

## PROFESSIONAL LIFE STRESS AND SUICIDAL PROBABILITY: MEDIATING ROLE OF EMOTION FOCUSED COPING STYLE

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### ABSTRACT

**Objective:** The research aimed at investigating how relationship between stress and suicidal probability mediated by emotion focused coping style amongst professionals of highly skilled jobs; doctors, academicians and managers.

**Hypothesis:** After reviewing extensive literature, following hypothesis was formulated: emotion focused coping style will mediate the relationship of stress and suicidal probability

**Research Design:** Correlational Research Design

**Place and Duration of the Study:** Different Universities, Hospitals and Fast Moving Consumer Goods (FMCG) group organizations of Karachi from January 2008-December 2008.

**Sample and Methods:** 600 (300 male and 300 female) professionals; further divided into three groups: 200 doctors, 200 academics and 200 managers working in Karachi were participated in the study. Their age ranged from 31-45 years with the mean age of 38.82 (SD= 4.26). Professional Life stress scale (Fontana, 1989); Coping Response Inventory (Moos, 1993) & Suicidal Probability Scale (Cull & Gill, 1982) were administered on the participants.

**Results:** Study results reckoned by employing Pearson Product Moment Correlation coefficient, linear regression analysis and Sobel's test for determining relationship among variables and mediation effects of emotion focused coping style.

**Conclusion:** Outcome of the research was indicative of positive relationship among professional life stress; emotion focused coping and suicidal probability. Moreover, it demonstrates that emotion focused coping style mediates the relationship of stress and suicidal probability.

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**Keywords:** Stress, Coping, Suicidal Probability, Professionals, Emotion Focused coping.

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## INTRODUCTION

Stress in human life is a multi-dimensional consequence developing out of a large system of variables. This system involves inputs as well as outputs in the form of interactions; which are mediated by activities of appraisal and coping (Lazarus & Folkman, 1984). Folkman and Lazarus (1988) developed a two-category typology that characterize coping with stressful conditions as “emotion focused (avoidance oriented)” or “problem focused (approach oriented).”

The multi-dimensionality of stress is further indicated through fact that it acquires diverse forms, consequently results from various factors and arises in all sorts of environments. It is evident from researches that stress also has a positive and inferential impact on humans. The positive aspect of stress may be defined as the sense of excitement which may compel a person to be proactive and improve performance. Conversely, its negative influence can create a spectrum of feelings (Panhwar, 2014). These feelings may include rejection, anger and depression that can effect on one’s psychological well-being (Hudson, 2016). The decreased psychological well-being in turn eventually leads to physical symptoms, starting from simple headaches to hypertension as well as heart disease (Landibergis et al., 2001). High levels of stress within an organization are allied to absenteeism, increased turnover, as well as low morale (Geurts, Schaufeli & Ruttes, 1999).

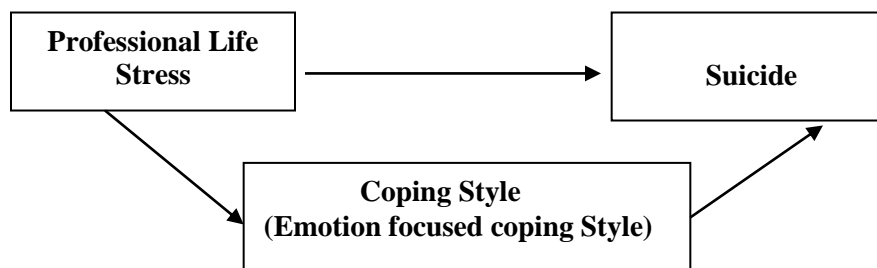
These incidents have been accounted amongst several occupational groups (Cooper, Cooper & Eaker, 1988) incorporating doctors (Jamal & Farooqi, 2016), academicians (Shafi & Amin, 2010; Bibi, Kazmi, Chaudhry & Awan, 2015) and managers (Shahzad, Azhar & Ahmed, 2013) who are the focus of the present research. According to American Psychological Association (APA, 2012), Stress level may increase to unbelievable heights in various occupations. It is linked directly to uncontrollable frustration urges, which if continuous can lead to intensions of taking one’s own life and seeking relief in attempts at committing suicide. Suicidal probability is diverse in various professional communities based upon their routine stimulus of stress, through which one have to go through (Pienaar, Rothman & van de Vijer, 2007).

