variety of ways. Matheny (1986) performed a meta-analysis of stress and coping, arguing that the science of stress lacks clarity, precision, or integration. There is little consensus among researchers across the disciplines of what constitutes stress in humans--the evidence of this is the variety of stress definitions that exist; each researcher of this area has formed his own definition. Matheny states that stress at times is defined as troublesome situations, events, or thoughts, at other times as an incongruence between perceived demands and resources (p.500). I will examine the different definitions of stress and coping and present the definition of stress that will be utilized in this paper. I will also examine the different ways coping behaviors are categorized and present the coping behavior and resource taxonomy that will be used in the paper's synthesis.

Selye (1974) views stress as a physical response to the external or internal demands made on the organism. The response is adaptive--the General Adaptive Syndrome, consisting of alarm, resistance, and exhaustion stages, prepares the organism (the individual) to handle the ill

effects of stressors. This response model views stress as a physiological response to demands made on the organism. It is the body's reaction to demands made upon it, good or bad. This model did not include an explanation of why people react to stress differently. This conceptualization of stress gave way to subsequent models. Holmes & Rahe (1967) view stress according to the stimulus model. Stress is equated with specific life events to formulate the Life Event Schedule. This model postulated that stress in the form of clustering life events leads to stress symptoms such as illness (Matheny, 1986, p.501). This predictive assessment device assigns a point value to major life events. After adding up point values, people scoring over a certain number are at risk of a health breakdown. However, this definition of stress did not incorporate the view of the appraisal made by the individual of the life event--this theory postulates that people react similarly to specific life events. Another conceptualization of stress was introduced and addressed the shortcoming of the Holmes & Rahe theory. Lazarus (1981) views stress in transactional terms. Stress occurs in the face of demands that tax or exceed the available resources of the system or automatic adaptive resources. Stress depends on the individual in the situation. Stress does not reside in the individual or the environment/situation, rather it is the interactions of these two elements. Lazarus contends that any attempt to avoid or mediate stress should be directed at 1) changing the situation or 2) changing the individual's appraisal of

the stressors. Lazarus contends that a change in the
individual's appraisal of the situation can cause an
adaptation to the stress. According to Lazarus, the
individual is not a mere victim of stress, rather she
appraises the stressful events (primary appraisal) and then
appraises her coping resources and options (secondary
appraisal). This process of appraisal then determines the
nature of the stress. Meichenbaum (1985) supports the
transactional perspective expressed by Lazarus and adds that
stress is defined as a cognitively mediated relational
concept. Stress reflects the relationship between the
person and the environment that is appraised by the person
as taxing or exceeding her resources and as endangering her
well-being. This model helps the person develop a more
differentiated view of her stress reactions. Instead of
viewing the stress process as all-or-none, this model
conveys to the person that her stress varies across
situations. The goal of this model is to recast the
person's stress experience in positive cognitive
terms--those which imply resourcefulness. This model
through Stress Inoculation Training teaches the person to
view stress in manageable units that she can influence--to
encourage her to view stress experiences as problems to be
solved. Building a defense composed of skills and positive
expectations enables the person to deal with stress more
effectively. Thus the individual has some control in terms
of dealing with stress--she can utilize a variety of
intrapersonal and interpersonal skills to mediate the

noxious effects of stress.

Matheny (1986) attempted to combine these previous conceptualizations of stress into an integrated model which included a precipitating component, a perceptual component, and a physiological component. In this integrated model of stress, internal or external demands are made on the person. The person appraises these demands in terms of the seriousness of the demands and then appraises the adequacy of her resources for coping. Along with this there will be a stress response in terms of psychological, behavioral, and physiological symptoms. Psychological symptoms include: irritability, anxiety, lack of concentration, and narrowed perception. Behavioral symptoms include restlessness, sleep disturbances, and avoidance behaviors, while physiological symptoms include changes in the individual's body, such as increased rapid breathing, dilation of pupils, increased blood pressure, and muscle tension. It is these symptoms that have been linked to the ill effects of stress. According to Matheny (1986), continual elicitation of physiological systems may result in psychophysiological disorders, coronary artery disease, tension and migraine headaches, backaches, ulcers, colitis, and other degenerative diseases.

For the purpose of this study, stress will be defined in the transactional sense. The transactional view considers the interaction between the person and environment; it views that the individual takes an active role in the situation through the appraisal process. Stress

occurs in the face of demands that tax or exceed the resources of the system, or demands to which there are no readily available or automatic adaptive resources (Lazarus, 1981). Stress will depend on the individual in the situation--the individual's appraisal influences the stressful situation. The individual judges the seriousness of the demands and the adequacy of her resources for coping. This is to say that individuals will respond to the same situation in different ways, or the same individual may enter into a stress state in response to one stressful condition and not another (Lazarus & Monat, 1977). Stress will also be viewed as being multifaceted as suggested by Cooper & Marshall (1976). That is, occupational stress also affects the other areas of one's life such as the social and home arena and vice versa. A woman who is frustrated because her boss will not accept her idea of policy improvements will bring this frustration home and may vent her emotions on her family. Likewise, a woman who is frustrated at home because there is no support to her in terms of helping with the household chores, may vent her frustration on her co-workers. In order to undertake a comprehensive view of stress, we must focus on more than one stressor at a time and how the stressors affect and influence the arena's of one's life.

WORK STRESS

In order to investigate the sources of work stress, a multidisciplinary approach model needs to be undertaken by

investigating the psychological, sociological, and physiological problems that tax the individual in the work environment. Along with this, one must also consider the extra-organizational sources of stress which affect and influence performance and the mental and physical health of the individual while examining sources and effects of occupational stress (see Table 2: Model of Occupational Stress, Davidson & Cooper, 1981). These extra-organizational sources include the home environment, the social environment, and the individual's differences which account for the personality, life history, and behavior patterns such as "Type A," which is linked to coronary heart disease. An individual with Type A Behavior Patterns has the following characteristics: a high level of achievement and motivation, a high sense of time urgency, a strong sense of competitiveness, the lack of ability to relax, and the drive for achievement.

When an individual faces a stressor, the stress response will trigger a coping behavior and/or strategy. Just as stress has been conceptualized in many ways, so has coping. Matheny (1986) defines coping as any effort, healthy or unhealthy, conscious or unconscious, to prevent, eliminate, or weaken a stressor, or to tolerate its effects in the least harmful manner. Herold (1986) states that most definitions of coping focus on the individual's attempt to master, defend against, or adapt to, the stressor. Pearlin & Schooler (1978) define coping as things people do to avoid being harmed by life strains. It is the behaviors that

people use to protect themselves from being psychologically harmed by problematic situations. Coping, according to this definition, functions in three ways: by eliminating or modifying the conditions which are causing the stress, by cognitive restructuring--controlling the meaning of the experience in order to neutralize the problematic nature, and by keeping the emotional consequences of the problems within manageable bounds. Meichenbaum (1985) views coping as the behavior and cognitive efforts the individual utilizes to master, or tolerate the internal and/or external demands that are created by the stressor. Herold's (1986) definition is similar to Pearlin & Schooler's (1978): he defines coping as the things people do to avoid or minimize the effects of the stress condition.

All these definitions have a common element--it is an action by the individual to avoid the ill effects of stress. For the purpose of this thesis, coping will be defined as behaviors that the individual utilizes to mediate the ill effects from demands placed on her. This is to say that the individual takes an active role in the coping process. In this sense coping will not be viewed as a unidimensional behavior. Rather, coping functions at a variety of levels and is attained by using a variety of behaviors, cognitions, and perceptions (Pearlin & Schooler, 1978). Also, coping will be viewed as a process which takes place over time rather than a unique response to a particular stressor (Herold, 1986). Coping implies a choice--the individual is able to choose from her coping

skills and behaviors.

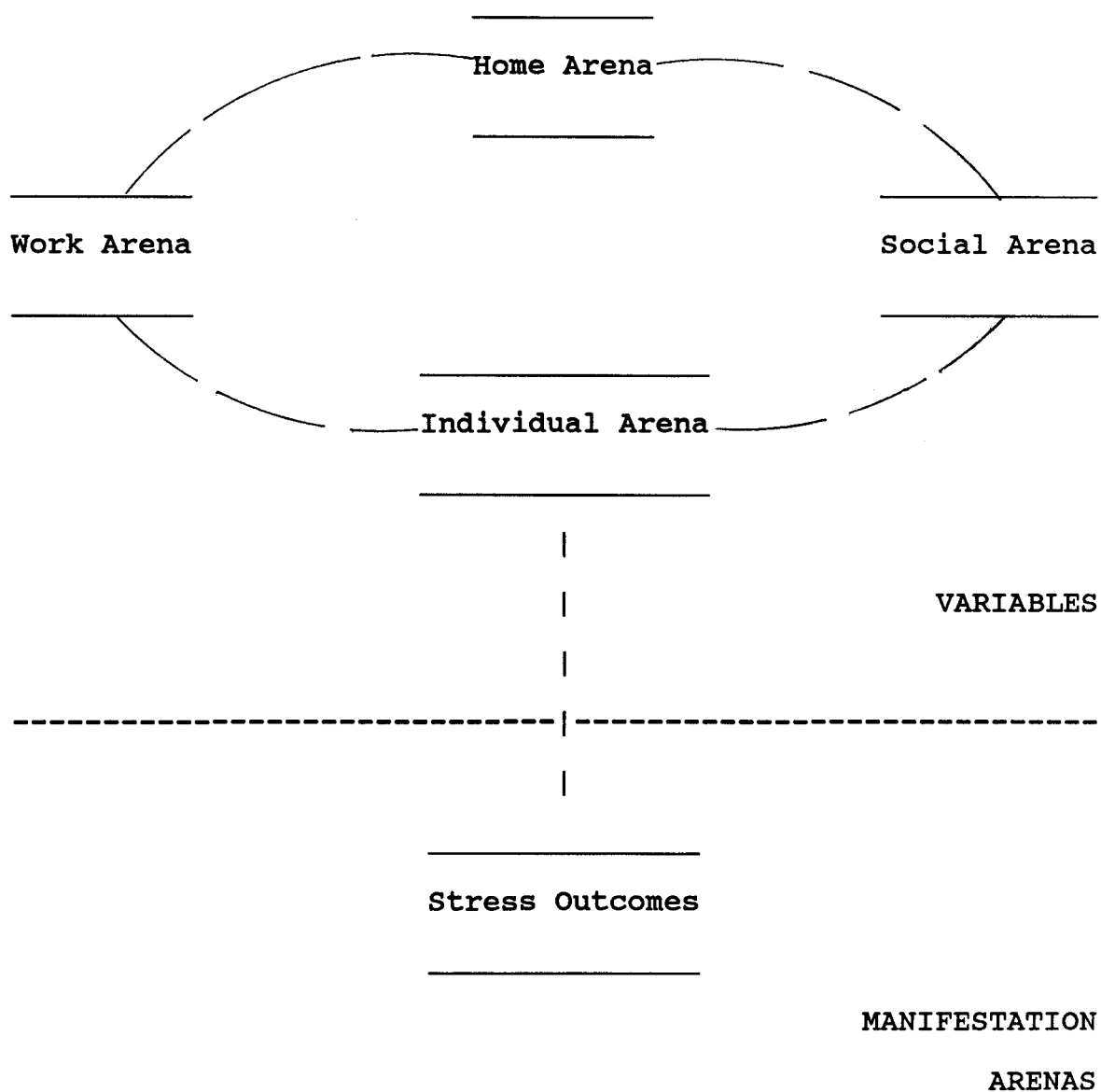Matheny (1986) categorizes coping as either preventive
or combative. Preventive coping is aimed at preventing
potential stressors and building resources for resisting

Table 2

Model of Occupational Stress (Multidisciplinary)

Proposed by Davidson & Cooper (1981)

Home Arena

Work Arena   Social Arena

Individual Arena

VARIABLES

Stress Outcomes

MANIFESTATION

ARENAS

---

them. This type of coping is: 1) a way of preventing demands from being perceived as stressors, and 2) a way of increasing one's resistance to the ill effects of stress. Altering stress-inducing behaviors by changing and/or modifying the appraisal of a stressor or a stressful situation is one way of preventing stressors from being perceived as stressors. Matheny lists the primary preventive strategies as the following: avoiding stressors through life adjustments; adjusting demand levels; altering stress-inducing behavior patterns; developing coping resources such as physiological assets, psychological assets (confidence, sense of control, and self-esteem), cognitive assets (functional beliefs, time management skills, and academic competence); social assets (social supports and friendship skills); and financial assets. Combative coping occurs when a stressor has already been encountered and must be handled (Matheny, 1986). This coping can be established by stress monitoring or biofeedback to detect stress build-up by organizing resources and then planning for their future use, marshalling one's resources, attacking stressors through problem solving or assertiveness, mediating the noxious effects of stress through cognitive restructuring, denial, and/or sensation focusing, and lowering one's arousal through relaxation such as muscle relaxation or imagery, disclosure and catharsis, and/or self-medication-- such as taking tranquilizers. This coping occurs after the fact, as a way to combat the ill effects of stress. Optimally, utilizing preventive coping behaviors is more

constructive and adaptive for the individual since the stress has not occurred at this point--the individual is trying to prevent the ill effects of stress. With preventive coping, the individual is attempting to prepare herself before the stressor occurs and thus is more adaptive. Meichenbaum's Stress Inoculation Training (1985) has this aim in mind--the goal of this training is to educate the individual about the nature and impact of the stress and to ensure that she has a variety of skills to cope with the stress. Stress Inoculation Training is designed to build one's psychological antibodies or coping skills, thus being preventive in nature.

Coping behaviors and strategies have also been conceptualized as appraisal-focused, problem-focused, and emotion-focused (Goldberger & Breznitz, 1982). In research, these coping behaviors have been examined with a male population, and since there is a lack of research on women, these behaviors will be generalized for women for the purpose of this study. Appraisal-focused coping involves attempts to define the meaning of the stressful situation. These strategies include logical analysis, cognitive redefinition, and cognitive avoidance. In logical analysis, breaking down the problems into its components, one identifies the cause of the problem by drawing on relevant past experiences and then rehearsing possible actions mentally. In cognitive redefinition, the individual redefines the situation, attempting to make the experience favorable rather than stressful. In cognitive avoidance,

the individual attempts to avoid or deny the stress, refusing to believe that the problem exists, and engages in unrealistic fantasies. In problem-focused coping the individual attempts to modify or eliminate the sources of stress to deal with the consequences of the problem. Types of problem-focused coping include seeking information or advice from others, taking problem-solving actions (such as negotiating alternatives), active confrontation, etc. and developing alternative rewards-all action-oriented attempts to deal with the stressor. Problem toleration would also be considered this type of coping behavior. Problem toleration is a coping strategy which is action-oriented, overt, and which attempts to manage, minimize, or tolerate the stressor. Physical activity or relaxation techniques would be examples (Herold, 1986). Emotion-focused coping consists of responses which mediate the emotion aroused by the stressor in order to maintain affective equilibrium. Emotion-focused coping can be further divided into problem and symptom minimization. Problem minimization is a strategy which consists of a mental activity to alter the individual's perception of the stress-inducing situation--perceptual distortions of defenses would be considered such a strategy. Symptom minimization is a strategy which consists of a mental activity to manage, minimize, or tolerate the stress of strain--denial of the stress symptoms would be such a strategy. Other types of these coping strategies consist of resigned acceptance, affection regulation, behavioral withdrawal, or social withdrawal.

All these strategies are mental activities used to cope with the stressor.

Coping skills can also be classified as instrumental or palliative coping (Meichenbaum & Jarembo, 1983). Instrumental coping refers to the actions that attempt to meet the environmental demands or alter the stressful situations. Palliative coping involves responding as adaptively as possible to unavoidable stressful situations. These responses focus on regulating cognitive, affective, and physiological components of the stressor. Pearlin & Schooler (1987) break coping into three types: 1) social resources, 2) psychological resources, and 3) specific coping responses. They contend that resources refer not to what people do, but rather to what is available to them in developing their coping repertories. Social resources consist of the individual's interpersonal networks which she uses as support systems. Psychological resources are the individual's personality characteristics that she utilizes to avoid threats of danger from the stressor. These resources consist of self-esteem (one's positive attitude toward oneself), self-denigration (one's negative attitude toward oneself), mastery (the extent to which one believes that life is under her control), denial, and avoidance tendencies. Coping responses are the behaviors, cognitions, and perceptions the individual utilizes to mediate the ill effects of stress. These responses are what the individual DOES, her efforts to cope with stress. Responses can 1) change the situation out of which the experience arises, 2)

control the meaning of the experience after the stressor occurs, and 3) function to control the stress once it has occurred. These conceptualizations of coping are all similar in nature--they break the behaviors and strategies the individual utilizes into categories. For the purpose of this paper, the coping behaviors and resources taxonomy proposed by Matheny (1986) will be used to examine the coping behaviors and responses of professional working women. The coping behaviors will include the following: 1) Cognitive Restructuring, consisting of behaviors made to redefine the situation or events to make them less stressful. This can be accomplished by changing the meaning of the demands and/or changing the adequacy of one's resources. 2) Problem Solving: behaviors directed at the stressor in an attempt to reduce the stressfulness of the demand. This would consist of behaviors such as planning or pacing one's workday and/or changing jobs. 3) Tension Reduction: behaviors which attempt to lower the harmful physiological arousal to improve performance and well-being. These behaviors include exercise, hobbies, and relaxations such as vacation, muscle relaxation, and transcendental meditation. 4) Use of Social Skills: behaviors that enable the individual to reduce social distress. These behaviors consist of good communication, talking to others, and the use of humor. 5) Self-Disclosure or Catharsis: behaviors which refer to the sharing of positive and negative feelings--it is a purging of one's emotions, releasing the emotions through communication with

others. This behavior consists of talking to others at home or work and positive self-talk. 6) Structuring: behaviors which include organizing coping resources and planning for their use in the future. This behavior would be considered preventive in nature, building up coping skills for future use. 7) Seeking Information: behaviors which include gaining more information about stressors in the attempt to reduce the noxious effects of stress and/or to improve one's response to the stressor. These would include seeking the help of others. 8) Stress Monitoring: behaviors to improve the awareness of tension build-up, the awareness of situations, events, and thoughts which are likely to lead to stress, and the awareness of one's optimal stimulation range. This monitoring would include biofeedback and cognitive rehearsal. 9) Assertive Responses: behaviors that express exactly what the individual wants, feels, or believes, which might include conflict and attempts to actively attack or mediate the ill effects of stress. 10) Avoidance/Withdrawal: behaviors used to avoid or escape the stressor by removing the individual from the event or situation. Such behaviors would include changing jobs/environments or taking breaks while at work. 11) Suppression/Denial: avoidance behaviors which attempt to remove the stressor through cognition. This behavior consists of self-talk used to explain the stress away or to ignore it. At times these kinds of behaviors might be considered maladaptive if the individual continually denies the stress, yet is affected physically by the noxious