According to Von Onciul (1996), stressful working environments are exemplified by uncontrollable work schedules, lack of time, discord (due to poor relationships and communication gap of employee, maltreatment or stalking), background distractions, lack of space and broad uncertainty (Andrisano et al.,

2015). Various researches such as Cornette and Busch (2007), Boxer, Burnett and Swanson (1995) and Sharif (2000) explored that chronic workplace stress plays a contributing role in accelerating the probability of suicide among professionals.

Despite an increased interest in stress at workplace which maximizes the risk of suicidal probability, it is surprising that very little empirical work has actually been conducted on the topic especially from the perspectives of professional working in highly stressful conditions in Pakistan. Very few studies have focused on how emotion focused coping strategies mediate between stress and suicidal probability amongst doctors, academicians and managers and this was the main reason that the study was conceptualized to fill the deficiency in the present literature. For the purpose of present research, three professions were selected and emphasized upon: medical, management and academics. Apparently diverse and unrelated, the three professions contribute to a nation's development in their own way. Pakistani society is going through a transitory phase of development. People living in Pakistan are passing through emotional, social, economical and political turmoil. This deteriorating state of affairs since past three decades has had repercussions for professionals in the medical field; management as well as academic professionals were no exception.

Taking in view the work of Folkman and Lazarus (1988) the present study examines the extent to which these two coping styles serve as a “psycho-social resource” for professionals (doctors, academicians and managers). Emotion focused coping style makes an individual rather helpless and depressed; thus many at times, it can maximizes the possibility of taking one's own life. Therefore, in the present study, mediating effects of coping styles on the relationship of stress and suicidal probability has been investigated. Figure 1 represents the hypothesized model that recapitulates fundamental hypotheses of the research.



**Figure 1:** Hypothesized model of the study

Keeping in consideration the previously available literature, hypotheses were formulated for the present study. (H1): Professional life stress would have significant positive correlation with suicidal probability amongst doctors, academicians and managers. (H2): Professional life stress would have significant positive correlation with Emotion focused coping style amongst doctors, academicians and managers. (H3): Emotion focused coping style would have significant positive correlation with suicidal probability amongst doctors, academicians and managers. (H4): The relationship of the professional life stress and suicidal probability would be mediated by the emotion focused coping style amongst doctors, academicians and managers.

## **METHOD**

### ***Participants***

Sample size was calculated for the present study with an allowable error of 15%, and 95% confidence limits, thus the final sample size required for the present study was 600 professionals which were divided into three groups i.e. doctors, academicians and managers (200 for each group). Sample was selected through multi-stage random sampling technique. After identifying three professions, lists of hospitals, universities and Fast Moving Consumer Goods (FMCG- food and Beverages) companies in Karachi were made. Further five organizations were randomly selected from the managerial, academic and medical sector by using computer generated random numbers. Participant's age ranged 31 to 45 years with mean age of 38.82.

### ***Measures***

#### **Personal information Form**

The personal information sheet comprises of participant's age, gender, marital status, education and work experience, sector, nuclear/joint family system and monthly income, which helped in the filtration of the sample for making it representative of the population.

#### **Professional Life Stress Scale (Fontana, 1989)**

It is a self-report questionnaire comprises of forty five items (having substitute options) taking twenty two items covering the domain of physical

sign and symptoms (like inappropriate sleep) and twenty three questions about achieving of personal/professional goals. High score indicates high level of stress. Cronbach Alpha 0.74 and split half reliability 0.65 shows good psychometric properties.

#### **Coping Responses Inventory (Moos, 1993)**

48 items coping Response Inventory for adults assess how an individual effectively deal with stress triggering events. This scale has eight subscales i.e. Logical Analysis (LA), Positive Reappraisal (PR), Seeking Guidance and Support (SG), Problem Solving (PS), comprises problem focus coping while Cognitive Avoidance (CA), Acceptance or Resignation (AR), Seeking Alternative Rewards (SR), and Emotional Discharge (ED) measures emotion focused coping. Responses were rated on a four point scale ranging from (0) for "Not at all" to (3) for "fairly often". Scale's reliability on spilt half method / test retest method is .5; the scale has good content and face validity.

#### **Suicidal Probability Scale (Cull & Gill, 1982)**

Suicidal Probability was measured through self-reported 36 items Suicidal Probability Scale. Participants' responses for personal feeling as well as previous experiences were recorded on a 4-point Likert scale from "None" to "all of the time". This scale has high level of internal consistency  $\alpha = .93$  for the total scale, the scale's reliability on spilt-half method is .93 for the total scale and on test-retest method is .92 ( $p < .001$ ).