effects of stress. 12) Self-Medication: behaviors directed at one's physical state by taking tranquilizers, alcohol, and/or cigarettes to reduce the arousal state due to the demands placed on the individual by the stressor. These behaviors do not attempt to eliminate the source of stress-- rather, they attempt to mediate the noxious effects of stress. However, this behavior can also become maladaptive. According to Herold (1986), alcohol consumption may be classified as dysfunctional coping if it does so at the cost of the individual's health or emotional well-being, which exceeds the short-term coping benefits. The coping resources will include: 1) Social Support: the individual's network, which consists of friends, relatives, and co-workers According to Caplan (1976) the family social support system functions as a feedback guidance system, a guide and mediator in problem-solving, a source of practical service, a haven for rest and recuperation, and a reference group. 2) Beliefs/Values: beliefs and values that cause one to appraise demands as being less stressful. An example would be when an individual places less importance and/or value on her career, this value can lessen several sources of occupational stress than for an individual who views her career as vitally important and a validation of her competency. 3) Confidence/Control: this is the individual's faith in her ability to cope successfully with the stressor, and in her mastery over the stressor. Feeling control over a situation will negate the strength of stress as well as having the cognitive mind set that one has the

resources and/or skills to constructively deal with stress. 4) Wellness: this refers to one's overall health and well-being which includes one's degree of hardiness. Being in good health with proper nutrition and diet will help mediate the ill effects from stress. 5) Self-Esteem: this refers to the tendency to accept and prize oneself--to view oneself as having adequate resources and behaviors to successfully mediate the effects of stress. This also includes positive feelings about oneself, feeling competent and in control of the impending situation. The above coping taxonomy will be utilized in the paper's synthesis of how professional women cope with stress. Coping behaviors, strategies, and resources gathered from other research studies will be analyzed and assigned to one or more of the taxonomy's categories. In the synthesis, professional women's coping skills will be broken down into specific behaviors and resources.

CHAPTER III

OCCUPATIONAL STRESS AND WORK STRESSORS

UNIQUE TO PROFESSIONAL WOMEN

SOURCES OF OCCUPATIONAL STRESS

In order to understand the sources of stress in the
work environment, a review of literature pertaining to males
will be presented. There is limited research on women, and
after this foundation of occupational stress is presented,
unique sources for women will be presented. In their
research, Davidson & Cooper (1981) and Cooper & Marshall
(1976, 1977, and 1979) have investigated the sources of
occupational stress for men and then targeted their research
on the neglected population of professional women. Cooper &
Marshall (1976, 1977, and 1979) categorized these
occupational stressors into five sources (see Table 3:
Sources of Managerial Stress). This research pertained to
both genders. The first category consists of the factors
intrinsic to the individual's job. Prior research by
Kornhauser (1965) found that poor mental health was directly
linked to poor working conditions such as excessive and
inconvenient hours, demanding physical exertion, and the
need to work quickly. Shift work has been found to be a
work stressor that also affects the individual's
neurophysiological rhythms such as blood temperature, blood

Table 3

Sources of Managerial Stress at Work

(Cooper & Marshall, 1979)

<u>Career development:</u>

-Over/under promotion

-Lack of job security

-Thwarted ambition

<u>Organizational structure</u>
<u>and climate:</u>

-Little or no participation in
  decision making

-Lack of effective consultation

-Restriction of behavior

-Office politics

<u>Relationship within the</u>
<u>organization:</u>

-Poor relationship with boss,
  co-workers, and subordinates

-Difficulties in delegating
  responsibilities

<u>Role in organization:</u>

-Role conflict

-Role ambiguity

-Responsibility for people

-Conflicts in
  organizational boundaries

-No participation in
  decision making

<u>Intrinsic to job:</u>

-Poor physical working
  conditions

-Work overload (qualita-
  tive and quantitative)

-Time pressures

-Decision making

-Physical danger

-Lack of support from the boss or upper management

sugar levels, metabolic rate, and mental efficiency, which
may result in stress-related disease. Although stressors

have been associated with shift work, Selye (1976) agrees
that shift work becomes physically less stressful as the
person habituates to the working conditions. Managers
usually deal with several of these factors which are
stressors. Also included in this category is too little or
too much work (work underload or work overload). Work
overload can be defined as either being quantitative (too
much to do) or qualitative (difficult to perform). Research
has shown that quantitative overload leads to breakdown and
there is a relationship between too much work and smoking
(Davidson & Cooper, 1979). Qualitative work overload has
also been found to be a stressor and has been correlated
with lower self-esteem. Work overload has been associated
with different symptoms such as job tension, lower
self-esteem, job dissatisfaction, threat, embarrassment,
high cholesterol levels, increased heart rate, skin
resistance, and more smoking (Davidson & Cooper, 1979).
Also included here is physical danger from the individual's
job, which usually would not be experienced by managers.
This category would include jobs that have a high degree of
risk in the performance of job tasks. Examples include
soldiers, police officers, firemen, etc.

One's role in an organization has also been found to be
a source of occupational stress. This includes role
ambiguity--being unclear about what is one's role in the
organization--such as a lack of clarity about one's work
objectives or expectations of others concerning your role.
Role ambiguity has been shown to lower job satisfaction and

lower self-esteem and result in a depressed mood and high job-related tension (Davidson & Cooper, 1977). Role conflict exists when an individual faces conflicting job demands, or when she does something that she does not feel she should be doing. This stressor has been linked to lower job satisfaction and higher job tension. This stressor seems more relevant among white collar positions, where conflicting demands become more prevalent. When role conflict comes from higher levels in an organization, the job stress has been found to be stronger. When an individual has responsibility for others, stress is more likely. Stress is more likely to occur since the individual's duties increase when she is responsible for the job performance of other employees. French & Caplan (1973) found that this factor was significantly related to heavy smoking, diastolic blood pressures, and chronic heart disease. Kahn et. al. (1964) found in their study that men who suffered role ambiguity experienced lower job satisfaction, high job-related tension, greater futility, and lower self-confidence.

Career development has been found to be another source of stress. Cooper & Marshall (1977) refer to this source as consisting of overpromotion (when an individual is promoted beyond her capacity), underpromotion (when an individual is capable of more responsibilities and not given the opportunity to perform higher tasks), status incongruence, lack of job security, and thwarted ambition. Research has shown that this stressor has been linked with minor

psychological symptoms which later lead to psychosomatic complaints. Cooper & Marshall (1977) summarized the rationale for occupational stress due to role inconsistency as "role conflict generated from incompatible expectations of a social position, which may yield psychological disturbances and frustrations, which in turn form part of the stress-disease linkage."

Relationships at work have also been found to be a source of stress. French & Caplan (1973) define poor relations as "those which include low trust, low supportiveness, and low interest in listening to and trying to deal with problems that confront the organizational member." Further, they found that poor relationships with colleagues or one's boss may lead into role ambiguity, which may produce psychological strain such as low job satisfaction. They also found that support from peers relieves job stress, which helps nullify the effects stress has on cortisone, blood pressure, and glucose levels.

The last source of occupational stress is organizational structure and climate (those aspects of the structure of an organization which can make the working environment either satisfactory or stressful). This factor refers to office politics, lack of effective consultation, lack of participation in the decision-making process, and restriction on behaviors. French & Caplan (1973) found that a high level of job participation corresponds with greater job satisfaction, higher self-esteem, lower role ambiguity, good working relationships, and lower absenteeism and

turnover. Cooper & Marshall (1973) also cited research that found that non-participation at work was a significant predictor of job stress and strain.

Research performed by Cooper & Marshall (1973) laid the groundwork for the multidisciplinary approach. This approach includes and recognizes the extra-organizational stressors on the individual at work. These stressors address the feedback loop between the different environments one interacts in such as work versus home or work versus social activities. This idea asserts that problems in one arena influence and exacerbate problems in another arena. The home environment consists of marital satisfaction and financial concerns. In Cooper & Marshall (1977), a study by Rollins & Cannon suggests that strain intervenes between the family life cycle and marital satisfaction. Family roles result in more strain during the middle stages than in the beginning and ending stages of the family cycle, representing a U-shaped curve. Lack of social support has also been shown to influence and affect occupational stress and vice versa. Cooper & Marshall cite that lack of adequate support from spouses results in stress-induced physical maladies.

The social arena consists of social activities and relationships, living status (urban versus rural), and other related factors. Frequent moving has been found to be a stressor which is conducive to coronary heart disease. Studies have also shown that coronary heart disease is more prevalent in urban settings than rural ones. Frankenhauser

(1976) proposes the hypothesis that industrial societies have higher incidents of stress-related disease, such as coronary heart disease, than do nonaffluent societies.

The last arena is individual differences which consist of gender, age, personality, life events, and Type A behavior patterns. Gender differences exist with heart disease. Coronary heart disease is more prevalent among men than women, while women report a higher frequency of migraines. Gender differences will be addressed more fully in the next section. Research has also shown that resistance to stress decreases with age, yet this difference mostly corresponds with the chemical changes that accompany the aging process. Cooper & Marshall (1973) have broken personality research into two factors 1) anxiety and stressor types related to personality, and 2) the examination of the relationship between psychometric measures and stress outcomes. Anxiety and stressor types include research on extroverts and introverts. Extroverts have been found to be more stable under pressure situations and were more highly "reality-oriented" and adaptable than introverts. According to psychometric measures such as the MPIP (Multiphasic Personality Inventory Profile), individuals with coronary heart disease were shown to be introverts. The above research was summarized in Cooper & Marshall (1973) as high anxiety/neurotic scores on psychometric measures may be reactions to coronary heart disease. Life events relate to the research conducted by Holmes & Rahe. They summarized their research by stating that life events can be used as indicators of the level of stress

and individual experiences, yet it does not take into account the individuals' differences. They suggest that qualities of life events need to be evaluated differently for each individual in terms of the individual's defenses, coping skills, and perception and/or expectations of the life event. Type A Coronary-Prone Behavior is characterized by an individual who has high achievement and motivation, a high sense of time urgency, and a strong sense of competitiveness. This personality tends to be contrasted with the Type B behavior pattern, which is devoid of the above characteristics. An individual with Type A behavior patterns finds it hard to relax and is driven to achieve. Cooper & Marshall (1977) summarized the Type A behavior research as 1) Type A individuals tend to be professionals living in urban settings, 2) Type A coping behaviors include enhanced feelings of time urgency, 3) the symptoms associated with this behavior type include hypertension, coronary heart disease, increased cholesterol levels, and smoking, and 4) changing Type A behavior patterns results in decreased levels of cholesterol and blood pressure, increased work productivity, better relationships, and lower rates of coronary heart disease (Cooper & Marshall, 1977). Now that the different sources of occupational stress have been identified, I will examine the stressors that are unique to professional women.