#### ***Procedure***

The research has been carried out in hospitals, universities and Fast Moving Consumer Goods (FMCG- Food and Beverages) companies in Karachi. A permission letter explaining the purpose and nature of the study was presented to the authorities of selected organizations (Hospitals, Universities and FMCG companies-food & Beverages) of Karachi along with the questionnaires. After obtaining formal consent from Human Resource department, further permission was acquired from the HODs of different departments. The administration of demographic information form and the questionnaires, required approximately 30-45 minutes.

The data collection method varied to some extent in the three organizations. In hospitals and universities, the researcher had individual meetings with doctors and academics while within FMCG companies, data was collected in small groups. However, resistance was faced during data collection phase of the study due to the concerns of the respondents regarding the impacts of the results on their jobs. So assurance was given to them time and again about the privacy of their particulars, and results. After completion of the data collection, the researcher paid gratitude to the participants for their cooperation and time.

### *Scoring and Statistical Analysis*

All questionnaires were enumerated pursuant to its corresponding standardized procedures. The statistical methods used for the analysis of data in the present study were descriptive statistics, Pearson Product Moment Coefficient of Correlation, Linear Regression Analysis and Sobel's test for significance of the mediation on SPSS version 21.0.

## **RESULTS**

**Table 1**  
*Demographic characteristics of Entire Sample (N=600)*

<b>Demographic Variable</b>	<b>F</b>	<b>%</b>
<b>Age</b>		
31-35 Yrs	165	27.5
36-40 Yrs	234	39.2
41-45 Yrs	200	33.3
<b>Gender</b>		
Male	300	50
Female	300	50
<b>Education</b>		
MBBS	89	14.8
MA	26	4.3
M.Sc.	65	10.8
MBA	200	33.3
FCPS	111	18.6
M.Phil	62	10.4
PhD	47	7.8
Contd....		

Demographic Variable	<i>F</i>	%
<b>Working Experience</b>		
3-8 Yrs	231	38.5
9-14 Yrs	199	33.2
15-20 Yrs	170	28.3
<b>Income</b>		
31,000-45,000	187	31.2
46,000-60,000	146	24.3
> 60,000	103	17.2

**Table 2**  
*Relationship among Professional Life stress, Coping Styles and Suicidal Probability among Academicians, Managers and Doctors*

	PLS	Coping (PFS)	Coping (EFS)	SPS
Professional Life Stress	1	-.41*(.039)	.64*(.000)	.85*(.000)
Problem Focused Coping		1	.26*(.028)	-.46*(.037)
Emotion Focused Coping			1	.70*(.000)
Suicidal Probability				1

\*p< .05

**Table 3**  
*Summary of Regression Coefficients for the Hypothesized Model*

Variables	Model I Direct Effect			Model II Indirect Effect					
	PLS on SP			Path A: PLS on EFCS			Path B: EFCS on SP		
	<i>b</i>	<i>SE</i>	$\beta$	<i>B</i>	<i>SE</i>	<i>B</i>	<i>b</i>	<i>SE</i>	<i>B</i>
Constant	10.95	1.00							
PLS	1.35	.03	.85*						
Constant				-16.35	2.18				
PLS				.80	.13	.64*			
Constant							-28.34	3.18	
EFCS							.89	.35	.70*
R <sup>2</sup>		.73			.56			.59	
$\Delta R^2$		.69			.41			.51	
F		63.41*			42.13*			54.73*	

\*p< .05(PLS: Professional Life Stress; EFCS: Emotion Focused Coping style; SP: Suicidal Probability)

**Table 4**  
*Sobel's test for the significance of Mediation*

	Regression	<i>b</i>	<i>SE</i>	Sobel's test	<i>P</i>
<b>Path A</b>	PLS Predicting EFCS	.80	.13	3.35	0.005*
<b>Path B</b>	EFCS predicting SP	.89	.35		

$p < .05$ ; (PLS: Professional Life Stress; EFCS: Emotion Focused Coping Style; SP: Suicidal Probability)