SOURCES OF OCCUPATIONAL STRESS UNIQUE TO WOMEN

Davidson & Cooper (1983) stated that working women tend to suffer from the demands of more than one environment at the

same time, such as career and spouse/partner and career and
marriage/childbearing conflicts. They further found that
women at all managerial levels believed that the home and
social arenas were more significant stress factors when
compared to males. Women report high levels of stress due to
the greater amount of strain that is placed on them in terms
of their time and energy by all their demanding roles.
Robinson & Stewart (1986) reported that professional women
from their sample complained that they encountered problems
combining their roles as worker and mother. Greenglass (1985)
reported that for his sample of female managers, stress
resulted from the conflicts between job and family
responsibilities, and this stress was related to higher
incidents of irritation, anxiety, and depression. Arker,
Gilbert, and Bade (1985) concurred with this research and
hypothesized that professional women with children combined
with strain associated with these multiple roles leads to poor
health. Subjects in their sample reported higher levels of
illness. These authors suggest that working women encounter
problems that are unique to them. These problems include
being viewed as the "token" woman, having a lack of role
models/mentors, feelings of isolation, sexual harassment
(covert and overt), stress due to prejudice and sex
sterotyping, career developmental issues, and prevalence of
the culture trap. The pressure and strain that accompany
being viewed as the token woman is so strong that talking
about it does not dispel the effects of this stressor
(Davidson & Cooper, 1983). Baurch (1987) cited research by

Brown, Bhrolcrain, & Harris (1975) that women who had no
confidants were exposed to stressful life events and
psychiatric symptoms in 14% of the employed sample. Being
viewed as the token woman carries with it feelings that you
alone represent the entire sex. More potentially dangerous
is the feeling that the reason you were promoted or the
reason you are in the position is that you are a woman, a
minority. In Cibush & Burkhead (1984), significant
relationships were found between women's feelings of stress
and job characteristics such as autonomy, feedback, and
friendship opportunities. Therefore being viewed as the
token woman brings with it sex stereotyping role imposition,
which brings with it performance pressure. Female managers
were more likely than men to be the first of their sex to
hold the job title (Davidson & Cooper, 1983). Thus,
professional women also face feelings of isolation (Robinson
& Stewart, 1986). Further, women in this position feel
isolated and feel a lack of support from other women.
Surveys show that women are financially compensated less
than male managers for the same job performed by men
(Davidson & Cooper, 1984). Inequality in pay has been
implied to relate to self-reported stress in female managers
(Greenglass, 1985). Women in high-level positions are also
viewed negatively--stereotypical roles placed on them
include the seductress (sleeping her way to the top), the
mother (goes to men for help with the personal problems),
the pet (the company mascot), the confidante, etc. Women
who enter managerial positions have to contend with problems

different from those men encounter. Women are usually left
on their own, to learn about their jobs by themselves, to
learn by trial and error, and to learn through their
mistakes (Abush & Burkhead, 1987). Men on the other hand,
have role models to imitate. They have support from their
peers which leads to direction in terms of training. Women
managers received inadequate job training when compared to
male managers (Davidson & Cooper, 1984). In Davidson &
Cooper (1983), it was found that women were more susceptible
to work overload due to their multiple roles, and 62% of
their sample reported that it was difficult to relax after
they returned home from work. Further stated differences
were that 52% of women in Collins & Blodgett's study (1981)
had experienced sexual harassment while at work. Greenglass
(1985) reported that perceived sexual discrimination was
related to self-reported stress in female managers. Of the
sample represented in Davidson & Cooper (1983), 45% of the
women were single and 70% of these women felt that staying
single was an advantage in terms of their career
development. It was reported that women feel that their sex
is a disadvantage when it comes to job promotions and career
progress. Research has shown that women are found
predominantly in lower management positions, while upper
management is almost exclusively represented by men. One
study (Greenglass, 1985) reported that female managers felt
that underutilization of their skills was perceived as
stressful. In terms of career advancement, women
supervisors stated that they did not want to cope, or felt

they could not cope with the additional responsibility that career progress would bring. What is surprising is the fact that in society, women who remain single after their late 20s are viewed as strange and odd. These women also have to contend with the fact that they face problems with being excluded from social and business events since they are single. Pressures from our couple-oriented society are tremendous on single women, yet in terms of their careers, being single is an advantage. This fact represents a double standard for women and corresponds with a unique stressor for women. To take this a step further, this research showed that twice as many of the women in the sample were divorced or separated when compared to male managers. This fact typifies the pressures that being a successful woman manager has on one's relationship. It seems almost impossible for a woman to be a success in terms of her career and with her family; society dictates that it has to be one or the other. Davidson & Cooper (1980) state that women managers who reject marriage for their careers, in later years become angry and depressed and thus are subject to more increased stress due to their earlier decision. A woman who tries to balance both of these areas in her life has to pay the price in terms of her physical and/or psychological health.

Further differences were that women feel that they have to perform better at their jobs than their male counterparts do, and thus this factor corresponds with more stress and pressure. Research showed that women managers felt that the

opposite sex was treated more favorably by management

(Davidson & Cooper, 1984). Women also feel that they are

more inadequately trained for jobs, as compared to men. In

conclusion of their study, Davidson & Cooper (1983) report

that women managers experience significantly more pressures

and thus a greater amount of stress than male managers. The

woman manager who is most at risk in terms of job

dissatisfaction is the person who expereinces high pressure

due to stress factors inherent in the organizational

structure and climate she works in. In terms of

relationships at work, women reported that members of the

opposite sex were uncomfortable working with them because of

their sex, they experienced prejudiced attitudes from

members of the same and opposite sex, and they felt sexual

harassment, a lack of encouragement from peers and

management, and a lack of social support networks from

people at work. In terms of performing poorly, the high

pressure due to leadership/authority role funcions as

another source of occupational stress for women. The

finding that emerges from their study in respect to working

women is that the additional stressors they face in the work

environment are due to stressors beyond their control. This

factor of noncontrol corresponds with the prevalence of

prejudice and discrimination inherent in the corporate

business world and with the prevailing values of the people

in this setting. The overview of the study shows that women

managers tend to be single when compared with their male

counterparts, and thus do not have the familial and social

supports from the social and home environments. However, it was found that the woman manager who is married tends to spend more time on house and child-care duries than her male counterpart. Veroff, Douvan, and Kulka in Baurch (1987) argue that women's poor mental health when compared to men is due to the fact that women have the primary responsibility for the well-being of others, specifically children. Baurch (1987) states that when women function as single parents, this sole responsibility is cited as a major stressor. Research in this article (Kandel et. al., 1985) found that among married women who were mothers, marital stress was less strongly correlated with depression among employed versus unemployed women; work-related stress, in contrast, was more strongly correlated with depression among mothers than among non-mothers (Baurch, 1987, p.133). The author suggests that parenthood exacerbates the effects of work-related stress, while work negates marital stress. It was also noted that in Kessler and McCrae's 1982 study, employment was associated with improved mental health, but only in the cases where husbands shared the family work with their working wives. Cooper & Marshall (1982) cited a University of Michigan team that reviewed thirteen studies of dual-career couples. Their findings imply that marital adjustment was worse for dual-career wives than non-working women. The even more disturbing finding that arose from this study was the point that more of these working women took up smoking and drinking as a way of coping with stress. In Zappert & Weinstein (1985), women reported that

work played a negative role in making decisions regarding childbearing while men reported that being a parent had a positive effect on their work. Further, women reported worrying about household and childrearing responsibilities while at work more than men did. Once again, these findings exemplify the double standard that exists in our society. Borchardt (1987) suggests that women have to battle with what they have been taught is sex-appropriate behavior and the behaviors they need to use in order to survive in the business environment. In her thesis she contends that some of the major stressors women managers face are role-related. She states that few women give themselves permission to choose among a variety of roles. Rather, they indiscriminately add more roles to their repertories. This fact is different in our society for men. Men can delineate and choose from roles, unlike women, who usually do not have a dilemma-free decision.