## DISCUSSION

The scientific observation and analysis of the data provides the evidences that stress and coping styles play important role in determining the suicidal probability among professionals. Stress is common aspect of life experienced by employees around the world. It has turn into major problem for employer in developing countries like Pakistan where employers ignores the impact of stress on employees' performance and emotional well-being (Panhwar, 2014). According to Von Onciul (1996), rapid escalation of technology and its wide use has increased the competition among organizations worldwide and the employee of 21<sup>st</sup> century is facing more challenges than his/ her ancestors. This technological and structural revolution in the organizations has blurred the boundaries of traditional departments, resulting in modifying the role and responsibilities of employees. These changes forced organizations to adapt innovative technology for their business processes and pressurized employees to incorporate it in daily routine, resultantly the employees' are stressed out at their workplace. Although they have resilient power to overcome the stress in their routine but at times it becomes so overwhelming that professionals fail to cope with it and consequently becomes more vulnerable to suicidal behavior. Every profession has new challenges resulting stress. It effects employee's performance and can lead many physical and psychological problems ultimately increase suicide risk among professionals (Amin, 2009). Khan et al. (2008) reported that stressful life events are potential risk factors of suicide and these life events have positive relationship with suicide.

It is a known fact that nature of work has changed worldwide, and with change stress in inevitable. In developing countries like Pakistan situation becomes more critical due to socio-economic and political turmoil which has



affected individuals in every corner of life whether personal or professional. Thus the first three hypotheses were accepted as  $p < .05$  (table 2).

Dealing with stress is a process comprised of three components which are inhibitions for a possible threat, anticipating responses to the threat, and thinking out options to react, which indicates coping (Lazarus, 1991). Existing common view regarding coping is that it involves dealing with stressors employing certain strategies and resources. Individuals can use resources, like Social Support, or professional help which are munificently accessible as valuable methods against stressors when they are proactively practiced. Due to the nature of individual personalities and overall dispositions, coping responses utilized by them vary greatly from situation to situation as well as overtime and that the outcome of using adaptive and maladaptive coping styles. If an individual chooses problem focused coping style, it indicates that the person has good resource to face the challenges cognitively or behaviorally. While confronting the problem and tries to find out the solution for the issue. Whereas, on the other hand a person using emotion focused coping style indicates that the person is avoiding the situation and this avoidance might increase the stress level and ultimately increasing suicidal risk.

Coping style basically explain how well a professional can deal with stressful situations in his/her professional life by allowing his/her emotional physiological, behavioral and cognitive reactions to stressors. Thus the result of linear regression (table 3) showed that excessive amount of stress predicts the use of maladaptive coping style which is related to suicide probability. Value of sobel's test (table 4) led us to accept the hypothesis four (H4). The research findings are consistent with the previous findings. As the study conducted by Josepho and Plutchik (1994), Goldston, et al. (2001) as well as Amin (2012) found that the coping styles function as mediator between a stressful situation and any adverse, extreme result including suicidal behavior. Uses of Emotion-focused coping substitutes are likely to intercede the impact of nerve-racking life actions, and possibly leading toward despair and other depressive symptoms that are strong predictors of suicidal behavior.

To cope with stress, professionals appraise a situation and then choose a coping strategy on the basis of cognitive appraisal of the situation. They evoke accessible resources, such as relationship with relatives and friends leading to the selection of the most useful coping strategy which, besides being dependent upon the prevailing events, a successive and have a positive healthy outcome.

However, when the individual overlooks or thinks that coping resources are unavailable, may resort to strategies which in addition to being unsuitable may involve emotion focused coping; thus outcome may result in suicidal tendencies that is considered as an important mean to increase suicidal probability.

In nut shell, present study reveals the fact that the variables of Professional life stress and Coping strategies play a significant part for determining suicidal risks. As a matter of fact professionals are expected to work with a higher sense of responsibility; they tend to keep pace between stress and coping styles, but the level of imbalance can lead to the risk of suicidal behavior. Moreover, analysis of the data also provides a clue that professional life stress has a significant link with suicidal probability and especially the professionals who use emotion focused coping style are more prone to it.

The study and its results are very important for the mental health practitioners as well as for the organization whether it is a hospital, university or any national or multinational company. Each organization (hospital, university or any national or multinational company) expected to recognize the requirements of its employees and provide what is best for the employees. It is suggestive for the necessary components of stress management programs specific to the needs of professionals through Employee Assistance Programs.

The present research can benefit from future refinements by considering following limitation. This is restricted to only three professions therefore can be replicated with other professions as well. The findings of the study managed to identify only the effects of emotion focused coping style, other form of coping can be considered in future research amongst professionals of highly skilled jobs. Further studies are required for identification of other factors at broad spectrums.

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