These additional pressures that women encounter in the work environment carry over to the social and/or home environments, which impacts the individual in terms of effects from the strain of stress. Davidson & Cooper (1983) summarize these factors from stress as the following: In the home and social arena women managers were found to have fewer children, greater income than their spouse/partner, a lack of domestic support at home, conflicts in the responsibilities of running a career and a household, problems with being labeled an "oddity" because of their singleness, and dilemmas concerning career and whether to

start a family or not and whether to marry or live with
someone. In terms of the individual arena women were found
to be less flexible in management styles and to have higher
Type A coronary-prone behavior patterns. Women managers
tend to experience more and become more prone to
psychological rather than physical effects due to the
occupational stressors. However, these stress effects also
correspond with physical maladies. Women managers have been
found to have significantly higher scores on general health
symptoms on the Gurin Psychosomatic Symptom List (Gurin et.
al., 1960). The symptoms reported most by the women
managers were tiredness, finding it difficult to get up in
the morning, the desire to be left alone, being bothered by
nervousness and the feeling of being fidgety or tense.
Cooper, in his 1983 research found that working professional
women had reached the same level of risk as their male peers
in terms of heart disease. He further stated that of a
sample of 135 top women executives from the United Kingdom,
30% complained of severe migraine headaches, 40% suffered
from tension, 55% suffered from anxiety, 60% suffered from
irritable behavior, and 70% suffered from tiredness and
excessive fatigue. Seventy-one per cent of this sample felt
that their physical and psychological health problems were
in certain ways related to the stress they experienced.
These symptoms were all manifested in terms of tiredness,
depression, anxiety, irritability, and sleep trouble. These
authors also cited the feeling of lack of control or power
in the work environment, which resulted in further feelings

of frustration, depression, helplessness, etc. Davidson &
Cooper (1980) reported that professional women experienced
more psychological maladies than physical ones which are
enhanced by the stress they experience at work and also due
to the lack of free time or relaxation periods in their
lives. Davidson & Cooper (1983) in further research stated
that when working women were compared to male peers, they
reported more trouble with headaches or pains in the head.
It was shown that women report this effect of stress three
times more often than men do. Women also reported trouble
with concentrating or thinking clearly and having the
tendency to cry more easily than their male peers. Other
effects reported by women were nightmares and other problems
sleeping, not wanting to eat, and spells of dizziness.
These authors concluded that women tend to report a higher
number of symptoms, due to work stressors they experience
and due to the pressures they experience from their multiple
roles, such as in the work, home/social, and individual
environments, than their male counterparts. These symptoms
manifest themselves in terms of psychosomatic effects and
lower job performance, which in turn leads to lower job
satisfaction. These psychosomatic health symptoms are
related to the heavy work overload women encounter. These
findings exemplify that working women do encounter stressors
unique to them which manifest themselves in terms of
physical and, more importantly, psychological maladies.
With today's values of being successful in terms of a
career, women are being exposed to these stressors and the

ill effects that accompany them. Occupational stress is becoming more prevalent for working women, and therefore developing coping behaviors and strategies as well as utilizing resources becomes of utmost importance as a means for women to cope with these stressors. In the next section, coping behaviors and resources utilized by working women will be examined in terms of a synthesis of the current literature pertaining to this subject.

CHAPTER IV

COPING BEHAVIORS AND RESOURCES OF PROFESSIONAL WOMEN

OVERVIEW

In order to mediate the effects experienced from various stressors, coping behaviors and resources need to be utilized. This section will include a synthesis of literature on coping behaviors and resources of women. The coping behaviors and resources will be categorized according to Matheny's taxonomy (1986), presented in Chapter II.

Lang and Markowitz (1986) performed a study examining the coping strategies and individual differences for a group of 106 undergraduate students. This sample has a median age of 26 with 72% of the sample working full-time. The sample was comprised of 42% women. These authors stated that no model of coping has been generally accepted, and thus they used Hall's typology of coping (1972) as their framework. The first coping strategy was cooperative task reduction, consisting of reducing the amount of work, getting help, and delegating tasks to others. The second strategy was unilateral task reduction, consisting of changing views of the importance of things, lowering demands, and reducing quality of work. The third strategy was reactive task management, consisting of expressing one's feelings, working harder and longer than usual, letting problems solve

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themselves, taking a break, exercising, talking with others, and eating, drinking, and sleeping more. The fourth strategy was planned task management, consisting of setting priorities, making sure important things get done, and scheduling, organizing, and planning very carefully the work one has to complete. Results showed that using Planned Task Management was effective in reducing strain particularly in terms of work overload. These coping behaviors would correspond with the categories of structuring and problem-solving. In this case the sample took an active role in coping with the strain from occupational stress. Also found to be utilized as a means of coping was working longer than usual and working harder than usual, which would correspond with the category of problem solving. Here the individual is taking action focused directly on the stressor, which in this case is work overload. Lang & Markowitz (1986) stated in their discussion that further studies of role conflict and work overload should include Planned Task Management as a coping strategy to lessen the stress experienced by work overload.

Haw (1982) conducted a review of the literature on women and work-related stress in hopes of establishing a link between stressful job conditions and disease outcomes. She states that recent research has shown that work has become a significant source of stress for women and this stress may be associated with serious physical and psychological outcomes. Her review found that men utilize problem-solving resources to cope with work-related stress

more often than women. She presented a study reported by
Haynes (1980), the Framingham study, which showed that women
tended to suppress their anger at work, which corresponded
with suppression/denial as a means of coping with stressor
in the occupational environment. Haw (1982) stated in her
conclusion that the whole area of coping styles at work
needs to be investigated in the future. She argues that
this field is fertile for research in terms of addressing
which coping resources, such as problem-solving, reduce the
strain from work-related stress.

Osipow & Doty (1985) studied 310 employed men and women
in terms of what they reported as occupational stress and
strain and how they coped with the strain. This study found
that there were not any significant differences in respect
to the strain that women and men experience at work or how
they attempted to mediate the strain with coping
strategies. Sex was not found to be a major contributor to
differentiations in stress, strain, and coping, which runs
counter to previous research. Differences that were found
to be significant were related to age; older workers tend to
use recreational and rational coping strategies (the
effective use of one's time). This type of strategy is
considered physical coping, self-care, which corresponds
with the tension reduction category. These authors
concluded that older workers tend to develop more available
coping resources such as recreation, social support, and
self-care that younger workers do not have. Social support
was found to be a coping strategy that is used constantly

throughout one's career and life span. This behavior would correspond with the resource category of social support. The other significant difference which arose from this study was the correlation between the stressors and age. Younger workers experience occupational stressors such as insufficiency (one's work is not challenging), physical environments, and boundary-spanning roles (one has to negotiate differing values and objectives held by people to whom the individual must relate closely with in the work environment), while older workers experience stressors such as work overload and responsibility for people, which corresponds with their higher job levels. These authors do state in their discussion that the absence of sex difference in stress, strain, and coping does run counter to the existing research. Prior research has found that women do indeed experience more occupational stress than men.

Nancy Higgins (1986) used 53 working women as subjects to evaluate the effects of coping programs. The purpose of her study was an attempt to evaluate the effectiveness of stress reduction programs, particularly behavior programs that utilized cognitive coping strategies. Results show that both programs, one using progressive relaxation and systematic desensitization, and the other using time management rational-emotive therapy and assertiveness training, proved to be successful. Subjects in these two reduction programs had significant decreases in strain from occupational stressors such as emotional exhaustion and personal strain when compared to control groups. The

coping behaviors which were utilized by women in order to reduce occupational strain included the category of cognitive restructuring, assertive response, and tension reductions. These coping behaviors proved to be effective in reducing the strain from occupational stress. Higgins (1986) presented another study which resulted in the same conclusions. Murphy (1984) reviewed a study by Ganster et. al. (1982) which evaluated the effectiveness of a stress management program consisting of cognitive behavioral modification and progressive relaxation. The subjects consisted of 79 public agency employees with 92% being women. The study consisted of a random control and treatment group from the sample. The dependent variables were levels of epinephrine and norepinephrine excretions, depression, irritation, and somatic complaints. Results showed that the treatment group had lower levels of epinephrine excretion levels and a reduction of depression and irritation when compared to the control group. Once again, these two studies show that stress management programs consisting of cognitive restructuring coupled with relaxation techniques are effective when dealing with the effects of occupational stress. Actively attacking the stressors through preventive and combative behaviors proves effective for mediating occupational stress for professional women.

Zappert & Weinstein (1985) examined how men and women in business perceive the pressures in the work environment and what consequences these stressors have for the

individual. The study's sample consisted of women and men graduates from prestigious M.B.A. schools. Subjects responded to questions pertaining to demographic and work environments, perceptions of job tensions, coping styles of work and home pressures, and physical and psychological symptoms. This study found significant differences between working women and men in job tension (dealing with time pressures, boredom, autonomy, recognition, authority, responsibility, and interpersonal relations); coping strain (relating to impatience, heightened sensitivity to criticism, self-doubt and self-blame, difficulties controlling tempers, and interaction when confronting problems); role conflict (relating to integration of work and home life); and health status (indexes relating to mood, sleep, appetite, somatic complaints, feelings of being overwhelmed, and the need to consult a mental health professional); however, a significant difference was not found in coping styles between sexes. This study found that differences existed in terms of lower income and job level for working women when compared to their male counterparts. However, it should be noted that when asked how much they think they should earn per year, women responded with $31,000 while men responded with $42,000 (Zappert and Weinstein, 1974). These authors also found that women experienced more stress in terms of job tension, coping strain, and role conflict, which resulted in significantly lower health status. Women reported that they had less control in their jobs and suffered from inflexibility. They

also stated that they felt their work was boring. Results indicated that in respect to coping styles, men and women were very similar. The coping behaviors that were utilized were seeking feedback, information, and advice when problems arose (corresponding with the seeking information category), feeling confident in their judgment (corresponding with the category of confidence/control), and managing crises on their own (corresponding with problem-solving, action behaviors). One difference which occurred was the need women felt (83%) to always or often do their best, when compared to men (59%). Other differences which did arise were how women coped with occupational strain. Women more often reported that it was hard for them to accept criticism and that they were on the verge of tears when experiencing stressors in the work environment, when compared to their male counterparts. The last point implies that women tend to deal with stress through emotional outlets such as crying. This study concluded that although both men and women were coping effectively with occupational stress, women more often reported psychological and physical effects from the stress they experienced. This, the authors suggest, may be due to the fact that the stress working women experience is mostly self-imposed (i.e. feeling that they always have to do their best at work). This additional occupational stress may also be related to the fact that women reported more frequently that they were concerned about home responsibilities while at work and vice versa. The authors maintain that this proved women have a harder

time dilineating the different roles they take on. These
authors suggest that if "role diffusion increases with
stress, the contribution of this role diffusion to the
health of working women deserves to be further investigated
. . . men and women perceive and respond differently to the
stressors at work and to their home life responsibilities,
which in turn manifests different types of psychological and
somatic symptoms" (Zappert & Weinstein, 1985, p.1178).

Davidson and Ccooper (1983) cited a study performed by
Hall (1972), in which he examined the conflicts among
working women and the methods they used to cope with
stress. These coping behaviors consisted of 1) changing the
demands of a role, structural role redefinition; this
behavior would correspond with the category of cognitive
restructuring, 2) setting priorities, meeting role demands
and otherwise learning to live with the added conflict,
personal role redefinition; this behavior would correspond
with structuring, and 3) attempting to meet the demands of
all the multiple roles, reactive role behavior; this
behavior would correspond with the assertive responses
category. In this book, the authors cited research by
Jacobson (1981) who found that women tended to smoke during
periods of stress as a way of coping with the strain. This
behavior of smoking corresponds with the category of
self-medication. Davidson & Cooper (1983) cited research
which showed that 40% of their sample of women smoked an
average of 23 cigarettes a day and more during the work
week, which was a manifestation of stress and also

considered a way of coping with stress. Further results

impled that women from their sample reported greater stress

from the lack of domestic and/or emotional support while at

home when compared to their male counterparts. The lack of

coping resources consisting of social support resulted in

experiencing more stress for women. Through their research

they found that men and women are very similar in the coping

behaviors and resources they use to cope with stress. Both

of these populations used positive coping strategies in

order to relax, which would correspond with the category of

tension reduction. Women, however, do differ slightly in

terms of coping behaviors utilized. Women are more apt to

talk to someone they know as a way of mediating the ill

effects of occupational stressors. This behavior would

correspond with the self-disclosure/catharsis category where

sharing of negative and positive feelings and thoughts

relieves the strain. Results showed the tension reduction

behavior that was used most often by working women was

exercise or leaving the work environment and going somewhere

else. The least popular relaxation method with this sample

was informal relaxation and relaxation techniques such as

meditation or yoga. The interesting conclusion which the

authors stated from their research was the fact that women

managers report higher pressures from their multiple roles

in the work, social/home, and individual environments than

male managers. Yet both these groups used similar ways of

coping with the strain; however, women managers still had

higher Type A behavior patterns. Citing alcohol as a means

of coping (corresponding with the category of self-medication), the authors found that for their sample having alcoholic drinks was the most popular way of dealing with occupational stress at all levels of management. However, it was noted that alcohol consumption among women managers increased with their level of management. The heaviest drinkers were found to be among the senior managers. This fact would correspond with the belief that women at higher levels of management would experience more occupational stressors. These stressors would include the responsibility for others, being viewed as a "token", being the first of their sex in their positions, having to prove their competency beyond what male managers would do, and having few or no role models/mentors at this level. More research on coping resources consisted of tension reduction in terms of both women and men managers claiming that they smoke, drink, and eat more than they should. They also stated that they drink coffee, cola, or other caffeine beverages, or alcoholic beverages as a means of relaxation. Of these tension reduction behaviors, male managers reported utilization of these behaviors of relaxation more often than women managers. In conclusion, the authors state that the only gender difference in their sample, in terms of coping behaviors, was that women were more likely than men to talk to others as a way of coping.

These same authors in 1984 studied 60 women in upper management in Britain. The authors felt that this sample was not representative enough, so they included 700 female

managers and 185 male managers as a comparison group. The
results in terms of gender differences with regards to
coping behaviors correspond with the findings presented
above. Both populations used tension reduction behaviors
such as smoking, drinking, and eating to mediate the effects
of occupational stress. The only gender differences that
were found were that male managers tended to drink more
heavily than women managers, and that women managers tended
to use the coping behavior of self-disclosure more often
than male managers. Women sought the comfort of other, by
talking to them about positive and negative feelings and
thoughts, when experiencing occupational stress.

Bonita Long (1988) in her research of work stress and
coping strategies interviewed twenty women in management.
The interview format consisted of asking the women to
identify and describe an occupational stressor that had
occurred the week before. Once they described the stressor
they were then asked how they viewed the stressor and then
how they attempted to cope with it. The author reported
that all but one of the sample reported that they actively
tried to solve the problem by coming up with possible
solutions and then implementing one of the solution. This
strategy matches the category of problem-solving--actively
attempting to deal with the stressor. Long reported that
the next popular coping strategy was expressing one's
emotions when encountering a stressor, as a means of
reducing tension, anxiety, or frustration. This behavior
corresponds to the category of self-disclosure/catharsis.

The least-utilized coping behaviors were 1) accepting the problem and then not doing anything about it, corresponding with the category of suppression/denial, and 2) seeking spiritual comfort corresponding with the category of beliefs/values. The interview also asked the sample what type of social support network was available to them. Ninety per cent reported that they had at least three or more people to talk to outside of the work environment, while 35% reported they had no social support network outside of work. Further, Long examined the women's perception of their career and career advancement. She found that 80% of the sample were committed strongly to their career, saw their careers as challenging, and felt they had some influence over their career paths. Long stated that those findings conform Korbas' theory of hardiness, which has been found to negate the ill effects of stress. She examined how women perceived their coping with the stressor at work. Two groups emerged from this investigation: 1) those who thought they coped well, and 2) those who thought they did not handle the situation well. Differences that were found among these two groups were the following. Women who thought they handled the stressor poorly tended to be younger and were moderately or extremely upset by the stressor. This group was found to have a fatalistic attitude toward the stressor--feeling that they could not change the stressor, and therefore had to accept it and its consequences. The women who believed they handled the stressor particularly well were found to be

older and viewed the stressor as a challenge rather than as a threat or loss. This attitude toward the stressor is considered constructive since the individual believes that the situation can be changed and that the outcome does not necessarily have to be a bad one. The interesting finding that arose from this study was that women who perceived that they had some control over the stressor were able to cope more effectively with the stress. Long further found that good copers displayed the hardiness characteristics--feeling positive about their careers and viewing their careers as challenges. The results showed that women who coped effectively with stressor used problem-solving behaviors consisting of seeking information or advice and self-disclosure/catharsis, which corresponds with the research findings of Pearlin & Schooler (1978). Less effective coping behaviors consisted of feeling resigned to the fact that the stressor could not be changed and thus had to be accepted as negative. What is interesting to note in this sample was the fact that all of these women actively participated in physical activity which in and of itself is considered a coping behavior, a tension reducer.

Pearlin & Schooler (1978) investigated different coping responses. They found that coping efforts in the area of occupation were the least effective. They reasoned this result was due to the fact that the work arena is impersonally organized and thus is an arena where the individual has the least amount of control The most effective occupational coping behaviors were the ones which

involve manipulation of values and goals such as the substitution of rewards, positive comparison, and selective ignoring. These authors suggest that when an individual disengages herself from the work environment, problems are less likely to result in stress. This behavior would correspond with the category of avoidance/withdrawal. Further, they found that in the work arena, coping behaviors consist mainly of psychological resources rather than specific responses. Gender differences were found in terms of coping behaviors. Women were found to use selective ignoring more often than men. Men were found to utilize psychological responses that negate the ill effects of stress while women were more likely to utilize resources that exacerbate the stress effects.

Matheny et. al. (1986) presented a taxonomy summarizing the results of research that identified the frequencies of coping behaviors. The results this author presented concur with the findings that were presented in the above synthesis of coping behaviors and resources of professional women. Problem solving was found to be utilized and examined in 80% of the research studies, followed by cognitive restructuring at 71%, tension reduction at 51%, avoidance/withdrawal at 24%, self-disclosure and suppression/denial at 31%, structuring and seeking information at 23%, use of social skills at 20%, stress monitoring--17%, and finally self-medication at 14%. The coping resources were broken down with social support being utilized the most at 54%, beliefs/values at 43%, wellness at 37%, confidence/control

at 34%, and finally self-esteem at 17%. Matheny cited that other coping behaviors and resources made up for 74% of the studies which consisted of one or more of the resources/behaviors that did not fall into any particular category. Further, the author stated that the behaviors and resources that were utilized the most corresponded with treatment programs used for stress management. Cognitive restructuring and relaxation treatment programs were the least effective. It was found that when social support was combined with other coping behaviors and resources, this resource proved to be more effective. Problem-solving was found to be another effective coping behavior when combined with other behaviors, and this study found that problem-solving was only used in five studies on its own. Matheny (1986) concluded that combining coping behaviors and resources proved to be more effective than utilizing single ones. The author's qualitative and quantitative synthesis shows that coping should consist of both preventive and combative strategies. By helping women build up their resources (preventive) and then coupling this with a method to monitor stress build-up (combative), women will be more prepared to deal effectively with occupational stressors. This study suggested that attempts to improve one's resources may be effective. Treatment aimed at improving one's social support network, self-esteem, and confidence (all preventive in nature) will improve one's coping resources. The author further suggests that helping women make informed choices in terms of marriage, career, etc. may

in the long run mediate chronic stress.

Tung (1980) compared the occupational stress profiles of male and female educational administrators and examined whether males and females were equally good candidates for administrative jobs which are associated with a high degree of work-related stress. A 35-item questionnaire was developed to measure job-related stress consisting of four factors: task-based stress, role-based stress, conflict-mediating stress, and boundary-spanning stress. Role-based stress consists of trying to resolve differences with superiors, feeling to little authority, knowing that you can't get the information needed to carry out your job, and being unclear about the scope of your job and its responsibilities. Task-based stress consists of being interrupted frequently, supervising others, feeling too much responsibility, feeling a heavy work-load, and completing assignments on time. Conflict-mediating stress consists of trying to resolve differences and handle problems. Boundary-spanning stress consists of preparing and allocating budgets, complying with policies, and trying to gain public approval and/or financial support. Results showed that for all four factors women administrators experienced lower levels of stress than their male counterparts. This suggests that, at least for this sample, women were equally qualified candidates for administrative positions. The authors implied that from this research this sample of women stood up to the pressures, stresses, and strains from the job. The authors concluded that if these

findings are confirmed in other industries, employees should re-evaluate their attitudes toward recruitment and promotion of women. Even though this study does not provide results on how women cope with stress, it does show that women can cope effectively with occupational stress.

O'Neill & Zeichner (1985) gave 230 professional women an extensive set of self-administered questionnaires. This set included the Job-Related Tension Index, the Work Environment Scale, a self report stress episode, and the Beck Depression Inventory. Findings indicated that individuals with high levels of depression, anxiety, or physical symptoms reported frequent stressful work experiences. The group with high levels of health outcomes reported work-related problems which caused them a great degree of distress. Women reported using active-cognitive and active-behavioral coping strategies, most problem-focused in nature, when faced with stressor. Responses indicated that these three types of strategies were viewed as effective, while avoidance strategies were rated least effective. Overall results indicated that those who experienced a high level of job stress used active-behavioral, avoidance, and emotion-focused strategies. This implies that women with higher levels of physical complaints use fewer problem-focused coping strategies for job stress than did women who reported lower levels of physical complaints. These authors concluded that individual who utilized avoidance strategies reported higher levels of depression, anxiety, and physical symptoms.

Reliance on active coping strategies was found to be associated with psychological and physical well-being. These findings suggest that use of active, problem-directed coping strategies and work environment changes can mitigate the effects of stress (O'Neill & Zeichner, 1985). These results match the coping behaviors of cognitive restructuring and problem-solving behaviors, both imply an active part of the woman when faced with stressors.

Haynes (1986) conducted a discussion group, short-term and task-oriented in nature. Issues addressed were how other professional women cope equally well in all life areas, what are one's expectations of managing many dimensions of personal and professional roles, and how to maintain a sense of self by assessing and balancing priorities. All these issues were aimed at dispelling the "Superwoman Myth": specifically that a woman can have it all only if she can do it all and do it all by herself. The group consisted of professional women. The group's goals included collegial mentoring; identifying and mitigating stresses; practicing behaviors such as assertiveness, negotiation, and problem solving; and developing a professional network to continue after the termination of the group. The intent of this format was to provide the participants with a feeling of universality and a place to discuss their frustrations and sources of stress in their lives. Evaluations from the participants indicated that the group was beneficial in three areas: participation in the group process, mentors and role models, and time for self.

Although this group format did not include a formal measure of how professional women cope with stress, it does show that self-disclosure/catharsis--talking about one's problems, social support--providing a network of supportive friends, and seeking information about stressors common to other women proved effective means to cope with stress. this group provided an avenue for women to develop a network, thus diminishing the sense of isolation and lack of affirmation these women previously experienced in their lives.

Surti & Saupria (1983) investigated the role stresses experienced by women entrepreneurs and how these women cope with stress. Each participant completed a battery which included measures of role stress, locus of control, and fear of success. Results indicated that unmarried women experienced less stress, an external locus of control was related to role stress, and fear of success was related to role inadequacy. This sample reported that they tried to take actions to solve stressful situations, and also utilized avoidance-oriented coping behaviors most often. These coping behaviors relate to the categories of problem-solving and avoidance/withdrawal.

Robinson & Sharie (1986) examined the relationship between locus of control, fear of success, sex-role traditions, and external job role stress for 91 professional women. The women were given measurements for fear of success, locus of control, gender-roles, and job role stresses. Results indicated that subjects with greater

internal control of locus perceived less role stress such as role ambiguity and role overload. These subjects also reported less fear of success. An internal locus of control was negatively correlated to traditional sex roles. These authors concluded that focusing on control over one's life and perceptions of one's role at work can help to mitigate stress and burn-out. This finding concurs with the category of confidence/control as is achieved by taking an active part in coping with mob stresses. By viewing that one has control over the stresses, and by cognitively restructuring the meaning of these stresses, the person can effectively alleviate the ill effects associated with stress. In the next section, implications for stress management programs will be presented, based on the findings of the above synthesis.

CHAPTER V

CONCLUSIONS AND IMPLICATIONS

FOR FURTHER RESEARCH AND TREATMENT

It seems that working women attempt to cope with
occupational stress in ways similar to those men use. Both
actively attempt to attack or cope with the stressors
through problem-solving and cognitive restructuring. Both
of these coping behaviors are preventive in nature. The
individual takes an active role in trying to change the
meaning of the stressor or to perform tasks that will lessen
the ill effects of the stressor. Both sexes utilize tension
reduction behaviors such as exercise and muscle relaxation.
Long's study (1988) had a sample of women who actively
participated in exercise. This behavior in and of itself
attempts to negate the ill effects of stress by building up
one's physical resistance and by maintaining proper
nutrition and diet. Exercise helps keep the individual in
good shape, which in turn makes the person more
psychologically fit.

Results also showed that both sexes used self-medication
coupled with tension-reduction behaviors to mediate the ill
effects of stress: both sexes were found to smoke, drink,
and eat more frequently during stressful times. As stated
earlier, these behaviors can be considered both adaptive and

maladaptive. When the individual utilizes these behaviors as a means to relax or reduce the arousal state placed on the individual due to the stressor, then it is considered adaptive. However, when these behaviors become solely utilized to reduce or escape the arousal state caused by the stressor, then this behavior is considered maladaptive. Maladaptive/Dysfunctional coping occurs when the behavior performed affects the individual's health or emotional well-being in a negative way--these behaviors then exceed the short-term coping benefits. Studies cited above show that both sexes frequently utilized this type of coping behavior. Utilizing these behaviors solely or to a great extent make the coping behaviors dysfunctional. Further research needs to examine how these coping behaviors are used.

Some slight differences were found among the sexes with regards to coping. Working women were found to use the category of self-disclosure/catharsis and seeking information more frequently than their male counterparts. Results showed that women were more likely to seek the comfort of others to mediate the ill effects of occupational stress. Women tended to disclose both positive and negative feelings/thoughts regarding a problem situation when it arose. This catharsis along with seeking information and help from others provided an avenue for working women to cope with stress. This difference corresponds very closely with the appropriate sex roles that the sexes are taught at an early age. Young girls are taught to discuss problems

with others, to verbalize what they are feeling. While, on the other hand, young boys are taught to be tough and keep their thoughts and feelings inside. While girls are taught to be dependent, boys are taught to be able to deal with their problems on their own. Thus, when women break away from this traditional upbringing and try to gain independence, they feel a certain amount of stress. Ironically, women also use this role-related behavior as an avenue to cope with stress. However, as mentioned previously, women are usually the first of their sex to be in a certain position, and often they do not have any role models or mentors in the organization. This fact may make it difficult for higher-level women executives to find individuals to talk to. The discussion group (Haynes, 1984) proved successful by providing professional women with a network for social support and thus a place for catharsis/disclosure. In effect, little or no support network exists for women in the present working environment.

Another finding that came from this synthesis was the fact that women who perceived that their careers were challenges and felt that they had control over their career paths, coped well with occupational stress. These women tended to perceive that they were able to deal effectively with stressors, and not see them as a fixed, unmanageable threat. This view toward the stressor corresponds with cognitive restructuring. Women took a stressful event and viewed it in a positive way--they felt they were able to deal effectively with the situation. This view incorporated

positive self-talk, they told themselves that they had the resources to cope with the stressor rather than feeling overwhelmed or frustrated by the course of events. This viewpoint concurs with Meichenbaum's Stress Inoculation Training (1985), which has as its aim the education of the individual about the nature and the impact of stress and to insure that the individual has a variety of skills to cope with the stress. An important element which is included in this stress management program is cognitive and affective factors--the individual's appraisal processes, which involve the magnitude of the stressor, the likelihood it will occur, and the coping resources available to deal with the stressor. All of these elements have a strong influence on the individual's emotional reactions and choice of coping strategy. Thus it seems that the individual's appraisal of the stressor influences the coping process. As in Long's study (1988), when women appraise the situation as one they can successfully cope with, they are better able to cope effectively with the ill effects of stress. The appraisal process is also influenced by how the woman views her career. When women view their jobs as challenging, they adopt a more positive attitude toward the stressor. Meichenbaum (1985) stated that treatment programs should be designed to nurture a problem-solving attitude and to engender specific cognitive strategies that the individual can use during the stress episode. By controlling negative self-defeating, stress-engendering thoughts and feelings, and acknowledging, using, and relabeling the arousal

experience, the individual is better able to cope effectively with occupational stress. These coping behaviors which have already been shown to be effective should be incorporated into stress management programs for women. Learning to view the stressor as a neutral or positive interaction rather than a negative one will help the individual start the process to cope effectively with stressors.

A final result that emerged from this synthesis was finding that women as well as men utilize their social support network as a means to cope with occupational stress. In Long's study (1988), the majority of women had at least three other people to speak with as a means of coping with a stressor. This result runs contrary to other research which shows that women do not have as effective a social support network as their male counterparts. The fact that there is a lack of an effective social support network for women is twofold in nature. First, women have a lack of peers of the same gender in the occupational environment, which makes it difficult to establish a network due to the lack of a supportive group available. Second, successful career women usually have to choose between their careers and a successful marriage and/or family. Figures presented previously showed the low number of married career women, most women choose their career over marriage and family and thus have a limited social support networking in the home environment. The social arena also has limitations since women who are single face being excluded from activities due

to being single and viewed as an "oddity." When professional working women have opted for a career combined with a marriage and family, they suffer from a diffusion of roles. It was found that women spent more time on childrearing and household duties than their male counterparts. This along with the lack of spousal support, causes a lack of an effective support network for working women. In terms of stress management treatment programs, this area should be emphasized. Social support functions as an avenue to cope with the ill effects of occupational stress, by providing a reference group, a haven for rest and comfort, and a source of practical service through seeking information, advice and self-disclosure. Thus, resources to build up a social support network need to be included in treatment programs for professional women.

An important finding which arises out of this synthesis, is the finding that professional working women experience more stress than their male counterparts. Working women face unique stressors (these were discussed in Chapter III). Besides experiencing stressors that accompany entering a male-dominant arena, results show that most of the occupational stress experienced by working women is self-imposed. Women believe that they have to perform better than their male counterparts. There is pressure to perform better to dispel the "token" persona. Along with this, women also experience a lack of control in the work environment--they are not able to change the organizational structure and climate When considering the multifaceted

theory of stress and coping, sources of stress from the social/home and individual differences must also be considered. As previously stated, women do face stressors from these environments in terms of lack of a support network, additional pressures to perform childrearing and household duties, etc. All these factors when considered together result in more stressors for the working woman. These additional stressors in turn correspond with more physical and psychological symptoms experienced by working women. Zappert & Weinstein (1974) stated that physically women reported being disturbed by stomach upsets, colitis, and a variety of other nonspecific demands. Psychologically women reported more of these symptoms such as feelings of depression, have nightmares, feeling overwhelmed, feeling on the verge of a nervous breakdown, and feeling that life was too much for them. Their results further showed that women were more likely than men to seek help from mental health practitioners. Working women perceive and respond differently to stressors in the work and home environment, which results in different manifestation of physical and psychological symptoms (Zappert & Weinstein, 1974). Therefore there is a need for treatment programs to address this serious issue and to target these programs specifically for women and their needs.

Further research needs to be performed on how women attempt to cope with stressors from the work, home/social, and individual arenas as well as what types of treatment programs will be effective in helping women cope with the

stress they encounter in life. These programs need and should be immediately introduced into the business world. Haw (1982) agrees that further research on professional women needs to be undertaken. She feels that the whole area of coping styles at work is fertile for further investigation. Research needs to address which coping responses reduce the effects of stress and for which individuals and under what circumstances. Research on occupational stress has predominantly focused on the population of male manager. The recent research of Davidson & Cooper has laid the groundwork for research on women managers. The emergence of research by Long (1988) attempts to investigate this problem as well as take it a step further. She breaks new ground by examining how women view their careers as well as how they believe they can cope with stress. Similar studies need to be undertaken to examine these issues and then make conclusions for treatment programs for working women.

Implications of research on how working women cope with stress shows the need for treatment programs. Research has shown that treatment programs with the elements of cognitive restructuring and problem-solving coupled along with relaxation techniques have proved to be effective. Effectiveness has been measured in terms of reduced levels of irritation, depression, and somatic complaints. This research shows that treatment programs would be cost efficient and well as effective. Davidson & Cooper (1984) and Long (1988) both stated that at the corporate level

there is a need for organizations to develop policies and practices that attempt to keep stresses and strains for women to a minimum. At the same time there is a need for organizations to recognize and acknowledge the reality of dual-career couples and families and to accommodate for them. Long (1988) suggests that part of this can be accomplished in terms of the affirmative action activities where the organization sets up social support networks for women in terms of mentors, and modifies the company's policy on relocations. Abush & Burkhead (1984) suggest any approach to the management and prevention of job-related tension requires intervention strategies to change the work environment as well as the worker (p.41). Davidson & Cooper (1984) presented a list of changes that organizations should incorporate to deal with the above issue. They recommended that companies' have flexible working arrangements, reasonable maternity and paternity leaves, more opportunities to work at home, adequate day care facilities, and modified relocation policies. Affirmative action activities should include career planning and counseling and provide a social support network for women. It was earlier mentioned that informed decisions in terms of one's career, marriage, etc., will in the long run nullify sources of chronic stress for working women. General suggestions made by these two authors included changing societal attitudes toward role-appropriate opportunities for girls, and then providing them guidance and opportunities in higher education. This in turn may help eliminate sexual prejudice

in education as well in the business world. Along with this, legislation should be adopted to insure the enforcement of affirmative action where companies must actively recruit women for all types and levels of jobs. The last two recommendations seem less likely to occur in the near future, however they do lack the framework for changes that will diminish the sources of occupational stress for working women as well as the physical and psychological manifestations of stress.

Recommendations that arise out of this paper for a stress management treatment program are the following: First, companies should include in their training programs better job training and educational opportunities for women. This is turn will relieve stress that accompanies the lack of adequate training for women. Besides this training, programs should incorporate stress management. Women need the opportunity to build up their coping behaviors and resources. A cognitive restructuring and problem-solving program coupled with relaxation techniques should be utilized as a treatment program--a program similar to Meichenbaum's Stress Inoculation Training (1985). You need to teach the women how to identify potential stressors, how to marshall resources, and then how to attack the stressors through problem-solving techniques. Through problem solving, the woman generates a list of the possible actions, evaluates the pros and cons of these alternatives, may rehearse the behaviors through behavioral rehearsal or imagery, and then tries out the most acceptable and feasible

solution. After the situation, the woman should review the effectiveness of the chosen behavior, and determine why it worked or failed.

In Meichenbaum (1985), Wasik (1984) presents a simplified overview of the problem-solving process (see Table 4: Steps of Problem Solving). By completing this process, the woman gains valuable knowledge of how she can cope with a similar stressor in the future, and also what

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Table 4

Steps of Problem Solving in Stress Management (Wasik, 1984)

Steps	Questions/Actions
Problem Identification	What is my concern?
Goal Selection	What do I want?
Generation of Alternatives	What can I do?
Consideration of Consequences	What might happen?
Decision Making	What is my decision?
Implementation	Now do it!
Evaluation	Did it work?

---

coping behaviors work versus which ones do not work. Along with this problem-solving program, cognitive restructuring should be introduced. This element includes assessing the demands of a stressful situation and planning for the future use of stressors. Along with this the woman needs to

control self-defeating feelings or thoughts, then
acknowledge and re-label the arousal experience, and,
finally, prepare herself to confront the stressor. After
this process it is suggested that the woman reflect on her
performance and then reward herself for attempting to cope
effectively with the stressors. In Meichenbaum (1985),
Altmaier (1982) presented a mnemonic device to illustrate
the coping sequence that is part of cognitive restructuring
(see Table 5: Mnemonic Device Depicting the Coping Process
of Cognitive Restructuring). Along with these two elements,
relaxation techniques need to be taught as a means of
helping the women relax when they are experiencing
stressors. Taking this treatment program further, this

Table 5:

Mnemonic Device (STIRR) Depicting the Coping Process

of Cognitive Restructuring (Altmaier, 1982)

S ense stress when it first occurs

T hink about my self-talk

I nstruct self to replace negative coping thoughts, feelings

R elax self actively

R eward self for having tried to cope

---

author would recommend that this program attempts to deal
with stressors in all the arenas of the woman's life.
Baurch (1987) concurs and states that this is a desirability

of efforts to design effective interventions to deal with
family as well as workplace strain (p.135). The trainers
need to show the women how these coping behaviors can
translate to all areas of stress management. Another
element which needs to be included in a program is how a
woman can build up a social support network, in and out of
work. This element should be a focal point in the treatment
program. The disturbing finding that arose from this
synthesis is that professional women are turning to drugs,
alcohol, and cigarettes as a means to cope with stress. To
address this finding, a comprehensive treatment program
needs to include substance abuse counseling. Cooper &
Marshall (1982) cited that in a study by Cooper & Melhuish
(1980), 40% of their sample of female executives had taken
or were currently taking drugs, such as tranquilizers,
sleeping pills, and antidepressants. Abush & Burkhead
(1984) suggest that remedial efforts such as an Employee
Assistance Program need to continue to provide counseling
for substance abuse, family and interpersonal problems, as
well as for stress (p.41). The synthesis previously showed
that women utilize the coping behavior of
self-disclosure/catharsis most frequently. Tailoring a
treatment program which addresses this fact and incorporates
it into the program will make the program more effective.

This thesis shows the need for a stress treatment
program for women in order for them to deal effectively with
the stressors they face in their work, social/home, and
individual arenas. By introducing the above recommended

treatment program, women may be given the training needed to help them deal effectively with stress. Research presented previously by Nancy Higgins (1986) shows the effectiveness of stress reduction treatment programs incorporating similar elements. In the long run, by introducing a stress treatment program tailored specifically for women, the company may save in terms of lower absenteeism, higher productivity, and better morale. Women at the same time may be able to deal more effectively with stress, and thus may experience fewer ill effects in terms of physical and psychological symptoms.

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APPROVAL SHEET

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The final copies have been examined by the director of the thesis, and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Masters of Arts.

April 5, 1989
Date

Kevin G. Hartigan
Director's Signature